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A Study of Awareness of HIV/AIDS among Adolescents:

(Girls and Boys of Urban and Rural Area)

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ABSTRACT

The purpose of the present study was to examine the awareness level regarding the HIV/AIDS among adolescent youths (girls & boys) of urban and rural area. The sample of two hundred adolescents out of which hundred were girls and hundred were boys both urban and rural area. To measure the HIV/AIDS awareness level of adolescents the HIV/AIDS awareness questionnaire was used. After careful administration of the HIV/AIDS awareness scale, collected information was classified in the light of objectives. On the basis of which certain findings were drawn. There is no significant difference among adolescent girls of urban and rural area towards HIV/AIDS awareness. As regarding the urban and rural area's adolescent boys also found no significant difference regarding to their level of HIV/AIDS awareness.

Keywords: HIV/AIDS, adolescents, girls, boys, area – urban, rural, awareness level.

Acquired Immune Deficiency Syndrome AIDS was unknown in 1980, it has grown explosively in the last twenty years. HIV is now most critical incurable infection in the world. AIDS was first clinically observed in 1981 in the united state. The initial cases were a cluster of injecting drug users and homosexual men with no known cause of impaired immunity who showed symptoms of PNEUMOCYSTIS CARINIL PNEUMONIA PCP a rare opportunistic infection that was known to occur in people with much compromised immune systems. Both HIV - 1 and HIV - 2 are believed to have originated in non-human primates in west central Africa and were transferred to humans in the early 20th century.

The burden of HIV disease has been greatest in the poorest countries, were more than 90% of all HIV infections in children occur. In fact HIV – AIDS is the leading cause of death in Africa, which is home two thirds of people living with, AIDS or HIV and despite intense national and international efforts to control the HIV pandemic more than 16,000 HIV infections occur each day. The spread of HIV promotes poverty and has unleashed immense suffering on different countries and communities worldwide (UNGAS 2001).

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HIV human immune deficiency virus is a lent virus (that is a member of the retrovirus family) that causes Acquired Immune Deficiency Syndrome (AIDS) – Doueck, Roededrer, Koup 2009. This is a condition in hernias where the immune system begins to fail leading to life threatening opportunistic infections. AIDS is an incurable fatal disease caused by the human immune deficiency virus (HIV) Wortrman & Loftus 1992. HIV/ AIDS is one of the emerging infections diseases all over the world. The HIV / AIDS is now almost thirty years old and these years millions of people have been infected by HIV.

HIV is now the second most prolific cause of death among young people worldwide. AIDS is spread through contact with the blood, body fluid or semen of an infected person, typically via a blood transfusion or by sharing a needle (in drug use), mother to child transmission (inuteroduring pregnancy, intraparty at childbirth or via breast feeding) or by having sexual contact (whether heterosexual or homosexual) without condom. The receiver partner may be more at risk than the inserting partner. An estimated 3.2 million children were living with HIV at the and of 2013, majority of them acquire HIV from their HIV infected mothers during pregnancy birth or breastfeeding. An estimated 35.3 million people across the world are infected with HIV. The contribution of India to the global burden of HIV/AIDS India is estimated to have the largest burden, with about 3.7 million infection UNAID 2000.

Adolescents and young adults of 15 to 24 years old are the hardest hit by HIV infection worldwide and signification proportion of them live in India. Undoubtedly, the number of HIV positive or AIDS patients is increasing, each of day in the world. In 2013 almost 60% of all new HIV infection among young people aged 15 to 24 occurred among adolescent girls and young women. The young adolescents come in the high risk group because of their propensity to indulge themselves in risky sexual activity and drug abuse. A survey of 1000 adolescents by Diclemente Zorn & Temoshok (1986) found a good deal of confusion about who gets AIDS, how it spreads and how to avoid its infection, even those who know how to protect themselves may not do so, for several reasons.

New studies reveal extremely high level of infections among young girls, which are higher than those for boys. This is mainly because of the face that at young age boys has sex with girls of similar age while girls have relationship with older men who are more likely to be infected (Gregson et. al. 2002). Gupta (2002) asserts that out of every 23 infected people 13 infected are women and this gender gap is especially pronounced among those who are under than 25 years. Fanthum & Chala (1996) found low levels of HIV/AIDS awareness among college students in Ethiopia reporting that a large proportion of their participants do not have accurate knowledge of the causes and prevention of HIV/ AIDS transmission. Ganguli, Pege, Gupta, Charan (2002) in a study on AIDS awareness among undergraduate students Maharashtra and found confusion about mode of transmission and prevention of the disesse exist. Overall knowledge of science students were better compare to commerce and arts students. Ailicky et. al. (2013) in his study

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on HIV knowledge in high school students in Turkey, revealed a significant gender difference in AIDS knowledge with females being more knowledgeable than males particularly in the areas concerning HIV/AIDS treatment and prevention. Mahajan and Sharma (2005) in a study on awareness level of adolescent girls regarding the HIV/AIDS and found urban adolescent girls have comparatively better knowledge regarding these issues than rural adolescent girls.

