



Pedagogy of Learning, Volume-1, Issue-3, pp. 1-10, July 2015
(International Journal of Education)
ISSN: 2320-9526 (Print), ISSN: 2395-7344 (Online)
Website: www.pedagogyoflearning.com

Recommended Citation:

Katoch, K.S. (2015). HIV / AIDS awareness among secondary school students. *Pedagogy of Learning, Vol.1* (3), pp. 1-10.

HIV / AIDS Awareness among Secondary School Students

Kuldeep Singh Katoch

Department of Education, ICDEOL,
Himachal Pradesh University, Shimla, Himachal Pradesh

Article Received : 22-05-2015

Article Revised : 10-06-2015

Article Accepted : 26-06-2015

Abstract: *In this paper investigator has made an attempt to study HIV/AIDS awareness among secondary school students. We all know this fact that today more 37.2 million adults and 2.2 million children in the world are living with HIV. This disease has affected people from every nook and corner of the world without any age or gender parity. Two decades have gone by and humanity is struggling to find ways to face challenges posed by a little known virus called HIV. The pandemic has become a human, social and economic disaster, with far-reaching implications for individuals, communities and countries. No other disease has so dramatically highlighted the current disparities and inequities in health-care access, economic opportunity and the protection of basic human rights. Since 1981, the pandemic has killed 23.1 million people, out of 79.9 million total infections. In other words all peoples are especially critical is achieving HIV/AIDS related awareness, attitude and right sexual behaviour for their safe life. In this context investigator studied the awareness of school students related to HIV/AIDS. The findings of the study revealed that gender wise, locality wise, and type of management of school, students do not differ significantly in their awareness related to HIV/AIDS.*

Keywords: *Awareness, HIV/AIDS, Social, Gender Parity and Disease.*

Introduction

HIV is the virus that causes AIDS “acquired immunodeficiency syndrome” has become one of the world’s most serious health and development challenges. The first cases were reported in 1981 and today there are approximately 35 million people currently living with HIV and tens of millions of people have died of AIDS- related causes since the beginning of the epidemic. While new cases have been reported in all regions of the world, approximately 68% are in

sub-Saharan Africa. Most people living with HIV or at risk for HIV do not have access the prevention, care, and treatment, and there is still no cure. HIV primarily affects those in their most productive years; about 40% of new infections are among those under age 25. HIV not only affects the health of the individuals, it impact should holds, communities, the development and economic growth of nations. National AIDS Control Programme (NACO) in India has been rests on two key pillars – prevention for those who are not infected and care, support and treatment for those who have been infected. India is estimated to the total number of people living with HIV/AIDS (PLHIV) in India is estimated at 24.3 lakh (17.2 lakh–24.3 lakh). Children (15 years) account for 7% (1.45 lakh) of all infections, while 86% are in the age –group of 15-49 years. Of all HIV infections, 39% (8.16 lakh) are among women. The four high prevalence states of South India (Andhra Pradesh–4.19 lakh, Karnataka–3.15 lakh, Maharashtra–2.01 lakh, Tamil Nadu–1.32 lakh) account for 53% of all HIV infected population in the country. West Bengal, Gujarat, Bihar, Uttar Pradesh and Odisha are estimated to have more than 1 lakh PLHIV each and together account for another 29% of HIV infections in India. The states of Rajasthan, Jharkhand, Chhattisgarh, Madhya Pradesh, Punjab, Manipur, Delhi and Kerala have estimated HIV infections between 25,000 and 75,000 each and together account for another 15% of HIV infections in the country.

Status of HIV/AIDS at State Level

The vision of Health Department of Himachal Pradesh Government is:

- Everyone in the state is safe from HIV/AIDS.
- Everyone in the state has factual information about HIV/AIDS.
- Everyone in the state has access to HIV/AIDS counseling and testing.
- Every vulnerable group or individual in the state is free of stigma and discrimination.
- Everyone infected with HIV/AIDS in the state lives with dignity and respect, has access to quality care and leads a productive life.

