

Health Seeking Behaviour of Patients Attending Art Centre in a Tertiary Care Hospital in Raigad District of MaharashtraSunar Abhisekh¹, Relwani Nisha², Das Monika³, Waigankar Prasad⁴¹Project Coordinator, Sambandh Health Foundation, Gurugram, Haryana²Associate Professor, Department of Community Medicine, MGM Medical College & Hospital, Navi Mumbai³Senior Resident, Department of Community Medicine, MGM Medical College & Hospital, Navi Mumbai⁴Professor & Head, Department of Community Medicine, MGM Medical College & Hospital, Navi Mumbai

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Abstract:

Introduction: The early start of lifelong antiretroviral medication (ART) for HIV-positive patients and subsequent retention has been crucial to India's fight against AIDS. Effective adherence to lifetime ART lowers an HIV-positive person's viral load to an undetectable level. Appropriate health-seeking behaviour is crucial because it enables early diagnosis and treatment of conditions, which can lower complications and enhance quality of life.

Objective: To assess the health-seeking behaviour of patients attending ART centre of a tertiary care hospital in Raigad district of Maharashtra. **Methodology:** Descriptive cross-sectional study was conducted over a period of 1 year at the ART centre in a tertiary care hospital. Data regarding socio-demographic profile, health-seeking behaviour of HIV positive patients and patient's attitude toward ART has been collected using pre- designed and pretested questionnaire. All the 180 registered HIV positive patient (>18 years) who have been registered at the ART centre were included in the study.

Results: Majority, of HIV positive patients were between age of 36-50. The health behaviours like, advantages of going to different places for HIV/AIDS treatment and whether they consider going to another ART centre if they face any problems in getting ART were significantly low i.e., 16.1% and 17.8% respectively. It has been observed that HIV positive patients have a good attitude towards current ART centre.

Conclusion: Efforts are needed to improve the health-seeking behaviour of people living with HIV/AIDS.

Keywords: ART, Health Seeking Behavior, Raigad.

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Introduction

The third-largest population in the world with HIV/AIDS is found in India [1]. Human immunodeficiency virus infection and acquired immune deficiency syndrome (HIV/AIDS) is a spectrum of conditions caused by infection with the human immunodeficiency virus (HIV). A person may not develop any symptoms after the initial infection or they might just go through a brief period of influenza-like illness. As the illness worsens, it causes more immune system interference, raising the chance of opportunistic infections like tuberculosis as well as other common diseases and cancers that seldom ever impact healthy individuals.

AIDS is the term referring to these infection-related late symptoms. Weight loss is commonly related to this stage. HIV is transmitted primarily by unprotected sex (including anal and oral sex),

contaminated blood transfusions, hypodermic needles, and from mother to child during pregnancy, delivery, or breastfeeding. Some bodily fluids, like saliva and tears, do not transmit HIV [2]. Immunodeficiency makes people more vulnerable to a variety of illnesses and infections that those with healthy immune systems can fend off. Acquired Immunodeficiency Syndrome (AIDS), the most advanced stage of HIV infection, which can take 2 to 15 years to manifest depending on the person [3]. HIV cannot be cured, although antiretroviral medication (often known as ART) can halt or prevent HIV from progressing from one stage to the next.

The early start of lifelong antiretroviral medication (ART) for HIV-positive patients and subsequent retention has been crucial to India's fight against AIDS. For HIV-positive individuals to live longer,

healthier, and productive lives, ART is essential. Additionally, effective adherence to lifetime ART lowers an HIV-positive person's viral load to an undetectable level, virtually removing the danger of HIV transmission. Appropriate health-seeking behaviour is crucial because it enables early diagnosis and treatment of conditions, which can lower complications and enhance quality of life. The objective of the study is to assess the health-seeking behaviour of patients attending ART centre of a tertiary care hospital in Raigad district of Maharashtra.

Material & Methods

This is a Descriptive cross-sectional study, which has been conducted over a period of 1 year at the ART centre in a tertiary care hospital at Raigad district of Maharashtra April 2021- April 2022. The questions were asked in a very comfortable and confidential manner. The data was collected using a structured face-to-face interview scheduled using a validated questionnaire. Consent has been taken from all participants in this study. Data regarding socio-demographic profile, health-seeking behaviour of HIV positive patients and patient's attitude toward ART has been collected through personal interview by researcher using pre-designed and pretested questionnaire as a tool. All the 180 registered HIV positive patient (>18 years) who have been registered at the ART centre since September 2019 to March 2021, were included in the study. Universal sampling technique has been used in the study. Patients who are HIV positive above the age of 18 years have been included. Patients who are HIV negative, who are below the age of 18, who are not willing to participate in study and are seriously ill and critical have been excluded.

