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A study on the knowledge towards HIV/AIDS among the adolescents of Kamrup District, Assam, India

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Abstract

This study has been designed to assess the knowledge towards HIV/AIDS among the adolescents of Kamrup District of Assam. Purposive sampling procedure was followed to select the sample of 100 adolescents. Data was collected using interview schedule and t-test was used to analyze the data. The findings revealed that in Kamrup district urban adolescents' had high level of knowledge towards HIV/AIDS than their rural counterparts. However, female adolescents were more aware than male adolescents about the risk behaviour of the disease.

Keywords : Adolescents, AIDS, HIV, Knowledge.

1. Introduction

New diseases have swept the world from time to time. Human beings have managed to triumph over the majority of them but, there seems no cure or vaccine for the deadly and most potent infection –The Human Immune deficiency Virus (HIV). Acquired Immune Deficiency Syndrome (AIDS) is a clinical condition that results from infection with the Human Immune Deficiency Virus (HIV) which progressively damages the body's ability to protect itself from disease organisms. Haseline (1993) described AIDS as a progressive degenerative disease of major organs and systems including the immune system and the central nervous system. AIDS, according to the World Health Organisation (1994), is the end stage of infection with HIV virus characterized by a cluster of illness. Such cluster of illness often referred to as opportunistic infections arise as a result of the victim's suppressed immune system due to the HIV infection.

AIDS was first reported in the United States on 5th June, 1981 among a cluster of eight gay men (Homosexuals) in the city of Los Angeles, USA. Today it has spread to all the continents of the world. There is no country which is free from HIV/AIDS. Today it has spread from the high risk to the low risk general population and from urban to rural areas.

In 2006 UNAIDS estimated that there were 5.6 million people living with HIV in India. In 2006, the figure was estimated to be 2.31 million, In 2009 it was estimated that 2.4 million people were living with HIV/AIDS in India.

Though the HIV/AIDS epidemic begun relatively late in Asia, and HIV infections have not reached the high levels observed in some other parts of the world. Yet three countries in South East Asia namely Thailand, Cambodia and Myanmar and several other states in India now have serious HIV/AIDS epidemics. In Assam too HIV/AIDS has created serious problems. The first case of AIDS in Assam was reported in the Month of September 1990. However HIV positive rate in Assam is significantly decreasing from last few years though

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the number of case detection is increasing year by year. Upto January 2012, Assam has detected 6130 number of HIV Positive cases with a rate of 6.28 per thousand and the number of AIDS cases diagnosed is 1607. Out of 6130 HIV positive cases 3951 are male and 2179 are female (Source: Assam State AIDS Control Society) It is very pathetic to know that among these AIDS victims 274 are children within the age group of 0-14 years. The Government of India established a National AIDS control organization under the Ministry of Health and Family Welfare in 1989 to deal with epidemic. Since then various efforts have been made to prevent HIV Transmission through public health Education and Media.

As the epidemic creates a serious threat to the people especially the young generation, knowledge and attitude towards HIV /AIDS is of utmost importance. The young generation, for example, are curious to know about sex related issues, but have little chance to obtain correct sexual health education. Thus, they unavoidably face the risk of HIV infection and AIDS. Therefore, they need to understand about HIV/AIDS. Education on reproductive health is extremely important for adolescents to reduce their risk of HIV and AIDS infection. Infection by AIDS is linked to personal behavior such as engaging in unprotected sexual intercourse and blood contamination. Blood can be contaminated through the use of infected razor blades, needles, mother to child transmission during birth and infection through transfusion with HIV infected blood.

Signs and symptoms of HIV/AIDS fall in to minor and major symptoms. The major signs and symptoms include weight loss, fatigue, chronic fever loss of appetite and persistent diarrhea, difficulty in breathing, tumours in internal organs etc (Olumide 2002, Ode 2006) In order to prevent AIDS MacMenar and Ross (2001) advised that people should not expose themselves to any wound in their bodies, not use needles used by others, use condoms during sexual intercourse and also insisting on having HIV test before accepting to marry any person. A good knowledge of these preventive measures is expected to prevent HIV infection. Knowledge is a pre-requisite to any action, including the actions that are necessary for the prevention of HIV/AIDS (WHO 2006) Okafor (1997) stressed that knowledge is a precursor for attitude and behavior though not all knowledge are translated to these. This inability to translate knowledge especially health knowledge to attitude and behavior has been the major setback in the development of health education and therefore, set back in prevention of disease such as HIV and AIDS.

