

Villagers and Illiterates are More Prone to HIV

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Abstract

This study aims to find out how far villagers and illiterates are aware of HIV in 104 patients both men women belonging to rural area around suryapet district. Non – co-operative and pregnant women are excluded from the study. Data collection was done in the period from December 8th to January 13th and analysed there education and occupational status and we found very interestingly more than 90% of the patients are not aware of HIV and its consequences and many of them don't what is HIV and how can it will be prevented, many of the patients are spreading HIV to their spouse without unknowing that is sexually transmissible. Few patients don't know that HIV will cause from undisposed needles. Interestingly whoever said they are affected due to un-disposed needles are not drug abusers they are affected due to malpractice done by RMPs who are using multiple use of single needle. And very few answered that HIV will transmitted through blood transfusion after they get affected. The people whoever effected mostly belongs to daily wage labour, farmers and truck drivers. So there is need to create awareness in villagers and illiterates to prevent further progression of disease and to prevent the transmission of disease to younger generation.

Keywords: Villagers, Illiterates, Awareness, Unknown do`s and don`ts

INTRODUCTION

Acquired immune deficiency syndrome (AIDS) was first recognised in a cohort of young, previously healthy homosexual men with new onset profound immunologic deficits, pneumocystis carinii (now P.jiroveci) pneumonia (PCP), and / or kopsi sarcoma. A retro virus, a human immune deficiency virus type 1 (HIV -1), is the major cause of AIDS. A second retro virus, HIV 2, also is recognised to cause AIDS, although it is less virulent, transmissible, and prevalent than HIV -1.

MODES OF TRANSMISSIONS

Sexual






The majority of HIV infections are acquired through unprotected sexual relations. Complacency about HIV plays a

key role in HIV risk [1]. Sexual transmission can occur when infected sexual secretions of one partner come into contact with the genital, oral, or rectal mucous membranes of another. In high-income countries, the risk of female to-mate transmission is 0.04% per act and mate-to-female transmission is 0.08% per act. For various reasons, these rates are 4 to 10 times higher in tow-income countries. The rate for receptive anal intercourse is much higher, 1.7% per act [2]. A 1999 meta-analysis of studies of condom use showed that the consistent use of latex condoms reduces the risk of sexual transmission of HIV by about 85% [3]. However, spermicide may actually increase the transmission rate [4]. Studies of HIV among women having undergone female genital cutting (FGC) have reported

mixed results, but with some evidence of increased risk of transmission [5]. Programmes that aim to encourage sexual abstinence while also encouraging and teaching Safer sex strategies for those who

are sexually active can reduce short- and long-term HIV risk behaviour among young people in high-income countries, according to a 2007 Cochrane Review of studies [6].

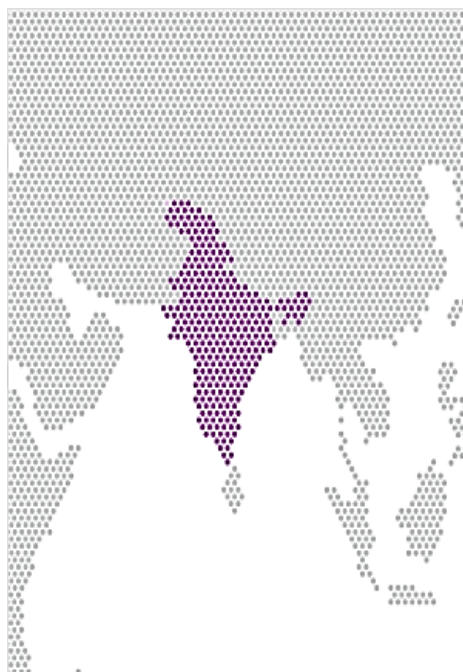
Summary of the global HIV epidemic (2017)

	People living with HIV in 2017	People newly infected with HIV in 2017	HIV-related deaths 2017
 Total	36.9 million [31.1 million – 43.9 million]	1.8 million [1.4 million – 2.4 million]	940 000 [670 000 – 1.3 million]
 Adults	35.1 million [29.6 million – 41.7 million]	1.6 million [1.3 million – 2.1 million]	830 000 [590 000 – 1.2 million]
 Women	18.2 million [15.6 million – 21.4 million]	–	–
 Men	16.8 million [13.9 million – 20.4 million]	–	–
 Children (<15 years)	1.8 million [1.3 million – 2.4 million]	180 000 [110 000 – 260 000]	110 000 [63 000 – 160 000]

Source: UNAIDS/WHO estimates



Figure 1: Global Epidemic of HIV 2017.