For socio-demographic profiling, the questionnaire included the following socio-demographic details: age, gender, education, occupation, family composition, marital status, duration since diagnosed, co-morbidities, Current addiction (Presence of current addiction was considered as having any type of addiction like smokers, tobacco consumption, alcohol and drug abuse in the year preceding the survey) [9]. Modified BG Prasad scale was used in order to classify the study population into 5 classes of socioeconomic status [10].

For health seeking behaviour, information was collected by asking 15 questions. Each question was scored as positive health-seeking behaviour and negative health-seeking behaviour. Each question had 1 mark for a correct answer and 0 for an incorrect answer. The cut-off level was 80%; a score ≥ 12 out of 15 was considered as positive health seeking behaviour, a score < 12 was considered negative health-seeking behaviour [11].

An informed consent was taken from the HIV positive patients after explaining the objective of the study and ensuring the confidentiality of the data. The interview took approximately 10-15 minutes per patient. The data was analysed on Microsoft Excel and SPSS. Chi-square test was used, values less than 0.05 were considered significant.

Results

In Table 1, Out of 180 patients, majority 170 (94.4%) patients visited healthcare provider when they first noticed the symptoms. Among the study patients, 136 (75.6%) think that they got HIV infection from sexual transmission, 14 (7.8%) patients think that they got infected with HIV due to blood transfusion, 2 (1.1%) patients think they got infected due to needles and syringes and 28 (15.6%) patients don't know about the source of HIV infection. Out of 180 patients, 92 (51.1%) visited ART centre for treatment, 40 (22.2%) patients visited ICTC, 46 (25.6%) patients visited private clinic and 2 (1.1%) visited quacks for treatment. Among 180 patients, 171 (95.0%) are taking medicines regularly and 171 (95%) patients gets medicine regularly from health centre. 32 (17.8%) patients said that they visit another facility in case they face some problem in getting ART in current facility. Out of 180 patients, 64 (35.6%) had sexual contact with the partner in past few months and out of those 47 (73.44%) patients used the protection. Out of 180 patients, 33 (18.3%) considered going to different places for HIV/AIDS treatment, and 29 (16.1%) patients think there is advantages of going to different places for HIV/AIDS treatment. 163 (90.6%) patients told someone in their family that they are coming to the hospital for treatment. 167 (92.8%) patients said that they will advise someone with HIV/AIDS related symptoms to visit the healthcare provider. 163 (90.6%) patients responded that they are aware that with HIV/AIDS symptoms there can be serious consequences if they do not get treatment and 171 (95%) patients think people should consult a doctor/healthcare professional if he/she has HIV/AIDS symptoms

The table 2 indicates attitude of study respondents according their attitude towards antiretroviral therapy. Maximum 120 (66.7%) patients are strongly agreeing that ART has positive effect on health. 104 (57.8%) patients is strongly agreeing to the view that ART gives more benefit than harm. Around 158 (87.8%) patients are either strongly agree or agree that ART causes fewer financial difficulties.

Maximum patients 113 (62.8%) think that ART makes one feel forced to take medicines. Maximum patients 50 (27.8%) thinks that side effects of ART can lead to organ damage. 169 (93.9%) patients

think that ART prolongs the lifespan. In addition, 161 (89.4%) think ART helps in enhancement of quality of life. 136 (75.6%) patients think ART helps to gain more weight and energy. 127 (70.6%) patients think ART reduces frequency of sickness and 172 (95.6%) patients are either agree or strongly agree to the question that ART assists in fulfilling family obligations.

Table 3 indicates association between health seeking behaviour and some demographic variables. The association was tested using chi-square test for association. The result of chi-square

indicates that the health seeking behaviour among study participants significantly associated with the variables age (chi-square = 6.186, $p = 0.045$). The study respondents in the lower age group have more positive health seeking behaviour as compared to the study participants in higher age groups. The result also indicates that there is strong association between the marital status and health seeking behaviour. Those who are unmarried have higher positive health seeking behaviour as compared to those who are married or divorced/widow (chi-square = 9.676, $p = 0.008$).

