



Awareness among selected rural adolescent girls on HIV / AIDS

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ABSTRACT

Adolescent is a stage of development transition *i.e.* a bridge between childhood and adulthood. It is a progress from appearance of secondary sex characteristics (puberty) to sexual and reproductive maturity. Women's reproductive health is largely influenced by their health status during infancy, childhood and adolescence. Compared with boys, the adolescent girls' health, nutrition, education and development are more neglected which has adverse effect on reproductive health (Sharma *et al.*, 2009). A study was conducted among 100 rural adolescent girls in the Thirumayam Taluk of Pudukottai district in Tamil Nadu to assess their knowledge on HIV / AIDS. Only 15 per cent of the respondents knew the reproductive health problems in which HIV/AIDS tops the list. Only 85 per cent had some idea about HIV in which only 69 per cent were able to give correct expansion. In the case of AIDS, 92 per cent had a general idea about the expansion of which only 72 per cent came up with correct expansion. Ninety two per cent of the respondents were able to list the symptoms of AIDS. Ninety two per cent of the respondents had some awareness on mode of transmission of AIDS.

INTRODUCTION

International Conference on Population and Development (ICPD, 1994) defines Reproductive Health as complete state of Physical, Mental and Social well-being and not merely an absence of disease and infirmity, in all matters related to reproductive systems, functions and disease. Adolescent is a stage of development transition *i.e.* a bridge between childhood and adulthood. It is a progress from appearance of secondary sex characteristics (puberty) to sexual and reproductive maturity. It is the stage of development of adult mental process and adult identity and transition from total socio-economic dependent to relative independent (Gupta *et*

al., 2004).

India is the second most populous country in the world with a total population of over 1210.6 million and adolescent (10-19 years) form a large section of the population at the rate of 20.9 per cent, that is, about 253.2 million. In Tamil Nadu, adolescents (age 10-19 years) are at the rate of 17.2 per cent of the total population (Census of India, 2011).

As per estimate of 2009, in India, about 2.4 million people were living with HIV (<http://www.avert.org>). Out of the total cases of HIV/AIDS in India, 35 per cent were in the age group of 15-24 years and most of them were infected through unprotected sex. The United Nations International Children's Emergency Fund

(UNICEF) statistics (2003-2008) found that only 20 per cent of the adolescent females are aware about the comprehensive knowledge on HIV/AIDS, while the percentage in male counterpart is about 36 per cent. This underlines the vulnerability of female adolescents to HIV/AIDS (Naswa and Marfatia, 2010). Factors such as the lack of knowledge about HIV/AIDS, inaccessibility to healthcare services and commodities, lack of education and life skills, and early marriage have increased adolescent's vulnerability to HIV/AIDS (WHO Technical Report Series 938, 2006).

For young girls in India, poor nutrition, and early childbearing and reproductive health complications compound the difficulties of adolescent physical development. Women's reproductive health is largely influenced by their health status during infancy, childhood and adolescence. Compared with boys, the adolescent girls' health, nutrition, education and development are more neglected which has adverse effect on reproductive health (Sharma *et al.*, 2009). Educational programmes can increase awareness about reproductive health, but in the absence of appropriate health services, this awareness may not always translate into appropriate help seeking by adolescents (Joshi *et al.*, 2004).

An investigation was undertaken to assess the knowledge on reproductive health of the selected adolescent girls.

MATERIAL AND METHODS

Pudukkottai district of Tamil Nadu has been chosen

for the research as this district has more rural areas. Four government schools from Thirumayam Taluk were identified for data collection as they provide the investigator with the needed sample of rural adolescent girls for whom the health awareness status has to be assessed. A sample of 100 rural adolescent girls was selected randomly. A self-constructed questionnaire was used to assess the knowledge on HIV/AIDS of selected adolescent girls.

The collected data were processed and analyzed in accordance with outline for the purpose at the time of developing research plan. The collected data were consolidated, tabulated and discussed in percentiles.

OBSERVATIONS AND ANALYSIS

The findings of the present study as well as relevant discussion have been presented under following heads :

Concept of reproductive health and source of information :

Reproductive health includes various components which are essential for healthy sexuality and sexual life. The concept and components of reproductive health and the source of information quoted by the respondents are presented in Table 1.

Nearly three fourth of the respondents had some awareness on reproductive health out of which only 60 per cent were able to identify the concept and components accurately. Others had only limited knowledge on this regard.