Knowledge is very important in acquiring and practicing good which also is important in the development of optimum health.

A study on HIV/AIDS transmission risk and preventive techniques affirmed that Urban College students possessed low level of knowledge concerning HIV/AIDS (Fennel 2004), Dalzel – ward (2002) also found that females had higher knowledge of HIV/AIDS than males. Deka, Manab conducted a study in the Brahmaputra Valley of Assam in 2011 on the knowledge, Awareness and attitude towards HIV/AIDS among college students and found that all the respondents heard of the disease but only 40% of them were fully aware of the dreaded disease. Another study on perception and risk behavior created on HIV/AIDS among unmarried female college students affirmed that urban female students have better knowledge than their rural counterparts due to their better exposure to media and other awareness programmes.

Thus, form the above review of literature it is seen that the level of awareness differs between rural and urban population, male and female and also between the educated and the illiterate.

2. Significance of the study

Adolescents are vulnerable because they often do not know how serious the problem of HIV/AIDS is, how it is caused or what they can do to protect themselves. Physical, psychological and social attributes of adolescents make young people particularly vulnerable to HIV and other sexually transmitted infections (STI'S).

The HIV/AIDS pandemic is one of the most important and urgent public health challenges facing government and civil societies around the world. The vast majority of young people who are HIV positive do not know that they are infected and only

a few young people who are engaging in sex know the HIV status of their partners. For solving such type of problems, this issue has special importance in the context of the emerging trends in new HIV cases in India that show that nearly two third of new infections are reported among people below 25 yrs of age (NACO 2010). Another equally important concern in the narrowing gender gap in new HIV infections suggesting an urgent need to address the issue and concerns of youth especially through reducing young womens vulnerability towards HIV/ AIDS.

Even for adolescents who are not yet engaged in risky behaviors, HIV/AIDS education is important for them so they are prepared for situations that will put them at a risk as they grow older. Somebody who is not aware of their HIV infection is more likely to pass the virus on to others.

For solving such type of problems, it is pertinent that research is done on this important area because health today is a subject of universal phenomena.

3. Objectives of the study

The basic objectives of the study was—

1. To assess the knowledge towards HIV/AIDS among the rural and the urban adolescents of Kamrup District.
2. To make a comparative study of male and female adolescents regarding their knowledge about HIV/AIDS.

4. Hypotheses

Keeping in view of the above objectives the following hypotheses have been framed :

1. There exists a significant difference between rural and urban adolescents as to their knowledge of HIV/AIDS is concerned
2. There exists a significant difference between male and female adolescents in their knowledge about HIV/AIDS.

5. Methodology

5.1 Method

Descriptive survey method is applied for the collection of the data. The data is collected by random sampling.

5.2. Sample of the Study

The sample for the study consisted of 100 adolescents belonging to both rural and urban areas of Kamrup District. The purposive random sampling procedure was followed in the selection of the sample for the present study.

5.3. Tools used

In order to carry out the present investigation and verification of research hypothesis the following tools were used :

1. General information Schedule- It consists of items like name, address, sex, age, education etc.
2. The investigator also made use of a structured interview schedule which consist of four questions- regarding knowledge towards the basic facts of HIV/AIDS. The responses were collected through Yes, NO and Not Sure process verbally.

5.4. Statistical Analysis

The data was analyzed with the help of descriptive and inferential statistical methods. Descriptive statistics was used in the form of frequencies and percentage to describe the findings and the t-test to test the significant of mean difference between rural and urban adolescents, male and female adolescents'.

6. Delimitation of the study

Adolescents belonging to the age range of 12 – 18 years were taken up for the present study of both the sexes.

