

Evaluation of Knowledge and Attitude Regarding HIV/AIDS among Adolescents of Varanasi

Narendra Kumar Sharma¹

¹Professor, Department of Community Medicine, Heritage Institute of Medical Sciences, Varanasi, Uttar Pradesh, India.

Abstract

Background: Acquired Immune Deficiency Syndrome (AIDS) is a well-known major health problem particularly in the developing countries. 1 AIDS causes devastation to human life and destroys communities and takes away their hope. 2 The disease results in impairment of the human immune system and allows the emergence of many kinds of opportunistic infections. **Subjects and Methods:** A total of 150 adolescents (75-boys and 75-girls) of 13-20 years age group were randomly selected from a school in Varanasi. Simple Random sampling technique was adopted for selection of adolescents for achieving the desired sample size. **Results:** The study was conducted on 150 adolescents of which 75 were males and 75 females. Among these 133 study participants have knowledge about HIV/AIDS, 124 have knowledge regarding modes of transmission and 89 have knowledge regarding modes of prevention. Among the 133 adolescents, majority of adolescents 87.21% reported that the source of knowledge was electronic media. **Conclusion:** Burden of HIV/AIDS in the adolescent age group is high in most of the developing countries and in India as well. In the present study, though the study population is aware of the disease HIV/AIDS, but complete knowledge about the disease, its modes of spread and protective measures is not satisfactory. Several misconceptions about the disease do exist amongst the study population.

Keywords: Young People, HIV/AIDS Knowledge and Attitudes.

Corresponding Author: Dr. Narendra Kumar Sharma, Professor, Department of Community Medicine, Heritage Institute of Medical Sciences, Varanasi, Uttar Pradesh, India.

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Introduction

Acquired Immune Deficiency Syndrome (AIDS) is a well-known major health problem particularly in the developing countries.^[1] AIDS causes devastation to human life and destroys communities and takes away their hope.^[2] The disease results in impairment of the human immune system and allows the emergence of many kinds of opportunistic infections. The morbid process that leads to AIDS is HIV infection, and it is the first developmental stage of the disease. HIV attacks certain cells of the immune system and destroys them after entering the human host. AIDS, the disease without borders, has already assumed pandemic proportions. India has at least 3.86 million HIV positive patients and 12,000 full-blown AIDS cases have already been reported.^[3] The disease is mainly a problem of the young adults with more than 40 percent of the patients under 25 years of age. Adolescence is a period of great physical, mental and emotional turmoil, and the teenagers, in search of their identity, very often start experimenting with intravenous drugs or sex, both making them vulnerable to contracting HIV. Many adolescents are less likely to be aware of HIV/AIDS and the modes of its spread. Since prevention is the key to AIDS control, empowerment of youth with knowledge about high-risk behaviour and its ominous relation with HIV is a most effective tool to

contain the pandemic. Planning an appropriate HIV awareness programme for a specific target group must be relevant to its needs, and can be designed only after determining the existing knowledge, attitude, belief and practice pattern of that particular group. A number of KABP studies conducted in different parts of India reveal widespread ignorance and misconceptions among this vulnerable age group. No such assessment has ever been attempted in the Purvanchal region of the state of Uttar Pradesh. Aim of this present study is an attempt to understand social phenomena i.e. awareness and attitude of HIV/AIDS correlates among adolescents of Varanasi.

Subjects and Methods

The present study was conducted in Department of Community Medicine, Heritage Institute of Medical Sciences, Varanasi during the period from January to March 2016. A total of 150 adolescents (75-boys and 75-girls) of 13-20 years age group were randomly selected from a school in Varanasi under the jurisdiction of Urban Health Training Centre (UHTC) of the Institute. Simple Random sampling technique was adopted for selection of adolescents for achieving the desired sample size. The information was collected by personal in depth interview of adolescent boys and girls in predesigned, pretested questionnaire and

appropriate statistical test was applied. Data were entered on and analyzed using Microsoft Excel spread sheet. Descriptive statistics were used and results were expressed as proportions.

Results & Discussion

The study was conducted on 150 adolescents of which 75 were males and 75 females. Among these, 133 study participants have knowledge about HIV/AIDS, 124 have knowledge regarding modes of transmission and 89 have knowledge regarding modes of prevention. Among the 133 adolescents, majority of adolescents 87.21% reported that the source of knowledge was electronic media. Next important source of knowledge was print media. Lal P et al (2005) conducted study of awareness among senior secondary school children in Delhi and reported approximately similar findings as 79.6% students mentioned the television and radio were the main source of information.^[4] Similar findings were observed by Amalraj Edwin and Poddar et al.^[5,6] This is comparable to Delhi study where majority of the students had heard about HIV/AIDS from television and radio. About two thirds of participants were aware that HIV/AIDS is transmitted by sexual contact, whereas only 31.4% have knowledge that infected needle and syringes can transmit the disease. Sunder M. et al.^[7] (1997) reported finding similar to present study, as 81 percent of respondents in his study were aware about sexual contact as a route of transmission of disease. Malleshappa et al.^[8] (2008) reported similar findings that 69.2% participants were aware that disease was transmitted by unsafe sex.