Globally, young people have been identified to be at special risk of HIV infection due to their unprotected sexual intercourse and multiple sexual partners. In India Mc Manus and Dhar (2008) in their study of knowledge, perception and attitude of urban adolescent school girls towards HIV in south Delhi, found that them was good awareness about the modes of HIV transmission and prevention among adolescent girls. Bhan et. al. (2004) in a study on awareness regarding sex knowledge on adolescent girls found the awareness regarding HIV/AIDS among adolescent girls is very low. HIV/ AIDS infection is rapidly spreading in India unfortunately even in 21st century. awareness of people about the disease is still low. Adolescents need accurate age appropriate information about HIV infection and AIDS, including how to talk with their parents and other trusted adults about HIV and AIDS how to reduce or dominate risk factor how to talk with a potential partner about risk factors, where to get tested for HIV, how to use a condom correctly. There is a strong need to rise the levels of HIV awareness among the young population especially among adolescents. Therefore the current study assessed the awareness level of adolescent girls and boys about HIV/AIDS.

OBJECTIVES:

Briefly the present study was aimed at achieving the following the objectives.

- To find out the HIV/AIDS awareness level among adolescent girls of urban and rural area.
- To find out the HIV/AIDS awareness level among adolescent boys of urban and rural

METHOD:

The present investigation was carried out to study the HIV/AIDS awareness among adolescents (girls & boys) of urban and rural area. The present study was conducted in rural and urban area of Junagadh district in Gujarat. The sample was comprised of 200 adolescent girls and boys in the age group 12 to 17 years. A sample of 100 adolescent girls (50 from rural area and 50 from urban area) and 100 adolescents boys (50 from rural area and 50 from urban area) were selected purposively. And finally 200 adolescents were taken for the assessment of awareness regarding HIV/AIDS through self administered questionnaire. HIV/AIDS awareness questionnaire focused on – Transmission of HIV/AIDS, -Misconception regarding the transmission of HIV/AIDS, -Biological symptoms, - Protection from HIV/AIDS, - Treatment for HIV/AIDS. Necessary instructions were given to participants before administrating the tool. Although the statements were not so difficult to understand, yet necessary assistance was provided to participants where need was felt. All the respondents' adolescents were assured of confidentiality.

Analysis of Data:

To analyze the data, collected information was classified in the light of objectives for the present study the classified data was coded, tabulated and was analyzed by using appropriate statistical technique (t –test).

FINDINGS

The present research paper focuses on the awareness of HIV/AIDS among adolescent girls and boys of urban and rural area. After collecting the data, it is necessary to provide statistical treatment to it so that meaningful information may be drawn out of that. A number of descriptive measures were used to reduce the quantitative data into meaningful and interpretative findings. The table – 1 reveals that the awareness to modes of transmission of HIV/AIDS in adolescent girls of urban area (38%) and adolescent girls of rural area (24%). Most of the adolescent girls of urban area knew about the misconceptions regarding the mode of HIV/AIDS (43%) and protection from HIV/AIDS (36%). As regarding the awareness of biological symptoms related to HIV/AIDS in adolescent girls of urban area (28%) and rural area (21%). As well as awareness of treatment of HIV/AIDS in adolescent girls of urban area (25%) in rural area adolescent girls (13%) respectively. Table – 1 also reveals that there is no significant difference in the awareness level regarding the HIV/AIDS of adolescent girls of urban area and adolescent girls of rural area were found. It was also observed The lowest level of awareness regarding the treatment of HIV/AIDS in adolescent girls of rural area were noted in the present study. It was also observed that adolescent girls of urban area have the misconception regarding the HIV/AIDS transmission is high in comparison to their rural area's adolescent girls.

