

Original Article**AWARENESS, PERCEPTIONS, ATTITUDES AND PRACTICES AMONG ANTENATAL MOTHERS IN GOA TOWARDS HIV/ AIDS AND ITS COUNSELLING AND TESTING**

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ABSTRACT:

Introduction: There is an increase in the number of children infected with HIV in recent years. Lack of awareness regarding prevention of mother to child transmission leads to high transmission rates. This observational study is done, to assess the level of awareness regarding HIV and its testing and to study the perceptions, beliefs, attitudes and practices regarding HIV among the antenatal mothers.

Materials and methods: Data was collected by interviewing mothers using a semi-structured questionnaire. Additive scores were developed for awareness and knowledge in specific areas, of transmission, prevention, MTCT, attitude and treatment.

Results: Majority of antenatal mothers had heard about HIV/AIDS (97%).68% of antenatal mother were aware of sexual mode of transmission. The source of information for antenatal mothers was doctors (42%) and other health care workers (30%). 25% subjects had poor knowledge, 45% had average and only 30% had good knowledge about HIV. 81% antenatal mothers were aware that HIV/AIDS can coexist with pregnancy however only 77% mothers stated that HIV/AIDS can be transmitted from mother to child. 61% mothers were aware of transplacental transmission to baby. 66 % antenatal mothers were aware of methods of prevention of maternal to child transmission. 50% mothers identified that anti-retroviral therapy during pregnancy prevented mother to child transmission (MTCT). 67% mothers had good knowledge with respect to MTCT of HIV infection.

Conclusion: As there is inadequate level of awareness and knowledge of HIV/AIDS among pregnant mothers with respect to MTCT and its prevention, there is need to promote programs targeting antenatal population with special emphasis on MTCT and its various methods of prevention.

Key words: Awareness, Knowledge, Antenatal mothers, Mother to child transmission, HIV, Goa

INTRODUCTION

India has a population of 1.2 billion people, among which half are adults in the sexually active age group. In 2017,India had around 2.14 million people living with HIV

which accounted for 0.22% of people in the age group 15-49 years in the country, as per prevalence estimates released by the National AIDS Control Organization (NACO). New HIV infections were around 87,580 and there were 69,110 AIDS related deaths¹.

There is an increase in the number of children infected with HIV in recent years as the number of HIV positive women has increased. More than 90% of HIV infections in children aged less than 15 years are due to mother-to-child transmission of HIV during pregnancy or delivery, or post-partum

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as a result of breastfeeding. In absence of any intervention rate of transmission varies from 20-25%. Prevention of Mother To Child Transmission (PMTCT) is a commonly used term for program and interventions designed to reduce the risk of mother to child transmission (MTCT) of HIV/AIDS. This program entails counselling and testing of pregnant women in the Integrated Counselling and Testing Center (ICTC)

More than 22,675 mothers across the country required antiretroviral therapy (ART) to prevent HIV transmission from mother to child(1).As of 2017 there were more than 23,400 centers offering MTCT services².There is improvement of coverage of HIV testing among antenatal women with the expansion of provider-initiated testing and counselling in antenatal clinics, labor and delivery centers and other healthcare settings. Before formulating public health policies for the prevention, it is critical to obtain information about the prevalent knowledge, attitude and practice regarding HIV/AIDS among the antenatal mothers. Goa has a HIV prevalence of 0.42%, more than the national prevalence¹.

It is accepted that pregnant women should be offered universal screening to enable those diagnosed with HIV to take up interventions to reduce MTCT. Hence present study was undertaken, to study the level of awareness regarding HIV and its testing and the perceptions, beliefs, attitudes and practices regarding HIV among the antenatal mothers in Goa so as to improve the quality of voluntary counselling and testing services.

METHODOLOGY

The study was conducted at Goa Medical College, a tertiary care hospital in Goa at Bambolim after approval from Institutional Ethics Committee (IEC).

Study Design: Cross sectional study using semi-structured interview questionnaire.

Sample size: Taking the awareness of prevention of MTCT (68%) from previous study with a margin of 10% error, the sample size was calculated as 86, hence 100 subjects were recruited for the study.

Sampling technique: census method

Duration of study: 1st December2018 to 28th February 2019

Study participants: Every pregnant women registering for ANC visit were voluntarily recruited into the study after a careful explanation of the objectives of the study and their consent duly obtained.

