

Knowledge and Attitude Regarding HIV/AIDS among College Students of Kulgam Jammu and Kashmir

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ABSTRACT

The current study was an effort to know the knowledge and attitude regarding HIV/AIDS among college students of Kulgam Dist., Jammu and Kashmir. Inadequate knowledge and negative attitudes are major hindrances to prevent the spread of HIV. Studying the HIV-related knowledge and attitudes is a promising area of inquiry

The age of college students is a critical age in which the probability of becoming the victim of HIV/AIDS is more imminent. Therefore, the purpose of the study is to assess HIV/AIDS related knowledge and understand how much percentage of said population are having knowledge about this disease so that further interventions can be planned. The study was conducted on 515 college student of govt. degree college Kulgam. The data was collected through self-administered questionnaire. The questionnaire was composed of AIDS related knowledge, aptitude and behaviour question items. The results of the study showed that students had adequate knowledge of the basic facts about AIDS, the transmission of HIV and how they can protect themselves was found to co-exist with some misconceptions.

Keywords: HIV-AIDS, Knowledge and aptitude.

“HIV/AIDS” is the abbreviation of “*human immune Deficiency Virus/Acquired Immune-Deficiency Syndrome*”. AIDS is a fatal disease described variously as modern plague, scourge, distressing disease, and insidious biological disaster. It has emerged as an unprecedented pandemic cutting across all boundaries - International, Socioeconomic, Sex, Age, and Race. AIDS is already well-known in several countries of the world. Its exponential progression and tremendous impact on mankind is still frightening. HIV (Human Immune Deficiency Virus) catches persons usually in their prime youth. Adolescents and youth need information in order to make such responsible choices in terms of sexual behaviour/relationship. They also need to integrate and personalize this information or knowledge so that they can make healthy choices.

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Young people learn a great deal from each other and by sharing ideas and experiences amongst themselves. Peer influence is a great motivating factor in the adoption of specific behaviour patterns. Therefore, correct information and values imparted to one group of young people will be passed on to the other young people. Young people who have developed greater self-esteem and mutually supportive relationships are less vulnerable to peer and other pressures.

AIDS is a world health problem of extraordinary scale and extreme urgency. It emerged as one of the most important public health issues of the late twentieth and early twenty- first centuries and is now one of the leading causes of global morbidity and mortality. For prevention from such disease one needs to have an adequate knowledge, few reasons for HIV/AIDS education are

I. To prevent new infections from taking place

Prevention of infection can be described as a two-pronged approach: Firstly giving people information about HIV/AIDS transmission modes and how people can protect themselves from infection. Secondly, people must be taught how to use this information to use and act on it practically – how to get and use condoms, how to suggest and practice safer sex, how to prevent infection via accidental exposure or when injecting drugs.

II. To improve quality of life for HIV positive people

AIDS education is often seen as being something that should be targeted only at people who are HIV negative in order to prevent them from becoming infected. When AIDS education with HIV positive people is considered at all it is frequently seen only in terms of preventing new infections by teaching HIV positive people about the importance of not passing on the virus.

An important and commonly neglected aspect of AIDS education with HIV positive people is enabling and empowering them to improve their quality of life by advocating healthy lifestyle adjustments. HIV positive people have varying educational needs, but among them are the need to be able to access medical services, access to anti-retroviral drugs and the need to be able to find appropriate emotional and practical counseling, support and help.

III. To reduce stigma and discrimination

There exist a great deal of fear and stigmatization of people who are HIV positive. Ignorance, resentment and ultimately, anger often accompany this fear. Sometimes the results of prejudice and fear can be extreme, with HIV positive people being burnt to death in India, and many families being forced to flee their homes around the globe when neighbors discover a family member's positive status.

Discrimination against HIV positive people can help the epidemic to spread, because people are fearful of being tested for HIV, and then they are more likely to pass the infection to someone else without knowing.

“Peer education gives people the opportunity to ask questions outside an academic environment and with someone who isn’t an authority figure”

METHODOLOGY

Methodology of the study

This study is undertaken to make an attempt for understanding and knowing about the knowledge and attitude of college students of Govt. degree college kulgam regarding HIV/AIDS.

Objectives:

The study will be conducted with the following objectives:

1. To measure the level of knowledge of students of Govt. degree college Kulgam regarding HIV/AIDS.
2. To assess the attitude of students of Govt. degree college Kulgam regarding HIV/AIDS.
3. To measure the level of knowledge about modes of transmission of HIV/AIDS.

Population:

The population for the present study consists of students studying in Govt. degree college Kulgam pursuing Graduation. The age range of the population is 16 – 25 years, studying in Kulgam dist.

Sources of the data:

For the study, only primary data was used. The data required for the study was collected using questionnaires that were distributed among the sample chosen from the population that were the students studying in Govt. Degree College Kulgam.

Procedure:

The questionnaire was administered under classroom conditions to students without the presence of their teachers. The participants were welcomed and rapport was established. The researcher gave brief information about the purpose of the study and informed consent had been taken from the participants. Respondents were asked to complete an anonymous questionnaire about various aspects about knowledge and attitude regarding HIV/AIDS. They were also told that the questionnaire would be kept strictly confidential and anonymous. It was emphasized that the exercise was wholly voluntary and that individuals were free to discontinue the questionnaire at any point. After the questionnaire were completed, participants were debriefed and a short group AIDS prevention counselling was offered.

