

PROFILE OF HIV-SEROPOSITIVE CLIENTS ATTENDING ICTC IN A GOVT. MEDICAL COLLEGE HOSPITAL, NELLORE.A.P.**Susmitha KM,¹Bhuvaneswari P^{2*}, Prabhu GR³, Sujatha P⁴, Kiran DK⁵**Asst. Professor¹, Asst. Professor², Prof & HOD³, Assoc. Prof⁴, Asst. Professor⁵, Department of Community Medicine, ACSR Govt. Medical College, Nellore.**Date of Submission** : 29-01-2018**Date of online Publication** : 15-04-2018**Date of Acceptance** : 15-03-2018**Date of Print Publication** : 30-06-2018***Author for correspondence:**Dr.P.Bhuvaneswari Asst. Professor, Department of Community Medicine, ACSR Govt. Medical College, Nellore.E-mail: bhuvanachaitra@gmail.com**Abstract**

BACKGROUND: The HIV infection is a global pandemic and has grown into a public health problem of unprecedented magnitude. National adult (15–49 years) HIV prevalence is estimated at 0.26% in 2015 and in Andhra Pradesh & Telangana (0.66%). Integrated counselling and testing could be considered as a cost-effective way of reducing HIV transmission in resource poor countries like India. **OBJECTIVES:** To study the socio demographic characteristics, risk behaviour of HIV seropositive clients and to find out the seropositivity among attendees of ICTC attached to Govt. Medical College Hospital, Nellore. **MATERIAL AND METHODS:** It is a cross sectional, record based study conducted at Integrated Counselling and Testing Centre attached to Govt. Medical College Hospital, Nellore during the last quarter of 2016. All data pertaining to the above-mentioned period were collected from Patient Information Details (PID) register with the help of a structured proforma for ICTC by NACO maintaining strict anonymity of the clients. Statistical analysis was done using SPSS 19.0 Version. **RESULTS:** Data was collected among 213 HIV seropositive clients during period of three months – Majority (80.8%) of sero positives were in the age group of 15-49 yr, a significant association ($p < 0.001$) was found with daily wage labourers and male sex. In 97.2% there was heterosexual transmission. **CONCLUSION & RECOMMENDATIONS:** HIV sero positivity was very high among married sexually active men, primary school literates working as daily labourers with agricultural background. Enhancement of awareness on spouse/partner testing requires immediate emphasis to halt progress of the diseases among general population. This will be useful for policy makers to take appropriate interventions for prevention and control.

Key-words:ICTC, clients, seropositive, HIV, NACO.**Introduction**

The HIV infection is a global pandemic and has grown into a public health problem of unprecedented magnitude. There are 36.7 million people in the world, living with HIV and 2.1 million are newly infected with HIV in 2015¹. National adult (15–49 years) HIV prevalence is estimated at 0.26% in 2015² and in Andhra Pradesh & Telangana (0.66%). ICTCs, previously known as Voluntary Counselling and Testing Centres (VCTCs) provide key entry points for the continuum of care in HIV/AIDS for all sections of the population³. Pre- and post-test counselling is among the standard components of prevention, addressing to psychological needs. People can access accurate information about HIV prevention and care and undergo HIV test in a supportive and confidential environment. People who are found HIV negative are supported with information and counselling to reduce risks and remain HIV negative. As on 31st August 2016 in India, there are 20,756 Integrated Counselling and Testing Centres (ICTC). Integrated counselling and testing could be considered a cost-

effective way of reducing HIV transmission in resource poor countries like India⁴.

Objectives: To study the socio demographic characteristics, risk behaviour of HIV seropositive clients and to find out the seropositivity among attendees of ICTC attached to Govt. Medical College Hospital, Nellore.

Material and methods

The study was conducted among clients who visited ICTC either by self referral or referred by a health care provider during the last quarter of 2016 (October to December). It is a cross sectional, record based study conducted at Integrated Counselling and Testing Centre attached to Govt. Medical College Hospital, Nellore. Necessary clearance from the Institutional Ethics Committee of Government Medical College was obtained before conducting the study. All the clients received pre-test counselling. Following consent, the clients underwent HIV testing voluntarily. Samples were tested as per strategy and policy prescribed by National AIDS Control Organisation (NACO). All clients received post-test

counselling when they returned for their results. Those tested positives were referred to Highly active anti-retroviral therapy (HAART) centre attached to medical college hospital. Those found negative received information on change of risk behaviour. Information obtained from the counselling and the HIV test results were documented and linked by a number assigned to each client at time of first contact with the centre called Personal Identification Digit (PID). All data pertaining to the above-mentioned period were collected from Patient Information Details (PID) register and other relevant registers with the help of a structured proforma prepared from Operational Guidelines for ICTC by NACO ⁵ maintaining strict anonymity of the clients. Data was entered in MS Excel and Statistical analysis was done using SPSS 19.0 Version and were expressed in simple proportions. Chi-square tests were done at 5% level of significance