Table 1: Distribution according to the type of Health-seeking behaviour among study participants

| Variable | | Frequency | Percentage (%) |
|--|---------------------|-----------|----------------|
| Did you visit the healthcare provider when you first noticed the symptoms | Yes | 170 | 94.4 |
| | No | 10 | 5.6 |
| How do you think you became infected with HIV | Sexual transmission | 136 | 75.6 |
| | Blood transfusion | 14 | 7.8 |
| | Needles & Syringes | 2 | 1.1 |
| | Don't know | 28 | 15.6 |
| Where did you go to receive treatment (source) | ART Centre | 92 | 51.1 |
| | ICTC | 40 | 22.2 |
| | Private Clinic | 46 | 25.6 |
| | Quaks | 2 | 1.1 |
| Are you regularly taking medicines | Yes | 170 | 94.4 |
| | No | 10 | 5.6 |
| Are the medicines regularly available in your health centre | Yes | 171 | 95.0 |
| | No | 9 | 5.0 |
| Do you go to another ART centre if you face any problems getting antiretroviral therapy | Yes | 32 | 17.8 |
| | No | 148 | 82.2 |
| If married, have you had sexual contact with your partner in past few months | Yes | 64 | 35.6 |
| | No | 116 | 64.4 |
| If above is "yes", did you use protection | Yes | 47 | 26.1 |
| | No | 133 | 73.9 |
| Have you considered going to different places for HIV/AIDS treatment | Yes | 33 | 18.3 |
| | No | 147 | 81.7 |
| Do you think there is advantages of going to different places for HIV/AIDS treatment | Yes | 29 | 16.1 |
| | No | 151 | 83.9 |
| Have you told anyone in your family that you are coming to the hospital for treatment | Yes | 163 | 90.6 |
| | No | 17 | 9.4 |
| If someone has HIV/AIDS-related symptoms, would you advise them to visit the healthcare provider | Yes | 167 | 92.8 |
| | No | 13 | 7.2 |
| Are you aware that with HIV/AIDS symptoms there can be serious consequences if they do not get treatment | Yes | 163 | 90.6 |
| | No | 17 | 9.4 |
| Do you think people should consult a doctor/healthcare professional if he/she has HIV/AIDS symptoms | Yes | 171 | 95.0 |
| | No | 9 | 5.0 |

Table 2: HIV positive patient attitude towards antiretroviral therapy

| | Strongly agree | | Agree | | Strongly disagree | | Disagree | | Undecided | |
|---|----------------|-------|-------|-------|-------------------|-------|----------|------|-----------|------|
| | n | % | N | % | n | % | n | % | n | % |
| Has positive effect on health | 120 | 66.7% | 42 | 23.3% | 1 | 0.6% | 17 | 9.4% | | 0.0% |
| Gives you more benefit than harm | 104 | 57.8% | 57 | 31.7% | 4 | 2.2% | 1 | 0.6% | 14 | 7.8% |
| Causes less financial difficulties | 73 | 40.6% | 85 | 47.2% | 12 | 6.7% | 7 | 3.9% | 3 | 1.7% |
| Makes one feel forced to take | 52 | 28.9% | 61 | 33.9% | 49 | 27.2% | 15 | 8.3% | 3 | 1.7% |

| | | | | | | | | | | |
|--|-----|-------|-----|-------|-----|-------|----|-------|----|-------|
| medications | | | | | | | | | | |
| Side effects can lead to organ damage | 9 | 5.0% | 18 | 10.0% | 103 | 57.2% | 22 | 12.2% | 28 | 15.6% |
| Prolongs life | 79 | 43.9% | 90 | 50.0% | 2 | 1.1% | 0 | 0.0% | 9 | 5.0% |
| Enhances quality of life | 61 | 33.9% | 101 | 56.1% | 2 | 1.1% | 2 | 1.1% | 14 | 7.8% |
| Helps one gain more weight/energy | 101 | 56.1% | 35 | 19.4% | 16 | 8.9% | 1 | 0.6% | 27 | 15.0% |
| Reduces frequent sickness | 23 | 12.8% | 104 | 57.8% | 23 | 12.8% | 16 | 8.9% | 14 | 7.8% |
| Assists in fulfilling family obligation | 65 | 36.1% | 107 | 59.4% | 0 | 0.0% | 0 | 0.0% | 8 | 4.4% |

