

Research Article

Knowledge, attitude and practices regarding HIV/AIDS among the community of Rawalpindi and Islamabad, Pakistan

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ABSTRACT

Background: The study was conducted to assess the awareness regarding Knowledge, Attitude and Practices about HIV/AIDS in the community of Rawalpindi and Islamabad.

Methods: The study was conducted in Rawalpindi and Islamabad with age of 18 years and more. The data was randomly selected from 120 people having qualification of undermatric/matric/graduation/masters and above through questionnaire. The duration of the study was one year from April 2012 to March 2013.

Results: Study showed that media is major source of awareness through Television (81.7%) and News Paper (67.5%). It was seen that 48.3% knew the difference between HIV and AIDS. 53.3% knew the signs and symptoms of HIV/AIDS but more than 46% did not know clinical features. Most of the community (79.2%) knew about the mode of transmission but small percentage (20.8%) did not have knowledge about transmission of disease. 85.8% knew about mode of prevention of HIV/AIDS. More than 80% of the participants suggested for compulsory screening of HIV/AIDS whereas a small percentage (up to 20%) did not suggest. Attitude of community was mix reply with positive attitude (58.3%) and negative attitude (41.7%). About 40% were in favor of health insurance whereas around 60% feel no need of health insurance to the HIV/AIDS patients. 70% of the participants recommended to maintain the confidentiality of patient while 30% gave negative reply. Community was opinion that health awareness would reduce (96.7%) the risk of disease while only a small percentage (3.3%) thought for having no impact on prevention.

Conclusions: The study showed sufficient knowledge and awareness but negative attitude of community towards patients of HIV/AIDS.

Keywords: KAP (Knowledge, Attitude and Practices) study, Prevention

INTRODUCTION

Human immunodeficiency virus (HIV) is a lentivirus (a member of the retrovirus family) that causes acquired immunodeficiency syndrome (AIDS) in which there is progressive failure of the immune system allowing life-threatening opportunistic infections and cancers to thrive.¹ HIV infection in humans is considered pandemic by the World Health Organization (WHO). Since the start of the epidemic an estimated 36 million [30 million – 42 million] people have died of AIDS-related illnesses.²

Data have shown that there are 35.3 million (32.2 million-38.8 million) people with AIDS and 75 million (63 million-89 million) have become infected with HIV.² HIV infected about 0.6% of the world's population.³ Infection with HIV occurs by the transfer of blood, semen, vaginal fluid, pre-ejaculate or breast milk.¹ HIV is transmitted in human body fluids by three major routes: (1) sexual intercourse through vaginal, rectal, or penile tissues; (2) direct injection with HIV-contaminated drugs, needles, syringes, blood or blood products; and (3) from HIV-infected mother to fetus in utero, through

intrapartum inoculation from mother to infant or during breast-feeding. HIV does not spread by tears, sweat, coughing or sneezing. Nor it is transmitted by infected person's clothes, phone, drinking glasses, eating utensils or other objects that HIV- infected people have used which are free of blood.⁴ By limiting the number of sexual partners, never sharing needles, and using condoms correctly and consistently etc. help to reduce incidence of disease.⁵

The first case of HIV in the densely populated country of Pakistan was diagnosed in 1987⁶ and till June 2003 only 2,086 cases of HIV/AIDS were officially reported.⁷ Pakistan is the second largest country in South Asia stands a few steps behind India and Nepal in terms of the extent of the HIV epidemic. The National AIDS Control Program says that Pakistan is a "low prevalence, high risk" country, with low rates of the virus across the general population but a high concentration among risk groups such as injection drug users. UN figures from 2009 show that there are an estimated 97,400 cases of HIV/AIDS in Pakistan.⁸

It has been concluded that HIV/AIDS epidemic is one of the serious world problems and sufficient knowledge, positive attitude and healthy practices can be reduce the risk of HIV/AIDS before occurrence of epidemic in the region. The objective of our KAP (Knowledge, Attitude and Practices) study was to assess the knowledge, Attitude and Practices about HIV/AIDS specifically in the community of Rawalpindi/Islamabad.

