

Knowledge and Attitude Regarding HIV and AIDS among the PC/RMPs

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Abstract

Original Research Article

Introduction: Acquired Immune Deficiency Syndrome (AIDS), caused by the Human Immune Deficiency Virus (HIV), is the most devastating epidemic of today. The aim of the study was to assess the knowledge and attitude regarding HIV and AIDS among the PC/RMPs in Hobiganj. **Material & Methods:** This cross sectional descriptive study was conducted in the Polly Chikitsok / Rural Medical Practitioners in Hobiganj, Narayanganj, Rangpur, Kurigram District of Bangladesh during January 2014 to April 2014. One Hundred Eighty (180) Polly chikitsok / Rural Medical Practitioners were interviewed with a semi-structured questionnaire. Purposive sampling technique was used. Statistical analysis of the results was done by using computer with tabulation plan. The ethical committee of the Department of Public Health, daffodil International University of Bangladesh, approved the thesis. **Results:** Out of 180 participants, among them 176 were males and 4 were females. 17.8 percent of the respondents were of 21-30 years of age, 37 percent respondents were 31-40 years old. 27.8 percent of the study participants were in their 41-50, the 11.7 were 51-60 years old and least number of respondents (5) belong to the age group of 61-70 years. More than three Fourth of the participants had completed at least a secondary education. Most of the respondents were Muslims (86.7 percent); only 13.3 percent respondents were Hindus. Compared to television, newspapers had higher consumption level. 99.4% respondents reported having ever heard about the name of HIV/AIDS. Although more than 61.1 percent of the respondents were willing to employ or work with PLHIV, more than half percent were not willing to share food or drink with them. **Conclusion:** Despite limitations, the data are consistent with other studies evaluating knowledge and attitudes of PC/RMPs toward HIV/AIDS patients.

Keywords: Knowledge, Attitude, Practice, HIV, Stigma.

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INTRODUCTION

Acquired Immune Deficiency Syndrome (AIDS), caused by the Human Immune Deficiency Virus (HIV), is the most devastating epidemic of today and has spread relentlessly around the globe smashing all the development initiatives organized by the states. Bangladesh, being one of the world's high densely populated countries and being surrounded by the HIV infected only in 2009 [1]. The total number of people living with the virus in 2009 was almost more than 20 percent higher than the number in 2000, and the prevalence was threefold higher than in 1990 [1]. In South and South-east Asia, an estimated 4.1 million

people were living with HIV infected and among them 850 developed AIDS, and number of AIDS related death throughout the year was 241. Only in 2009, the number of newly HIV infected people in Bangladesh was 343 [2]. The association between knowledge regarding HIV/AIDS and positive attitudes towards caring these patients were reported in previous studies. Many studies have documented health care Professionals views about HIV/AIDS patients and the ways of contamination. Despite positive attitudes of Health care Professionals regarding HIV/AIDS could enhance protective behaviors. Discriminatory attitudes towards people living with HIV (PLHIV) among Health care

Professionals have been observed in many countries. There has been no systematic study of discriminatory attitudes between Polly Chikitsok and Rural Medical Practitioners, and to date, the only information available in Bangladesh in this regard is anecdotal evidence and the occasional newspaper reports. As the consequences of discriminatory attitudes are severe in terms of both public health and human rights, this study aimed to fulfill this gap. The concept 'discrimination' (action) is often equated with stigma (attitudes). However, the reality is not always like that. Some researchers have argued that discrimination is similar to enacted stigma, which refers to the 'real experience of discrimination'. A recent survey of key informants among the UN, civil society and donors identified the reduction of stigma and discrimination in health services as a top priority and highlighted the need for establishment of evidence-base, and identification of tested tools and materials to expand stigma and discrimination reduction in these settings. Optimally, this would involve a move away from isolated training sessions to integrating stigma and discrimination reduction into the pre and in-service training of health care professionals [3]. Bangladesh is a developing country. Knowledge, attitude and practice gap between the Polly Chikitsok/Rural medical Practitioners are noticeable. Some of them have no knowledge of HIV & AIDS. Most of the patients and their family do not know where to go. If any patient is come to them, the Polly Chikitsok / Rural medical Practitioners do not know what to do or how they will provide care. That is why I would to assess the depth of knowledge, attitude on HIV and AIDS of Polly Chikitsok / Rural medical Practitioners in Hobiganj, Narayanganj, Rangpur, Kurigram District.

