

Sociodemographic profile of the attendees of voluntary counseling and testing center of a tertiary care hospital

Sir,

The epidemiology of HIV should be understood especially with regard to various sociodemographic factors because the most effective approaches for its prevention and control are awareness and lifestyle changes. Voluntary Counseling and Testing (VCT) is the key to range of intervention in HIV prevention and care ensuring availability of professional, client-centered counseling and testing services in an easily accessible, non-discriminating environment where clients are treated with dignity and respect and confidentiality is maintained through ongoing process of pre-test, post-test and follow-up counseling. Clients understand their personal situation, realize their abilities and can make appropriate choices. HIV testing is based on standard protocols and services are available for prevention, treatment and care of HIV and other opportunistic infections. Now Voluntary Counseling and Testing Center (VCTC) is identified as ICTC (Integrated Counseling Testing Center) indicating integration of VCTC activities with other healthcare facilities and National Health Program by NACO.^[1] Data generated in the VCTC may provide important clues to understand the epidemiology of the disease in a particular region^[2]

Information derived from VCTC of Department of Microbiology, Maulana Azad Medical College (MAMC) showed that majority of the HIV seropositives was aged 19 to 40 years because of the fact that this is the most sexually active group. High prevalence in this group can be considered as forecasting of financial burden as well as loss of youth for the nation. Single/divorced/widow were diagnosed significantly with higher HIV infection compared to married ones ($P = 0.001$). Among the HIV seropositives, maximum persons had education up to SSC. This positive association between educational level and prevalence of HIV AIDS has also been reported by Federal Ministry of

Health^[3] and Hargreaves *et al.*^[4] 2002 who observed that higher education was associated with increased risk of infection. With regard to occupation, most (22.2%) of the HIV-positive attendees were driver. The long distance truck drivers are highly mobile group in whom multiple sex partners are quite common and they act as the 'bridge population' connecting high-risk (commercial sex workers) with low-risk population (general population and homemakers). Three out of eight (37.5%) were baby of infected mothers indicating an increased risk of acquiring HIV infection through Parent To Child Transmission (PTCT). Rise of HIV in women may give rise to increase in pediatric AIDS cases, becoming a major public health problem in coming years. Hence, effective interventions are needed which can interrupt such vertical transmission.^[5]

Information about why clients come to VCTC assists arranging communication and promotional campaigns. Maximum attendees visited VCTC (204/695) because of prolonged illness or risky behaviors. HIV positive serostatus was associated more with those whose spouse was affected (2/4, 50%). Low awareness about HIV among rural population especially females, death of the spouse of some of the HIV seropositive individuals due to AIDS and majority of the male clients of the VCTC being migrants from adjoining states (U.P., Bihar, H.P.) may be responsible for low number of spouse being counseled. About 41.7% attendees did not share their HIV positive result with anyone. Type of discrimination perceived by HIV seropositives was mainly in their marital life and relationship with other family members followed by discrimination at their workplace and during medical treatment. In the struggle against HIV/AIDS, stigma and discrimination

continue to be considerable barriers across country and are still key contributory factors in the increasing transmission of HIV, as misconceptions persist about how the disease is caused and spread. HIV infection is life-long with huge impact compared to other infectious diseases. People with high-risk behavior and spouse of the infected couple should be educated for primary and secondary prevention of the disease. Effort is needed to encourage people to become aware of their HIV status through VCT so that they access the existing interventions early enough.

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