

# Profile of clients attending an Integrated Counseling and Testing Centre of Tertiary Care Hospital at Sangli District of Maharashtra.

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## Research Article

**Abstract:** ICTC (Integrated Counseling and Testing Centre) is a cost effective intervention in preventing transmission of HIV/AIDS and data generated in ICTC provides an important clue to understand the epidemiology in a particular region. Present study has been undertaken to study profile of ICTC attendees and also to find out sero positivity of the attendees. The present cross sectional record based study was conducted among the attendees of the ICTC

of GMCH, Miraj who attended the centre between Jan-Dec 2008. Out of a total 1720 ICTC attendees, majority (29.7%) were in the age group of 35-50 years. Male to female ratio was 1.9:1. Only 14.2% walked in directly. Out of tested, 91.9% underwent post-test counseling. Positivity rate was 9.53% among ICTC attendees/clients.

**Keywords:** ICTC, Socio-demographic profile, sero positivity

## Introduction:

AIDS has emerged as one of the most important public health issues of the late twentieth and early twenty-first centuries and is now one of the leading causes of global morbidity and mortality [1]. As per HIV estimate of 2008-09, there are an estimated 22.7 lakh people living with HIV/AIDS in India. The HIV prevalence in the country is 0.29 percent (2008-09) [2]. Maharashtra is one of the hard-hit states in India. The state has been identified as one of the six HIV high-prevalence states of India where the HIV prevalence rates exceed five percent among high-risk groups and one percent among antenatal women. District under present study area is one of the most vulnerable districts of Maharashtra due to Migrant population, Good economic condition; Commercial Sex Workers and Devadasis [3]. Out of the total cases in Maharashtra, nearly one third are reported from study area.

The earlier Voluntary Counseling and Testing Centers (VCTCs) and facilities providing Prevention of Parent to Child transmission of HIV/AIDS (PPTCT) services are now renamed as "Integrated Counseling and Testing Centers" (ICTCs). ICTC is an important part of most comprehensive HIV prevention strategies targeting behavior change of an individual. It has been a major component of HIV prevention and control

programs in both developed and developing countries. It is an entry point to care and support for HIV-infected individuals. ICTC is a cost effective intervention in preventing transmission of HIV/AIDS and data generated in ICTC provides an important clue to understand the epidemiology in a particular region [4]. Hence, present study has been undertaken to study the socio-demographic profile of ICTC attendees and also to find out sero positivity of the attendees.

## Material and methods:

The present cross sectional record based study was conducted at ICTC of Tertiary Care Hospital in Sangli district of Maharashtra which is attached to the Microbiology department of the college. The study included all the attendees (clients) who attended the centre between Jan-Dec 2008. Information of all the attendees was procured from the records maintained at the ICTC regarding variables such as age, gender, marital status, education, occupational status, and HIV sero-status. After pretest counseling and obtaining consent from the attendees, blood samples were collected by technician. HIV positive status was confirmed after 3 specified tests. The prior approval was taken from the appropriate authorities from the institute.

## Results & Discussion:

**Table 1 Socio-demographic profile of attendees**

	Tested			Positive		
	M*	F*	T*	M*	F*	T*
<b>Age in years</b>						
<15	108 (9.5)	75 (12.8)	183 (10.6)	3 (3.1)	7 (10.3)	10 (6.1)
15-25	152 (13.4)	90 (15.4)	242 (14.1)	3 (3.1)	8 (11.7)	11 (6.7)
25-35	290 (21.5)	173 (29.6)	463 (26.9)	28 (29.2)	22 (32.4)	50 (30.5)
35-50	345 (30.4)	166 (28.4)	511 (29.7)	52 (54.2)	29 (42.6)	81 (49.4)
>50	240 (21.2)	81 (13.8)	321 (18.7)	10 (10.4)	2 (3.00)	12 (7.3)
$\chi^2 = 47.50$ df=4 p<0.001 HS						
<b>Marital status</b>						
Married	849 (74.8)	489 (83.6)	1338 (77.8)	64 (66.7)	41 (60.3)	105 (64.0)
Unmarried	240 (21.2)	76 (13.0)	316 (18.4)	22 (22.9)	10 (14.7)	32 (19.5)
Other	46 (4.0)	20 (3.4)	66 (3.8)	10 (10.4)	17 (25.0)	27 (19.5)
$\chi^2 = 79.86$ df=2 p<0.001 HS						
<b>Education</b>						
Illiterate	131 (11.5)	85 (14.5)	216 (12.6)	23 (24.0)	19 (27.9)	42 (25.6)
Primary	78 (6.9)	116 (19.8)	194 (11.3)	24 (25.0)	13 (19.1)	37 (22.5)
Secondary	593 (52.3)	270 (46.2)	863 (50.2)	29 (30.2)	24 (35.3)	53 (32.3)
Higher Secondary	291 (25.6)	100 (17.1)	391 (22.7)	13 (13.5)	8 (11.8)	21 (12.8)
Graduate/PG	42 (3.7)	14 (2.4)	56 (3.2)	7 (7.3)	4 (5.9)	11 (6.7)
$\chi^2 = 71.06$ df=4 p<0.001 HS						
<b>Occupation</b>						
Unskilled	162 (14.4)	80 (13.7)	242 (14.1)	38 (39.6)	18 (26.5)	56 (34.2)
Semi-skilled	410 (36.1)	180 (30.8)	590 (34.3)	32 (33.3)	11 (16.2)	43 (26.2)
Skilled	331 (29.2)	77 (13.2)	408 (23.7)	17 (17.7)	3 (4.4)	20 (12.2)
Professional	20 (1.8)	4 (0.68)	24 (1.4)	-	-	-
Other	214 (11.9)	242 (41.5)	456 (26.5)	9 (9.4)	36 (52.9)	45 (27.4)
<b>Total</b>	<b>1135 (100)</b>	<b>585 (100)</b>	<b>1720 (100)</b>	<b>96 (100)</b>	<b>68 (100)</b>	<b>164 (100)</b>