India (2017)

2.1m people living with HIV

0.2% adult HIV prevalence (ages 15-49)

88,000 new HIV infections

69,000 AIDS-related deaths

56% adults on antiretroviral treatment*

n/a children on antiretroviral treatment*

*All adults/children living with HIV

Source: UNAIDS Data 2018

Figure 2: India Epidemic of HIV 2017.

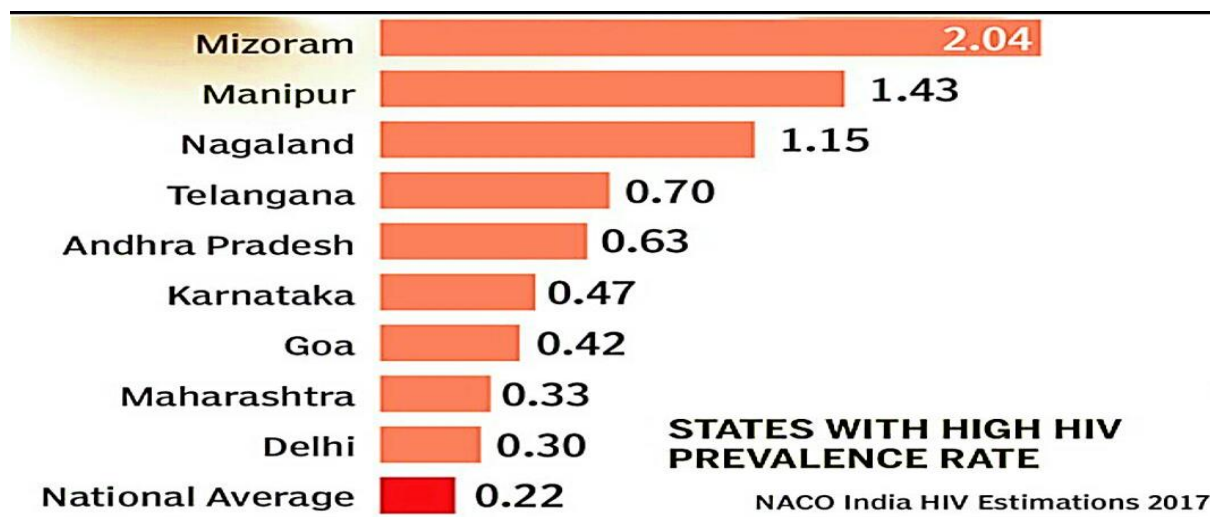


Figure 3: States with High HIV Prevalence Rate by NACO.

Blood Products

In general if infected blood comes into contact with any open wound. HIV may be transmitted. This transmission route can mostly possible in IV drug abusers, haemophiliacs, and recipients of blood transfusions and blood products. It is also of concern for persons receiving medical care in regions where there is prevalent substandard hygiene in the use of injection equipment, such as the reuse of needles. Health care workers such as nurses, laboratory workers, and doctors have also been infected, since transmission of HIV by blood became known medical personnel are required to protect themselves from contact with blood by the use of universal precautions. People giving and receiving tattoos, piercing, and scarification procedures can also be at risk of infection.

HIV has been found at low concentrations in the saliva, tears, and urine of infected individuals, but there are no recorded cases of infection by these secretions and the potential risk of transmission is negligible. It is not possible for mosquitoes to transmit HIV [7].

Mother-to-child

The transmission of the HIV virus from mother to child can occur in utero (during pregnancy), intrapartum (at child birth), or

via breast feeding. In the absence of treatment, the transmission rate up to birth between the mother and child is around 25% [8]. However, where combination of antiretroviral drug treatment and caesarean section are available, this risk can be reduced to as low as one percent. Postnatal mother to child transmission may be largely prevented by complete avoidance of breast feeding; however, this has significant associated morbidity. Exclusively breast feeding and the provision of extended antiretroviral prophylaxis to the infant are also efficacious in avoiding transmission [9]. UNAIDS estimate that 430,000 children were infected worldwide in 2008 (19% of all new infections), primarily by this route, and that a further 65,000 infections were averted through the provision of antiretroviral prophylaxis to HIV-positive women [10].

Accidental Exposures

- Condomless sex with someone who has HIV
- A condom that has slipped or burst
- Sharing needles to administer any drugs, including steroids
- Sexual assault

This kind of exposures required Post exposure prophylaxis (PEP) consists of a 28 –days course of antiretroviral drugs, which must be taken completely and

without interruption .in order to minimize the risk of infection.Many of them are not aware of this PEP. So here the education and awareness programmes play a vital role in saving the lives.

