



Socio Economic Status of Plhiv Attending at art Centre, Gandhi Hospital, Secunderabad

KEYWORDS

Socioeconomic status, HIV, Empowerment of Women and Girls.

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ABSTRACT Low socioeconomic status (SES) has been associated with higher morbidity in patients suffering from a broad range of diseases. **Objective:** The present study aims to analyze the SES in People Living with HIV (PLHIV) attending Gandhi ART centre and its impact on their health. **Methods:** The present study was conducted at tertiary care hospital from Jan 2013 to Dec 2013, on PLHIV who are registered for care at ART centre. **Results:** The study population consisted a total of 600 patients, 8(1.3%) belonged to upper SES, 89(31.5%) patients belonged to middle SES, 403(67.2%) belonged to lower SES. **Conclusion:** Based on the study findings the policies and programs to help economically disadvantaged persons especially women and girls to improve their health.

INTRODUCTION:

One of the strongest and most reliable predictors of a person's morbidity and mortality is that person's socioeconomic status (SES).^[1] The major impact of SES on disease makes it a measurement of critical importance. SES is a multi-factorial phenomenon determined by a spectrum of variables that is often conceived as a combination of financial, occupational, and educational achievements.

For example 1) Education indicates skills required for acquiring positive social, psychological and economic success. 2) Occupation measures prestige, responsibility, physical activity, and work exposures. 3) Income reflects spending power, housing, diet, and medical care. Numerous studies have documented that both the level and quality of personal health behavior are related to SES. This paper is concerned with this general question: How SES is distributed in PLHIV attending Gandhi ART Centre and its impact on their health.

Materials & Methods:

Study Design: A retrospective study was conducted involving a review of records routinely maintained under the National AIDS Control Programme (NACP).

Method: This study was conducted at Anti Retroviral Treatment Centre (ARTC), Gandhi Hospital, Secunderabad from January 2013 to December 2013, across the district on PLHIV who are registered for care at ART Centre. The study population consisted a total of 600 patients, who reported at the ART Centre for treatment.

Data and Statistical analysis: The SES of the patients was collected from treatment white cards, Pre-ART & ART registers of ART Centre, to assess the patients education, occupation, household income & other demographic variables. All data were linked with each individuals ART number. Kuppuswamy's Socioeconomic scale (2012) was used to measure SES of patients.

Results:

The SES of PLHIV study was analyzed in accordance with the outcome of the research data of education, occupation and income given in the kuppuswamy's classification of socioeconomic status scale^[2] as mentioned below (Table-1). Out of the 600 patients studied the following tables show the breakup of their education, occupation, income status. (Table2-4)

Table-1:

KUPPUSWAMY'S CLASSIFICATION OF SOCIOECONOMIC STATUS SCALE (2012)		
Sl.No (A)	Education	Score
1	Profession of honours	7
2	Graduate or Post graduate	6
3	Intermediate or post school diploma	5
4	High school certificate	4
5	Middle school certificate	3
6	Primay school certificate	2

7	Illiterate	1
Sl.No (B)	Occupation	Score
1	Profession	10
2	Semi-Profession	6
3	Clerical, Shop-Owner, Farmer	5
4	Skilled worker	4
5	Semi-Skilled worker	3
6	UnSkilled worker	2
7	Unemployed	1
Sl.No (C)	Family income per month in Rs	Score
1	=30375	12
2	15188-30374	10
3	11362-15187	6
4	7594-11361	4
5	4556-7593	3
6	1521-4555	2
7	=1520	1

Socioeconomic Class	Total Score
Upper (I)	26-29
Upper middle (II)	16-25
Lower middle (III)	15-11
Upper lower (IV)	5-10
Lower (V)	<5

Education: Education plays a major role in income. Median earnings increase with each level of education. Higher levels of education are associated with better economic & attitudinal outcomes.