Sr. No.	Particulars*	n=77	%
1.	Concept of reproductive health		
	All the statements	46	60
	Sexually transmitted diseases including HIV/AIDS	14	18.
	Safe motherhood	13	17
	Family planning	9	12
	Infertility	7	9
	Abortion and post abortion care	6	8
	Pregnancy	4	5
2.	Source of information		
	Teachers	71	92
	Doctor	6	8
	Peers	2	3
	Parents	2	3
	Media	2	3
	Relatives	1	1

* Multiple responses

The main source of information was teachers (92%). The other sources like doctors (8%), peers (3%), parents (3%), media (3%) and relatives (1%) fell well behind in disseminating awareness on reproductive health. It speaks for the limited access to authentic awareness on reproductive health in rural areas.

Reproductive health problems :

There are several reproductive health concerns in India which need to be addressed in order to improve reproductive health status of young people.

Only 15 per cent of the respondents knew the reproductive health problems in which HIV/AIDS tops the list. There are several reproductive health concerns in India which need to be addressed in order to improve the reproductive health status of people. Most of the respondents had a wrong notion on this issue as they stated TB (20%), BP (13%) and diabetes (13%) as reproductive health problems.

Expansion of AIDS and HIV :

More than one third of reported cases of HIV/AIDS in India are among youth and 60 per cent of these reside in rural areas. This explains the need for assessing rural youth's awareness. In spite of measures to create awareness on HIV/AIDS, only limited achievement is possible. Regarding expansion of HIV, only 85 per cent had some idea in which only 69 per cent were able to give correct expansion. It was better in the case of AIDS where 92 per cent had a general idea about the expansion of which only 72 per cent came up with correct expansion.

Symptoms and mode of transmission of HIV/AIDS:

Ninety two per cent of the respondents were able to list the symptoms of AIDS. AIDS is not a disease by itself but is a group symptoms caused by lack of immunity and make the victim easily prone to communicable diseases. This concept was spelled out only by 66 per cent. Prolonged illness (49%), excessive weight reduction (49%) and poor immune system were reported by 40 per cent. Few even stated stomach pain and head ache as symptoms.

Ninety two per cent of the respondents had some awareness on mode of transmission of AIDS. Infected blood transfusion (87%) and maternal transmission (80%) top the list whereas sexual transmission, the leading cause is known only to forty three per cent. Some of them had

misunderstood that AIDS could also spread through mosquitoes (35%), kissing, hugging and shaking hands (14%), sharing meals, utensils, drinks, clothes (11%), using common toilets (5%) and swimming with infected people (5%).

Preventive measures of HIV/AIDS :

Most (99%) of the selected adolescent girls proposed some preventive measures for HIV/AIDS. Maintaining morality in life is the best means to thwart AIDS. The preventive measures suggested by the respondents ranged from maintaining faithful sexual relationship (80%), screening blood (80%) and avoiding syringes and needles sharing (73%). Some even pointed out that sharing of eatables and shaking hands need to be avoided to safeguard against AIDS.

Conclusion :

Adolescence is a period of rapid growth and personal development. This period needs special attention because of the turmoil an adolescent faces due to different stages of development, different circumstances, different needs and diverse problems (Hanson and Gluckman, 2006). Women's reproductive health is largely influenced by their health status during infancy, childhood and adolescence. Compared with boys, the adolescent girls' health, nutrition, education and development are more neglected which has adverse effect on reproductive health (Sharma *et al.*, 2009). Adolescents need much more awareness regarding their nutrition aspect, puberty, menstrual hygiene and reproductive health.

REFERENCES

- Gupta, N., Mathur, A.K., Singh, M.P. and Saxena, N.C. (2004). Reproductive health awareness of school-going, unmarried, rural adolescents. *Indian J. Pediatr.*, **71** (9) : 797-801.
- Hanson, M. and Gluckman, P. (2006). Evolution, development and timing of puberty. *Trends Endocrinol. & Metabolism*, **17** : 7-12.
- Joshi, B.S.L., Chauhan, U.M., Donde, D., Balaiah, Hazari, K., Tryambake, V. and Bellisle, F. (2004). Effects of diet on behavior and cognition in children. *Br. J. Nutr.* (Suppl.2), : S227-S232.
- Naswa, S. and Marfatia, Y.S. (2010). Adolescent HIV/AIDS: Issues and challenges. *Indian J. Sex Transm. Dis.*, **31** : 1-10.

Sharma, S., Nagar, S. and Chopra, G. (2009). Health awareness of rural adolescent girls: An Intervention Study". *J. Soc. Sci.*, **21** (2) : 99-104.

World Health Organization (2006). Preventing HIV/AIDS in young people a systematic review of the evidence from

developing countries. WHO Technical Report Series 938.

WEBLIOGRAPHY

<http://www.avert.org/aidsindia.htm>

www.censusindia.gov.in/2011

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