Original Article

Awareness of HIV/AIDS

Awareness about Transmission of HIV/AIDS and related Stigma in Hospital Staff at a Tertiary Care Facility Hyderabad Sindh

Shamsuddin Solangi[1], Manzoor Ali[1], Saima Siraj[1], Hussain Bux Kolachi[2], Shazia Kazi[1] and Sajjad Kazi[2]

ABSTRACT

Objective: To determine the awareness about transmission of HIV /AIDS and related stigma in hospital staff.
Study Design: Cross sectional / Observational study.
Place and Duration of Study: This study was conducted at the Department of Medicine, Isra University Hospital Hyderabad from August 2019 to October 2019..
Materials and Methods: The study was done on group of medical and paramedical staff of the hospital; sample size was 79. Informed consent was obtained from all enrolled participants. Proforma was designed and filled by each participant. Data was analyzed on SPSS version 22. Likert scale was applied for statistical significance.
Results: Gender distribution of patients in the study population male were 40 (50.6%), female 39 (49.4%). Most common age group was 20 – 40 year (94.9%).Awareness in doctors and nurses was 24 (30.4%) and 28 (35.4%) respectively, mostly female nurses have better awareness overall.H/A stigma despite satisfactory knowledge was seen in doctors and nurses 22 (27.8%) and 34 (43.0%) respectively.
Conclusion: Lack of awareness about transmission of HIV/AIDS and H/A related stigma can accelerate epidemic. Seminars, workshops should be organized on a continuous basis for health care workers on universal precautions, stigma and discrimination reduction. Stigma is a public health problem so strategy for reduction is required in patients and public as well.
Key Words: Awareness, HIV / AIDS, Stigma, Hospital Staff

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INTRODUCTION

In April 2019 Ratodero (Larkana) outbreak of human immunodeficiency virus (HIV) created panic in Sindh province of Pakistan after 900 children under 12 years out 0f 1112 cases so far test positive for HIV. Ratodero city of 200,000 with high illiteracy rate and the poorest population of Pakistan. The main source of HIV transmission was reuse of syringes and IV needles.[1]
In 2018 about 37.9 million people globally were living with HIV; 1.7 million people became newly infected with HIV, 23.3 million people were accessing antiretroviral therapy, 770,000 people died from AIDS related illnesses. It is estimated that 49% of people living with HIV and tuberculosis are unaware of their coinfection and are therefore not receiving care.

[1.] Department of Medicine / Community Medicine[2], Isra University Hyderabad.

Correspondence: Dr. Shamsuddin Solangi, Professor of Medicine, Isra University Hyderabad.
Contact No: sksolangi@hotmail.com
Email: 03023344693

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From 2010 to 2018, the number of HIV positive people in Pakistan almost doubled to about 160,000 according to UNAIDS.[2]
Health-care professionals are trained in a way that they occupy an important position regarding knowledge about transmission of HIV / AIDS, prevention programs and the management of AIDS patients. The studies were performed to assess HIV/AIDS-related knowledge, attitude, and practice (KAP) and perceptions among health-care professionals.[3-9]
HIV/AIDS related stigma (H/A stigma) is considered as major obstacle to effective response to the epidemic. In addition to devastating the familial, social, and economic lives of individuals. H/A stigma is cited as a major barrier to accessing prevention, care, and treatment services.[10,11,12]

MATERIALS AND METHODS

The study was carried out on group of medical and paramedical staff to check knowledge regarding transmission of HIV/AIDS and related stigma. The study was done on 79 hospital staff of Isra University Hospital Hyderabad from August 2019 to October 2019. Informed consent was obtained from all enrolled participants. Proforma was designed to check awareness about transmission of HIV/AIDS and related

stigma and filled by each participant. Data was analyzed on SPSS version 22. Likert scale was applied for statistical significance. Ethical approval was sought.

Inclusion Criteria:

1. Age 20 years and above
2. Medical and paramedical staff
3. Willing for participation

Exclusion Criteria:

1. Age below 20 years
2. Non – Medical and non - paramedical staff
3. Refusing for participation

RESULTS

Table 1. shows demographic distribution of patients in the study population, males were 40 (50.6%), females 39 (49.4.%). Most common age group was 20 – 40 year (94.9%), mean age was 27.59±1.51 years, age range 20 – 65 years.

Table 2. shows distribution of participants according to profession; medical staff – doctors 26 (32.9%), nurses 37 (46.8%). Paramedical staff – technicians 12 (15.2%), non – technicians 4 (5.1%).