Table-2:

Standard Score	Education	No. Of cases	Percentage
7	Professional or Honours	0	0.00
6	Graduate or Post Graduate	97	16.17
5	Intermediate or Diploma	51	8.50
4	High school	103	17.17
3	Middle school	91	15.17
2	Primary school	51	8.50
1	Illiterate	207	34.50
	Total	600	100.0

As the table indicates 75% of the individuals studied were below high school.

Occupation: Occupational status measures social position by describing job characteristics, decision making ability and control, and psychological demands on job.

Table-3:

Standard Score	Occupation	No. Of cases	Percentage
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10	Profession	8	1.33
6	Semi-Profession	64	10.67
5	Clerical, Shop owner, Farmer	21	3.50
4	Skilled Worker	95	15.83
3	Semi-Skilled worker	94	15.67
2	Unskilled Worker	127	21.17
1	Unemployed	191	31.83
	Total	600	100.0

As the table indicates 69% of the individuals belonged to semi skilled, unskilled and unemployed.

Income: The main factor of income refers to wages, salaries, profits, rents, remittances and any flow of earning received. Income can also be in the form of unemployment allowance or worker compensation, social security, pensions, interests or dividends, royalties, trusts, alimony or other governmental, public or family financial assistance.

Table-4:

Standard Score	Income	No. Of cases	Percentage
12	>=30375	3	0.50
10	15188-30374	47	7.83
6	11362-15187	20	3.33
4	7594-11361	123	20.50
3	4556-7593	170	28.33
2	1521-4555	231	38.50
1	<=1520	6	1.00
	Total	600	100.0

As the table indicates 88% of the individuals belonged to income below 11361 Rs per month.

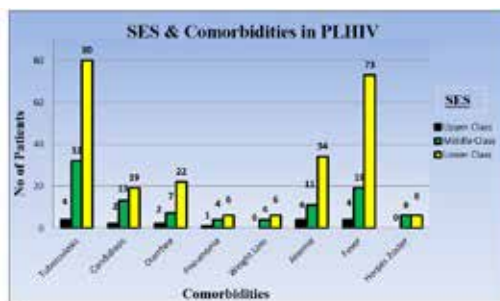
SES total score graded:

Table-5:

Standard Score	SES Class	No. Of cases	Percentage
26-29	Upper	8	1.3%
11-25	Middle	189	31.5%
<5-10	Lower	403	67.2%
	Total	600	100.0

According to the kuppuswamy's classification of Total Grade Scores of the SES, the research data depicts through the above table that, 8 patients (1.3%) belonged to upper SES,189 patients (31.5%) belonged to middle SES,403 patients (67.2%) belonged to lower SES.

Table 6:



Discussion:

The main finding of this study is that poor health outcome was significantly associated with low socioeconomic status, such as employment status and low status occupation, burden of travel cost to reach the treatment facility and low annual income.^[3]

The incidence of opportunistic infections is higher in individuals who belong to lower SES. National AIDS Control Organization (NACO) has a highly developed public health system for persons with HIV/AIDS and provides free care to persons who cannot pay for it. The provision of free care does not in and of itself eliminate disparities in receipt of care. Persons with low SES may still perceive that they cannot afford care and have other barriers to accessing care because of lack of housing, substance abuse and general ignorance of their health. They are less likely to undergo basic investigations for treatment of HIV due to social stigma and their lower socio-economic status.

Never the less not all types of health practices were related to socioeconomic status. Hygienic practices were especially deficient among low income people relative to higher income groups. Another anomaly that has to be mentioned is that though patients may have different socioeconomic statuses it may not directly correspond to their health practices. Often one finds that people in the high SES group have health practices that may not be ideal whereas there are examples where people with lower SES have better health values.

Conclusions: Individuals in lower social status groups have the highest rates of morbidity within most human populations. Based on the findings of the study the following suggestions are offered for consideration in attempts to help economically disadvantaged persons to improve their health. HIV prevention interventions should aim not only to increase economic resources & opportunities, but also prioritize young women's education, address gender inequalities & gender based violence, and engage in broader social norms and networks that collectively shape the risk environment. Policies and programs that promote the economic empowerment of women and girls should be included as core components of national HIV prevention strategies.

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