

## ORIGINAL ARTICLE

# ARE CARE TAKERS OF LINK WORKER'S SCHEME OF HIV/AIDS KNOWLEDGEABLE ENOUGH? ASSESSMENT STUDY OF LINK WORKERS SCHEME IN SURAT DISTRICT

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## ABSTRACT

**Introduction:** Gujarat State AIDS Control Society with support from UNICEF Gujarat has initiated as unique project for prevention of HIV /AIDS at rural set up since 2008, which is known as Link Workers' scheme. Link Workers (LWs) are working in each cluster of villages around a 5,000+ population village which will serve as the node for intervention. They are supported in their work by village level volunteers selected from the available groups in the community.

**Methodology:** 140 Link workers and 70 volunteers from 70 villages of 14 blocks of district Surat were invited for the study. Due to few vacant posts, total 183 participants took part in the study; out of these 117 were link workers (LWs) while 66 were volunteers. Their Knowledge regarding HIV/AIDS and STI were assessed on a predesigned pretested semi structured study tool.

**Result:** 96.59% link workers and 93.44% volunteers had knowledge about condom use as a method of preventing HIV infection. The concern issue is that only 11.11% LWs and 13.64% volunteers revealed that HIV testing during ANC check up can also prevent HIV transmission from mother to child, inspite of receiving induction training. Only 74.36% LWs and 68.31% volunteers were able to tell about three or more HIV preventive methods.

**Recommendations:** Refresher training and exposure visit to HIV care centres are needed for these workers to strengthen their knowledge.

**Key Words:** Link Worker, Volunteer, HIV, STI

## INTRODUCTION

Surat is considered as an epi-center of HIV/ AIDS in Gujarat as it shows consistently high positivity of HIV among high risk group as well as among general population reflected in HIV sentinel surveillance for high risk groups and in antenatal clinic attendees respectively.<sup>1</sup> Therefore, in order to saturate all high risk and highly vulnerable groups with prevention and essential services, there is a felt need to establish an appropriate low cost structure that could provide preventive, curative and supportive services to them. About 57% of total HIV infected people are living in rural areas.<sup>2</sup> The estimated HIV prevalence among adults aged 15 to 49 years is 0.38% in the Gujarat.<sup>3</sup> National HIV infection levels are highest in South-East Asia, where there are disparate epidemic trends.<sup>4</sup> India has the third highest burden of HIV after South Africa and Nigeria with an adult HIV prevalence 0.36%.<sup>5</sup>

Districts Surat and Tapi both are having HIV care services available like 17 stand alone ICTCs (funded by NACO), 62 Facility Based ICTCs, 3 ART centres and 2 link ART centres and 2 Blood Banks. The Link Worker Scheme envisioned a new cadre of worker, the Link Worker (LW), that were introduced at rural level. Link Workers were a motivated, community level, paid female and male youth workers with a minimum level of education. A Link Worker is someone who is not "alien" to the neighbourhood, is accepted by the village community, who can discuss intimate human relations and practices of sex and sexuality, help and equip high risk individuals and vulnerable young people with information and skills to combat the pandemic. The Link Workers covers highly vulnerable villages in Districts selected through mapping exercises, using criteria such as size of the population, number of Sex Workers residing and practising sex work in the village

and number of People Living With HIV/AIDS (PLWHA) in the village. They are working in each cluster of villages around a 5,000+ population village which will serve as the node for this subgroup intervention.<sup>2</sup> They are supported in their work by village level volunteers selected from the available groups in the community. Link worker scheme is implemented in the state of Gujarat at Surat, Valsad and Vadodara districts covering 164 villages since 2008 by Gujarat State AIDS Control Society (GSACS) and supported by UNICEF. The present study was undertaken with the objective of assessing the knowledge of service providers (Link workers and Volunteers) of the scheme and to understand issues and any outstanding concern for the better functioning of the scheme. Thus it will be helpful in the capacity building of the workers.

All LWs have received 14 days residential induction training after their selection in this project. Basic's of HIV/AIDS/STD, communication skills, counselling, sex and sexuality, linkages and networking with HIV prevention and care services and NGO involved in TI program of NACP-III were included in the training. During second year 6 days residential training was imparted to LWs. All the volunteers were underwent 1 day orientation training by NGO then after 1 day training every quarterly in a year, so total 5 trainings received by volunteers. This study assessed their current knowledge level.

## METHODOLOGY

Geographically the district Surat is located in the Southern part of Gujarat .Now it was separated in two districts named Surat and Tapi. Surat is having 9 blocks while district Tapi is having 5 blocks. But for the purpose of assessment, both the districts were

considered together as it was during the implementation time of this scheme. Total 14 Blocks of old Surat district were covered for the assessment purpose. The LW scheme is being implemented in 70 villages. Each village is having one male and one female Link Worker and 5 volunteers. Total 140 link workers and 70 randomly selected volunteers (one volunteer from each village) out of total 350 were invited for the study at pre decided nearby place in a comfortable environment according to their residential blocks. A study was conducted by team of investigators after receiving adequate training. A pre designed semi structured proforma was used by the trained staff. All the Link workers and volunteers were asked to fill the self administered questionnaire in Gujarati/Local language having questions on basic knowledge of STI and HIV/AIDS after giving enough and necessary briefing about the purpose and method of study. The participants were closely observed by the team of 4 investigators. Data was entered in Microsoft Excel and analysed.