According to the State AIDS Control Society in Himachal Pradesh there are 6841 persons tested positive for the deadly virus. The largest district of Kangra has the highest number of HIV positive and AIDS cases. However the least populated Lahual and Spiti has recorded no HIV cases and is AIDS free so far. Kangra so far recorded as many as 1815 HIV Positive cases followed by Hamirpur with 1,387 cases, Shimla 755, Bilaspur-537, Una 681, Mandi-519, Solan-326, Chamba-130, Kullu-115, Sirmaur-89 and Kinnaur-15. Among them were about 112 Non-Himachali HIV positive patients. Kangra district also had the highest 639 AIDS patients followed by the hamirpur-512, Mandi-235, Una-209, Bilaspur-206, Solan-102, Shimla-65, Chamba-41, Kullu-18, Sirmour-13 and Kinnaur just one. There are 24 non Himachali AIDS patients living in the state. The figure shows that spread from infection has reduce by 50 percent between 2000-2009. Dr. Dogra said that 83147 people come voluntarily for the HIV test. Dr. Dogra told that State AIDS control society would shortly release the HIV positive data online so that double entry could be averted as some patients hide or

change their name deliberately going for repeat tests causing duplicate entry. However, the number of HIV positive cases are likely to go up with more test, he added. According to the World Health Organization norms, HIV positive patients converted into AIDS cases when the number of CD-4 cell in the human body come down drastically from 1500 to 350. The problem of the HIV or AIDS started in India with the detection of the first case among commercial sex workers in Chennai in 1986.

Concept of HIV/AIDS

AIDS-Acquired Immuno Deficiency Syndrome, Acquired means that it is caught, as opposed to being inherited. Immuno deficiency described the state in which the body's immune system is depleted so that it is unable to defend itself against the development of certain conditions, particularly infections. Syndrome is a group of signs and symptoms of illness. As evident by its name, AIDS is not a single disease but a syndrome i.e. a set of signs and symptoms which result from the destruction of the body's defense by Human Immuno-deficiency Virus (HIV). The presence of antibodies against HIV in human's body is termed HIV positively and the person is called HIV positive (Seropositive). It takes 6-12 weeks after infection for antibodies to rise to detectable levels. There is thus a window period during which infected person may transmit his infection despite being seropositive. AIDS is caused by HIV, a virus which kills or impairs cells in the immune system, destroying the body's ability to fight infections and cancers. The virus is transmitted horizontally and vertically. "Horizontally" transmission occurs during hetero-sexual intercourse and between men who have sex with men when no barrier method is used during intercourse with an HIV infected person. It is also transmitted between Injecting Drug Users (IDU) from sharing infected needles. "Vertical" transmission occurs between mothers and their children during or after pregnancy, (Mishra, 2005). In May, 1986 the International Committee on the taxonomy of viruses recommended a new name Human Immuno-deficiency Virus (HIV). Several theories have been propounded regarding the origin of HIV. The first theory is that the virus comes from a small and isolated ethnic group, which has acquired immunity to it, so that it had rarely caused death. The second theory is that HIV originated among monkeys and transmitted to humans (Hodgson, 2001 p 19). In February 1999, it is announced that a group of researchers from the University of Alabama had studied frozen tissues from a Chimpanzee and found that the simian virus it carried (SIV Cpz) was almost identical to HIV. However it is not necessarily clear that Chimpanzee is the original reservoir of HIV because Chimpanzees are only rarely infected with SIV Cpz. Recently scientists found that "Guerillas" are also the one of main source of spreading HIV. But attempts to identify to trace the "Patient zero" are going on, and efforts are still being made to trace the history of AIDS, the origin of Human Immuno Deficiency Virus. According to recent estimates over 5 million people are newly infected each year and more than six thousand lives are lost every day to the disease; 3.8 million children (aged 0-14) have died since 1980 and nearly 13 million children have been orphaned as a result of the epidemic (UNAIDS, Report on the global HIV/AIDS Epidemic, June, 2000). Due to economic hardships, many young women exchange sex for money and other gifts. The "Sugar daddy" phenomenon is rampant, even

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though it is not necessarily condones. A sugar daddy is a man who pays girlfriend money or favors in exchange for sex and a romantic relationship. Girls who have lost their parents, and who have the responsibility of caring for their siblings, are also forced to exchange sex for money, since they have few skills through which they can earn a reasonable living. Some girls become 'professional' sex workers. They have intercourse with many different sexual partners without using any kind of protection against sexually transmitted infections (STIs) or HIV/AIDS. The high prevalence of STIs, combined with limited availability of STI services and treatment, may increase exposure to and transmission of HIV (**Bayer, 1991 p72**).

Modes of Transmission of HIV/AIDS

Following are the modes of transmission:

- Sexual intercourse (anal/vaginal) with an infected partner, (man to woman, woman to man and man to man).
- Transfusion with infected blood, blood products, organ, tissue transplantation and artificial insemination.
- Contaminated syringes and needles.
- From an infected mother to her child i.e. prenatal transmission (before, during and after delivery).

