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Socio-demographic Profile and Outcomes of the Admitted AIDS Patients in BPKIHS

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Abstract: In world More than 40 million people are living with HIV/AIDS, 2.3 million are under 15 yrs , 14000 new infections each day , 1.7 million human infected with HIV/AIDS, 3.1 million deaths from AIDS , Million new HIV cases (13425) per day. In south East Asia 6.3 million PLWHA in 2005 (Source: WHO, UNAIDS).

It was retrospective descriptive study design conducted at B. P. Koirala Institute of Health Sciences (BPKIHS) among the admitted AIDS cases using their case notes during the period of 1-9-2003 to 30- 8-2006 using developed Performa. It was found that Majority of the subjects (83.4%) were of age group 20-40 years, Male (89.6%), and from Sunsari district (47.9%). Half of the subjects were improved after treatment and then discharged.

As the number of AIDS cases are increasing rapidly in eastern Nepal and BPKIHS is a centre for treatment of AIDS cases, it is essential to conduct awareness activates regarding prevention of disease and advocacy about available facilities of BPKIHS.

Key words: AIDS, Socio-demographic profile, BPKIHS

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Introduction

In Nepal the estimated number of PLWHA at end 2005 is 61,000, HIV prevalence in 2005 was 0.5, estimated number of AIDS cases are 7,800, number of child (0-18) orphaned by HIV/AIDS is 18000, receiving Ant Retroviral Treatment (ART) till December 2005 was 210. HIV infection has taken root in South Asia and poses a threat to development and poverty alleviation efforts in the region. HIV infection is fueled by risk behavior, extensive commercial sex, low condom use and access, injecting drug use, population movements (cross-border/rural-urban migration), and trafficking.[1]

Social and economic vulnerabilities, including poverty and illiteracy, highlight the need to act effectively and aggressively to reduce it's spread. South Asia has about 4.2 million of the world's 36 million people living with HIV/AIDS. While overall prevalence rates remain relatively low, the region's large populations mean that a rise of a mere 0.1percent in the prevalence rate in India, for example, would increase the national total of adults living with HIV by about half a million persons.[2]

The current situation of HIV in Nepal is different from when the first case was diagnosed in 1988. There are gaps and challenges to be addressed in the fight against HIV and AIDS. Nepal is low prevalence country for HIV and AIDS. However, some of the groups show evidence of a concentrated HIV epidemic e.g. sex workers (19.5%), migrant population (4-10 %), and intravenous drug users (IVDU's) both in rural and urban areas (68 %). Since 1988 when the first case was diagnosed MoHP/DoHS and different stakeholders came forward to address HIV and AIDS issues.[1]

A significant percentage (60%), of HIV positive patients belongs to lower socio-economic class and many of them were mobile workers and contracted their illness while working in Indian metropolis in the past reported by Aich[5] in their study.

Study conducted by Agrwal[6] reported that there was a significant difference in the domain concerning social relationship between the HIV positive individuals with the controls.

Study conducted by Parakh[7] at BPKIHS among the health professionals showed that health professionals had a hesitation in treating patients with HIV/AIDS, tempered by concerns regarding provision of such care.

Study conducted by Asrath[10], among migrant workers in eastern Nepal found that, majority of migrant workers (94.9%) had heard of HIV/AIDS, but only few know the symptoms of HIDS. Most of them aware that use of condom prevent spread of HIV/AIDS but 25% of them do not use, while having pre/extra marital sex. About 11.9 % workers were going to sex workers at a regular intervals and no one using condoms.

HIV/AIDS is emerging as a major threat in the socio-economic and health sectors of Nepal. Their multiple effects have so far been minimal in the country, but their potential impact is immense.

Objectives

To find out the socio-demographic profile and outcomes of the admitted AIDS patients in B. P. Koirala Institute of Health Sciences.

Methods

It was retrospective descriptive study design, conducted at BPKIHS among the admitted AIDS clients. The available Case-sheets of the diagnosed AIDS cases admitted between 1st September 2003 to 30th August 20006 constituted the population of the study. All the case notes of diagnosed discharged AIDS cases are samples and total 48 available case notes were included in the study. Using total enumerative sampling technique all the case notes were collected from the medical record section using coded numbers (B 24, ICD–10) of files after taking written permission from the hospital director. The files not available and incomplete were excluded. Using standard semi structured Performa the data was collected.

A list of diagnosed AIDS cases were prepared using coded index (ICD-10, Code-B

24) files and than case notes were collected from record section and information were collected in the prepared format. All the case notes from September 1, 2003 to August 30, 2006 i.e. Bhadra 15, 2060 to Bhadra 14, 2063 were studded. Anonymity of the subjects was maintained. The information obtained was kept confidential and used only for this study. The collected data was entered in SPSS-10.5 software package and analyzed. The findings are presented in tables and graphs. Using Percentage, Mean and SD the demographic findings and outcomes were described.