7. Analysis and interpretation of the data

After collection of data for the pilot study, a systematic statistical analysis was made in the light of the objectives set forth for the investigation and discussed as follows.

Table-1 : Data representing the knowledge of rural and urban adolescents about the Basic facts of HIV/AIDS

Items	Area					Total	
	Rural			Urban			
	Responses	N	%	N	%	N	%
1. Do you know about HIV/AIDS ?	Yes	31	62	45	90	76	76
	No	4	8	0	0	4	4
	Not sure	15	30	5	10	20	20
	Total	50	100	50	100	10	100
2. Do you know the full form of HIV?	Yes	22	44	40	80	66	66
	No	16	32	5	10	21	21
	Not sure	12	24	5	10	17	17
	Total	50	100	50	100	100	100
3. Do you know the full form of AIDS?	Yes	15	30	30	60	45	45
	No	18	36	12	24	30	30
	Not sure	17	34	8	16	25	25
	Total	50	100	50	100	100	100
4. Do you know the difference between HIV and AIDS?	Yes	2	4	25	50	27	27
	No	30	60	17	34	47	47
	Not sure	18	36	8	16	26	26
	Total	50	100	50	100	100	100

7.1. Interpretation of Table 1

From the above table it has been observed that 62% respondents from rural areas and 90% from urban areas have the knowledge of HIV/AIDS and total 76% adolescents' have the knowledge of HIV/AIDS.

Again 44% respondents from rural areas and 80% from urban areas know the full form of HIV and total 51% know the full form HIV.

Again 30% respondents from rural areas and 60% from urban areas know the correct full form of AIDS.

Regarding the difference between HIV and AIDS only a 4% respondents from rural areas and 50% from urban areas know the difference between HIV/AIDS. Percentage of knowledge to HIV/AIDS among the adolescents in the urban areas is higher than the rural areas.

The findings of the study have shown that urban adolescents' knowledge was very high knowledge towards HIV/AIDS. This finding is not surprising but quite expected. This is because of HIV/AIDS is a global health problem which has attracted a high rate of information dissemination. However, the findings is in contrast with that of Fennel(2004) who observed in his study that the urban college students possessed relativity low level of knowledge of HIV/AIDS.

In order to determine whether there is any significant difference in knowledge of rural and urban adolescents according to hypothesis –I, t-test has been applied (table-2) on the basis of Table-1.

Table-2 : Comparison between the Adolescents' Knowledge towards HIV/AIDS (area wise).

Category	Numbers	Mean	S.D	t-value
Rural	50	17.5	3.05	1.31
Urban	50	35	2.28	

When the level of difference was calculated using't' then the 't' value was 1.31 which is leser than the value of .05 and .01 level (From table -2) .Thus it indicates that there is no significant difference between adolescents belonging to rural and urban areas.

This result is supported with that of Basu and Kumar Jayanta *et. al.,* (2007).The findings of the study was – Urban Students demonstrated a slightly high level of knowledge than their rural counterparts; this difference is small and practically insignificant. This may be because urban adolescents feel more at ease than rural adolescents to talk about matter relating to AIDS.

Table-3 : Data representing the knowledge towards basic facts of HIV/AIDS among the male and female adolescents.

Questions	Gender					Total	
	Male			Female			
	Responses	N	%	N	%	N	%
1. Do you know about HIV/AIDS ?	Yes	33	66	43	86	76	76
	No	3	6	1	2	4	4
	Not sure	14	28	6	12	20	20
	Total	50	100	50	100	100	100
2. Do you know the full form of HIV?	Yes	24	48	27	54	51	51
	No	13	26	19	38	32	32
	Not sure	13	26	4	8	17	17
	Total	50	100	50	100	100	100
3. Do you know the full form of AIDS?	Yes	14	28	21	42	35	35
	No	16	32	23	46	39	39
	Not sure	20	40	6	12	26	26
	Total	50	100	50	100	100	100
4. Do you know the difference between HIV and AIDS?	Yes	5	10	11	22	16	16
	No	31	62	26	52	57	57
	Not sure	14	28	13	26	27	27
	Total	50	100	50	100	100	100

7.2. Interpretation of Table – 3

From the above table it has been observed that the percentage (%) of the female adolescent's knowledge regarding the HIV/AIDS is seen to be more than the male adolescents (86% and 66% respectively). 54% and 42% female adolescents know the full form of HIV/AIDS respectively whereas it was only 48% and 28% male adolescents. 22% female adolescent's knowledge scores comparatively less than the female regarding the basic facts of HIV/AIDS.