RESULTS AND DISCUSSION

Table: 1 Frequency distribution of study participant’s age group

Age group	Frequency	Percentage
17-19	233	45.2
20-22	189	36.6
23-25	93	18

Table 1 shows the distribution of age group of the participants in the present study. The total number of participants were 515 under which there are 233 (45.2%) under age group 17-19, 189(36.6%) under 20-22 age group and 93(18%) under 23-25 age group.

Table 2 Awareness among participants on HIV/AIDS

Total population under study:	515
Percentage who had heard about HIV/AIDS	96.69%
Perceptions about the causative agent/factor	
Germ/Virus:	63.10%
Insects/bad air/stale food:	25.43%
No idea at all:	11.47%
Knowledge about established modes of transmission	
a) Correct awareness	
Use of infected syringes	82.3%
Sexual contact	84%
Use of infected blood	69.30%
Sharing of toothbrushes/blades	53.8%
Mother to child	28%
b) False perceptions about spread of HIV/AIDS	
Handshake	9%
Eating with the patient	24%
Use of fomites	15%
Source of awareness	
Electronic media	36.13%
Print material (including textbooks)	28.60%
Friends	19%
Teachers	12%
Parents	1.97%
Siblings	2.33%

Among the participants only 3.31% of population are those who do not know about the term HIV/AIDS. 11.47% do not have any idea about the causative agent/factor.9% of participants have false perception that HIV/AIDS can spread by handshake.24% about eating with the patient

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and 15%'s perception believe that use of fomites spread disease. Source of awareness about the disease is mostly from electronic media and printing material.

Table 3: Attitude towards the HIV/AIDS and its Victims

Ever discussed HIV/AIDS with	
Friends	41.70%
Sister	8.80%
Teachers	15.30%
Brothers	1.5%
Father	0.80%
Mother	0.22%
Population that should be targeted for HIV/AIDS education:	
Incorrect / no knowledge	23%
Correct perceptions	68%
Parents of adolescents	3.70%
Adolescents (Boys and girls)	18.7%
All adults	6%
Attitude towards patients of HIV/AIDS	
Hospitalization and isolate	48%
Treat as outpatient with extra precautions Ostracize/ shun/ abandon/isolate	34%
boycott/expel from school	3.3%
Give necessary support	5%
No opinion	12%

Table no: 3 shows that most of the participants have discussed about the disease with friends and a little number had discussed with their teachers. Very few participants had discussed about the disease with their parents.

Population that should be targeted for HIV/AIDS education according this study is 23% who do not have any information about HIV/AIDS or have incorrect knowledge. The attitude of the population towards the patients of HIV/AIDS is a big concern which is due to the less knowledge about the concept of the disease.

The studied population comprised of 17-25 year old college students from Govt degree college Kulgam. The results, however, revealed a good awareness among the respondents. The main source of AIDS-awareness for adolescents was the media, especially the T.V., followed by print media (including textbooks). This is suggestive of the fact that incorporation of HIV/AIDS as part of the curriculum has not made the desired impact. There may be two possible reasons for

this; one, the teachers' reluctance to discuss the subject with the students and second being the education system itself which allows such a crucial subject like HIV/AIDS to get bypassed from the curriculum. In our study, teachers were cited as an important source of awareness by a mere 15 percent of the respondents.

Friends, who because of their own ignorance and misconceptions could be dangerously misguiding, formed the 3rd most important source of information. Discussions around HIV/AIDS were most frequently made with friends followed by siblings. Very ironically, a mere 0.22 percent could discuss HIV with their mothers which reflected the prevalent parochial parental attitudes. Matters pertaining to sex, sexuality and reproduction continue to be a taboo in conservative societies. The present findings are supported by data from NFHS-2 and those generated by ICMR-interventional programmes for adolescents which reported that only 15 percent of the mothers conversed with their daughters on the subject of menstrual cycle; 66-73 percent felt shy to talk on the subject indicating the extent of inhibitions we share in communicating with our young adolescents.

CONCLUSION

The present study shows a dismal picture of HIV awareness and attitude among the educated population. The study highlighted some misconceptions about HIV transmission, knowledge intolerant attitudes, stigma and discrimination towards PLHIV, which need to be addressed. HIV/AIDS-related education programmes should include specific interventions to change practices, along with knowledge and attitudes. Future research involving nationally representative samples for male and female, college-attending and out-of-college adolescents could contribute substantially to HIV/AIDS prevention.

The results also indicate that carefully planned information, education and communication can be used to correct misunderstandings about HIV/AIDS and its prevention practices. Mass media or public media campaigns can raise the bar of knowledge in students. AIDS awareness in curriculum should be included at all levels of education as researchers supported the idea of school-based education of HIV/AIDS. These curricula are instrumental in increasing students' knowledge about AIDS, dispelling misconceptions about casual contact as a route of disease transmission; and decreasing student's fear and vulnerability about having classmates with AIDS or HIV infection especially at college level. Similarly, education has been recommended as the best line of defence against the spread of the AIDS.

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