"HIV/AIDS AWARENESS AMONG HOSPITAL EMPLOYEES"

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ABSTRACT:

Research Problem: What is the extent of knowledge and attitude of class III & IV hospital employees regarding HIV/AIDS?.

Objectives:

- To assess the basic knowledge and attitude of class III and class IV hospital employees regarding HIV/AIDS.
- To elicit the need for systematic education of hospital employees in HIV/AIDS.

Study Design: Cross sectional study.

Setting: Government Medical College and Hospital, Nagpur.

Participants: Class III & IV employees.

Sample Size: 250 employees - 176 class III & 74 class IV employees.

Study Variables: Source of information, knowledge about causative agents, modes of transmission, prevention and treatment.

Statistical Analysis: By simple proportions.

Result: Of the 250 study subjects, 232 (92.8%) had heard or read about AIDS. Chief sources of information were television, newspapers and doctors. Though the study subjects had some factual knowledge about HIV/AIDS, there were certain misconceptions; and myths still persist. They were also found to have a biased and negative attitude towards people with AIDS. 223 (96.1%) study subjects said that they would like to learn more about HIV/AIDS.

Conclusion and Recommendations: The results of this study indicate that action is needed to increase the level of knowledge of hospital employees so that they reject biased information and myths relating to AIDS, and thus carry out their duties effectively and help in forming an enlightened opinion against AIDS.

INTRODUCTION:

Infection with HIV / AIDS is an urgent medical problem worldwide with broad social, cultural, economical, political, ethical and legal implications.

Prevention, indisputably, is the most important objective. In the absence of a vaccine or an effective chemotherapeutic agent, the only weapon available for combating this dreadful infection is prevention by community awareness and health education.²

Health personnel have the dual responsibility of providing care and counselling to people with HIV/AIDS and educating individuals and the community about the facts regarding AIDS/HIV. They must take appropriate precautions to prevent the spread of infection in other patients and among themselves; act as a role model for their community by providing compassionate and respectful care; and educate individuals and groups about HIV/AIDS.²

Keeping this in mind, the present study was carried out among Class III and Class IV workers of Govt.Medical College & Hospital, Nagpur to assess their knowledge and attitude towards HIIV/AIDS. These people form an important contact point with the masses and they are the ones who can best educate individuals and groups about the facts regarding HIV/AIDS. Their ignorance can act as an impediment in the care of AIDS patients which may pose a great problem in future. Also, these are the people who can build the right platform whereon doctors and experts on HIV can provide further knowledge.

MATERIAL AND METHOD:

The study, a cross sectional one, was carried out among Class III and Class IV employees working in Govt. Medical College and Hospital, Nagpur, to assess their knowledge and attitude towards HIV/AIDS. The sample size was 250, of which 176 (70.4%) were Class III and 74(29.6%) were Class IV employees. The individuals were interviewed personally, using a predesigned questionnaire in Marathi. The questionnaire comprised of questions on different aspects of AIDS like aetiology, modes of transmission, preventive measures etc. According to the number of correct answers given, a scoring system was developed and the score obtained by each study subject was calculated.

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OBSERVATIONS:

Source of Information: Of the 250 study subjects, 18(7.2%) had never heard / read about AIDS and hence, were excluded from further analysis, leaving us with a total of 232.

The main source of information was television (78%) followed by newspapers (54.3%) and doctors (43.5%). Other sources of information were radio, friends and others in 38.8%, 20.7% and 17.2% of study subjects respectively.

Knowledge of aetiological agent: 57.3% of the study subjects knew about the viral aetiology of AIDS, 15.6% answered that it was caused by a germ while 11.5% said that the causative agent was bacteria. Contaminated food, water and air were implicated by 5.2%, 4.9% and 3.8% of study subjects respectively. 1.7% study subjects did not know about the aetiological agent at all. The level of general information of study subjects regarding AIDS is shown in Table I. While 74.6% responded that AIDS is fatal and 62.5% knew that there is no treatment available for AIDS, only 39.7% study subjects were aware that a seronegative person could be infectious.

Knowledge of modes of transmission: Though a majority of study subjects had a high level of knowledge regarding the usual modes of transmission of HIV, there were some respondents who believed that HIV could be transmitted through various kinds of casual contact or mosquito bite (Table II).

Knowledge about preventive measures: Study subjects had fairly good knowledge regarding preventive measures against AIDS. However, only 45.3% were aware about the non availability of a vaccine against AIDS (Table III)

In all, there were 20 questions on knowledge regarding AIDS, and scoring was done by alloting one mark for each correct answer. Class III employees scored considerably better than Class IV employees, as is apparent from Table IV.

Attitudes towards AIDS patients: The responses of study subjects to attitudes towards AIDS and AIDS patients, are listed in Table V, which reflect a general prejudice against AIDS victims. 223 (96.1%) study subjects said that they wanted to learn more about AIDS.