OBJECTIVES

General objective:

- To assess the knowledge and attitude regarding HIV and AIDS among the PC/RMPs in Hobiganj, Narayanganj, Rangpur, Kurigram District of Bangladesh.

Specific Objectives:

- To assess knowledge and attitudes of PC/RMPs on HIV and AIDS.
- To assess attitude of PC/RMPs towards PLHIV.
- To investigate Socio-demographic states of the respondents.
- To find associate between Socio-demographic facts and knowledge and attitude.

METHODOLOGY AND MATERIALS

This cross sectional descriptive study was conducted in the Polly Chikitsok / Rural Medical Practitioners in Hobiganj, Narayanganj, Rangpur, Kurigram District of Bangladesh during January 2014 to April 2014. One Hundred Eighty (180) Polly chikitsok / Rural Medical Practitioners were interviewed with a semi-structured questionnaire. Purposive sampling

technique was used. Data collection was done by face-to-face interview. For collecting the necessary information, a semi structured interview schedule with a series of close and open-ended questions was used. Since non-response rate is minimum in questionnaire survey, an interview schedule was used for conducting survey. The interview schedule included six parts containing information regarding the socio demographic characteristics of the study participants, the knowledge and awareness of HIV/AIDS and perceptions towards PLHIV. Statistical analysis of the results was done by using computer with tabulation plan. Prior to the commencement of the study, the ethical committee of the Department of Public Health, daffodil International University of Bangladesh, approved the thesis.

RESULTS

Out of 180 participants, among them 176 were males and 4 were females. The age of the respondents ranged between 22 to 66 years. 17.8 percent of the respondents were of 21-30 years of age, 37 percent respondents were 31-40 years old. 27.8 percent of the study participants were in their 41-50, the 11.7 were 51-60 years old and least number of respondents (5) belong to the age group of 61-70 years. More than three Fourth of the participants had completed at least a secondary education. Most of the respondents were Muslims (86.7 percent); only 13.3 percent respondents were Hindus. The monthly household income of the majority of surveyed respondents (82.7 percent) was between Tk. 5,000-Tk. 15,000, followed by an income range of 5,000 to 45,000 taka. Data on marital status reveal that 91.7 percent of the respondents were married, whereas 8.3 percent of the respondents were unmarried. As regards the duration in the existing service, more than 34 percent said they had been in their respective services for Ten years while the rest of the respondents had job experience of varying age with 20 years (30 percent), 15 years (14.4 percent) and 5 years (21.1 percent) respectively (Table I). With regard to exposure to television, almost all except one respondents state that they usually watch it. Of those who watch television, slightly over 49 percent said they watch it every day; the rest of the respondents watch television once in a Month (1.1 percent) or occasionally (42.8 percent). Compared to television, newspapers had higher consumption level. All of the respondents (100 percent) read newspapers every day (Table II). This section deals with the existing knowledge and awareness of HIV/AIDS among the population under study. The overall knowledge of the respondents seemed to be good. Out of 180 respondents who participated in this study, 99.4 percent reported having ever heard about the name of HIV/AIDS (Figure I). Our respondents gave mixed responses as far as their attitudes and perceptions towards PLHIV were concerned. Although more than 61.1 percent of the respondents were willing to employ or work with PLHIV, more than half percent were not willing to share food or drink with them. Half of the sampled respondents agreed to the statement that the clothes and linen used by

HIV patients should be disposed of or burned. When asked whether they would be willing to move into a home if the neighbor was HIV positive, around three fourth of the study participants (75 percent) said they

wouldn't. Again, if they knew that a food seller had HIV/AIDS, 45.6 percent of them would not buy food from him (Table III).