Table – 1 Distribution of adolescent girls according to their awareness regarding HIV/AIDS

Respondents (Girls)	Awareness of HIV/AIDS % average score					Total average score	mean score	S.D.	ţ
	Transmission	Misconception	Biological symptoms	Protection	Treatment				
Urban adolescents	38%	43%	28%	36%	25%	34.00	1.6	1.8	1.01
Rural adolescents	24%	39%	21%	20%	13%	23.4	1.23	1.71	

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The table – 2 reveals that the awareness to modes of transmission of HIV/AIDS in adolescent boys of urban area (33%) and adolescent boys of rural area (29%). Most of the adolescent boys of urban area knew about the misconceptions regarding the mode of HIV/AIDS (58%) and awareness of protection from HIV/AIDS (42%). Misconceptions regarding the transmission of HIV/AIDS were noted in the adolescent boys of rural area (61%) and awareness of protection from HIV/AIDS (30%). The misconception regarding HIV/AIDS transmission is high in the adolescent boys of rural population. As regarding the awareness of biological symptoms related to HIV/AIDS in adolescent boys of urban area (31%) and rural area (28%). As well as awareness of treatment of HIV/AIDS in adolescent boys of urban area (40%) in rural area adolescent boys (32%) respectively. It is clear from Table – 2 that there is no statistical significant difference among the adolescent boys of urban area and rural area on their awareness of HIV/AIDS. The result of the present study show that belonging to rural localities both girls and boys adolescent have the lowest level of awareness regarding the transmission of HIV/AIDS which is very alarming stage. In rural area's adolescent girls and boys displayed less awareness of protection from the disease.

Table – 2 Distribution of adolescent boys according to their awareness regarding HIV/AIDS

Respond ents (Boys)	Awarene ss of HIV/AID S % average score					Total average score	mean score	S.D.	t
	Transmission	Misconception	Biological symptoms	Protection	Treatment				
Urban adolescents	33%	58%	31%	42%	40%	40.80	2.01	1. 31	0.98
Rural adolescents	29%	61%	28%	30%	32%	36.00	1.89	1. 6	

Although HIV/AIDS awareness is a problem of a society as a whole but it is more serious problem in the case of the adolescents. HIV/AIDS awareness is an unavoidable necessity for each and every individual especially for those who are in their teens/ adolescent period of age. Having knowledge about the various modes of transmission is a key factor for prevention of HIV/AIDS. HIV/AIDS awareness / education for adolescent and young people plays a vital role in global efforts to and the AIDS epidemic. Providing adolescent as well as young people with basic HIV/AIDS education enables them to protect themselves from becoming infected.

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REFERENCE

- Bhan, N. B.Mahajan, P. Sondhi, M. (2004) Awareness regarding sex knowledge among Adolescent girls, Anthropologist, 6, (2), P. 101 -103.
- Fantahum, M. & Chala, F. (1996) Sexual behavior and knowledge and attitude towards HIV/AIDS among out of school youth in baehi Dar Town, northwest Ethiopian Medical Journal, 34 (4) P. 233-242
- Ganguli, S. K., Pege, P., Gupta, N., Charan, U. A. (2002) AIDS awareness among undergraduate students, Maharashtra, Indian Journal of Public Health, Vol. -46, (1) P. 8-12.
- GuptaG.R.(2002) How Many power over women fuels the HIV epidemic ITS limits women's ability to contro sexual interactions British medical Jo 324 183-184.
- Gregson S; Garmett G.P. Nyamukpa C.A. Hallet T. B. Lewis S. S. Cmason P. (2002) Anderson with behavior change in Eastern Zimbabure Science 311 (5761) 664-666.
- Khurana, P. (2005) The awesome challenge of AIDS, Diamond Pocket Books, New Delhi.
- MIC Manus, A, Dhar L (2008) Study of knowledge perception and attitude of adolescent girls tower STL/ HIV safer sex and education.BMC Women's Health Innovation Research Institute, Uni. Of Technology Perth, Australia.
- Mahajan, P. & Sharma, N. (2005) Awareness level of Adolescent girls regarding HIV/AIDS (A comparative study of rural and urban area of Jammu), Journal of Human Ecol. 17, (4) p. 313 -314.
- Momoh, S. O., Moses, A. L. and Ugiomoh, M. M. (2006) Women and the HIV/AIDS Epidemic, The Issue of School Age Girls Awareness in Nigeria, Journal of International Women Studies 8(1) P. 212.
- National AIDS Control Organization (NACO) (1998-99) Country scenario NACO Ministry of health and Family welfare, Government of India, New Delhi.
- Pavri, Khorshed M. (2005) Challenges of AIDS, National book Trust, New Delhi.
- Payal Mahajan and Neeru Sharma (2005) Awareness level of adolescents girls regarding HIV/AIDS, Journal of Human Ecology, 17 (4) P. 313-314.
- Pradhan, K. & Ramamani (2006) Gender impact on HIV/AIDS in India, New Delhi.
- SARI Fact Sheet (2012) The Link between Sexual Violence and HIV.
- UNA IDS (2000) Report on the global HIV/AIDS epidemic, June Geneva UNAIDS.
- UNAIDS (2013) Global Report; UNAIDS report on the Global AIDS epidemic Geneva Switzerland.
- United Nations Program me (2006) Gender impact on HIV/AIDS in India.