

ADVANCE RESEARCH JOURNAL OF SOCIAL SCIENCE

Volume 7 | Issue 2 | December, 2016 | 267-269 ■ e ISSN-2231-6418

DOI: 10.15740/HAS/ARJSS/7.2/267-269



Impact of awareness programme on Anganwadi workers (AWWs) about causes and consequences of HIV/AIDS

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ARTICLE INFO:

 Received
 : 08.07.2016

 Revised
 : 11.11.2016

 Accepted
 : 25.11.2016

KEY WORDS:

HIV/AIDS, Anganwadi workers

HOW TO CITE THIS ARTICLE:

Verma, Suman and Bhatnagar, Bharti (2016). Impact of awareness programme on Anganwadi workers (AWWs) about causes and consequences of HIV/AIDS. *Adv. Res. J. Soc. Sci.*, **7** (2): 267-269, **DOI:** 10.15740/HAS/ARJSS/7.2/267-269.

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ABSTRACT

The present study was undertaken for Anganwadi workers of Bikaner urban area. A need based awareness programme on HIV and AIDS developed implemented and evaluated for 60 randomly selected anganwadi workers from Bikaner urban area to see the impact of awareness programme on their knowledge about causes and consequences about HIV and AIDS. The programme was planned on the basis of the results of pretest. The framework for the awareness programme for anganwadi workers on HIV and AIDS was developed by the investigator in the form of objectives, content and behavioural outcome of HIV and AIDS. The present study was designed in one group pretest-posttest action research. The programme was conducted in three phases. Phase I pretest through duly pretested Interview Schedule, Phase II development, implementation and evaluation (through evaluation guidelines and observation proforma) of the programme and Phase III posttest of the group through same tool used for pretest on HIV and AIDS. The pretest and posttest scores of the knowledge of the AWWs were computed to find out gain in knowledge and knowledge retained after 10 days of exposure to the awareness programme. The data of present study were analyzed in term of gain in knowledge of the subjects. The major findings revealed that there was definite and positive impact of the awareness programme as reflected by the increased per cent of gain in knowledge of the anganwadi workers.

Introduction

HIV is very small size virus. Its size is 1/10000 part of millimeter though small in size, the HIV spreads at a rapid rate. Since, the identification of HIV in 1985 in India, the rate of infection has been increasing at an alarming rate so as to reach 5.2 million people by 2007. An extremely small and fragile virus has defrosted the life of millions. George (2006).

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of HIV in 1985 in India, the rate of infection has been increasing at an alarming rate so as to reach 5.2 million people by 2007. An extremely small and fragile virus has derasted the life of millions

Information about this disease was available only from 1980's. But it was somewhat traced in 1979 in America from the Ugandan blood sample drawn in 1972 (Rajamanickam, 2006).

The progression from HIV to AIDS is different for everyone-some people live for 10 years or more with HIV without developing AIDS and other get AIDS faster (NWHIC, 2006).

People need to understand the risk of HIV and AIDS Parents, teacher, health workers. Anganwadi workers (AWWs) guardian or the person in the community in change of passage can warn people about the risk of HIV and AIDS.

As we all know HIV and AIDS is an incurable and dangerous disease, still many people are, unaware of this disease. It is said the prevention is its cure government and many NGOs are trying to make people aware about the disease.

AWWs is helpful for imparity the knowledge of people and make them aware about causes and consequences of HIV and AIDS because the AWWs are supposed to spend major portion of their day time with the people of urban area in disseminating information and knowledge through health education and also make people aware about issues related to causes and consequences of HIV/AIDs. AWW is the most known person in that particular locality where AWC is situated and also the particular Community people are more easily and readily convinced with AWW. Therefore, it is felt that, the most suitable medium for imparting knowledge about causes and consequences of HIV and AIDS is the AWW. That's why an awareness programme was develop and implemented on AWW to assess the impact of awareness programme.

MATERIAL AND METHODS

The study was conducted in 60 Anganwadi centres (15 Anganwadi workers from each of the 4 sectors) in Bikaner urban area. 15 AWCs from each sector (4 sectors in total) were randomly selected. Out of 4 sectors 15 Anganwadi workers working at selected 15 AWCs from each sector (4 sectors in total), were selected randomly (chit system) comprising of 60 Anganwadi workers in total from all 4 sectors. The Interview schedule was prepared by investigator to assess the knowledge of Anganwadi workers at pre test and posttest causes and consequence about HIV and AIDS. Paired 't' test is a test of significance. It was used to measure significance of gain in knowledge and change in understanding of respondents at pre and post test.