## RESULTS AND DISCUSSION

There are few vacant posts of link Workers and volunteers, so total 183 participants were enrolled in the study; out of these 117 were Link Workers (LWs) while 66 were volunteers.

### Knowledge regarding HIV:

Out of 117 LWs and 66 Volunteers, 96.59% link workers and 93.44% volunteers had knowledge about condom use as a method of preventing HIV infection. In spite of receiving induction training on HIV/AIDS, the concern issue is that, only 11.11% LWs and 13.64% volunteers revealed that HIV testing during ANC check up can also prevent HIV transmission from mother to child.

**Table-1: Knowledge of participants on various issues related with HIV/AIDS**

Knowledge on issues related with HIV/AIDS	Link Workers(%) (n=117)	Volunteers(%) (n=66)
Prevention of HIV by condom	96.59	93.44
HIV testing during ANC for prevention of transmission	11.11	13.64
≥ 3 methods of prevention of HIV	74.36	57.57
Knowledge of name of all three High Risk Groups	68.02	57.92
Full form of HIV	67.52	50.82
Knowledge about menstrual hygiene	01.71	02.19
All three uses of condom	64.10	36.36
Knowledge about progression of HIV to AIDS	07.69	06.06
Knowledge about HIV diagnosis test	95.73	83.33
Misconception regarding HIV (Stigma & discrimination)	53.85	39.39
Knowledge about vulnerable population	17.95	10.61
Knowledge about Body secretion in which HIV virus is present	47.86	36.36

Only 74.36% LWs and 68.31% volunteers were able to tell about three or more preventive methods (By using condom, By using new needle/syringe, By receiving tested blood, ANC check up, Remain faithful to partner etc.). About 68% of LWs and 39.39%

volunteers were having knowledge that FSWs, MSMs and IDUs were member of high risk groups. 67.52% LWs and 50.82% volunteers had knowledge about full form of HIV. Only 1.71% of LW and 2.19% of volunteers were able to give satisfactory answer about

menstrual hygiene. 64.1% of LWs and 54.1% volunteers had knowledge about all three uses (prevention of pregnancy, STD and HIV) of condom while rest were able to give only one or two uses. 95.73% LWs and 83.33% Volunteers knows about the diagnostic test of HIV infection. 53.85% LWs and 39.39% Volunteers had misconception regarding HIV. 47.86% LWs and 36.36% Volunteers had knowledge about all four body secretions (Blood, Semen, Vaginal secretion and infected mothers breast milk) in which HIV is present (Table-1).

**Knowledge regarding Sexually Transmitted Infectins (STIs):**

After assessment of HIV, knowledge of STIs among study participants was assessed. Knowledge of participants on various issues related with STI (Table-2). Out of 117 LWs and 66 Volunteers, 80.34% LWs and 77.27% Volunteers knows that STI can be prevented by using condom. 01.71 LWs and 03.03% Volunteers had misconception regarding STIs. Only 22.22% LWs and 15.15% Volunteers had knowledge of ≥ 5 Symptoms (Vesicle over genital region, Ulcer over genitals, Vaginal discharge, Itching over genital region, Urethral discharge, Lower abdominal pain etc.) of STIs.

**Table-2: Knowledge of participants on various issues related with STI**

Knowledge on issues related with STI	Link Workers (%) (N =117)	Volunteers (%) (N =66)
Knowledge of prevention by using condom	80.34	77.27
Misconception regarding STIs (Stigma & discrimination)	01.71	03.03
Knowledge of ≥ 5 Symptoms of STIs*	22.22	15.15

\*Symptoms of STI includes vesicles over genital region, Ulcer over genital, Vaginal Discharge, Itching over genital region, Bubo, Urethral Discharge, Lower abdominal pain etc.

**RECOMMENDATIONS**

The correct knowledge regarding HIV and STI is essential for Link Workers for working as a Link between Clients and HIV preventive and care service providers. Basic knowledge of LWs and Volunteers on STI and HIV/AIDS is the cornerstone of the Link Worker Scheme. All LWs and Volunteers had received enough induction training after their selection in this scheme. This was reflected in their knowledge component, but findings revealed that ongoing refresher training is required. The issues needs to be addressed will be the difference between HIV and AIDS, how the HIV can leads to AIDS, about core and vulnerable population, symptoms of STIs. Regular and supportive supervision by supervisors and District Resource Persons helps them in gaining knowledge and make them confident in counselling. Exposure visits to Integrated Counselling and Testing Centre (ICTC), ART Centre and Targeted Intervention projects at their nearby area can help them by first hand exposure “Learning by doing” will improve their knowledge level.

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