MATERIALS AND METHODS

Study Site: Art center, Area Hospital, Suryapet

Study Design: Prospective observational study

Study Period: 35 days

Source of Data:

- Patient case sheets.
- Treatment charts.

METHODOLOGY

Study Method

- The researchers followed the HIV positive patients who are visiting the ART centre, Area hospital, suryapet.
- During the interaction with patients the researchers will ask the patients about

where do they live, how do they effected (mode of transmission) and about there educational and place of living.

- The collected data will be analysed, presented using the suitable statistics.

Selection and Description of Participants

Study Criteria:

Inclusion Criteria: HIV Positive patients at the Secondary, Care ART Centre, Suryapet

Exclusion Criteria: Pregnant women, non –cooperative patients.

Pregnant women and non-cooperative patients were excluded due to lack of cooperation from the subjects and study site authorities.

RESULTS AND DISCUSSION

As we collected the data from the patients and analysed the results.

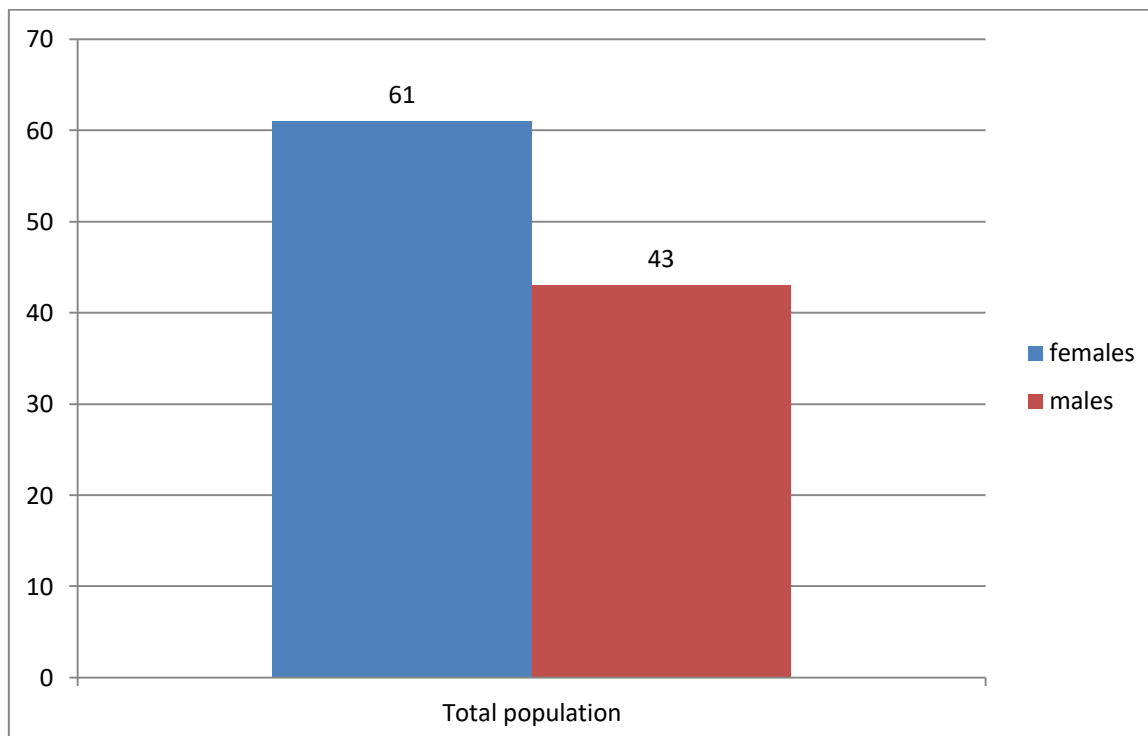


Figure 4: Total Population Involved in the Study.

The total population involved in the study are 104 patients who are living in villages

and rural areas. females (61), males (43). Interestingly females are more than males.

