



Adolescent HIV/AIDS: Knowledge is a must

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ABSTRACT

HIV/AIDS is a major threat to India. The number of people living with the disease is approaching 5 million. Global research shows that HIV/AIDS has direct links with health, social, psychological as well as economic problems by minimizing life expectancy, increasing burden on health care system, losing status in society and increasing inequality. India has the third largest HIV epidemic in the world, with 2.1 million people living with HIV. HIV/AIDS is a new phenomenon in the society. Misconceptions about HIV/AIDS abound worldwide. Female adolescents face even greater risk for STD transmission than their male peers and older adult women. Hence, the present study was undertaken to assess the gain in knowledge of adolescent girls after exposure to educational programme on selected four aspects of HIV/AIDS i.e. knowledge about adolescent years, information related to reproductive organs and physical changes, information related to HIV/AIDS, preventive measures for HIV/AIDS (Individual and social responsibilities towards the person infected with HIV). The total sample for present study was consisted of 60 randomly selected adolescent girls belonging to nuclear families and low income group and studying in 10th, 11th, and 12th standards (15 to 18 years of age) of two randomly selected Government Senior secondary Girls Schools of Bikaner city, Rajasthan. The research design used for the present study was one group pre-test-post-test action research. The programme was planned on the basis of the results of pre test. Then, the results of post-test were obtained through the same duly pre-tested questionnaire cum interview schedule which was used during pre test. Frequency, percentage values and paired t-test was applied to see the significant difference between pre test and post-test scores of knowledge. The total sample had highest gain in knowledge (50.75%) in aspect 3 (Information related to HIV/AIDS). The subject had highly significant gain in knowledge at 1% and 5% level of significance. The adolescent girls of class 10th had the highest gain in knowledge i.e. 47.9 % among the group. The major findings revealed the positive and definite impact of educational programme in improving knowledge about HIV/AIDS and to avoid discriminatory treatment to AIDS patient in employment providing services and other benefits.

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INTRODUCTION

In India the HIV AIDS epidemic is now about 30

years old. Within this short period it has emerged as one of the most serious public health problems in country. India is known as a land of well-cultured society where

social sanctions don't allow openness as in west, but at present, India is the third largest suffering country as number of HIV positive has increased to near about 2.1 million. The attributable factors for such rapid spread of the epidemic across the country today are labour migration and mobility in search of employment from economically backward to more advanced regions, low literacy levels leading to low awareness among the potential high-risk group *i.e.* adolescents, gender disparity STDs and reproductive tracts infection both among men and women.

The effects of stigma are devastating. Discrimination against people living with HIV AIDS denies them access to treatment, services and support and hinders effective responses. According to the report, surveys from 40 countries indicated that more than 50 per cent of young people aged 15-24 have serious misconceptions about how the disease is transmitted (Centres for disease control and prevention, 2000). These include the belief that HIV can be transmitted through witchcraft or mosquito bites or that healthy looking person cannot have the AIDS virus. Misconceptions about HIV AIDS abound worldwide. Young people can be extremely effective messengers and should be given the necessary skills and encouraged to get involved in prevention efforts (Dhanoo, 1996).

Due to traditional values of the society where talking and asking about sex and related issues is a taboo not only for the younger generation as they have greater curiosity to know about these issues and when they are not given proper guidance it leads to accumulation of more myths and misconceptions (India's AIDS control experts, 1993 and Kala, 1993).

The present study plays a major role in promoting positive attitude and responsible behavior that would help them to have individual and social responsibility which will help them to prevent from HIV infection with the objective to obtain the knowledge of adolescent girls after exposure to educational program regarding selected aspects of HIV AIDS.

MATERIAL AND METHODS

Sample:

The present study was consisted of 60 randomly selected adolescent girls studying in 10th 11th and 12th standards (15 to 18 years of age) *i.e.* 30 girls from each of the two randomly selected Government senior secondary girls schools and 10 girls from each class.

Tool:

Questionnaire - cum - interview schedule was developed by the investigator herself by reviewing the relevant literature and discussion with the experts in this field for the purpose of pre-test and post-test to assess the knowledge of adolescent girls before and after the implementation of the educational programme. The reliability and validity of the tool was 0.87 and 0.93, respectively.

