

Impact of Geographical Locale and Education on the Awareness towards HIV/AIDS among Adolescents

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ABSTRACT

The main emphasis of the present research was to study the impact of locale and education on the awareness towards HIV/AIDS among adolescent group. The sample comprised of 300 adolescents belonging to an age group of 15-17 years. 150 adolescents belonged to rural group and 150 belonged to urban group. On the other hand 150 were educated up to senior secondary level while 150 were educated up to graduation level. The entire sample was of the male adolescents. A checklist was prepared that was named as HIV (AIDS) Awareness questionnaire. It dealt with various issues like social mobility, social support, healthiness, well-being, role of media etc. in curbing this stigma. The data was analyzed through ANOVA which indicated that level of Education and Geographical locale had significant impact on the awareness towards HIV/AIDS in our youth.

Keywords: *HIV-AIDS, Education, Awareness, Locale, Healthiness, social support*

The Human Immunodeficiency Virus (HIV) is the virus that causes HIV infection. When infected, the virus replicates and can attack the infection-fighting T-cells of the body's immune system. Loss of t-cells makes it difficult for immune system to fight infections. If left untreated, HIV can progress and cause Acquired Immunodeficiency Syndrome (AIDS). Globally, almost of a quarter of people living with Human Immunodeficiency Virus (HIV) are under the age of 25 years (UNAIDS, 2004). In India, 35 % of all reported AIDS cases are among the age group of 15-24 years, indicating the vulnerability of the younger population to epidemic (National AIDS control organization, 2005). Furthermore, the epidemic is moving from high risk groups such as sex workers to the general population and from Urban to rural population (Park, 2007). We can contract HIV through mutual blood or semen contact. This most often occurs during unprotected sex or by sharing needles during injection drug use. There are also cases where a mother passes the virus on to the newborn or transmits the virus via breastfeeding. HIV/AIDS places an increasing burden on the health of the population, and cause further socio-economic problems for individuals, families, communities and governments in many countries. (Beck et al: 2001 &

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Walker et al. 2004). HIV affects the immune system and reduces the body's defenses to protect against various infectious diseases and cancer. Treatment is available to delay the death of person suffering from disease; however there is no cure. Thus it becomes necessary to educate young people so that they can protect themselves from getting infected. In 2009 alone, there were 890,000 new HIV infections amongst young people aged 15-24 (UNAIDS/UNICEF, 2010) and in 2010, 5 million 15-24 years old were living with HIV (WHO/UNAIDS/UNICEF, 2012). If somebody has been tested positive for HIV, then one should immediately meet HIV specialist as soon as possible. There are tests that can be done if it is progressing. For this, anti-HIV medication regimen is to be started and start working towards an undetectable viral load. Antiretroviral Therapy (ART) is the recommended treatment for HIV infection. To stop the spread of HIV/AIDS various government and non government organizations in the world over have undertaken programs to raise awareness and among people regarding HIV/AIDS. Quinn and Overbaugh, (2005) found that India has emerged as major player in the global HIV epidemic and has given the importance of adolescents in Indian epidemic. The lack of information on knowledge, perceptions and behaviors regarding HIV and preventing behaviors among Indian adolescents are found important factors and need to be pondered over.

OBJECTIVES

- There would be significant effect of locale on the awareness towards HIV/AIDS among adolescents.
- There would be significant effect of level of education on awareness towards HIV/AIDS among adolescents.

METHOD

Design:

It was a 2×2 factorial design study. There were two independent variables, i.e. level of education and geographical locale. The first variable was varied at two levels, i.e. senior secondary (12th class) and graduation level. The second independent variable was locale that also dealt at two levels, i.e. urban and rural. The end variable was awareness towards HIV/AIDS.

Sample:

The sample comprised of 300 male adolescents belonging to an age group of 15-17 years. 150 subjects were taken from urban background. 150 subjects were taken from rural background. In each group there were 150 were educated up to Senior Secondary while in another group 150 were educated up to graduation level.

Tools:

A checklist was prepared of 30 items dealing with factors responsible for HIV/AIDS, awareness paradigm and coping strategies to overcome this stigma. It also included some of health issues, i.e. healthiness, resilience, optimism etc. The basic impetus of this checklist was to assess the awareness towards HIV/AIDS. It was on 4 point ratings scale; as the higher the score higher is awareness.

RESULT AND DISCUSSION:

Table no. 1 clearly reveals the ANOVA for HIV/AIDS awareness and mean score are depicted in table no. 2 and table no. 3.

Table 1: summary for ANOVA for HIV/AIDS Awareness

Square of variance	Ss	df	Ms	F
A(I)	1725.20	1	315.29	75.40**
B(II)	1020.25	1	220.25	24.79**
A×B	15.86	1	7.24	.89
Within Group	1899.19	296	10.24	

Table No. 1 clearly reveals the F value for locale is 75.40, $p < .01$ which is significant. Further the F value for level of education is 24.79, $p < .01$ which is also significant. It means that urban adolescents with higher educational level have more awareness of HIV/AIDS.

Table 2: Mean Scores of HIV/AIDS Awareness for factor-I (A: Locale)

A(Locale)	N	Total	Mean
A ₁ (Urban)	150	17250	105
A ₂ (Rural)	150	9000	60

Table No. 2 clearly reveals that the adolescents belonging to urban areas had much higher mean scores regarding the awareness of HIV/AIDS i.e. mean 105. While the rural subjects had very low mean scores, i.e. 60 clearly denoting lack of awareness about this menace. It is because urban adolescents have more exposure and knowledge about the various issues prevailing in society. These may vary from various social problems to illness to epidemics.

Table 3: Mean Scores of HIV/AIDS Awareness for factor B (II) (Level of Education)

B(Level of Education)	N	Total	Mean
B ₁ (Graduate)	150	15000	100
B ₂ (Senior Secondary)	150	9000	60

Table No. 3 clearly shows the higher awareness scores about HIV in those subjects who are graduate than those who are just educated upto senior secondary level. The rationale behind these findings clearly show that more educated people have more updated knowledge, better opportunities to grow and develop and at the same time have high awareness to remain hale, healthy and illness free. On the other hand, those adolescents who are not well-read need to make aware about this serious infectious disease.

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The need of an hour requires various interventions to create awareness:-

- To observe world AIDS day (Dec. 1) in every educational institute belonging to any area whether rural, semi-rural or urban.
- Try to impart sex education to students at school level after fifth standard.
- Youth Risk Behavior Surveillance System for 9th to 12th Grade students should be monitored.
- Since rate of HIV infections vary significantly in lower income communities and semi-urban area, government and non government organizations should make such programmes where they can educate the youth about health care , stigma and discrimination, as well as a prevalence of unrecognized and untreated infectious that allow the virus to spread.
- Time to time life skill workshops and conferences should be organized in schools and community to be more aware, awaken and away from this serious problem.

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