Inclusion criteria: Study subjects were pregnant women attending antenatal clinic for first time, regardless of gravid status and duration of pregnancy and willing to participate in the study.

Exclusion criteria: women unwilling to participate in the study.

Data collection and analysis: The source of data was the semi-structured questionnaire form filled after interview conducted prior to the HIV/AIDS education and counselling sessions. These interviews included demographic and clinical characteristics, access to media related to HIV/AIDS, and general knowledge of HIV and attitude with a focus on maternal to child transmission. All women were subsequently provided the opportunity for voluntary counselling and testing. The confidentiality was maintained. Additive scores were developed for awareness and knowledge in specific areas, of transmission, prevention, MTCT and treatment. Similar score was developed for attitude towards HIV. The scores were characterized as poor, average and good.

Data was entered in epidata manager and analysed using SPSS 22 version. Categorical variables were expressed in percentages and proportions and quantitative variables in mean \pm SD. Association

between dependent and independent variables was assessed by using multiple logistic regression analysis. P value <0.05 was taken as significant.

Objectives of the study:

1. To study the level of awareness regarding HIV among antenatal mothers.
2. To study their knowledge regarding modes of transmission of HIV.
3. To study awareness regarding preventive strategies for vertical transmission of HIV among them.
4. To study their attitudes towards HIV/AIDS.

RESULTS

A total of 100 antenatal mothers were interviewed in the study.

Mean age of the study population was 27.5 years. As shown in Table 1, most antenatal mothers belonged to the age group between 26 to 30 years (46%) followed by 21-25 years (29%). 48% antenatal mothers were primigravidas. 51% mothers were educated up to secondary and higher secondary education, 22% were graduate and above, 20% secured primary education and 7% were illiterate. 70% mothers were housewives, whereas 18% were involved in clerical job or service. 27% antenatal mothers belonged to socio-economic class IV, 26% belonged to class II, 20% belonged to class I, 17% belonged to class V, 10% belonged to class III. 56% antenatal mothers were from rural areas and 44% were from urban areas.

Awareness and Knowledge:

97% of the antenatal mothers had heard about HIV and AIDS, whereas only 3% mothers had not heard about it. 55% antenatal mothers stated virus as causative agent for AIDS, 26% didn't know the causative agent and remaining stated parasite (11%), bacteria (6%) and fungus (2%) as causative agent.

With respect to route of transmission, 68% antenatal mothers identified sexual mode of transmission, 29% blood transfusion, 19% infected needles, 2% intravenous drug abuse and 77% identified mother to child transmission (Total no. exceeds 100 due to multiple responses) as route of transmission. (Table 3)

The source of information regarding HIV and AIDS in study subjects was doctors (42%), health care workers (30%), television and radio (20%), newspapers (5%), and others including family and friends (3%).

Majority i.e. 97% mothers were aware that there is blood test for detection of HIV; and only 3% were unaware of the same. 97% antenatal mothers also knew that there is testing facility for HIV, however 3% were unaware of the same.

61% mothers were unaware that apparently healthy person can have HIV/AIDS.

Table 3 shows that 63% of antenatal mothers were aware of availability of medical therapy to prevent AIDS, 29% didn't know about it and 8% responded that no drugs are available to prevent AIDS. 77% antenatal mothers identified condom use as preventive measure for HIV infection, whereas 5% disagreed and 18% were unaware of the same.

As per additive scores of awareness and knowledge about HIV and AIDS, 25% subjects had poor knowledge, 45% average and only 30% had good knowledge scores. On multivariate regression analysis, it was seen that there was significant association between Age ($p=0.034$), Education ($p=0.029$), Socioeconomic status ($p=0.000$) and rural/urban residence ($p=0.005$)

Mother to Child Transmission:

As shown in Table 4, according to 81% antenatal mothers, HIV infection may be present during pregnancy, 1% denied its presence and 18% didn't know about it. 77% antenatal mothers responded

that HIV infection can be transmitted from mother to her newborn baby, 18% mothers didn't know about transmission while 5% felt that the transmission does not occur to newborn.

With respect to timing of spread of infection to the newborn baby, according to 61% antenatal mothers it occurs during pregnancy, during vaginal delivery (38%), 4% during Caesarean section, and 44% through breast milk, and 18% didn't know of the same.