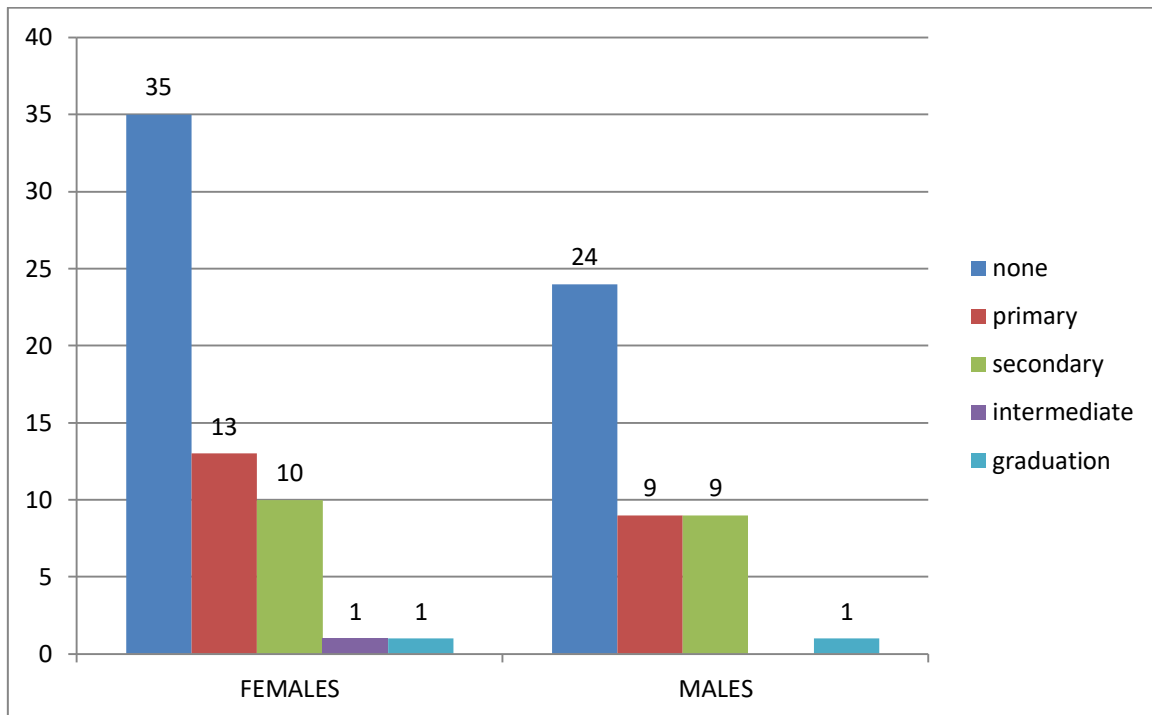


Figure 5: Educational Status of Total Population (in Numbers).

Many of the patients were uneducated both males and females. Very few were primary school dropouts. Few of them were secondary school dropouts. This shows the lack of awareness about HIV and its complications. So there is a need to make awareness programme among uneducated,

rural and remote area living people to prevent others who are unaffected. There must be a half yearly awareness programme in high prevalence area with the health care professionals and many of them (more than 90%) were don't know the term HIV.

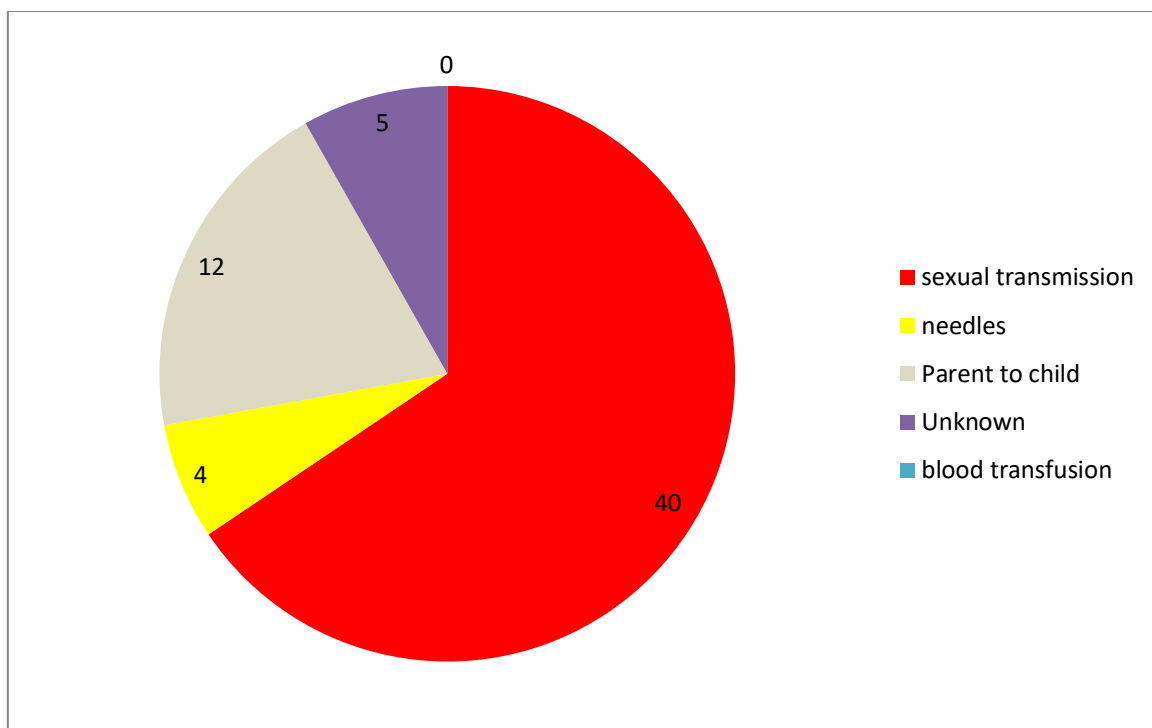


Figure 6: Mode of Transmission in Females (in Numbers).

