

Are Differences in Marital Status an Important Factor for KAP Related to HIV/AIDS in Saoner Rural Area?

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BACKGROUND

The prevention of HIV/AIDS hinges on the knowledge, attitude, and practices that individuals have about HIV/AIDS (1). Hence the appropriate KAP is even more important in the wake of the fact today AIDS vaccine is not a reality yet and anti-retroviral therapy is restricted only for an advanced stage and after a thorough patient counseling (1). In India women work on low-paying and low- status jobs compared to men (2). This fact motivates many women into marriage as a source of living. In addition, husbands are final decision makers in the households, thus making them dominant over their wives. This has made many women susceptible to domestic violence from their husbands putting them at risk of acquiring HIV infection from unfaithful husbands whom they cannot question because of infidelity. This violence is both physical and sexual (3). Therefore marital status is an important risk factor among the behavioral risk factors.

OBJECTIVE

To assess the marital status differences in the level of knowledge, attitude and practices related to HIV/AIDS in patients and their relatives coming to Saoner Rural Hospital as well as primary health centers and sub-centers under Saoner Rural Hospital.

METHODS

The study setting was Saoner Rural Hospital and the Primary health Centers that serve the catchment area of the rural hospital. The study population comprised of 500 Out Patients Department (OPD) patients and their relatives aged 20-30 years.

SAS® version of 9.1.3 was used for data analysis. Our codes were as follows:

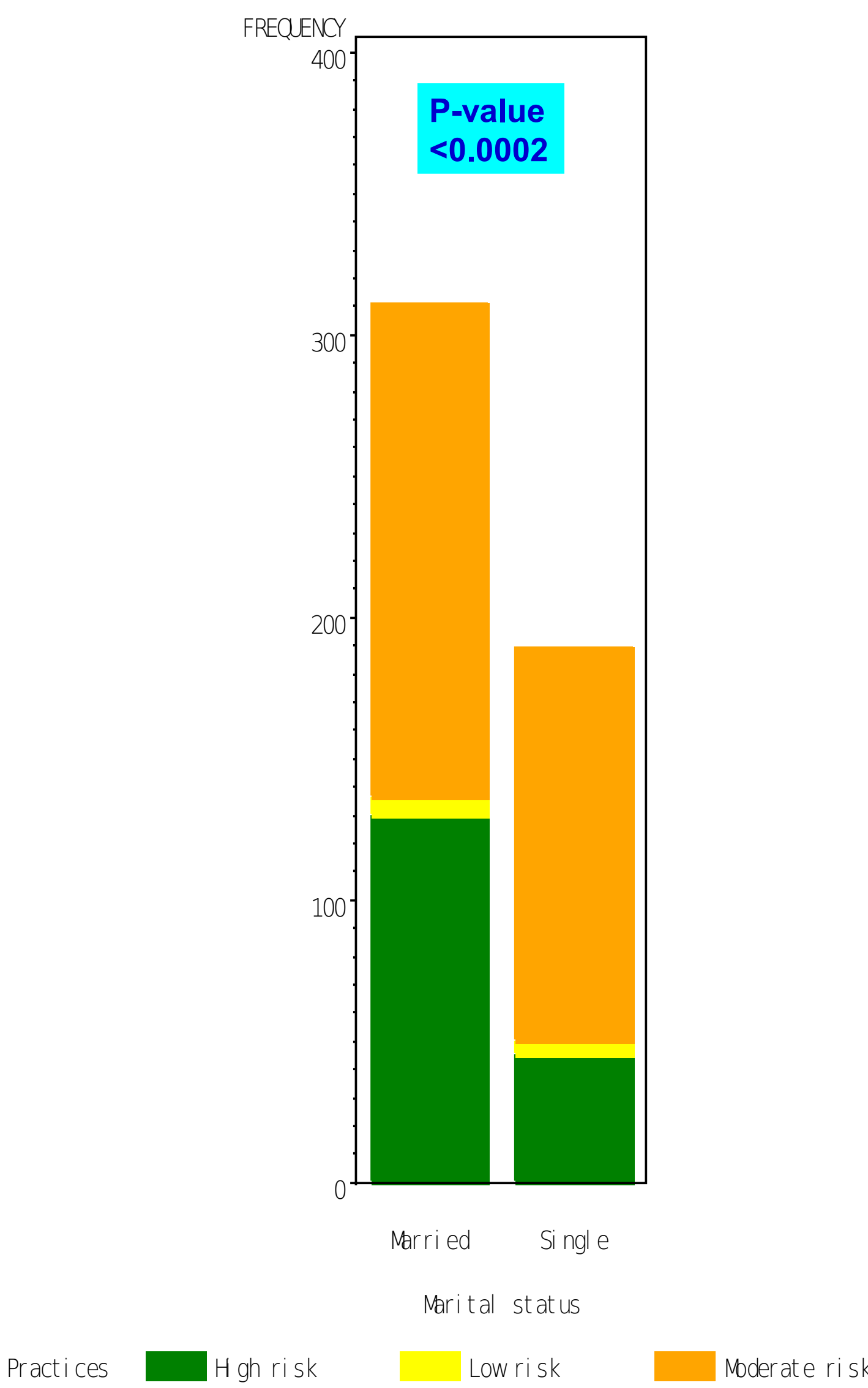
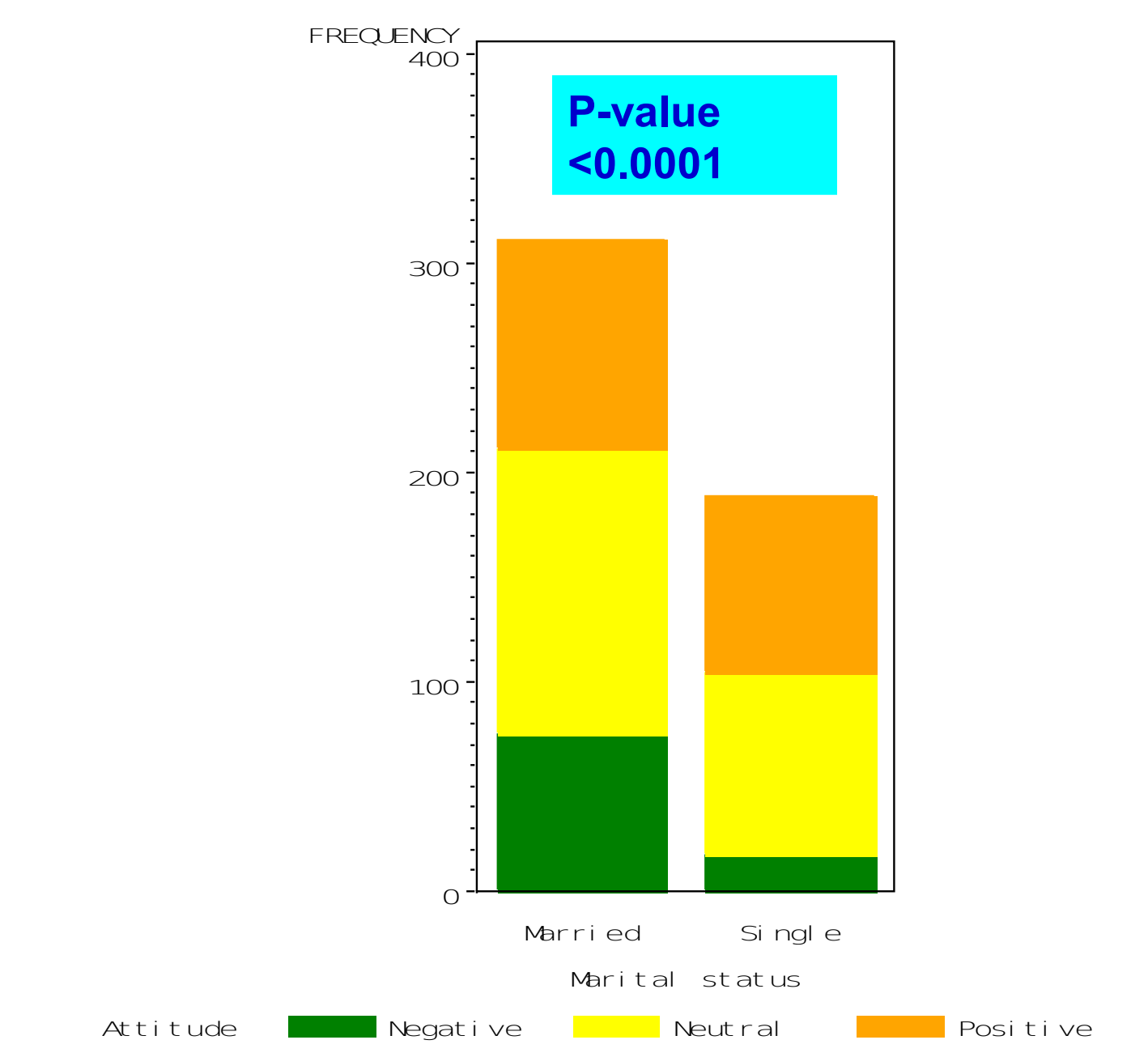
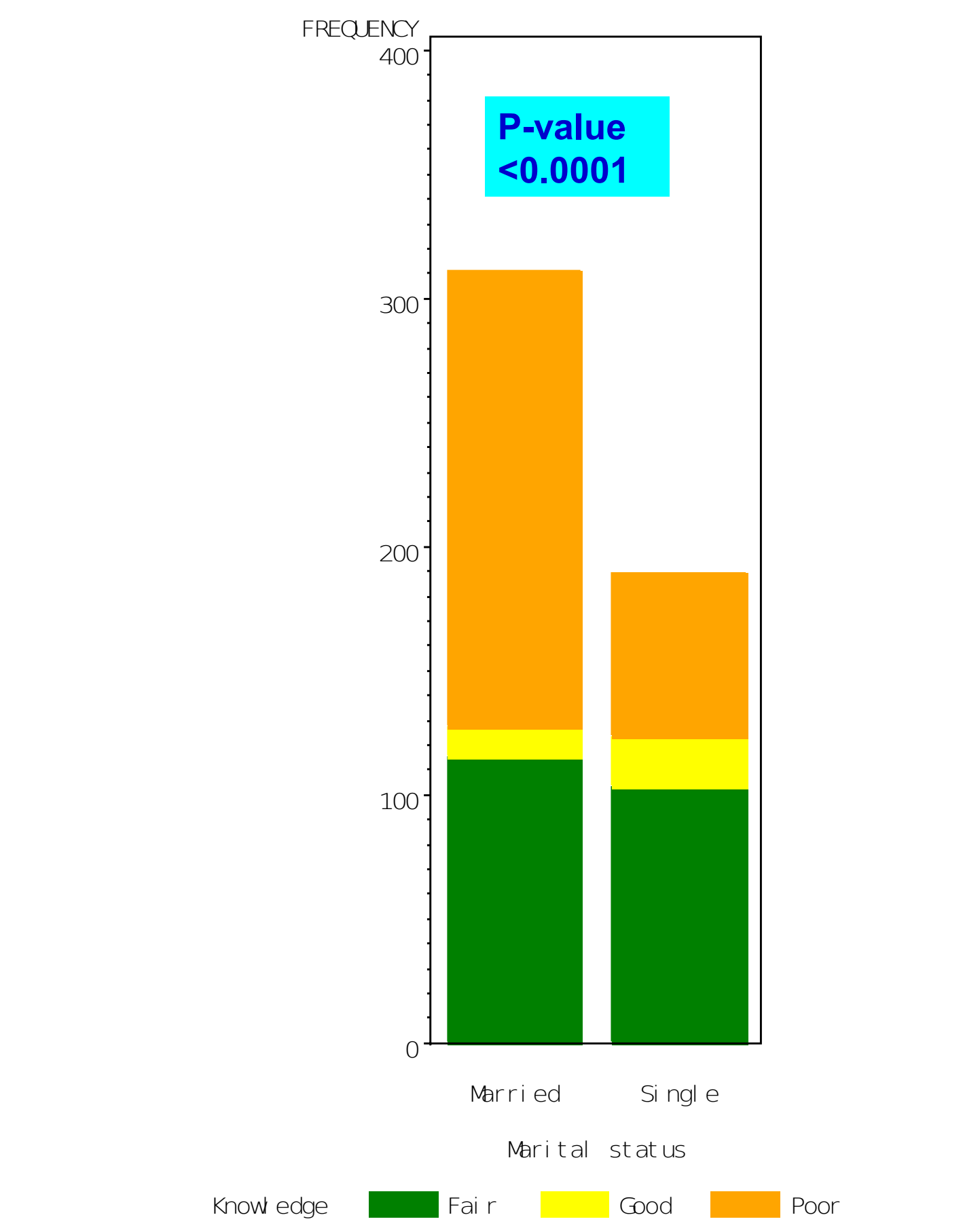
```
proc freq data=kamdi.kap1;
tables (knowledge_cat attitude_cat
practices_cat)*marital/cmh chisq nocol norow;
run;
```

```
proc gchart data=kamdi.kap2;
label Marital_status="Marital status";
pattern1 c=green value=s; /* solid green */
pattern2 c=yellow value=s; /* solid yellow */
pattern3 c=orange value=s; /* solid orange*/
vbar Marital_status / discrete
width=10
subgroup=Knowledge;
run; quit;
```