Table 3: Association of health-seeking behaviour among study participants according to demographic characteristic (n= 180)

| Demographic variable | | Health-seeking Behaviour among study participants | | | | Total | | Chisquare | P value |
|----------------------|-------------------------|---|------|-----------------------|------|-------|------|-----------|---------|
| | | Positive (n=63, 35%) | | Negative (n=117, 65%) | | | | | |
| | | N | % | n | % | n | % | | |
| Age | 21-35 | 31 | 46.3 | 36 | 53.7 | 67 | 37.2 | 6.186 | 0.045* |
| | 36-50 | 21 | 30.0 | 49 | 70.0 | 70 | 38.9 | | |
| | >50 | 11 | 25.6 | 32 | 74.4 | 43 | 23.9 | | |
| Gender | Male | 41 | 39.8 | 62 | 60.2 | 103 | 57.2 | 2.444 | 0.118 |
| | Female | 22 | 28.6 | 55 | 71.4 | 77 | 42.8 | | |
| Education | Illiterate | 12 | 37.5 | 20 | 62.5 | 32 | 17.8 | 0.894 | 0.925 |
| | Primary School | 15 | 30.0 | 35 | 70.0 | 50 | 27.8 | | |
| | Secondary School | 18 | 35.3 | 33 | 64.7 | 51 | 28.3 | | |
| | Higher Secondary School | 7 | 36.8 | 12 | 63.2 | 19 | 10.6 | | |
| Occupation | Graduation | 11 | 39.3 | 17 | 60.7 | 28 | 15.6 | 0.004 | 0.949 |
| | Employed | 39 | 34.8 | 73 | 65.2 | 112 | 62.2 | | |
| | Unemployed | 24 | 35.3 | 44 | 64.7 | 68 | 37.8 | 9.676 | 0.008* |
| | Married | 45 | 30.2 | 104 | 69.8 | 149 | 82.8 | | |
| Marital status | Unmarried | 15 | 62.5 | 9 | 37.5 | 24 | 13.3 | 3.442 | 0.328 |
| | Divorced/widow | 3 | 42.9 | 4 | 57.1 | 7 | 3.9 | | |
| Socioeconomic status | Class I (upper class) | 19 | 32.8 | 39 | 67.2 | 58 | 32.2 | 3.442 | 0.328 |
| | upper middle class | 28 | 38.4 | 45 | 61.6 | 73 | 40.6 | | |
| | middle class | 15 | 38.5 | 24 | 61.5 | 39 | 21.7 | | |
| | lower middle class | 1 | 10.0 | 9 | 90.0 | 10 | 5.6 | | |

**: Sig at 1% level, *: Sig. at 5% level

Discussion

Balasundaram A, Sarkar S, Hamide A, Lakshminarayanan S, et al. (2014) [4]. Mentioned that in their study, nearly every subject (99%) discovered a beneficial improvement in health. The majority of participants (96%) thought that ART could make life better. More or less similar in our study 161 (89.5%) patients agree to the view that ART gives more benefit than harm.

These findings are similar to our study. Out of 180 HIV Positive patients 161 (89.5%) are strongly agree to the view that ART gives more benefit than harm. Only 5(2.8%) patients have strongly disagreed or disagree. Around 158 (87.8%) patients are either strongly agree or agree that ART causes fewer financial difficulties.

The present study highlighted the facts that out of 180 HIV Positive patients interviewed in the study

that Maximum 120 (66.7%) have strongly agree that ART has positive effect on health. Whereas, 42(23.3%) patients have strongly agreed. Only 1(0.6%) have strongly disagreed and 17 (9.4) patients were undecided. Joglekar N, Paranjape R, Jain R, Rahane G, Potdar R, Reddy KS, Sahay S (2011) [5].

More than 50% of the participants (18 of 32) cited financial hardship as a hindrance to ART adherence, which was related to supply running out because of missed appointments.