METHODS

The study was conducted in Rawalpindi and Islamabad on male, female and eunuch. The data was collected from 120 persons in the community having qualification of undermatric/matric/graduation/masters and above. The participants were randomly selected from public hospitals, multinational offices and public places. The defined criteria were to include the participants whose age was 18 years and more (male/female/eunuchs). Data was collected through simple "yes/no" response in simple self-administered questionnaires. When required the participants were briefed about the detail of question. The duration of the study was one year from April 2012 to March 2013.

RESULTS

Based on the completion of questionnaire percentage of different factors regarding knowledge, attitude and practices were assessed as under.

Results showed that media is one of the major source (television – 81.7% and newspaper – 67.5%) regarding provision of knowledge in the community. Although education is our main learning source but the contribution from our education system (10.8%) is not sufficient for provision of knowledge to community. The situation is

also not very encouraging regarding our health system (19.2%). There was mix response regarding attitude of community/patient i.e., 58.3% of community showed positive attitude toward patient while only 30.0% showed the inclination toward treatment. Results showed that the community has sufficient awareness for health (92.5%) and reduction of disease (96.7%). Most of the community (60.8%) was not in favor of health insurance to the HIV/AIDS patients.

Table 1: Community Response pertaining to Knowledge, Attitude and Practices about HIV/AIDS.

Factor for KAP (Knowledge, Attitude & Practices) study on HIV/AIDS	Percentage with reply as "Yes"	Percentage with reply as "No"
Television	81.7	18.3
Newspaper	67.5	32.5
Friends	34.2	65.8
Education Text	10.8	89.2
Hospitals	19.2	80.8
Knowing difference between HIV & AIDS	48.3	51.7
Knowing Signs & Symptoms of HIV/AIDS	53.3	46.7
Mode of Transmission	79.2	20.8
Awareness for Prevention	85.8	14.2
Compulsory Screening	80.8	19.2
Positive Attitude of Community toward Patient	58.3	41.7
Attitude of Patient toward Treatment	30.0	70.0
Facility of Health Insurance to Patient	39.2	60.8
Confidentiality of Record	70.0	30.0
Reduction of Disease through Awareness	96.7	3.3
Health Awareness in the Community	92.5	7.5

DISCUSSION

In late 20th century it was suspected that 21st century would especially have dangers for the next generation.⁹ On the available record this suspicion is becoming true in that the number of HIV reported cases which were 2086 till June 2003⁷ has been increased to 97,400 (according to latest figure).⁸

Although sufficient knowledge but negative attitude toward HIV/AIDS have been observed in world¹⁰ but our study showed change from negative to positive and sympathetic attitude of community towards patients of HIV/AIDS. However simultaneously there has also been contradiction with a dual thought in the community as on

one side mostly it is positive /sympathetic toward HIV/AIDS while on the other side again most of the community in the same study group don't recommend for their health insurance/treatment indicating negative/apathetic response.

The negative response of the participant regarding health insurance for treatment of HIV/AIDS is not understandable but it could be either due to risk of disclosure of confidentiality or thinking that since there is no curative treatment of HIV/AIDS therefore it will be useless to utilize facility of insurance.

The literacy rate in Pakistan varies from 96% in Islamabad to 28% in Kohlu District.¹¹ We may assess about alarming contribution of knowledge by education text in backward areas where literacy rate is low from the fact that contribution of knowledge on HIV/AIDS in highly literate areas of Islamabad/Rawalpindi is only 10.8%.

Studies showed that circumcision is associated with substantially reduced HIV risk in patients with known HIV exposure including heterosexual men.¹² Pakistan is an Islamic country where illegal sexual relationship is not allowed. Moreover circumcision at early age supports that by abiding the true Islamic Laws there will be relief in our life including elimination of HIV/AIDS.

Like other studies conducted earlier our study supported the finding that media consisting of newspaper, magazines, leaflets, radio and television are the main source of information for HIV/AIDS.^{13,14} In this regard we may appreciate the media for providing sufficient awareness about the disease in community. However the role of regulatory bodies over the media to work within ethical limits can't be ignored on the name of provision of knowledge.

