

A STUDY ON SOCIO DEMOGRAPHIC PROFILE OF CLIENTS ATTENDING VCTC AT DISTRICT HOSPITAL KHAMMAM

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ABSTRACT

Background: Acquired Immune Deficiency Syndrome is no longer an emerging disease. It has established itself throughout the world. According to the Millennium Development Goals the HIV epidemic has to be reversed by 2015. To reach the goal we have to concentrate on prevention, since the existing technology does not hope to provide a cure or a vaccine in the near future.

Objectives: To study the socio demographic profile of clients attending voluntary counselling and testing centre at district hospital, Khammam.

Materials & Methods: Study Design: The present study is a cross sectional study of patients registered under voluntary counselling and testing centre at district hospital, Khammam.

Study Setting: voluntary counselling and testing centre at district hospital Khammam.

Sample size: A total of 705 patients were enrolled after inclusion and exclusion criteria. The study was carried out from 1st October 2007 to 31st December 2007.

Results: In our study population majority (71.8%) were males. There were 2 transgender who were in 25-29 years age group. The age range of study subjects was between 18 and 62 and the mean age was 30.2. Highest number of respondents belonged to class IV socio economic class.

Conclusion: Information, education and Communication activities should be undertaken in the society to explain the role and complex relations of innumerable behavioral, social and demographic factors, which will help, interrupt and control the transmission of HIV/AIDS.

Key Words: Counselling, Literacy, Patients

Introduction

Acquired Immune Deficiency Syndrome (AIDS) is no longer an emerging disease. It has established itself throughout the world. By the turn of the century there is no country which is free from Human Immuno Deficiency Virus (HIV) and AIDS. [1] India being the second largest populous country in the world has 2.63 million HIV positive people and this accounts for more than 50% of the HIV positives in Asia. Though our national prevalence is 0.36%, we cannot afford to ignore this problem of HIV/AIDS because from a few infections in a high risk groups in 1986 we have progressed to a couple of million infections today.

According to the Millennium Development Goals (MDG) HIV epidemic has to be reversed by 2015. To reach the goal we have to concentrate on prevention, since the existing technology does not

hope to provide a cure or a vaccine in the near future. Preventive aspect in HIV stresses on safe sex, safe blood. Though we have reduced the spread of HIV through blood transfusion to less than 2% spread through sexual route, injecting drug users and mother to child transmission are on the rise. [2] In the year 1997 Voluntary Counselling and Treating Centre (VCTC) has been introduced as an important component for the prevention of HIV.

“Prevention is better than cure” this holds well in case of HIV/AIDS because prevention is the only option available to deal with this epidemic. As it is behaviour related disease, bringing out a change in behaviour is most important component of prevention which can be implemented only through counselling. Counselling helps in educating the public about HIV/ AIDS, this is of considerable importance because in India though we have

literate, their knowledge and misconceptions regarding HIV are not addressed in our educational system. Our national programme on AIDS mainly revolves around counselling which is delivered through VCTC. Voluntary counselling and testing is known to be cost effective strategy for prevention. [3] Counselling is defined as, confidential dialogue between a client and a care provider aimed at enabling the client to cope with stress and take personal decisions related to HIV/AIDS. [4] The counselling process includes an evaluation of personal risk of HIV transmission and facilitation of prevention. This includes information, education and psychosocial support and allows individuals to make decisions that facilitate coping and preventive behaviour.

Material and methods:

Study Setting:The study was done at voluntary counselling and testing centre (VCTC) in district hospital, Khammam. **Enrollment:**All the study subjects who walked into VCTC between the age group of 15-65 years during the study period. A total of 705 patients were enrolled after inclusion and exclusion criteria. The study was carried out from 1stOctober 2007 to 31stDecember 2007. The

data was collected by a pre tested questionnaire. Verbal informed consent was obtained from the client/attendee of VCTC before administering the questionnaire. The client was assured of his/her anonymity, secrecy and his/ her right to refusal to participate in the study. He/she were reassured that this study was for scientific purpose only and none of the information he/she divulged will be made public. The questionnaire was read out and the answers were noted in person for illiterates and for literates it was given to be filled and any doubts were clarified. Confidentiality was maintained at every stage. **Inclusion criteria:**All the study subjects who walked into VCTC between the age group of 15-65 years during the study period. **Exclusion criteria:**Children below 15 years and people above 65 years, pupils' blood sample sent from the ward/ test done at bed side, deaf and dumb and people who refused to participate.