Results

A total of 2957 of clients attended ICTC of Government Medical College Hospital, Nellore during three months duration among whom 213 were found to be sero positive. Data was collected among those 213 HIV seropositive clients and results were as follows – Majority (80.8%) of sero positives were in the age group of 15-49 yrs, a significant association (p< 0.001) was found with daily wage labourers and male sex. 47.4% were daily wage labourers and 95.8% were married (Table 1).

Table 1: Sociodemographic Profile of HIV Seropositive Clients (N=213)

Variable	Male no. (%)	Female no. (%)	Total no. (%)
Age group(yrs)			
<15	3(2.7)	3(3)	6(2.8)
15 – 49	85(75.9)	87(86.1)	172(80.8)
>50	24(10.9)	11(10.9)	35(16.4)
(χ ² = 4.295, df=2, p>0.05)			
Educational status			
Illiterate	23(20.5)	11(10.9)	34(16)
Primary school	55(49.1)	66(65.3)	121(56.8)
Secondary	30(26.8)	22(21.8)	52(24.4)
College and above	4(3.6)	2(2)	6(2.8)
(χ ² = 6.582, df=3, p>0.05)			
Occupation			
Daily wage	101(90.2)	0(0)	101(47.4)
Salaried	5(4.5)	0(0)	5(2.3)
Housewife	0(0)	99(98)	99(46.5)
Student	6(5.4)	2(2)	8(3.8)
(χ ² = 206.98, df=3, p<0.001)			
Marital status			
Married	105(93.8)	99(98)	204(95.8)
Single	7(6.3)	1(1)	8(2.8)
Widowed	0(0)	1(1)	1(0.4)

(χ²= 5.122, df=2, p>0.05)

Fig.1: Showing Risk Groups of HIV Seropositive Clients (N=213)

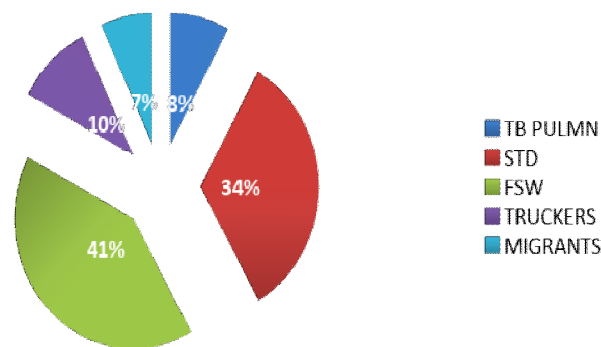


Fig.2: Showing Risk Behaviour of HIV Seropositive Clients (N=213)

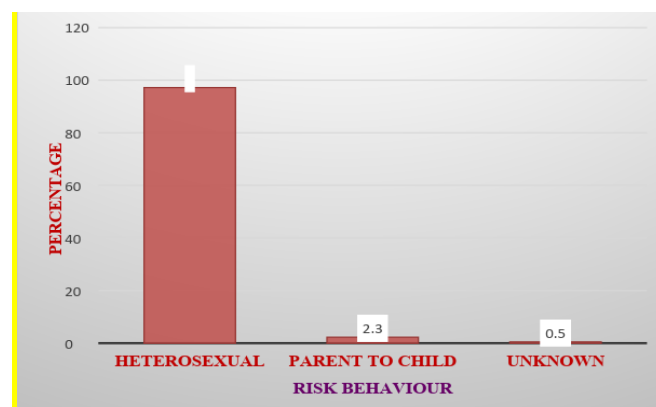


Table 2: Distribution of HIV Seropositives According to Testing of Partners and their Results (N=213)

Spouse/partner tested	Number (%)
No	157(73.7)
Yes	56(26.3)
HIV positive	35(16.4)
HIV negative	21(9.9)

Table 3: Month Wise HIV Seropositivity of ICTC Attendees (N=2957)

Month	Male (%)	Female (%)	Total (%)
Oct	49/571(8.58)	44/479(9.18)	93/1050(8.85)
Nov	37/624(5.92)	30/428(7.01)	67/1052(6.36)
Dec	26/618(4.2)	27/341(7.91)	53/855(6.2)

In our study, female sex workers (41%), clients of STD (34%) followed by truck drivers (10%) formed the majority of risk groups (Figure 1). In 97.2% there was heterosexual transmission followed by parent to child (2.3%) (Figure 2). Among 26.3% of partners who were tested for seropositivity, 16.4% were found to be seropositive (Table 2). The HIV seropositivity was 7.2% in the present study. Month wise seropositivity ranged from 6.2% to 8.85%.