50% mothers identified the use of medication (Anti Retroviral Therapy) during pregnancy for prevention of mother-to-child transmission, according to 39% medication (ART) should be administered to the baby, 32% felt breast feeding should be avoided, and 16% identified Caesarean delivery (LSCS) as a method of prevention. However over one third i.e. 34% of the pregnant mothers were unable to mention any method for prevention of MTCT.

37% mothers had good knowledge with respect to MTCT of HIV infection, 25% mothers had average knowledge and 38% had poor knowledge. On multivariate regression analysis it was seen that there was significant association between Age ($p=0.023$), parity ($p=0.027$), education ($p=0.497$) and Socioeconomic status ($p=0.026$). The association between rural/urban residence ($p=0.001$) was highly significant. Attitude:

Table 5 shows the attitude of study subjects towards HIV testing and towards people living with HIV. 87% mothers agreed that every pregnant mother should be tested for HIV, 9% disagreed and 4% were ignorant about the same.

71% antenatal mothers agreed that the spouse should also be tested at the same time, 12% didn't agree and 17% were unable to opine on simultaneous testing of spouse.

79% antenatal mothers had positive attitudes towards person living with HIV/ AIDS while 15% wanted to avoid them and 6% responded neutral

As per additive scores, 67% mothers had good score, 22% average and 11% had poor score. Age, parity and socio-economic status had no significance to attitude regarding HIV infection. There was strong correlation between education ($p=0.000$) and attitude to HIV infection and significant correlation to urban/rural location ($p=0.037$)

DISCUSSION:

Pregnant women susceptible to HIV, and its transmission to the fetus provide a unique opportunity for implementing preventive strategy against HIV infection of newborn babies. The average HIV prevalence among women attending antenatal clinics in India is 0.26% in 2017 and in Goa antenatal clinics HIV prevalence in 2018 was 0.38 %⁽³⁾. Many studies suggest that pregnant mothers and their families need more education about MTCT of HIV. In a study done in Karnataka by Narayani B⁴, it was found that the knowledge about HIV was very superficial as 95% mothers were aware about HIV but the knowledge regarding MTCT was only 55%. In our study, majority of antenatal mothers had heard about HIV/AIDS (97%). Similar results were reported in studies done by Lucksom et al⁵ (97.7%), Sarkar et al⁶ (96%), H.Sagili⁷ (92.5%) and Sebanti Goswami⁸ (87.13%). This finding is less than that (99.6%) reported by NACO¹. In our study, mean age of study subjects was 27.5 years compared to 21.7 years in study done by Vijayshree et al⁹ and 23 years in study of Bhise J et al¹⁰ as their subjects consisted of rural population. 75% antenatal mothers belonged to age group between 21 to 30 years in our study which is similar to study conducted by Sarkar et al⁶ (64%), and Sagili et al⁷ (77.8 %), A.Shrotri¹¹ and Bhise J¹⁰; in their study reported 86% & 81.75% women less than 25 years

of age. Age had positive correlation to knowledge about HIV ($p=.034$)

There were 48% primigravidas & 52% multigravidas in our study. Sagili et al⁷ reported 54% primigravidas in their study but in study of Bhise J¹⁰ only 28.13% subjects comprised primigravidas.

73% of antenatal mothers were educated upto secondary and higher studies level, 20% were educated upto primary and 7% were illiterate. The findings are similar to that reported by Bhalge U, et al¹², B.Jyoti et al¹⁰ and Vijayshree. et al.⁹ reported 82.5% and 88.67% subjects as literate. In present study, we found that educated antenatal mothers (secondary education and above) had higher level of knowledge about HIV than mothers who were illiterate and those who secured primary education ($p=.029$). A. Shrotri¹¹ reported that there was strong correlation of education to knowledge of HIV (OR5.8). Similar findings were reported by Bhise J¹⁰ ($p=.001$), Narayani BH⁴ ($p<0.05$), Sebanti et al⁸ ($p=.000$) and Sarkar et al⁶, Vijayshree et al⁹ in their study reported higher knowledge in educated subjects (78.72% V/S 100%) but it was not statistically significant.

Antenatal mothers belonging to higher socio-economic status (class I, II and III) had better level of knowledge about HIV than mothers belonging to lower socio-economic status (class IV and V). This was found to be statistically significant. ($p = .000$). Our findings are consistent with findings reported by Jyoti et al¹⁰), Vijayshree ($p=.001$)⁹, and Negi et al¹³.