Results:

In table 1, there were 2 transgender who were in 25-29 years age group. A little more than half the study population was in the age group of 20-29 years, followed by 30-39 years which account for 29.8%.

Table: 1. Distribution of study population based on Age group and Gender (N=705)

Age group	Male (%)	Female (%)	Total (%)
15-19	15 (3.0)	0 (0.0)	15 (2.1)
20-24	163 (32.6)	33 (16.3)	196 (27.8)
25-29	114 (22.8)	57 (28.2)	173 (24.5)
30-34	71 (14.2)	41 (20.5)	112 (15.9)
35-39	55 (10.8)	43 (21.3)	98 (13.9)
40-44	36 (7.2)	20 (9.9)	56 (7.9)
45-49	25 (5.0)	6 (3.0)	31 (4.4)
50-54	14 (2.8)	0 (0.0)	14 (2.0)
55 & above	8 (1.6)	2 (1.0)	10 (1.4)
Total	501	202	703

In table 2, the highest number of respondents belonged to class IV. None of the respondents belonged to class I. This may be probably due to stigma associated with the HIV or their inclination to get tested in a private lab.

In table 3, majority of respondents were Hindus followed by Muslims and Christians.

In table 4, One third of the study population were illiterates followed by secondary education which

account for 19%. Graduates and post graduates accounted for 13% of study population.

In table 5, both transgenders were unmarried and were Commercial Sex Workers (CSW). 16.8% were never married and 69.9% were married, of the married 73.2% were males and 62.7% were females.

Table: 2. Distribution of study population by Socioeconomic status (N=705)

Class	Number	Percent
Class I	0	0.0
Class II	15	2.2
Class III	168	23.8
Class IV	509	72.2
Class V	13	1.8

Table: 3. Distribution of study population based on religion (N=705)

Religion	Number	Percent
Hindu	607	86.1
Muslim	59	8.4
Christian	39	5.5

Table: 4. Educational status of study population (N=705)

Education	Number	Percent
Illiterate	236	33.5
Primary School	83	11.8
Middle School	99	14.0
High School	134	19.0
Intermediate	61	8.7
Graduate	82	11.6
Post Graduate	10	1.4

Table 5: Distribution of study population by sex& marital status (N=705)

Marital Status	Males (%) N = 501	Females (%) N = 202	Total (%) N = 703
Never Married	116 (23.2)	2 (0.9)	118 (16.8)
Married	367 (73.2)	126 (62.7)	493 (70.1)
Separated/ Divorced	10 (2.0)	20 (9.8)	30 (4.3)
Widowed	8 (1.6)	54 (26.6)	62 (8.8)

Discussion

The study was carried out at voluntary counselling and testing centre in Government Hospital, Khammam. All the people who attended the VCTC after obtaining an informed consent were interviewed. During the study period a total of 998 tests for HIV were conducted, but only 705 people could be included in the study taking inclusion criteria and exclusion criteria into account. In our study population majority (71.8%) were males. Joardar G.K et al [5] reported 78.5% in males in his study and Singh V [6] et.al reported 61% in males. No females were found in the age group of 15-19. The age range of study subjects was between 18 and 62 and the mean age was 30.2.

In this the highest number of respondents belonged to class IV, which was higher than Kakoko et al [7] who reported 56.9% of study subjects belonged to low socioeconomic group whereas Bharadwaj et.al (2007) [8] reported class III, Class IV & Class V together accounted to 84% which was less than the present study.

Majority of respondents were Hindu(s) which was close to census of India 2001 which reports 80.5% Hindus for the entire country and it was stated in the census that southern states had higher percentage of Hindus. Bhagavat et.al reported 69% were illiterates in his study. [9] Joardar et.al [5] reported 28.9 % illiterates in his study; this is close to the results reported in the present study but highest numbers of respondents in a study by Joardar et al were from middle school and high school put together i.e 39.4% which was more than the present study (33.0%).

Of the study population 16.8% were never married and 69.9% were married, of the married 73.2% were males and 62.7% were females and almost same as Jayarama.S et al. [10]

Conclusion: AIDS/HIV is as such, has become very common in the society and is prevailing in almost all the strata of the society in all the socio economic groups. The check points for this rapidly spreading demon have to be introduced in a step wise manner for prevention rather than by treatment or cure. As, there is no exact cure for this disease, primary levels of prevention can bring out a very big change in the society. Pre-information, education and communication activities should be undertaken in the society to explain the role and complex relations of innumerable behavioural, social and demographic factors, which will help, interrupt and control the transmission of HIV/AIDS.

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