Majority of 169 (93.9%) patients think that ART prolongs the lifespan. And 161 (89.4%) patients think ART helps in enhancement of quality of life. Out of 180 HIV Positive patients 136 (75.6%) respondents think ART helps to gain more weight and energy. Kasumu LO, Balogun MR (2014) [6]. Mentioned in their study that (45.4%)patients in

their study feels that ART assists in fulfilling family obligations Sood A, Rani S, Mazta SR, Sharma A, Bhardwaj AK, Raina SK(2016) [7]. Financial aspects of care were of major concern to all the patients. In a study by Bailin SS, Gabriel CL, Wanjalla CN, Koethe (2020) Singh A, Mahajan S, Singh T, Deepti SS (2018) [8].

The predominant acontact (66.5%). In our study Out of 180 patients, 136 (75.6%) patients transmitted HIV infection through sexual intercourse. 2(1.1%) had transmission through needle and syringes.

A study conducted by Vidyasagar, Kumar N and Kashyap (2017) [9] shows More or less similar findings i.e., 99 (70.2%) HIV patients had sexual transmission. In a study by Bhutto AQ, Nisar N (2017) [10] showed that in their study; out of total 182 patients, only 23.6% patients had positive health-seeking behaviour. In a study by Rathore MA, Rashid Z, Mashhadi SF, Rathore, MA, Sharif I (2020) [11].

Only 16.7% had appropriate health care seeking behaviour. On contrary, in our study 35% patients had positive health-seeking behaviour. Findings vary from current study. Rani S, Mazta SR, Sharma A, Bhardwaj AK, Raina SK (2016) [12]. Mentioned in their study that 85% of the patients said that the medicines are not given from the ART Centre and that they have to go to the stores to collect their medicines.

Auung HN, Riewpaiboon A, Sunantiwat M, Hone S, Thavorncharoensap M (2021) [13] Mentioned in their study that 73% and 85% of participants received HIV diagnosis and first treatment at INGO/NGO clinics, respectively.

Conclusion

Appropriate and positive health behaviour is essential because it enables early diagnosis and treatment of conditions, which can lower severity of diseases and improve the quality of life. Socio-demographic characteristics of study subjects indicate that majority, of HIV positive patients were from age group 36-50. This study revealed preponderance of male patients than females

Similarly, majority 80% of the HIV patients were married. It was observed in the study that according to socioeconomic status using modified BG Prasad scale 40.6% patients belongs to upper middle class, whereas the least 10% belongs to lower middle class. Half out of 180 patients, were diagnosed to have HIV/AIDS for more than three years. Around 85.6% do not have co-morbidities and 14% had other ailments like Diabetes mellitus, High Blood Pressure, Hypertension, etc. A good number of two-third of total study participants have accessible to ART centre and a few 0.6% of patient need to travel a long distance. Alcohol and tobacco product

consumptions in this study were low. A good number of two-Third of total study participants have accessible to ART centre and a few 0.6% of patient need to travel a long distance.

In our study, the majority of the HIV/AIDS patients had generally poor health-seeking behaviour. The health behaviours like, advantages of going to different places for HIV/AIDS treatment and whether they consider going to another ART centre if they face any problems in getting ART were significantly low i.e., 16.1% and 17.8% respectively. 2.2% patients reported that they do not do anything other than taking ART like (Balance diet, regular investigations, Yoga, Exercises, etc.). Around one-fourth of married Patients had sexual contact with within past few months. Meanwhile, behaviours like taking medicines regularly and availability of medicines in the ART centre were impressively high i.e., 94.4% and 95% respectively. Family members of (90.6%) patients were supportive and knew about their ART treatment. Majority 94.4% patients had visited the healthcare when they first noticed the symptoms and 84.5% patients knew the source of transmission. Significantly, 98.9% patients received treatment from healthcare facility.

In our study, it has been observed that HIV positive patients have a good attitude towards current ART center. As (66.7%) patients have strongly agreed that ART has positive effect on health. Majority 89.5% of HIV Positive patients believed that ART gives more benefit than harm. Most of the patients do not face any financial constrains in accessing the treatment in current ART center because the treatment is free of cost and it is the nearest health facility for them.

Majority of patients do not think that there is any side effect that can lead to organ damage and also believes that ART prolongs and enhances quality of life. Significantly, high number of patients believed that ART assists in fulfilling family obligations.

Also, Health-seeking behaviour among study participants was significantly associated with the age and also there is strong association between the marital status and health seeking behaviour.

This study is to inculcating and enables learners and patients to adopt protective behaviors for their health and wellbeing and upliftment of their respect in the society and country as a whole.

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