RESULTS

Table 1.Demographic Characteristics

Socio-demographic Characteristics	Single (Never Married) n (%)	Married (Ever Married) n (%)	Total n (%)	p-value
Age (in completed years)				<0.0001
20-23	128 (25.60)	94 (18.80)	222 (44.40)	
24-27	46 (9.20)	102 (20.40)	148 (29.60)	
28-30	15 (3.00)	115 (23.00)	130 (26.00)	
mean	22.45	25.6		
median	22	25		
Stand. Deviation	2.66	3.41		
Min-Max	20-30	20-30		
Education (completed standards)				<0.0001
Illiterate	9 (1.81)	37 (7.43)	46 (9.24)	
Primary	2 (0.40)	19 (3.82)	21 (4.22)	
Middle	13 (2.61)	46 (9.24)	59 (11.85)	
Secondary	78 (15.66)	136 (27.31)	214 (42.97)	
College and above	86 (17.27)	72 (14.46)	158 (31.73)	
mean	10.37	8.18		
median	10	10		
Stand. Deviation	3.41	4.02		
Min-Max	0-17	0-15		
Occupation (govt. classification)				<0.0001
Housewife	1 (0.20)	109 (21.98)	110 (22.18)	
Unskilled	72 (14.52)	111 (22.38)	183 (36.90)	
Skilled	15 (3.02)	31 (6.25)	46 (9.27)	
Trader	7 (1.41)	11 (2.22)	18 (3.63)	
Machine operators	17 (3.43)	15 (3.02)	32 (6.45)	
Service	11 (2.22)	11 (2.22)	22 (4.44)	
Professional	8 (1.61)	12 (2.42)	20 (4.03)	
Unclassified	55 (11.09)	10 (2.02)	65 (13.10)	
Total monthly household income				<0.0001
<1000	11 (2.29)	39 (8.11)	50 (10.40)	
1000-1999	82 (17.05)	124 (25.78)	206 (42.83)	
2000-4999	33 (6.86)	115 (23.91)	148 (30.77)	
>4999	8 (1.66)	19 (3.95)	27 (5.61)	
Students	49 (10.19)	1 (0.21)	50 (10.40)	
mean	1978.36	2085.19		
median	1500	1500		
Stand. Deviation	1406.18	1667.36		
Min-Max	400-10000	200-13000		
Sex				<0.0001
Male	174 (34.80)	123 (24.60)	297 (59.40)	
Female	15 (3.00)	188 (37.60)	203 (40.60)	
Caste (govt. classification)				0.7168
Open	6 (1.20)	10 (2.01)	16 (3.21)	
OBC	84 (16.87)	148 (29.72)	232 (46.59)	
SC	49 (9.84)	72 (14.46)	121 (24.30)	
ST	27 (5.42)	38 (7.63)	65 (13.05)	
NT	7 (1.41)	20 (4.02)	27 (5.42)	
VJ	2 (0.40)	2 (0.40)	4 (0.80)	
Muslim	7 (1.41)	15 (3.01)	22 (4.42)	
Unknown	6 (1.20)	5 (1.00)	11 (2.21)	
Rural_urban				0.1967
Rural	142 (28.4)	217 (43.40)	359 (71.80)	
Urban	47 (9.40)	94 (18.80)	141 (28.20)	



KNOWLEDGE:

People having poor level of Knowledge answered <60% of correct answers (13.2% singles vs. 36.8% married). People having Good level of knowledge answered >80% of correct answers (4% single vs. 2.4% married) and the last group was classified as fair level of knowledge where people answered 60-80% of correct answers (20.6% singles vs. 23% married). The overall levels of knowledge was highly significant (p<0.0001).

ATTITUDE:

Those group of people who demonstrated Negative attitude (<40% of correct answers) had 3.4% singles against 15% married whereas Positive attitude (>70% of correct answers) had 17% singles against 20% married. People with Neutral attitude (40-70% of correct answers) had 17.4% singles against 27.2% married. The overall marital status was highly significant (p-value <0.0001) for all the levels of Attitude.

PRACTICES:

The people who were classified as “Low risk group” answered >70% of correct answers. The second group classified as “High risk group” answered <40% of correct answers. Lastly, third group classified as moderate risk group answered 40-70% of correct answers. Again marital status was highly significant (<0.0002) for practices questions as well.

CONCLUSION

Marital Status is an important factor for Knowledge, Attitude and Practices related to HIV/ AIDS in Rural Area. However further research is required with larger sample size to explore stated association.

REFERENCES

- 1.Kalasagar M, Sivapathasundharam B, Einstein T. AIDS awareness in an Indian metropolitan slum dweller: a KAP (knowledge, attitude, practice) study. Indian J Dent Res. 2006; 17(2):66-9.
- 2.Selvaratnam S. Population and status of women. Asia Pac Popul J. 1988 Jun; 3(2):3-28.
- 3.Silverman J, Decker M, Saggurti N, Balaiah D, Raj A. Intimate partner violence and HIV infection among married Indian women. JAMA. 2008 Aug; 300(6):703-10.

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