Table I: Socio-demographic profile of the respondents (N=180)

Socio-demographic Characteristics	Frequency	
	n	%
Age		
21-30 Years	32	17.8
31-40 Years	68	37.8
41-50 Years	50	27.8
51-60 Years	21	11.7
61-70 Years	9	5.0
Sex		
Female	4	2.2
Male	176	97.8
Marital Status		
Married	165	91.7
Single	15	8.3
Educational Status		
In Class Six to Nine	4	2.2
Ten to Twelve	126	70.0
Thirteen to Fourteen	39	21.7
Fifteen to Sixteen	8	4.4
Above	3	1.7
Religion		
Muslim	156	86.7
Hindu	24	13.3
Duration Of Practice		
5 Years	38	21.1
10 Years	62	34.4
15 Years	26	14.4
20 Years	54	30.0
Monthly Income		
5,000-15,000	149	82.7
16,000-25,000	21	11.8
26,000-35,000	7	3.9
36,000-45,000	3	1.7

Table II: Respondent's exposure to mass media (N=180)

Media Exposure	Frequency	
	n	%
Watch Television		
Yes	169	93.9
No	11	6.1
How often do you watch Television		
Every Day	89	49.4
Once in a Month	3	1.7
Sometimes	77	42.8
Never	11	6.1
How often do you read News paper		
Every Day	180	100
Had any direct contact with HIV positive person		
1 Month	107	59.4
3 Month	2	1.1
6 Month	1	.6
Often	68	37.8
Never	2	1.1
Total	180	100

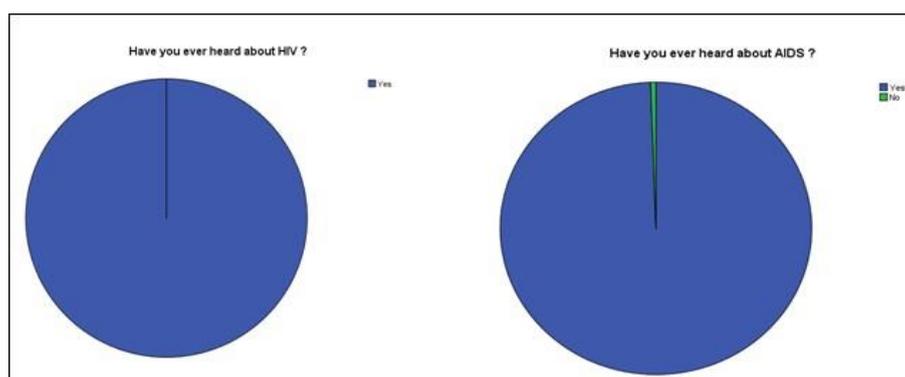


Figure I: Have you ever heard of HIV/AIDS? (N=180)

Table III: Distribution of respondents in terms of their attitudes towards HIV/AIDS (N=180)

Variable	Frequency	
	n	%
People with HIV/AIDS should still be allowed to get married, as long as both partners know about it.		
Yes	54	30.0
No	126	70.0
HIV-Positive women should not get pregnant		
Yes	9	5.0
No	171	95.0
HIV/AIDS spreads due to immoral behavior		
Yes	171	95.0
No	9	5.0
A woman infected with HIV/AIDS gets what she deserves		
Yes	9	5.0
No	171	95.0
Would you be willing to share a meal with an HIV- positive Person		
Yes	89	49.4
No	91	50.6
If you knew that a food seller had HIV /AIDS would you buy food from him		
Yes	82	45.6
No	98	54.4
Would you be willing to move into a home if the neighbor was HIV-Positive		
Yes	135	75.0
No	45	25.0
If you found out that a co-worker has HIV/AIDS would you be willing to work with him/her		
Yes	110	61.1
No	70	38.9
Patients' blood should never be tested for HIV without their consent		
Yes	107	59.4
No	73	40.6
HIV tests should be handled like any other blood test		
Yes	108	60.0
No	72	40.0
All pregnant women should be tested for HIV		
Yes	155	86.1
No	25	13.9
Patients with HIV/AIDS should be kept at a distance from other patients		
Yes	97	53.9
No	83	46.1
Clothes and linen used by HIV patients should be disposed of or burned		
Yes	93	51.7
No	87	48.3
Patients should be tested for HIV before surgery		
Yes	170	94.4
No	10	5.6
Only those men who go to sex workers or use drug are exposed to HIV/AIDS		
Yes	13	7.2
No	167	92.8
Total	180	100.0