Discussion

Counselling and testing are important for prevention and control of HIV/AIDS. A total of 2957 of clients attended ICTC of Government Medical College Hospital, Nellore during the study period of whom 213 were found to be sero positive

The present study clearly indicates that 52.6% of seropositives were male. 60% in a study by Ghosh⁶ et al. Gupta M⁷ in Karnataka and Vyas N⁸ reported 64.7%, 65.1% of seropositives were males respectively. This indicates the existence of some barriers preventing the access of females even now. Stigma and discrimination may also be a barrier for them.

In the present study, 80.8% of the clients belonged to the age group of 15-49 years which is sexually active age group and 88.7% at Udupi⁷, Karnataka.

56.8% of study subjects had their primary school education. 29.7% had their secondary school education in a study by Sanjay et al⁸, Wardha. 46.9% were illiterate in study by Ghosh et al.⁶ This difference may be due to regional demographic variation. It seems that education does provide some protection. As such the people who are well educated are more receptive to information, education and communication and amenable to interventions.

About 95.8% of the seropositive clients were currently married in the present study. Similar observations were reported by Vyas N et al⁹ this higher rate of married clients (93% men and 82.5% women) were probably due to local custom of early marriage.

About 47.4% of the seropositives were daily-wage earners, followed by housewives indicating poor attendance of high risk groups (HRGs) in ICTC. A significant association ($p < 0.001$) was found with occupation and sex. Joardar⁴ GK reported that 30.3% male seropositive had unskilled work as occupation. Majority of seropositive males were drivers in the study by Vyas N⁹. However, among females, majority were housewives similar to the study by Gupta et al⁷ indicating that HIV infection is no longer restricted to commercial sex workers. Rather the infection has spread into general population and rates of infection are reported to be increasing among monogamous women through unprotected sex with infected partners¹⁰.

Heterosexual route was the most common route of transmission (97.2%) which is higher than the national average (88.2%) and similar to study by Sanjay et al⁸ (92.6%).

About 73.7% of client partners were not tested in the present study and a significant association was found between risk groups and HIV testing and HIV status of partner ($p < 0.001$) similar to Ghosh et al⁶, (less than one-third) especially when 16.4% of the tested spouses of seropositive clients came out to be HIV positive. This may be due to unawareness regarding the mode of transmission of the disease. The HIV seropositivity was

7.2% in the present study, which was more than in studies of Sanjiv¹¹ at Meerut (1.12%), Kiran¹² at Ranchi (6.90%) and less than in studies by Gupta⁷ at South Kannada (9.6%) and Joardar⁴ at West Bengal (17.1%). The difference of HIV prevalence in different studies may be attributed to difference in health seeking behaviour in different parts of the country due to varied sociocultural differences of the community.

CONCLUSION & RECOMMENDATIONS:

HIV sero positivity was very high among sexually active, men, who studied till primary school and working as daily labourers in agricultural background and married. Since higher literacy helps in the improvement of the socio-economic status of the individual which will help to modify the other socio-demographic determinants. Also, improved literacy level will help in better understanding of the disease process, its mode of transmission, personal protective measures to be employed. This will give the empowerment of societal responsibilities at the individual level, which will help in preventing the spread of this pandemic. The commonest mode of acquiring infection was heterosexual contact, emphasizing the need to strengthen our Information education and communication (IEC) strategies to contain HIV/AIDS. Marital life itself becomes a risk factor for those women who get infected by their HIV positive spouse there by transmitting the disease vertically also. Enhancement of awareness on spouse/partner testing requires immediate emphasis to halt progress of the diseases among general population. This will be useful for policy makers to take appropriate interventions for prevention and control.

Limitation Of Study

This study was conducted from the ICTC of Tertiary Care Hospital that is situated in the District headquarters and clients from surrounding area can avail the services which could bias study results. This was a record-based study, a direct interview with the clients would have been better to get information on migration and condom use.

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