

A HOUSEHOLD SURVEY ON AWARENESS OF HIV/AIDS AMONG RURAL PEOPLE OF CHANDBELA VDC OF EASTERN NEPAL

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Abstract:

Background: In the past 20 years HIV/AIDS has become an increasing global phenomenon. The rising trend of morbidity and mortality has not only changed the demography but also poses a huge socio-economic burden on well-being of households, communities and country. In Nepal as the epidemic is maturing. However, the epidemic has never been maintained in the general population through heterosexual transmission in Nepal, rather it is driven by the infections among higher risk populations and their sexual partners. **Objectives:** To assess the knowledge about HIV/AIDS among household level. **Material and Methods:** A household based survey was conducted in all the nine wards of Chandbela VDC. Interview was conducted using pre-tested semi structured questionnaire which included socio demographic profile and characteristics to assess awareness on HIV/AIDS. The data was analyzed to calculate percentages and proportions. **Results:** Out of total population (7034), 50.39% were male and 49.60% were female. Majority of the males and females were literate i.e. 73.58% and 51.37% respectively. Out of 1274 households, 946(74.25%) households were below poverty line, where 19.34% of people did agriculture for living and 3.3% were migrant worker. Most of the people 73.2% were aware and had heard about HIV/AIDS from various medium like 24.53% from radio, 15.19% from friends however, 16.8% of the people never heard of HIV/AIDS. According to 33% of people unsafe sexual practice could transmit HIV/AIDS and 28.83% of people thought avoiding unsafe sexual practice can prevent from acquiring HIV/AIDS. Of the total respondents, 61.6% of the people believed that even a healthy looking person can have HIV/AIDS. Attitude towards HIV/AIDS patients of majority of population (55.93%) was to avoid any kind of relation or contact with patient. **Conclusion:** Although majority of the population were literate, were aware of and had heard about HIV/AIDS, the attitude towards the patient was not positive.

Key words: HIV/AIDS, Survey, Awareness, Nepal

Introduction:

Globally, an estimated 33 million (30-36 million) people were living with human Immunodeficiency virus (HIV) in 2007^[1]. In scaling up response over the past decade, the HIV pandemic remains the most serious infectious disease challenge to global public health^[2] consequently, calls have been made for a more pragmatic approach toward containing the disease^[3].

In Nepal, the first-ever AIDS case was reported in 1988. Ever since, the nature of the

HIV epidemic in the country has gradually evolved from being a “low-prevalence” to “concentrated” epidemic.[4] Over 80 per cent of the HIV infections are transmitted through heterosexual transmission. People who inject drugs (PWIDs), men who have sex with men (MSM) and female sex workers (FSWs) are the key populations at higher risk spreading this epidemic^[5]. Male labour migrants (who particularly migrate to high HIV prevalence areas in India, where they often visit FSWs) and clients of FSWs in Nepal are playing the

role of bridging population groups that transmit infections from the key populations at higher risk to the low-risk general population. The NCASC report also states that 42 percent of all HIV infections in the country is among Nepali labor migrants to India^[4].

It is estimated that about 55,626 people are living with HIV in Nepal in 2010. Majority of infections are occurred among adult (15-49) male (58%) women of reproductive age group (28%) populations, while 8% of infections are occurred among children under 15 years of age^[5]. HIV is related to behavior that exposes individuals to the virus and increases the risk of infection. Information about HIV and the type and frequency of risk behaviors related to the transmission of HIV is important for identifying and better understanding populations at higher risk for contracting HIV^[1].

Thus this study was carried out to assess the level of awareness among the general public about HIV/AIDS, along with their attitude toward PLWHA. Based on the findings, we needed to come up with suitable strategies to correct the misconceptions by Information, Education, and Communication (IEC) activities

Methodology:

A household based survey was conducted in all the nine wards of Chandbela village of Sunsari district of eastern Nepal. Head of each household of the VDC was interviewed using pre-tested semi structured questionnaire including background characteristics and knowledge regarding Disease transmission and prevention. In the absence or serious illness of the head of household, adult male or female present were interviewed. Three attempts of visits were organised for the house where no one was available in the first visit. Assurance of anonymity and confidentiality of information was

maintained. Verbal consent was taken from the respondent. The raw data was edited on the same day of data collection to detect errors and omissions. The data was analyzed to calculate percentages and proportions.

Results:

Total of 1274 households were surveyed in nine wards of Chandbela village of Sunsari District. Total of 7034 people (51.76% male and 48.24% female) were found to be inhabit the area. Almost 51.37 % were illiterate. About 37.9% households constituted more than three members in a family. Hindus (90.21%) predominates over other religions. Around 37.5% were from tharu ethnicity followed by muslim 9% and mushahar 5%. Around 62% of the families were nuclear and 28.89% households did not possess any land of their own. 19.34% of people did agriculture for living and 3.3% were migrant worker. The most common house (71%) was of Kachha type. Only 52% of families had the nearest health facility in walking distance of less than 30 minutes.