In our study, 42% of antenatal mothers identified doctors (42%) as their source of information regarding HIV and AIDS, 30% identified other health care workers followed by television and radio (20%) . Vijayshree et al⁹ reported Health care workers (57%) as source of information while other studies^{5,6,8,10,11} reported media to be the primary source of information followed by health

care workers. The knowledge was more in subjects residing in urban areas ($p=.005$) probably due to access to media, education and communication.

In present study, 68% mothers identified sexual route as the route of transmission of HIV followed by blood transfusion in 29%, and infected needles in 19%. This follows worldwide trend in which respondents know sexual intercourse as the route of transmission. Our findings are consistent with findings reported in literature^{7,8,9,10,11,14}. In our study only 39% mothers were aware that apparently healthy person can have HIV infection while Moses et al¹⁷ reported that 73.2% knew HIV infected person can be healthy.

In our study, 77% antenatal mothers were aware that condom use prevents transmission of HIV. This finding is similar to that of findings in study done by H. Sagili⁷ and Seyed et al¹². Only 63% of antenatal mothers were aware of availability of medicines to prevent AIDS, and 29% were unaware. These findings are similar to study done by H.Sagili⁷ and Radha Acharya et al.¹⁶

97% of antenatal mothers were aware about test for HIV detection and HIV testing centres, while only 3 % were unaware of HIV testing. Our findings are similar to study done by Lucksom P et al⁵.

In our study, 81% antenatal mothers were aware that HIV/AIDS can coexist with pregnancy while Moses et al¹⁷ reported knowledge of coexistent of HIV in pregnancy in 90% and Lucksom⁵ in 68% of subjects. In our study, knowledge of MTCT was high (77%) similar to that reported by Moses et al¹⁷(68%). Other authors reported 55% knowledge in study by Narayani⁴, while very poor knowledge was reported by Vijayshree⁹ 8-13%, Sebanti⁸ 6.83%, and Lucksom⁵ (2.66%).

In present study, 61% mothers were aware that HIV to baby could be transmitted through placenta. The findings of our study are consistent with findings of studies done by Vijayshree et al.⁹

and Patel P B et al¹⁸. H Sagili⁷ and A. Shrotri¹¹ reported that 53% women knew about trans-placental transmission. Further in present study 38% reported transmission of virus during vaginal delivery, 44% through breast milk, 4% during Caesarean delivery while 18% didn't know about the timing of transmission. Lucksom⁵ also reported that 38% mothers knew about transmission during delivery, 2.2% reported transmission through breast milk but increased number of 43% responded transmission during Caesarean delivery. Bhise J.¹⁰ in their study in rural area reported poor knowledge with respect to mode of transmission 40.9% trans-placental, 9.37% during delivery, 17.5% during breast feeding and 25% during LSCS.. In present study also the association between rural/urban residence was highly significant (p=.001)

The knowledge with respect to prevention of MTCT was inadequate in our study as 34% mothers didn't know any method of prevention. Previous studies^{5,10} reported that 53% didn't know about MTCT prevention while A.Shrotri¹¹ reported the knowledge of prevention in only 8%. In our study, 50% knew about use of anti-retroviral medication similar to the findings reported by H. sagili⁷ (44.3%), Bhise J.¹⁰ (46.8%) and Trupti N.¹⁹ (56.4%), but more than that reported by Lucksom et al⁵ (8%); 16% knew Caesarean delivery could decrease the chance of transmission similar to the findings of previous studies⁷ but Trupti N. reported that 40.3% knew Caesarean delivery can prevent transmission; and 32% knew about avoiding breast feeding for prevention similar to findings of H.Sagili⁷ but less than that reported in another study¹⁹ (64.5%). 39% agreed that antiretroviral drugs need to be given to baby as well. These findings are similar to the findings reported by Sagili⁷. As per additive scores 37% mothers had good knowledge and an equal number had poor knowledge. Increasing age, parity, better socioeconomic status and urban residence contributed to good knowledge.

In our study, majority of study participants i.e. 87% agreed that every pregnant mother should be tested for HIV, 9% disagreed and 4% were ignorant about the same. More than half i.e. 71% antenatal mothers agreed that spouse should be tested for HIV at the same time, 12% disagreed and 17% were unable to comment on simultaneous testing. Our findings are similar to study done by Lucksom et al.⁵ 79% antenatal mothers had positive attitudes towards person living with HIV/AIDS while 15% wanted to avoid and 6% were ignorant about the same. Our findings are similar to study done by Lucksom et al.⁵

CONCLUSION

This study revealed good level of awareness of HIV, but only 37% had good knowledge about MTCT. Positive attitude, and preventive practices (KAP) regarding HIV is important to achieve global plan to reduce MTCT by 90%. As there is inadequate level of awareness and knowledge of HIV/AIDS among pregnant mothers with respect to MTCT and its prevention, there is need to promote programs targeting antenatal population with special emphasis on MTCT and its various methods of prevention.