DISCUSSION

In this study, adequate knowledge and changed attitude about this disease are warranted. However, up to now, there is little evidence regarding the knowledge and attitude of Polly Chikitsok/ Rural Medical Practitioners about HIV/AIDS patients. HIV and AIDS is an important issue in Bangladesh. Lack of knowledge and discriminatory attitude among the health professionals are very common. This study also remind us of the importance of training and education which can increase the knowledge of and change the attitude towards HIV/AIDS between Polly Chikitsok/ Rural Medical Practitioners. Significant relationship between knowledge and education score about HIV/AIDS was consistent with the finding of the study in India [4]. This could be under both sting and accessing to information of disease among educated person. The poor knowledge of HIV among prevailing among female due to poor literacy and access to HIV/AIDS. Education materials [5]. In most cases, inadequate sexual knowledge associated with AIDS and a deficit of protective and treatment materials lead to the rise of practices and attitudes like refusal to admit HIV infected persons. In public hospitals, AIDS care professionals and thinking the treatment of HIV infected persons as a wastage of resources in third world countries like Nigeria [6]. Ingested describes traditional Botswanian healers like ngaka ya diatola (doctor of the herbs), ngaka ya dishotswa (doctor of bones), and profiti (a prophet of the African Churches). In this way, in several context, the cultural representation of AIDS can be a mix of medical and indigenous belief [7]. Current participant desire to keep their test result confidential. In a study in four Nigerian States discriminate behave and attitude among significant proportion of health care professionals were observe lower, PLHIV [8]. This study identified that the Polly Chikitsok/ Rural Medical Practitioners had both adequate and inadequate knowledge regarding HIV/AIDS. Among of them 98.9% have direct contract with HIV patient and 1.1% never contract. Study done in ICCDRB [9]. Prevention of HIV/AIDS infection through continuous education is a key strategy for the control of HIV/AIDS epidemic at least vaccine and drug are available, accessible and affordable. That study conducted International Research Organization working in health research. All these result are related to stigma and discrimination due to lack of knowledge, which found in this study, as if PLHIV women should not get pregnant 50%. PLHIV persons using cloth should be burn 50%, due to immoral beavers one may infected, 60 percent. The Serological surveillance shows that the rate of HIV has crossed the concentrated epidemic among IDUs. Rates in central Bangladesh rose from 1.4 percent to 7 percent since 1999, up to as high as 11% in one neighborhood of Dhaka [10-12]. Recently, the situation has been of stigma and discrimination has been so severe and dangerous that recently former UN Secretary General Kofi Annan made a combined call to end racism and discrimination against PLHIV [13]. The same picture of Bangladesh has taken a severe and particularly

a horrendous form in the apartheid system [14]. Our findings provide basic information on HIV/AIDS knowledge among Polly Chikitsok/ Rural Medical Practitioners in Hobigonj, Narayangonj, Rangpur and Kurigram District. Since higher education PC/RMPs had higher knowledge, addressing more health education programs is recommended. Due emphasis is given on the training and education on HIV/AIDS with a view to enhancing knowledge and awareness of the PC/RMPs and reducing discriminatory attitudes PLHIV.

Limitations of the study

Because of purposive sampling method as well a smaller sample size, the study may not exactly represent the population.

CONCLUSION AND RECOMMENDATIONS

This study investigated HIV related knowledge and attitude among a group of Polly Chikitsok / Rural Medical Practitioners in Hobigonj, Narayangonj, Rangpur and Kurigram District and found general willingness to provide care for patients living with HIV, tempered by substantial concern regarding the provision of such care. Despite limitations, the data are consistent with other studies evaluating knowledge and attitudes of PC/RMPs toward HIV/AIDS patients. While PC/RMPs are willing to provide care to people with HIV/AIDS, discriminatory behaviors and stigma against them do exist which may be attributable to poor knowledge, and fear of infection. Support needed to development of knowledge, change attitude and put it into practice. Additional research is needed to identify optimal strategies patient care and medicine adherence. Communicative forums to address health care professionals concerns relating to fear and risks of infection may also improve the quality of HIV/AIDS-related care. Increase knowledge and reduce discrimination about HIV in the hospital and in field side. To ensure the success of ARV treatment programs, health care delivery system must be significantly strengthened. Increase the long term capacity, donors should help strengthen and sustain medical, nursing and other HIV related education program. Sustainable capacity should be developed as programs are expended.

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