Table 3. shows awareness distribution about transmission of HIV/AIDS in hospital staff – Likert scale; awareness in doctors and nurses was24 (30.4%) and 28(35.4%) respectively. Awareness in technicians and non – technicians was 8 (10.1%) and 1 (1.3%) respectively. Non - awareness in doctors and nurses was 2 (2.5%) and 1(1.3%) respectively. Non – awareness in technicians and non – technicians were 4 (5.1%) and 3 (3.8%) respectively, undecided nurses were 8 (10.1%).

Table No. 1: Participants distribution according to Demographic characteristics (n=79)

Variables	Frequency	Percent
Age groups		
20-40 years	75	94.9%
41-65 years	04	5.1%
Total	79	100.0%
Gender: Male	40	50.6%
Female	39	49.4%
Total	79	100.0%

Mean age (Mean ± SD=27.59±1.51 years)

Table No. 2: Participants distribution according to profession (n=79)

Hospital staff	Frequency	Percent
Medics		
Doctors	26	32.9%
Nurses	37	46.8%
Paramedics		
Technician	12	15.2%
Non - Technician	04	5.1 %
Total	79	100.0%

Table No.3: Awareness about Transmission of HIV/AIDS in Hospital Staff (n=79): Likert Scale

Awareness response	Hospital Staff			
	Medics		Paramedics	
	Doctors	Nurses	Technicians	Non-Technicians
Agree	24 (30.4%)	28(35.4%)	8 ((10.1%)	1 (1.3%)
Disagree	2 (2.5%)	1 (1.3%)	4 (5.1%)	3 (3.8%)
Undecided	0	8 (10.1%)	0	0

Table No.4: HIV/AIDS related stigma (H/A stigma)in hospital staff (n=79)

Stigma response	Hospital Staff			
	Medics		Paramedics	
	Doctors	Nurses	Technicians	Non-Technicians
Stigma Positive	22 (27.8%)	34 (43.0%)	11 (13.9%)	3 (3.8%)
Stigma Negative	4 (5.1%)	3 (3.8%)	1 (1.3%)	1 (1.3%)

Table 4 shows distribution of HIV/AIDS related stigma (H/A stigma) among hospital staff. H/A stigma was seen in doctors and nurses 22 (27.8%) and 34 (43.0%) respectively. H/A stigma was seen in technicians and non – technicians 11 (13.9%) and 3 (3.8%) respectively. H/A stigma was not seen in doctors and nurses 4 (5.1%) and 3 (3.8%) respectively. H/A stigma was not seen in technicians and non – technicians 1 (1.3%) and 1 (1.3%) respectively.

DISCUSSION

This study was conducted to assess the awareness about transmission of HIV/AIDS and related H/A stigma among hospital staff of tertiary care facility Hyderabad, Pakistan. In our study population young doctors and nurses (30 – 35%) mostly female nurses have better awareness about routes of transmission of HIV/AIDS. In similar study by Rehan M et al (Pakistan 2016)[3]revealed that knowledge regarding HIV/AIDS among female students was higher than males 68.3%, 61.8% respectively.

Other consistent study carried out by Doda A et al (India 2018)[7]revealed that the average knowledge regarding AIDS transmission was found to be significantly higher in male clinicians. Poor knowledge about HIV infection, particularly among the young medical students and paramedical staff. Also they had misconceptions regarding mode of transmission, and prevention.

Another consistent study by Alwafi HA et al (Saudi Arabia 2018)[13] knowledge gaps and negative attitudes of the general public toward people living with HIV/AIDS had been identified. Another similar study by Ahsan Ullah AK (Bangladesh 2011)[14] shows that 80% of the nurses and 90% of the physicians have H/A related stigma despite having good knowledge about

transmission of HIV/AIDS. But their behavior with the HIV-positive individuals was discriminatory.

Current study identified unfavorable attitude among paramedical staff toward HIV positive people which is inconsistent with studies by Rairikar SV et al (India 2016)[8], Tomohiro Ishimaru et al (Japan 2017)[9]Rasania SK et al (India 2003)[15] and (other studies)[16,17,18,19,20,21]. In these studies, findings suggest that the paramedical staff had satisfactory Knowledge regarding transmission of HIV/AIDS. Most of the paramedical staff had favorable attitudes.

CONCLUSION

Lack of awareness about transmission of HIV/AIDS and H/A related stigma can accelerate epidemic. Stigma is a public health problem so strategy for reduction is required in patients and public as well.

Author's Contribution:

Concept & Design of Study:	Shamsuddin Solangi
Drafting:	Manzoor Ali, Saima Siraj
Data Analysis:	Hussain Bux Kolachi, Shazia Kazi, Sajjad Kazi
Revisiting Critically:	Shamsuddin Solangi, Manzoor Ali
Final Approval of version:	Shamsuddin Solangi

Conflict of Interest: The study has no conflict of interest to declare by any author.