Modes by which HIV is not transmitted

It is also important to know that HIV infection is not transmitted through casual contact. In order to dispel some myths and stigmatization of infected individuals, it may be explained that HIV is not transmitted through the following Casual contact:

- Shaking hands
- Sharing of telephones
- Hugging
- Sharing of offices
- Dry kissing
- Playing together
- Sneezing, coughing
- Traveling together in buses and trains
- Mosquito bites
- Sharing cups or cutlery
- Toilet sharing
- Living in same room

- Donating blood aseptically

Review of Literature

Keeping importance of a thorough review of related research in conducting a good piece of research, an attempt was made by the investigator to look at the studies conducted in India and abroad. Studies Related to HIV/AIDS Awareness are, Okeke and Fortune (1992) revealed that although most students knew that HIV could be transmitted through vaginal, anal sex, blood transmission and by sharing needles with HIV infected drug users. Yet only few students knew that HIV cannot be transmitted by sharing clothing, sneezing and coughing, sharing of drinking glasses, shaking of hands, hugging, kissing and from swimming pools. Akande (1994) found no significant difference by gender of students in their overall knowledge of HIV/AIDS. Oladepo and Brieger (1994) found that 90.6% of their sampled participants were familiar with the term AIDS and that 58.7% of the sampled population knew that AIDS was caused by a virus. However, majority of them believed that AIDS could spread from shaking of hands. Aggarwal and Kumar (1996) found that 85% of students had heard of AIDS; of these, 56% cited sex with an infected partner as a means of HIV transmission and 38% identified use of unsterilized drug-injecting equipment. 23% of students believed that HIV can be transmitted by drinking from a glass used by an infected person while 22% thought mosquito bites spread the virus. 57% believed persons with AIDS can be detected by their physical appearance and 38% considered to be a treatable disease. Baggaleys et al. (1997) found that students were quite knowledgeable about transmission of HIV through semen, blood and vaginal fluid. However, 50% of them believed that saliva transmits HIV. Zulkifli and Wong (2002) found that the locality wise average score of the persons for knowledge on HIV/AIDS was high. However, misconceptions regarding transmission were prevailed. Deb, Mukherjee and Acharya (2004) observed that 100% of students have heard of HIV/AIDS, a good number of them had some misconceptions with regard to various aspects of the disease. Gupta et al. (2004) observed that adolescents ages 10-19 years, of which 43.2% were girls revealed that only 35% of the girls were aware of the existence of AIDS, only 17.1% were aware of at least one method of contraception and 21.5% of girls in their late teens (15-19 years) were aware of any sexually transmitted infections. Oladokun, Jiboye and Akinyemi (2009) found that 92.6% students had a good knowledge about HIV/AIDS. Unnikrishnan, Mithra and Reshmi (2010) revealed that one-third of the respondents thought that one could get infected by merely touching an HIV positive individual. Approximately 45% stated that they would dismiss their maid on finding out her HIV positive status. About 54% were willing to undergo the HIV test. Bekalu and Eggermont (2013) found that the knowledge gaps between individuals with high and low education and between individuals who experience high and low levels of interpersonal communication about HIV/AIDS narrowed as HIV/AIDS-related media use increased, but the gap between urban and rural residents widened. Gupta, Verma, Tripathi, Gupta and Panday (2014) reviewed that the knowledge about modes of prevention (blood checkup, needle/syringe sterilization) was satisfactory. There were misconceptions about the modes of transmission the disease, such as through mosquito bites, eating/drinking and kissing.

Need and Justification of the Study

The HIV/AIDS pandemic has become a human, social and economic disaster, with far-reaching implications for individuals, communities and countries. No other disease has so dramatically highlighted the current disparities and inequities in health-care access, economic opportunity and the protection of basic human rights. Since 1981, the pandemic has killed 23.1 million people, out of 79.9 million total infections. Today more 37.2 million adults and 2.2 million children in the world are living with HIV. Two decades have gone by and humanity is struggling to find ways to face challenges posed by a little known virus called HIV. Our journey on the road to understanding mysteries relating to HIV started in the last decade of the 20th century. Needless to say that it was tough negotiating learned ignorance. One may say that this ignorance was partly due to lack of adequate and reliable information and was partly rooted in human self-belief that worst can never strike him. Hence to study awareness regarding HIV/AIDS among secondary school students is very relevant. Also for the right knowledge and protection from this disease, it is important that the youth of the country are equipped with right knowledge, attitude and safe sexual behaviour related to HIV/AIDS. The review of related literature also reveals that the studies of this nature are very rare, therefore the proposed study is very much needed and is quite justified. In other words all peoples are especially critical is achieving HIV/AIDS related awareness, attitude and right sexual behaviour for their safe life.

Objectives of the Study

The following objectives were achieved in the study:

1. To study the level of awareness of HIV/AIDS among secondary school students in relation to their gender.
2. To study the level of awareness of HIV/AIDS among secondary school students in relation to their locale.
3. To study the level of awareness of HIV/AIDS among secondary school students in relation to type of management of school.