Conflict of interest

There is no conflict of interest among the authors.

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Table 1: Socio-demographic details of the study participants

Socio-demographic variable	Total number (n=100)	Percentage(%)
1. Age		
≤ 20yrs	04	04%
21-25	29	29%
26-30	46	46%
31-35	15	15%
≥36	06	06%
2. Parity		
Primi	48	48%
2 nd	32	32%
≥3	20	20%
3. Education		
Illiterate	07	07%
Primary	20	20%
Secondary	48	48%
Higher secondary	03	03%
Graduate	21	21%
PG or above	01	01%
4. Occupation		
Housewife	70	70%
Clerical / service	18	18%
Salesgirl	01	01%
Advocate	01	01%
Teacher	07	07%
Others	02	02%
5. Socioeconomic status (Modified BG Prasad Classification)		
I	20	20%
II	26	26%
III	10	10%
IV	27	27%
V	17	17%

Table 2. Awareness regarding HIV/ AIDS

Variable	Responses	
	Total number n=100	Percentage (%)
1. Heard about HIV/AIDS?		
a. Yes	97	97%
b. No	03	03%
c. Don't know	00	00%
2. Awareness on route of transmission*		
a. Sexual	68	68%
b. Blood transfusion	29	29%
c. Infected needle prick	19	19%
d. IV drug abuse	02	02%
e. MTCT	77	77%
3. Source of information on HIV/ AIDS		
a. Doctor	42	42%
b. Health worker	30	30%
c. Television and Radio	20	20%
d. Newspaper	5	5%
e. Others	3	3%
4. Awareness of HIV testing		
a. Yes	97	97%
b. No	03	03%
5. Awareness of HIV testing facility		
a. Yes	97	97%
b. No	03	03%
6. Awareness about apparently healthy person being infected with HIV/ AIDS?		
a. Yes	39	39%
b. No	17	17%
c. Don't know	44	44%

*Indicate multiple responses

Table 3: Awareness regarding prevention and treatment of HIV/ AIDS

Variable	Response	
	Total number	Percentage (%)
1. Awareness on availability of anti retro viral drugs for prevention of AIDS		
a. Yes	63	63%
b. No	08	08%
c. Don't know	29	29%
2. Awareness regarding condom use as preventive measure for transmission of HIV		
a. Yes	77	77%
b. No	05	05%
c. Don't know	18	18%

Table 4: Knowledge about HIV/AIDS in pregnancy

Variable	Responses	
	Total number (n=100)	Percentage (%)
1. Possibility of HIV infection in pregnant mother		
a. Yes	81	81%
b. No	01	01%
c. Don't know	18	18%
2. HIV infected mother may transmit infection to baby		
a. Yes	77	77%
b. No	05	05%
c. Don't know	18	18%
3. Mode of HIV transmission from mother to child*		
a. During pregnancy	61	61%
b. During vaginal delivery	38	38%
c. Through Caesarean delivery	04	04%
d. Through breast milk	44	44%
e. Don't know	18	18%
4. Methods of prevention of mother to child HIV transmission*		
a. Anti retro viral drugs during pregnancy	50	50%
b. Caesarean delivery	16	16%
c. Giving anti retro viral drugs to newborn baby	39	39%
d. Avoiding breast feeding	32	32%
e. Don't know	34	34%

* Indicate multiple responses hence total exceeds 100

Table 5: Attitude towards HIV testing and towards people living with HIV/AIDS

Attitudes	Responses	
	Total number (n=100)	Percentage (%)
1. Do you feel it is right to test all pregnant mothers for HIV?		
a. Yes	87	87%
b. No	09	09%
c. Don't know	04	04%
2. Do you feel ideally you and your spouse should be tested at the same time?		
a. Yes	71	71%
b. No	12	12%
c. Don't know	17	17%
3. Would you sit besides a person with HIV/AIDS		
a. Yes	79	79%
b. No	15	15%
c. Don't know	06	06%

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