Table:1 Awareness about HIV at household level [N=1274]

Characteristics	Frequency	Percentage
Aware about theHIV/AIDS	932	73.22
Unaware about HIV/AIDS	342	26.78

About73.22% of the people had heard about HIV/AIDS while almost 26.78 % had never heard about it.

Table: 2 Sources of Information about Disease [n=932]

Characteristics	Frequency	[%]
Radio	229	24.53
Television	199	21.43
Health Worker	138	14.76
Community Gathering	138	14.77

Friends/Relatives	90	9.79
School Teacher	63	6.79
Broucher/Pamphlet	42	4.5
Newspaper	33	3.5

The people had heard about HIV/AIDS from various sources, the chief sources being Radio (24.09%), TV (21.43%), Friends/relative (15.39%) and community gathering (14.77%)

Table :3 Assessment to HIV/AIDS knowledge [N=932]

Knowledge items	Number[N]	Percentage[%]
Mode of transmission		
Sexual route	344	37
Blood and blood products	186	20
Contaminated needle and syringe	158	17
Mother to child transmission	121	13
Methods of protection		
Being faithful to one partner	197	21.2
Use of sterile needle and syringe	223	24
Transfusion of blood tested for hiv	46	5
Use of condoms	191	20.6
Myths		
Exchange of underwear can cause AIDS	26	2.75
Using public toilets can cause HIV/AIDS	30	3.25

Avoid public toilets can prevent AIDS	41	4.4
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Table: 4 Perception toward Disease who had heard about this [n=932]

Can healthy person suffer from HIV/AIDS	frequency	[%]
Yes	574	61.6
Don't Know	196	21
NO	162	17.4

To know the perception about the HIV/AIDS among the household level we ask the simple question can healthy person suffer from HIV/AIDS. About sixty two percent of responded yes while eighteen percent still don not know what to say.

Table: 5 Attitude towards the disease person [n=932]

Characteristics	frequency	[%]
Buy vegetables from people living with HIV/AIDS (PLWHA)	521	56
Do not buy vegetable from PLWHA	291	31
Hesitate to say	120	13

From above table 5 shows that almost fifty six percent of people were positive towards disease person while thirty one percent of respondent responded negatively and still 13% were hesitate to answer.

Discussion

This community-based household survey results provide insight into knowledge, attitudes and perceptions towards HIV/ AIDS. Data from our household survey suggest that despite of half of the population of chandbela VDC were illiterate seventy three percent of respondent were aware about the disease as

compare to Nepal demography health survey which shown that Eighty-six percent of women and 97 percent of men age 15-49 have heard of AIDS.[6] A community based cross-sectional study done in Jamnagar Gujrat shown that 60% of rural heard about HIV/AIDS.[7] also similar findings were reported from study done in our neighboring country India. [8]

Our survey shows that main source of information about the diseases among the respondent was radio(24.53%) and television(21.43%) followed by friends and relatives(15.39%) and health worker(14.74%) whereas study done by family health international with collaboration with NCASC in 2008 shown that main source of information about disease by friends followed by radio^[9]. From this study it has shown that overall knowledge regarding disease transmission was low which is slightly higher than study done in Tamil nadu,^[10] India where 31% possessed correct knowledge about its transmission. The poor knowledge of HIV prevention methods among rural inhabitants could be due to poor literacy among these groups and reduced access to HIV/AIDS education material.

Although in our study AIDS awareness was high, there were important misperceptions about risk of HIV by exchange of underwear, sharing public toilet seats and avoid it for prevention. Knowing how HIV is not transmitted is critical for preventing stigma and discrimination against PLWHA^[11].

Stigma and discrimination against PLWHA is a key obstacle to HIV/AIDS prevention and care. This study demonstrates that despite of high awareness regarding disease among rural people more than thirty percent of people had unfavorable attitude towards the disease. Study done by Meundi et al^[12] also shows the similar finding.

Conclusion:

In summary, the present study demonstrates relatively good knowledge among rural people of chandbela VDC regarding HIV/AIDS. Nevertheless, there is a more need for HIV/AIDS prevention campaigns targeted toward young men in Nepal to focus on public education, promotion of condom use, and risk-reduction behaviors in urban and rural communities. The negative perceptions of the public toward PLWHA warrant urgent and culturally appropriate multidimensional interventions to reduce HIV/AIDS-related stigmatization and discrimination.

Limitations:

Information on awareness of HIV/AIDS was limited to only an adult member presented in a household. The information of households remaining closed even after three attempts of Visits could not be known.

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