Results

The number of AIDS cases admitted in BPKIHS is increasing day by day i.e. 10, 12 & 16 in the years 2061, 2062, and 2063 respectively as per the record but actual number is much more because the files are coded on the basis of written diagnosis on the admission discharge sheet, which was usually accurately filled and only the admitted diagnosis is mentioned. Now, BPKIHS is a centre for treatment of AIDS cases of Eastern Nepal, where the facilities of HIV testing, ART, PMTCT, VCT, and regular OPD services are available. Among all the 48 subjects, majority of them (83.3%) were of age group 20-40 years Male (89.6%), Mangolian (50%), from Sunsari district (47.9%) and among those 50% were improved and discharged from the hospital.

The details of the findings are depicted in Table-I.

Table I Socio-Demographic Profile and Outcomes of the Admitted AIDS Patients in BPKIHS (N= 48)

SN	Item/Particular	Percentage (%)
1	Age group of the subjects:	
	< 20 years	8.3
	20-30 years	48.0
	30-40 years	35.4
	>40 years	8.3
	Mean	29.26
	SD	9.4
	Range	2-50 Years
2	Gender:	
	Male	89.6
	Female	10.4
3	Caste of the subjects:	
	Brahmin/ Chetri	29.2
	Mangolian	50.0
	Newar	2.1
	Teri Origin	18.8
4	District Wise distribution of the subjects:	
	Sunsari	47.9
	Morang	18.8
	Jhapa	14.6
	Sirha	4.2
	Others: (Mahotari, Dhankuta, Dhanusa, Ilam, Taplagunj, Udapur)	10
5	Duration of hospitalization:	
	< 5 days	41.7
	5-10 days	29.1
	10-15 days	20.9
	> 15 days	8.3
	Mean	7.98
	SD	5.32
	Range	1-28 days
6	Department wise distribution of the subjects:	
	Medicine	89.6
	Pediatric	6.3
	Surgical	4.2
7	Outcome of the clients:	
	Improved & discharged	50.0
	Unchanged & discharged	22.9
	Expired	14.6
	LAMA	8.3
	Discharge on Request	2.0
	Absconded	2.0

Discussion

The report on the pattern of demographic and clinical profiles of HIV positive persons in Nepal are scarce.[5] HIV/AIDS is rapidly spreading in countries of Asia including Nepal. It could cause major socio-economic impact in the country. It obviously has many health implications.[9] HIV/AIDS is a growing public health problem with complex social and behavioral issues related to protection, prevention of transmission and care for nursing and midwifery personnel caring for people living with HIV/AIDS.[8]

Demographic Profile of the subjects

Majority of the clients were of age group of 20-40 years i.e. 83.4%, which is similar pattern with national as well as international trends. Majority of clients were male (89.6%) though the disease has equal prevalence. This low reporting may be due to social stigma and ignorance of diseases among female. Majority of the clients were Mangolian (50%), as the hospital is situated in Dharan, where IVDUs are endemic, major occupation of these groups of people are lahure, and majority of people residing in Dharan are Mangolian. Similar demographic data were reported by Agrwal.[6]

Most of the clients were from Sunsari (47.9%), Morang (18.8%), and Jhapa (14.6%), as BPKIHS is situated in Dharan which is easily arrival by the population of these three districts and there are three municipalities are in Sunsari, one is Morang, and two in Jhapa. Most of the clients are admitted under medicine department (89.6%) as the disease is cared by doctors of medicine departments being adult patients.

Outcomes of the clients

Half of the clients were improved with the symptoms and discharged, where as 22.9% were unchanged. The disease is not curable but treatable; hence life long treatment is required along with management of opportunistic infections if occurred. The symptoms persist and client will die if the disease is not diagnosed in early stage and treatment (ART) started on time.

Conclusions

HIV/AIDS is no longer only a health issue; it is also a development issue. Tackling the epidemic will require not only prevention and control of HIV infection among vulnerable and risk groups, but a multi-sectoral approach addressing the lack of access by risk groups to health care and education and recognition of the populations at risk. People living with HIV and AIDS should be brought to the forefront in the fight against HIV/AIDS. Family members, local communities, civil society organizations, donors, and government all have their own important role to play. Increasing trend of the disease certainly has given pressure to focus on the use of comprehensive targeted intervention programs in risk groups sub-populations.

AIDS is a treatable disease, which is common among age groups of 20-40 years of their productive life. If proper treatment and care is provided the life of the clients can be prolonged with comfort. Keeping the emerging trends in mind it's mandatory to provide pubic awareness regarding the nature of disease, prevention of further spread and advocacy about availability of services and their utilization among the public like: HIV testing, screening OPD, VCT, PMTCT, ART, Management of opportunistic infection, CD-4 count services and other services of HIV/AIDS available at

BPKIHS along with elimination of social stigma so that clients can approach easily at hospital and will be benefited with available facilities.

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