The load of HIV/AIDS is not as much as other diseases but it has indirectly increased the load on health sector by increasing implementation of preventive measures in the shape of screening, disposal of needles etc. We may say that HIV/AIDS have compelled us to implement routine preventive measures which are required to be opted even without considering threat of HIV/AIDS.

Studies showed that different cultural practices¹⁵ have affected the life of community regarding occurrence of HIV/AIDS however our study did not show their effect for occurrence of disease. There could be effect of different cultural practices (e.g. taboos, hole in ear etc.) and more specific researches pertaining to practices may be conducted for more authentic opinion.

Although community have good knowledge of HIV/AIDS but their major source is media and sufficient training sessions are not conducted which need to be organized in the community on priority basis. In this regard seminars, workshops, symposium etc. be carried

out on regular basis to increase the awareness about different aspects of disease for its early prevention.

It has been universally accepted that compulsory screening, knowledge, positive attitude and healthy practices regarding HIV/AIDS would reduce the incidence and earlier detection of disease. Our study also showing the same result that by increasing the preventive measures incidence of HIV/AIDS will be decreased.

CONCLUSION

Although media (e.g., television, newspapers etc.) contribute a lot in the distribution of knowledge to community but it is not covering the entire need and requires support from other sources consisting of education system, hospitals, DHQ, BHU and clinics. The community in Rawalpindi/Islamabad showed a dual attitude toward the patients of HIV/AIDS. There should be strict confidentiality of HIV/AIDS patients and they should also be encouraged for treatment in rest of their life. Health awareness will reduce the risk of HIV/AIDS in the community. Although there is significant awareness regarding HIV/AIDS in the community of Rawalpindi/Islamabad but still there is need of improvement through seminars, workshops, symposium in the community at different places in schools, community centers, universities, hospitals, college's etc. Patients of HIV/AIDS should be morally encouraged by the surrounding community. There should be compulsory health insurance by the Government, NGO's etc. for all patients to achieve the goal of free treatment. The implementation of health policy for HIV/AIDS should be ensured with its true spirit.

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REFERENCES

1. <https://en.wikipedia.org/wiki/HIV>
2. <http://www.unaids.org/en/resources/campaigns/globalreport2013/factsheet>
3. <http://www.scodc.org/tag/aids/>
4. <http://biology.kenyon.edu/slonc/span-med/immune/transm.htm>
5. <http://www.cdc.gov/hiv/basics/prevention.html>
6. <https://www.nacp.gov.pk/introduction/NSF-NACP.pdf>
7. http://www.jpma.org.pk/full_article_text.php?article_id=789
8. www.dawn.com/2011/12/01/shunned-hiv-victims-fight-pariah-status/
9. Mansoor Ahmad and LaithAbdul RaheemAbu Higleh. The position of AIDS in Pakistan, UAE and Jordan. Pakistan Journal of Pharmaceutical Sciences 1997;10(1):79-89.
10. Namaitijiang Maimaiti, Khadijah Shamsuddin, Anwar Abdurahim, Nurungul Tohti, Rena Memet.

- Knowledge, Attitude and Practices Regarding HIV/AIDS among University students in XinJiang. Global Journal of Health Sciences 2010;2(2).
11. https://en.wikipedia.org/wiki/Education_in_Pakistan
 12. Lee Warner, Khalil G. Ghanem, Daniel R. Newman, Maurizio Macaluso, Patrick S. Sullivan, and Emily J. Erbelding. Male Circumcision and Risk of HIV Infection among Heterosexual African American Men Attending Baltimore Sexually Transmitted Disease Clinics. The Journal of Infectious Diseases 2009;199(1):59-65.
 13. http://www.arfasia.org/resources/Microsoft_Word__Knowledge_and_Attitudes_of_Asian_Muslim_Communities_regard.pdf
 14. Amira Sidig, AlsadigMahgoub, Abbashar Hussein. A study of knowledge, attitude, practice towards HIV/AIDS and prevalence of HIV/AIDS among tea sellers women in Khartoum State (April 2004 - May 2005).Sudanese Journal of Public Health 2009;4(1).
 15. <http://uaps2007.princeton.edu/papers/70575>.

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