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Research Article

**“INFORMATION NEEDS AND INFORMATION SEEKING
BEHAVIOUR OF HIV POSITIVE PATIENTS OF MIGRANT
COMMUNITY IN PUNJAB”**

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Abstract:

Introduction: Information seeking is one of the critical methods of dealing with crisis, disability, or uncertainty pertaining to progression of HIV/AIDS. Seeking information is also a way of gaining control over health-related events (Lenz, 1984). According to recent estimates, the number of people living with HIV/AIDS is nearly 0.1 million in Pakistan. There is dramatic rise in the number of HIV patients in Pakistan in the recent years. The prevalence rate of adults aged 15 to 49 is <0.1%.

Methodology: This will be a quantitative study and a survey approach will be used to collect the data. The sampling technique will be decided based on population size. A sample of HIV positive men and women will be selected from HIV/AIDS Treatment Centres, Voluntary Confidential Counselling and Testing (VCT) Centres and HIV/AIDS Surveillance Centres of big cities of Pakistan. If needed, private sector NGOs of different cities of Pakistan will be contacted to get primary information about the diagnosed HIV/AIDS migrants in big cities.

Results: The proposed study aims to test the more complete version of the Wilson's information seeking model, as well as other variables such as knowledge and awareness of anyone with HIV complications (direct experience). Although the relationships among variables in the Wilson model have not been made explicit, the model can be tested by extending previous research conducted by Shieh, McDaniel, and Ke (2009). Their work indicates that information needs had a positive relationship ($b = .20$; $p = .04$) with information-seeking, and barriers had a negative relationship ($b = -.46$; $p < .0001$) with information-seeking. However, the said predictors only account for a quarter of the variance in information-seeking, and as such points to the possible inclusion of other factors in the model. This provides an opportunity to test the revised Wilson Model which utilizes the two additional factors of self-efficacy and perceived risk.

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INTRODUCTION:

According to recent estimates, the number of people living with HIV/AIDS is nearly 0.1 million in Pakistan. There is dramatic rise in the number of HIV patients in Pakistan in the recent years. The prevalence rate of adults aged 15 to 49 is <0.1% (UNAIDS, 2015). However, the status of HIV/AIDS is changed from low prevalence, high risk to 'concentrated' epidemic in the last decade. This situation is particularly alarming in concentrated communities such as sex workers, IV drug abusers and migrants in big cities of the country. The chances of transmission of the disease are increased multiple times in these high-risk groups due to low level of knowledge about prevention methods (Global AIDS Response Progress Report, 2014).

Information seeking is one of the critical methods of dealing with crisis, disability, or uncertainty pertaining to progression of HIV/AIDS. Seeking information is also a way of gaining control over health-related events (Lenz, 1984). As far as HIV and AIDS are concerned, the individuality of information needs and information-seeking behaviours are further influenced by variations in disease progression and manifestations. In non progressor AIDS patients, the needs for information are relatively less as compared to rapidly progressor AIDS patients. Furthermore, the socioeconomic status of HIV male and female patients is variable and plays a role in disease progression and manifestation. In addition, education, family background, income, employment status, and social support may influence choice regarding selection of an information resource.

METHODOLOGY:

This will be a quantitative study and a survey approach will be used to collect the data. The sampling technique will be decided based on population size. A sample of HIV positive men and women will be selected from HIV/AIDS Treatment Centres, Voluntary Confidential Counselling and Testing (VCT) Centres and HIV/AIDS Surveillance Centres of big cities of Pakistan. If needed, private