$\chi^2 = 68.13$  df=4 p<0.001 HS

(Parentheses in tables indicate group wise percentages in the columns as well as rows.)

\*M-Male, F-Female, T-Total.

Chi-square test was applied to total number of positives and negatives.

Out of 1720 clients tested, 1135 (66%) were males and rest 585 (34%) were females. Maximum i.e. 29.7% belonged to age group of 35-50 years. Majority (77.8%) were married and educated upto secondary school (50.2%). [Table 1] Out of these total clients, 85.8% clients were referred by health care providers as this region being a medical hub that leads to better screening and only 14.2% walked in directly, this is attributed to stigma, fear and ignorance associated with

HIV/AIDS among general population. Out of total 1720 clients tested, 164 (9.5%) were positive. Positivity was significantly more in the age group of 35-50 years which corroborates with national figures [5]. Among positives, male accounted for 58.5% and female 41.5%. 25.6% positives were illiterate and 34.2% engaged in unskilled work followed by other group that included unemployed, students and housewives. Education is related to socioeconomic class. Those who are educated

and placed in better jobs are more receptive to IEC and amenable to interventions. Positivity rate was significantly more among married.

**Table 2 Positivity rate among ICTC attendees**

ICTC attendees	Positivity rate (%)	OR	CI
Overall	9.5		
Client initiated	17.1	2.30	1.57-3.36
Provider initiated	8.3		
Female	11.6	1.42	1.02-1.98
Male	8.5		

OR-Odds ratio CI-Confidence Interval

Overall positivity rate was 9.5% which is more than overall prevalence in Maharashtra (7.3%) [5] and also study conducted by Rashmi Sharma at Ahmedabad (4.8%) [6] but lower than figures obtained from the study conducted in West Bengal (17.1%) [4]. The difference in HIV prevalence in these studies may be attributed to the difference in health seeking behaviors in different parts of the country which depends on sociocultural milieu of the community.

The reasons for high prevalence in the study area may be due to large number of migrant population, existence of different industries and other employment opportunities and the practice of commercial sex is quite common and well known in the district. Economically this area is affluent. So young generation does have an easy access to money. These factors are contributing to sexual promiscuity and leading to STI/HIV.

Positivity was more among client initiated (17.1%) as compared to provider initiated (8.3%) as this group present themselves to ICTC and is more likely to practice high risk behaviour. Also, it was higher among females (11.6%) than males (8.5%). Though lesser number of females tested, positivity rate was more; this could be because of testing of females after diagnosis of their husbands. [Table 2] Out of 1720 clients tested, 91.9% underwent post-test counseling that helps the client to understand and cope with the HIV test results and it also shows the effectiveness of counseling.

Unprotected heterosexual contact was the commonest mode of transmission (94%), followed by perinatal transmission (5%) and other (transmission through infected needles and syringes and infected blood, blood products). Partner notification is an important tool in prevention of transmission of HIV/AIDS. Once status is known, spouse can decide to access available HIV prevention, counseling and testing services. There were total 21 discordant couples in present study; amongst them in 5 couples husband / male partner was negative and wife / female partner positive and in 16 couples where husband / male partner was positive and wife / female partner negative

and there were 13 newly detected concordant couple in present study.

Increase in awareness and adoption of safe behavioral practices remain an important tool in prevention of transmission of HIV/AIDS. Study findings reveals impact on economically productive age group so there is need of community based and youth specific interventions. ICTC data can be crucial for planning and improving the national HIV/AIDS intervention strategy.

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