REFERENCES

1. Zia R, Maria A. Panic in Pakistani City after 900 children test positive for HIV. The New York Times Oct 26, 2019
2. UNAIDS: Global HIV & AIDS Statistics – 2019 fact sheet.
3. Rehan M, Waheed U, Sarwar M, Arshad M, Satti HS, Zaheer HA. Knowledge, Attitude, Practices and Awareness Regarding HIV/AIDS among University Students of Islamabad and Rawalpindi, Pakistan. Ann Pak Inst Med Sci 2016;12(2):89-92.
4. Roy PK, Jha AK, Zeeshan M, Chaudhary RK. Knowledge regarding HIV/AIDs in medical students. J Pak Assoc Dermatol 2018;28(1):35-38.
5. Chen PF. HIV/AIDS prevention among young people in East and South-East Asia in the context of reproductive and sexual health. Asia Pac Popul J 2008; 23:7–28
6. Yadav SB, Makwana NR, Vadera BN, Dhaduk KM, Gandha KM. Awareness of HIV/AIDS among rural youth in India: A community based cross-sectional study. J Infect Dev 2011;5(10).
7. Doda A, Negi G, Gaur DS, Harsh M. Human immunodeficiency virus/acquired immune deficiency syndrome: A survey on the knowledge, attitude, and practice among medical professionals at a tertiary health-care institution in Uttarakhand, India. Asian J Transfusion Sci 2018;12(1):21.
8. Rairikar SV, Bhandari SR. Knowledge and attitude of paramedical staff and hospital support staff towards HIV infection. J Cont Med A Dent January-April 2016;4(1).
9. Tomohiro Ishimaru, Koji Wada, Sara Arphorn& Derek R. Smith. Attitudes of nurses toward HIV-infected colleagues in Japan, Journal Contemporary Nurse-2017, 53:2, 133-142
10. Wodajo BS, Tshweneagae GT, Oluwaseyi A. Akpor HIV and AIDS-related stigma and discrimination in two referral hospitals in Ethiopia. Afri J AIDS Research 2017;16(2): 137-144
11. Bond V, Chase E, Aggelton P. Stigma HIV/AIDS prevention, and mother to child transmission in Zambia. Evaluation and program planning –2002; 25:242-356
12. Kalichman SC, Simbayi L. HIV testing attitudes, AIDS stigma, and voluntary counselling and testing in a black township in Cape Town, South Africa. Sexually Transmitted Infections – 2003; 79:442-447.
13. Alwafi HA, Meer AM, Shabkah A, Mehdawi FS, El-haddad H, Bahabri N, et al. Knowledge and attitudes toward HIV/AIDS among the general population of Jeddah, Saudi Arabia. J Infection Public Health 2018;11(1):80-4.
14. Ahsan Ullah AK. HIV/AIDS-related stigma and discrimination: A study of health care providers in Bangladesh. J Int Assoc Physicians in AIDS Care 2011;10(2):97-104.
15. Rasania SK, Singh RN. HIV/AIDS: An evaluative study among health care providers. Indian Journal of Sexually Transmitted Dis 2003;24(2):58-61.
16. Gesesew HA, Gebremedhin AT, Demissie TD, Kerie MW, Sudhakar M, Mwanri L. Significant association between perceived HIV related stigma and late presentation for HIV/AIDS care in low and middle-income countries: A systematic review and meta-analysis. PlOS one 2017;12(3):e0173928
17. Parish CL, Siegel K, Liguori T, Abel SN, Pollack HA, Pereyra MR, et al. HIV testing in the dental setting: Perspectives and practices of experienced dental professionals. AIDS care 2018;30(3): 347-52.
18. Mumtaz GR, Hilmi N, Majed EZ, Abu-Raddad LJ. Characterizing HIV/AIDS knowledge and attitudes in the Middle East and North Africa: Systematic review and data synthesis. Global Public Health 2019:1-24
19. Singhal RK, Singh R, Sharma N. Knowledge, Attitudes and Practices Towards HIV/AIDS in General Population Covered by Urban Health Training Centre, Hapur. Ind J Pub Health Res Develop 2018;9(1).
20. Vorasane S, Jimba M, Kikuchi K, Yasuoka J, Nanishi K, Durham J, et al. An investigation of stigmatizing attitudes towards people living with HIV/AIDS by doctors and nurses in Vientiane, Lao PDR. BMC health Services Res 2017;17(1):125.
21. Ikeda DJ, Nyblade L, Srithanaviboonchai K, Agins BD. A quality improvement approach to the reduction of HIV-related stigma and discrimination in healthcare settings. BMJ Global Health 2019; 4(3): e 001587.