Table 1: Shows the source of knowledge of HIV/AIDS.

Variables	Male (%) N=75	Female (%) N=75	Total (%) N=150
Sources of Knowledge			
	N=69	N=64	N=133
Print media (News paper, magazine, books)	62(89.8%)	54(84.3%)	116(87.21%)
Electronic media (T.V./Radio)	21(30.4%)	18(28%)	39(29.3%)
Social circle	17(24.6%)	13(20.3%)	30(22.5%)
Modes of Transmission			
	N=65	N=59	N=124
Sexual contact	51(78.4%)	41(69.5%)	92(74.2%)
Infected needle & Syringe	16(24%)	23(38.9%)	39(31.4%)
Infected blood Transfusion	35(53.3%)	29(49.15%)	64(51.6%)
Modes of Prevention			
	N=48	N=41	N=89
Safe sex (Use of condom)	40(83.3%)	24(58.5%)	64(71.9%)
One faithful life partner	19(39.6%)	13(31.7%)	32(35.9%)
New/ boiled needle & syringes	23(47.9%)	16(39.02%)	39(43.8%)
Tested blood	20(41.6%)	12(29.6%)	32(35.9%)

About various modes of prevention 71.9% adolescents opined safe sex (use of condom), whereas only 35.9% adolescents said tested blood as a mode of prevention.

Srivastava A et al (2011).^[9] also reported similar findings as 78.6% respondents had knowledge about condom as means of protection. Francis P T et al,^[10] also observed that 79% students thought that use of condom decreases the risk of getting AIDS. Sunder M et al,^[11] conducted a survey in 7 urban colleges and found that 59% of females indicating that HIV transmission could be prevented by using condom. Regarding boiled/ new needle and syringes 43.8% said yes, while one faithful life partner was reported by 35.9%. Almost similar finding were reported by Shailesh J. Kore (2002),^[12] and Patil Sharmila et al. (2001),^[13] as 42.25 percent and 37.5 percent of the respondents respectively said that having one faithful partner could prevent disease.

Table 2: Shows the Attitude of adolescents towards the HIV/AIDS patient

Attitude	Male (%) N=75(%)	Female (%) N=75(%)	Total (%) N=150 (%)	P value
Will have sympathy	62(82.6%)	51(68.0%)	113(75.3%)	0.05
Allow to read in the same class	40(53.3%)	42(56.0%)	82(54.6%)	0.37
Allow to live in the family	35(46.6%)	32(42.6%)	67(44.6%)	0.27
Allow to use daily routine thing	28(37.3%)	24(32.0%)	52(34.6%)	0.53
HIV test before the marriage	54(72.0%)	41(54.6%)	95(63.3%)	0.001
Assurance of new/ sterilized syringe, needles	65(86.6%)	57(76.0%)	122(81.3%)	0.07

Table 2 shows that out of total 150 adolescents, regarding the attitude about AIDS patient majority (75.3%) of adolescents, reported to have sympathy. Majority (54.6%) of adolescents agreed to read with HIV/AIDS cases. However, 44.6% of adolescents, said that they would not allow the HIV patient to live in the family, and almost one third of adolescents (34.6%) said that they would not allow using their daily routine things by the HIV patients. Regarding the test of HIV before the marriage, 63.3% said yes; and regarding the injectables, before taking injection confirmation of new/sterilized needle and syringe, majority of adolescents 81.3% reported yes.

Table 3: Shows the Attitude of adolescents towards HIV topic and high-risk behavior

Opinion	Male (%) N=75(%)	Female (%) N=75(%)	Total (%) N=150 (%)	P value
Agreed for introduction of HIV topic	66(88.0%)	45(60.0%)	111(74.0%)	0.01
Sexual contact with friend before marriage can be made	7(9.3%)	3(4.0%)	10(6.6%)	0.07
Sexual contact	6(8.0%)	1(1.3%)	7(4.6%)	0.016

can be made with a person having multiple sex partner				
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Table 3 shows that overall 74% adolescents in which 88% of males and 60% of females were agreed for the introduction of HIV topic in the course curriculum (p 0.01). Regarding the attitude towards sexual contact before marriage the majority 63.3% adolescents said no. Regarding the multiple partners sexuality the majority of adolescents (93%) reported no (98.7% of females and 92.0% of males). The difference between male and female was found statistically significant (p<.016). Regarding the attitude toward people living with HIV, results of the present study shows that attitude of majority of the study subjects toward people living with HIV is discriminatory. Unwillingness to accept HIV positive cases could be due to misconceptions about the disease and not many educational programs are in place which are targeted toward adolescent and youth population. Singh A et al in their study also reported that their subjects were having a discriminatory attitude to some extent toward HIV infected people.^[14]

Conclusion

In conclusion, Burden of HIV/AIDS in the adolescent age group is high in most of the developing countries and in India as well. In the present study, though the study population is aware of the disease HIV/AIDS, but complete knowledge about the disease, its modes of spread and protective measures is not satisfactory. Several misconceptions about the disease do exist amongst the study population. There should be classroom based education programme on HIV/AIDS and STDs and the class teacher should be properly trained for educating the students effectively in modes of transmission and methods of prevention of HIV/AIDS.

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