OBSERVATIONS AND ANALYSIS

The finding of the present study as well as relevant discussion have been summarized under following heads:

Table 1 shows that almost all the subject had nil knowledge at the time of pre test on some selected question *i.e.* AIDS cannot be cured if detected early, HIV infected can transmit it to the another person through his semen, Person can not become infected by curing a HIV positive person, Persons who are infected with HIV

Table	1 : Per cent gain of the correct responses of the total sample on each statement under each of four aspects of HIV and AIDS at pretest posttest Percentage = (%)			
Sr. No.	Statements / Questions	(%) of pretest	(%) of posttest	Per cent gain in knowledge
Cause	es and consequences of HIV and AIDS		*	
1.	Any person do not identify himself that he was STD?	8 (13.33)	53 (88.33)	75.00
2.	STD patients don't discuss about their disease with other because of shyness	16 (26.60)	56 (93.34)	66.67
3.	The person can know he/she has HIV infection by blood test only	8 (13.33)	56 (93.33)	80.00
4.	Persons who are infected with HIV fell and look healthy	Nil (0)	56 (93.33)	93.33
5.	HIV infected person can transmit the virus to another person through his blood	8 (13.33)	54 (90.00)	76.67
6.	HIV infected can transmit it to the another person through his semen	Nil (0)	52 (86.67)	86.67
7.	AIDS cannot be cured if detected early	Nil (0)	52 (86.67)	86.67
8.	Person can get HIV by sharing needles or syringes with some one who HIV infection	4 (6.66)	57 (95.00)	88.34
9.	Infected pregnant mother can pass an virus HIV to her unborn child	4 (6.66)	50 (83.33)	76.67
10.	Mostly persons who have sex with their own spouses, have no chance of becoming infected with HIV	6 (10.00)	50 (83.33)	73.33
11.	HIV transmit to male, females, children, adolescents anyone who came in contact with HIV and AIDS with transmission modes	12 (20.00)	57 (95.00)	75.00
12.	There are chances of increasing HIV and AIDS when having sex with more than one person	8 (13.33)	52 (86.67)	73.34
13.	Person cannot become infected by curing a HIV positive person	Nil (0)	39 (65.00)	65.00
14.	Eating food with HIV and AIDS infected person is safe	6 (10.00)	52 (86.67)	76.67
15.	HIV and AIDS cannot spread through swimming with HIV positive person	Nil (0)	46 (76.67)	76.67

Table 2: Percentage wise distribution of AWWs for their existing level of knowledge about causes and consequences of HIV and AIDS (pretest) n = 60, Frequency = F, Percentage (%)					
Sr. No.	Aspects	Categories of the level of knowledge	F	(%)	
1.	"Causes and consequences of HIV and AIDS". (Total scores -15)	Low (score range 0-5)	38	(63.33)	
		Moderate (score range 5-10)	22	(36.67)	
		High (score range 10-15)	Nil	(0)	

Table 3 : Percentage wise distribution of AWWs for their existing level of knowledge after implementation of awareness programme on causes and consequences of HIV and AIDS (posttest) n = 60, Frequency = F, Percentage (%)					
Sr. No.	Aspects	Categories of the level of knowledge	F	(%)	
1.	"Causes and consequences of HIV and AIDS". (Total scores – 15)	Low (score range 0-5)	Nil	(0)	
		Moderate (score range 5-10)	2	(3.33)	
		High (score range 10-15)	58	(96.67)	

Table 4 : Comparison in pretest and posttest scores for significant difference in selected aspect of HIV and AIDS				
Sr. No.	Aspects	't' calculated	't' tabulated	
1.	"Causes and Consequences of HIV and AIDS"	54.96	2.66**	

fell and look healthy, HIV and AIDS cannot spread through swimming with HIV positive person.

After implementation they had increase their knowledge more than 60 to 90 per cent on all the question related to causes and consequences of HIV/AIDS.

Existing level of knowledge of the AWWs about causes and consequences of HIV and AIDS (pretest):

The data of Table 2 regarding "Causes and Consequences of HIV and AIDS", reveal that maximum number *i.e.* 63.33 per cent of respondents were having low level of knowledge followed by 36.67 per cent of respondents having moderate level of knowledge.

The level of knowledge of the AWWs after the implementation of the awareness programme on HIV and AIDS (posttest):

The results of Table 3 regarding "Causes and Consequences of HIV and AIDS", reveals that maximum number *i.e.* 96.67 per cent of respondents were having high level of knowledge followed by 3.33 per cent respondents had moderate level of knowledge.

Comparison in pretest and post-test scores:

Table 4 shows that the total sample consistent significant gain in knowledge at 0.01 level of significance

in the aspect and overall programme under study.

Conclusion:

Information about sexual and reproductive health and right sexual behaviour can help the people in developing a necessary value system and face any eventuality, with coverage and understanding. The gain in knowledge was observed in the Table 3 shows the impact of awareness programme. Thus it can be concluded that the awareness programme was highly effective in imparting the knowledge of AWWs. Appropriate content, and interesting teaching methods and aids increased the awareness level of AWWs. Thus the result showed that, awareness programme was highly effective in imparting the level of knowledge about cause and consequences of HIV/AIDS of anaganwadi workers.

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