DISCUSSION:

The key position of health care workers in the education of patients and the community at large and the great influence this group has on public opinion necessitates that they have an optimal knowledge and sound attitudes towards AIDS based on appropriate facts.³

From the results of our study, it is clear that despite the increasing mass media focus on AIDS, many study subjects were misinformed or confused regarding various aspects of HIV/AIDS. Also, negative attitudes and biases towards AIDS patients persist. Future educational activities should address these deficits in knowledge explicitly.

Although, the risk of infection following occupational exposure is low, employee fear is considerable. 4.5 The fact that there is no cure and no vaccine against AIDS has caused great apprehension and fear amongst the hospital employees. 7 Confidence has to be created amongst them that by taking adequate measures to prevent and control infection, HIV/AIDS can automatically be prevented.

Repetitive information aimed at health personnel is still needed, the ultimate goal for such campaigns being behavioural change and the adoption of the safest possible techniques.

It is important that health care professionals dispel the fears and misconceptions currently prevailing with regard to HIV infection and AIDS. It is only thus, that they can fully discharge their duties not only with respect to HIV infected persons and persons with AIDS, but to the society as a whole.⁶

The results of this study may be of utility in formulating effective in - service training and other education programmes to increase knowledge regarding AIDS and to correct specific areas of misinformation for Class III and IV hospital employees.

THE TIME TO ACT IS NOW THE PLACE TO ACT IS OUR WORK PLACE - HOSPITAL.

TABLE-I

GENERAL INFORMATION ON AIDS

Information	Yes	No	Dnk#
*AIDS is fatal * Availability of treatment	173	47	12
	(74.6)	(20.2)	(5.2)
	41	145	46
* HIV is more infectious than Hepatitis B virus	(17.7) 158 (68.0)	(62.5) 54 (23.3)	(19.8) 20 (8.6)
* A person with AIDS can get	141	32	59
other diseases due to AIDS	(60.8)	(13.8)	(25.4)
* Persons can be infected with HIV without knowing	105	83	44
	(45.2)	(35.8)	(19.0)
* A seronegative person can be infectious	92	101	39
	(39.7)	(43.5)	(16.8)

Did not know

(Figures in parenthesis indicate percentage)

TABLE-II

KNOWLEDGE REGARDING MODES OF TRANSMISSION

Modes of Trnsmission	Yes	No	Dnk#
Unprotected sex	215	7 .	10
	(92.7)	(3.0)	(4.3)
Blood & blood products	208	7	17
•	(89.7)	(3.0)	(7.3)
From pregnant mother to her	199	19	14
unborn child	(85.8)	(8.2)	(6.0)
Infected syringes & needles	168	44	20
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(72.4)	(19.0)	(8.6)
Hand shaking/hugging	64	143	25
	(27.6)	(61.6)	(10.8
Sharing utensils	76	136	20
	(32.8)	(58.6)	(8.6)
Sharing toothbrushes/razors	98	101	33
3	(42.2)	(43.6)	(14.2
Mosquito bite	87	122	23
•	(37.5)	(52.6)	(9.9)
Social Kissing	104	63	85
	(44.8)	(27.2)	(28.0

Did not know

(Figures in parenthesis indicate percentage)

TABLE-III

KNOWLEDGE REGARDING PREVENTIVE MEASURES

Preventive measures	Yes	No	Dnk#
Use of condoms	168	28	36
	(72.4)	(12.1)	(15.5)
Availability of vaccine	86	105	41
	(37.1)	(45.3)	17.6)
Use of gloves	159	29	44
	(68.5)	(72.5)	(19.0)
Use of disposable needles	143	32	57
and syringes	(61.6)	(13.8)	24.6)
Single faithful partner	127	60	45
	(54.7)	(25.9)	(19.4)

Did not know

(Figures in parenthesis indicate percentage)

TABLE - IV

SCORING PATTERN OF STUDY SUBJECTS

Class		Scores	
	0 - 7	7 - 15	15 - 20
Class III	3	42	131
	(1.7)	(23.9)	(74.4)
Class IV	22	40	12
	(29.7)	(54.1)	(16.2)

(Figures in parenthesis indicate percentage.)

TABLE - V

ATTITUDE OF STUDY SUBJECTS TOWARDS AIDS AND PATIENTS WITH AIDS

Attitude	Yes	No	No
		C	commen
Major public health problem	190	25	17
	(81.9)	(10.8)	(7.3)
Every hospital patient should be	145	57	30
tested for AIDS on admission	(62.5)	(24.6)	(12.9)
Lunch / dinner with patient	124	92	16
with HIV / AIDS acceptable	(53.4)	(39.7)	(6.91)
Strict isolation of AIDS	131	85	16
patients.	(56.5)	(36.6)	(6.9)
Would be able to touch and	102	45	85
care for someone with AIDS	(44.0)	(19.4)	(36.6)
Desire further knowledge	223	6	3
	(96.1)	(2.6)	(1.3)

(Figures in parenthesis indicate percentage)

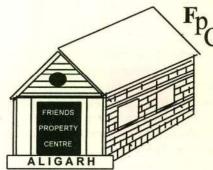
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