Among sexually effected females said they got affected due to transmission from their husband who is not aware of that HIV is sexually transmitted disease. 12 children

were affected from their parents. Those who didn't take ART at the time of pregnancy because they diagnosed at the time of delivery.

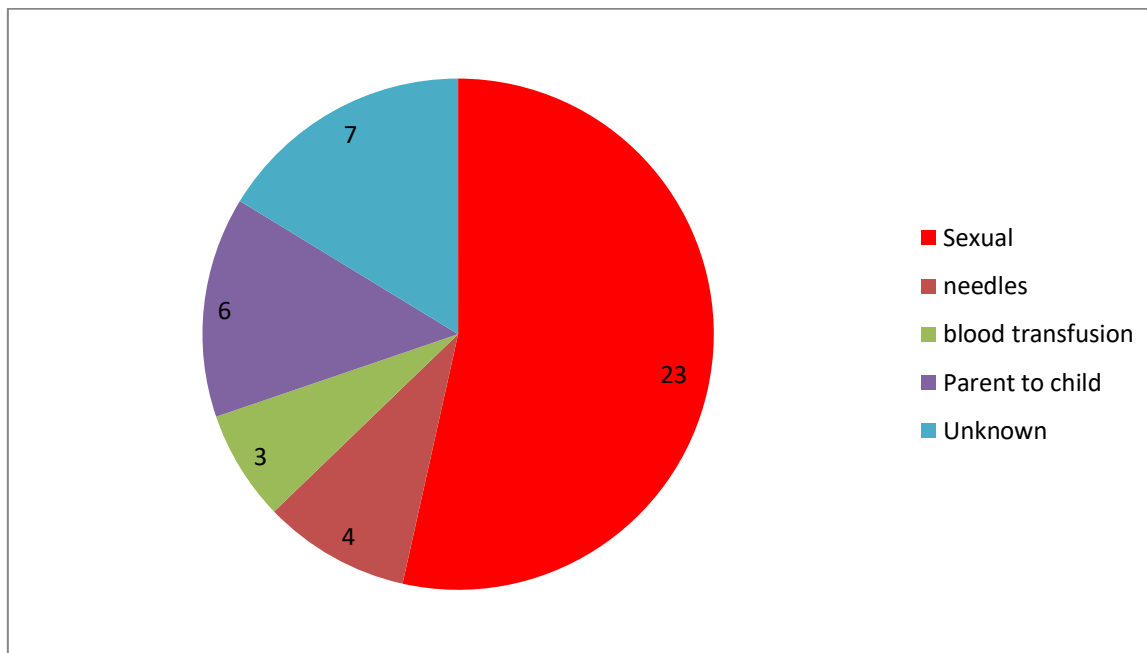


Figure 7: Mode of Transmission in Males (in Numbers).

Males who are effected by sexual transmission most of them said that they got effected by their wife and 7 people said that they don't know till know how they were effected with HIV and 3 of them said that they effected due to blood transfusion this says that there must be a serious monitoring about blood donation and blood camps to save innocent lives.

CONCLUSION

This study shows that 60% of the total study population were affected by sexual transmission most of them were not aware of mode of transmission of HIV. So this shows that a rapid awareness programmes must be conducted in rural areas, high prevalent areas. Most of the males who got affected were truck drivers'. So the special awareness programmes must be conducted to them.

In this study approximately 8% of study population said that they get effected due

to use of undisposed needles which are administered by Registered Medical Practitioners (RMP). So this says that there must be strict monitoring on RMP's practices. Most of them said that they got affected by their spouse. So there must be strict implementation of Pre-marital HIV testing to the both males and females this will prevent the younger generation (off springs) to get effected.

This study clearly established that villagers and illiterates are more prone to HIV in all the various modes of transmission of HIV so very rapid awareness programmes on prevention of HIV and post exposure prophylaxis (PEP) of HIV. Awareness programmes also include on accidental exposures to prevent innocent people to get effected

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