From Table – 3, It has been observed that the percentage of the female adolescents knowledge towards the HIV/AIDS is seen to be more than the male adolescents. Thus it may be interpreted that male adolescent's knowledge scores comparatively less than the female regarding the basic facts of HIV/AIDS.

In order to determine whether there is any significant difference in the knowledge of male and female adolescents 't' test has been applied.

Table-4 : Comparison between Male & Female Adolescents' Knowledge towards HIV/AIDS.

Category	Numbers	Mean	S.D	t-value
Male	50	19	3.00	1.36
Female	50	29	3.30	

From the above table it is found that the mean value scores of male and female adolescents is 19 and 29 respectively, and the SD is 3.00 and 3.30 respectively. As the calculated t- value (t=1.36) is smaller than the table value of 1.98 at 5% level of significance, it can be inferred that there is no significant difference between male and female adolescent's.

Though there is difference between male and female adolescents knowledge towards the basic facts of HIV/AIDS but this difference is not significant. Therefore, the second hypothesis that there is a significant difference between male and female adolescents' have been rejected.

8. Conclusion

Prevalence and incidence of HIV/AIDS is rapidly increasing in India. Unfortunately at present, even in most of the urban schools, the awareness about this dreaded disease is low. Students should be instructed about all aspects of AIDS by the media, which at present is the most frequent but not necessarily credible source of information. Integration of the media, Non-governmental Organization (NGOs) that are active at grass-root level and the politicians and religious leaders who understand what is at stake, is the need of the hour. The findings of this study indicate that there is an urgent need for conducting AIDS education among the adolescents. This is not only because they are at sexually active ages and facing the risk of HIV infection.

The following recommendations can be putforth –

- Implementation of HIV/AIDS awareness programmes in schools, college etc.
- Emphasis on the fatal and incurable nature of the disease.
- Inclusion of sex education and family life education in school/college curriculum.
- Due to lack of possible vaccine for AIDS prevention, alternative strategies must be formulated and implemented on an urgent basis The school should encourage students to communicate this knowledge of HIV and AIDS to their friends, parents and community members so that AIDS can be eradicated or controlled.

References

Basu, Jayanta Kumar and Radha Krishan S., 2007 : Perception and Risk behavior created to HIV /AIDS among unmarried female college students, in Maharashtra.

Best. John., 1982 : Research in Education New Delhi, Prentice Hall of India Pvt. Ltd

Dalzel – Ward. C., 2002 : "AIDS – Causes and Preventions" – World Health Organizations(WHO) Magazine, No. Dec 28, (8) Geneva.

Fennel, R., 2004 : Knowledge , Attitude and Beliefs regarding AIDS. A review Geneva, Health Education, Bulletin, June 21(4) 20-26.

Haseline, W.A, 1993 : Encyclopedia American Macro 1,336-369.

Kumar, R., 2009 : Research Methodology, Australia : Pearson Education.

Mac Menar, C & Ross, N., 2001 : The Battle against HIV/AIDS, what students must know. A Pumphlet on HIV/AIDS, Owerri : Mac Menar and Ross Publishing Co. Ltd.

Oka for, R.U., 1997. Sexual knowledge and sources of sexual information on secondary students in Anambra State, Nigeria. Health and movement Education Journal I (1), 9-19.

Olumide, Y.M., 2002 : Acquired Immune Deficiency Syndrome (HIV/AIDS) for medical practitioner, Enugu, Longman, Nigeria.

WHO 1994a : AIDS, Images of the Epidemic, Geneva. Author.

WHO 2006. WHO/ World Bank Special Programme of Research, Development and Research Training in Human Reproductive, Biennial Report 1994-1995, Geneva, WHO.

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