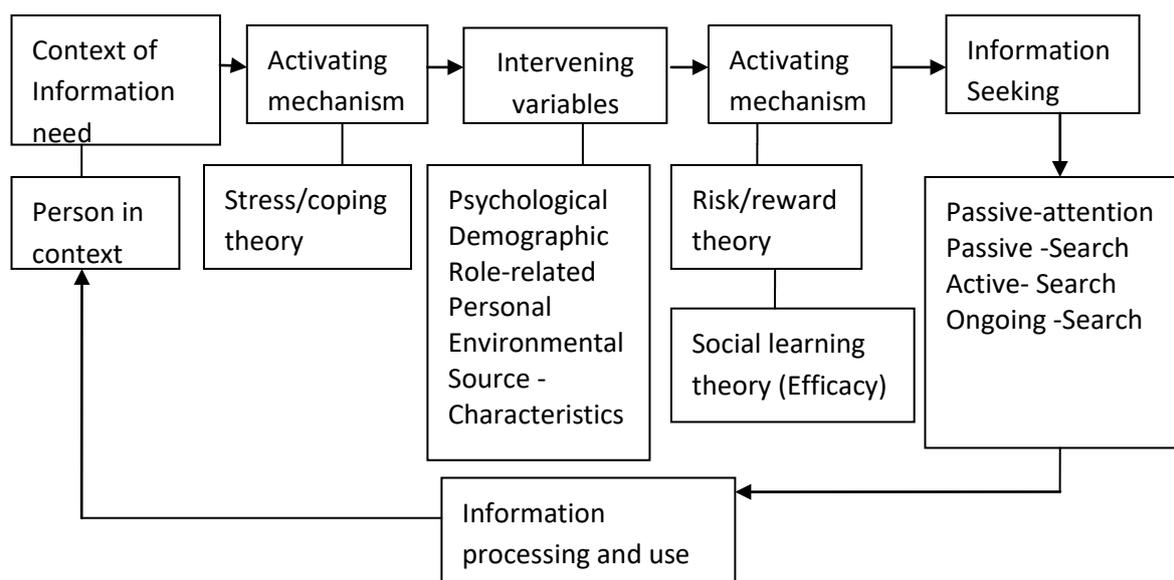
sector NGOs of different cities of Pakistan will be contacted to get primary information about the diagnosed HIV/AIDS migrants in big cities.

Two structured questionnaires will be designed; one to identify information needs and second to explore the information-seeking behavior of this community. Furthermore, some open-ended questions will also be included to understand the barrier faced and challenges occur to improve the present healthcare services delivery.

Data will be analyzed using latest version of SPSS.

RESULTS:

The proposed study aims to test the more complete version of the Wilson's information seeking model, as well as other variables such as knowledge and awareness of anyone with HIV complications (direct experience). Although the relationships among variables in the Wilson model have not been made explicit, the model can be tested by extending previous research conducted by Shieh, McDaniel, and Ke (2009). Their work indicates that information needs had a positive relationship ($b = .20$; $p = .04$) with information-seeking, and barriers had a negative relationship ($b = -.46$; $p < .0001$) with information-seeking. However, the said predictors only account for a quarter of the variance in information-seeking, and as such points to the possible inclusion of other factors in the model. This provides an opportunity to test the revised Wilson Model which utilizes the two additional factors of self-efficacy and perceived risk. From the review of literature, it is clear that self-efficacy and perceived risk may increase the predictive power of health behavioral models. Direct experience and knowledge also influence information-seeking. However, it is not clear how the various components of the extended Wilson model impact HISB in HIV populations. Based on evidence from previous studies, and suggestions made by Shieh, McDaniel and Ke (2009) and Shieh, Broome, and Stump (2010), the proposed model will contain knowledge, information needs, perceived barriers, self-efficacy, direct experience and perceived risk as predictor variables. HIV related information-seeking and self-efficacy will be included as predicted or dependent variables.



Wilson Model for information seeking In HIV patients.

DISCUSSION:

It has been reported by mapping of at-risk groups in nine cities through HIV second generation surveillance that Pakistan is on the brink of epidemic spread of HIV in 2006. For example, 1500 female sex workers, 900 male sex workers and 55 IDU were recognized in Peshawar. However, HIV appeared to be underestimated in the country until the results were released from surveillance surveys of high-risk communities done in 2004 in Karachi and Lahore revealed the prevalent picture. In Karachi, HIV prevalence was 23% in IV drug user, and 4% in male sex workers (www.mapnetwork.org).

Earlier studies have largely focused on the information seeking behaviour of researchers, scientists, and healthcare providers. There has been limited research on the health information needs of the high-risk groups infected from HIV/AIDS (Covell *et al.*, 1985; Jerome RN, *et al.*, 2001). A study was conducted in 2015 regarding review of HIV response in Pakistan by taking into account the working condition of professional, governance, finance and service delivery of healthcare system and further concluded that all pillars of health system need to collaborate in order to revert HIV/AIDS epidemic.

Migrant population in big cities of Punjab indulge in unprotected non-marital sex activity and IV drug use resulting in spread of STDs including HIV/AIDS. A study was done in 2006 to assess sexual risk behaviour and prevalence of treatable sexually transmitted infections (STI) in migrant male workers in Lahore. They conduct interview of 590 migrant men aged 20-49 years. It comes to surface

that if HIV infection spread among sex workers, then migrant men act as a reservoir to transmit this virus to general population (Faisel & Cleland, 2006).

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