Procedure of data collection:

AIDS education of student youth (1996) one group pre-test-post-test experimental research design was used to find out gain in knowledge of the subjects. The data was collected in three phases:

Phase 1:

Pretesting of the existing level of knowledge of adolescent girls through duly pre-tested questionnaire-cum-interview schedule.

Phase 2:

Development of the programme on the basis of results of pre test, implementation of the programme after 10 days gap of pre-testing through different teaching aids, and evaluation of the programme.

Phase 3:

Post testing after 10 days of implementation for gain and knowledge of adolescent girls through same questionnaire-cum-interview schedule which was used in pre-testing.

Analysis of data:

In order to analyze the gathered data three levels of knowledge *i.e.* low, moderate, and high were categorized by dividing the total score by 3. Then mean, frequency, percentage values were calculated and paired 't' test was applied to see the significance difference between pre-test and post-test scores of the subject.

OBSERVATIONS AND ANALYSIS

This section unfolds the procedures applied to assess the knowledge of subjects before and after implementing the educational programme in order to get a comparative view to saw significant difference between pre-test and

Table 1 : Per cent gain of correct responses of the sample on the overall programme and each aspect on HIV/AIDS at pre-test post-test

Sr. No.	Aspects	Pre-test (%)	Post-test (%)	Percentage gain in knowledge (%)
1.	Aspect I “Knowledge about adolescent years”	43.33	80.00	36.67
2.	Aspect II “ Information related to reproductive organs and physical changes”	36.95	84.05	47.10
3.	Aspect III “Information related to HIV/AIDS”	34.58	85.33	50.75
4.	Aspect IV “ Preventive measures for HIV/AIDS”	33.04	80.43	47.39
5.	Overall programme(Aspect I, II, III, and IV)	38.28	82.32	44.04

Table 2 : Comparison in pre-test and post-test scores for significant difference in selected aspects of HIV/AIDS

Sr. No.	Aspects	‘t’ calculated	‘t’ tabulated
1.	Aspect I “Knowledge about adolescent years”	60.39	
2.	Aspect II “ Information related to reproductive organs and physical changes”	39.42	
3.	Aspect III “Information related to HIV/AIDS”	43.56	
4.	Aspect IV “ Preventive measures for HIV/AIDS”	48.67	
5.	Overall programme (Aspect I, II, III, and IV)	23.93	2.67**

** Significant at 0.001 and 0.05 level of significance

Table 3: Per cent gain of the correct responses of the total sample on the overall programme according to different classes (10th, 11th, and 12th) at pre-test and post-test

S. No.	Group/Class	Pre-test (%)	Post-test (%)	Per cent gain in knowledge (%)
1.	10 th class (student of 15 to 16 yrs of age)	39.17	88.07	47.9
2.	11 th class (student of 16 to 17 yrs of age)	36.5	79.71	43.21
3.	12 th class (student of 17 to 18 yrs of age)	35.22	75.23	40.01

post-test scores.

The percentage of gain in knowledge was given in Table 1 which revealed that highest percentage of gain in knowledge was in aspect III “Information related to HIV/AIDS” *i.e.* 50.75% because all the subjects had low level of knowledge at pre-test that is 34.58% and it increased to 85.33% which was highest among all the aspects.

The value of t calculated was greater than the value of t tabulated in table 2 and both 1% and 5% level of significance and 59 degree of freedom and as it shown in Table 3 it depicted that the class 10th (students of 15-16 yrs of age) had highest gain in knowledge on the overall programme on HIV/AIDS *i.e.* 47.9 per cent than other classes. Gupta *et al.* (1996) and Mathur (1997) also worked on the related topic and the results obtained were related to the present investigation.

Conclusion:

Thus, it can be concluded that the knowledge through educational programme was effectively imparted to the subjects and they gained their higher percentage of

correct knowledge for overall content of the programme and directed towards improving knowledge about HIV/AIDS among students and to bring about positive attitudinal changes and healthy practice in day to day life. Adolescents constitute a considerable proportion of India’s population (22%). They are a rich human resource and an important part of the development process. Good health of adolescents will help in raising the health status of the community. Adolescents are highly vulnerable to human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) and other sexually transmitted infections (STIs). Health of adolescent girls has an intergenerational effect. The Indian adolescents had lack of correct knowledge should be given to them through proper channels so that they become aware of it and pass the life periods with lesser amount of tensions and confusions without committing undesirable mistakes and will become a better member of society.

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Shikha Kalra

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