Hypothesis

The following research hypotheses were tested in the present study.

- H₀₁: There exists no significant difference in the awareness level of HIV/AIDS among secondary school students in relation to their gender.
- H₀₂: There exists no significant difference in the awareness level of HIV/AIDS among secondary school students in relation to their locale.
- H₀₃: There exists no significant difference in the awareness level of HIV/AIDS among secondary school students in relation to type of management of school.

Delimitations of the Study

The proposed study is delimited in terms of:

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- Only Shimla district of Himachal Pradesh was included in the sample.
- The study was further delimited to the students studying in 10th class in government and private secondary schools of Shimla district.

Methodology

In the present study survey method under the descriptive method of research was used in present study. All the secondary school students of district Shimla of Himachal Pradesh constituted the population of the study. It included the students (boys and girls) studying in secondary schools. For the present study sampling was done at two stages. At the first stage 14 schools were selected out of the total secondary schools in district Shimla. In the second stage 20 students were selected randomly from the each selected school. In this way 280 students from these schools were selected. Keeping in view the nature of the present study the investigator used the tool, “HIV/AIDS Awareness Test”, developed and standardized by Dr. Kuldeep Singh. This tool contains 45 items and the reliability of the tool is 0.89. To collect the related data, investigator personally visited the sampled secondary schools. The researcher personally administered the HIV/AIDS awareness test to each individual and collected the required information about the present study. The information was tabulated in a systematic manner to arrive at certain conclusions for the study. Since the data from the HIV/AIDS Awareness test was available in the form of scores, so as to find out the significance of difference between the various groups ‘t’-test was applied.

Analysis of Data

The analysis of data is presented in table 1.

Table 1

Comparison of HIV/AIDS Awareness among Boys/Girls, Rural/Urban and Government/Private School Students

Variable	Groups	N	Mean	SD	df	‘t’
Gender	Boys	130	32.779	4.47	278	1.549*
	Girls	150	32.001	3.84		
Locale	Rural	126	34.243	4.648	278	1.505*
	Urban	154	33.397	4.721		
Type of Management of School	Government	140	32.895	4.214	278	1.920*
	Private	140	33.954	4.980		

** The mean difference is not significant at .05 Level*

Table 1 indicates that ‘t’ value (1.549) is not significant at .05 level of significance. It means that awareness level of boys and girls do not differ significantly towards HIV/AIDS. From the table 1, it may be concluded that boys and girls have possessed almost equal level of awareness about HIV/AIDS. Hence the null hypothesis that, “There exists no significant difference in awareness of secondary school students towards HIV/AIDS in relation to gender” is accepted. Due to equal educational and other educative opportunities both the

groups are equally aware about HIV/AIDS. Another reason for the higher proportion of true answers in both the group may be due the reason that with the changing time, they feel freer to talk about sex and HIV/AIDS related issues more openly. This indicates that raising educational level is a key tool in fighting the epidemic. Table 1 further shows that 't' value (1.505) is not significant at .05 level of significance. It means that there exists no significant difference in the awareness of rural and urban secondary school students towards HIV/AIDS related issues. From this it may be concluded that urban as well as rural students possesses almost equal level of awareness about HIV/AIDS. Hence the null hypothesis that, "There exists no significant difference in the awareness of secondary school students towards HIV/AIDS in relation to their locale" is accepted. It may be due to the reason that nowadays urban as well as rural students are equally exposed to mass media, interpersonal communication, have access to various types of study material etc. related to this epidemic. This indicates that mass media especially television, radio should have played important role in raising AIDS awareness within the rural community also. Taking everything into account, the media should implement new methods for AIDS education in order to improve public knowledge about HIV/AIDS. Table 1 also shows that 't' value (1.920) is not significant at .05 level of significance. Therefore government and private secondary school students do not differ significantly in their awareness related to HIV/AIDS. Hence the null hypothesis that, "There exists no significant difference in the awareness of secondary school students towards HIV/AIDS in relation to type of management of school" is accepted. The equal level of awareness may be attributed to the fact that now HIV/AIDS related topics/issues are included in their curriculum and made more aware and sensitive about this deadly disease through different awareness campaign and programmes.

Major Findings

The major findings were drawn from the study:

- i. Boys and girls of secondary schools do not differed significantly in their awareness about HIV/AIDS.
- ii. Rural and urban secondary school students do not differ significantly in their awareness about HIV/AIDS.
- iii. Students of government and private secondary school do not differ significantly in their awareness about HIV/AIDS.

Educational Implications

Some of the important educational implications of the present study are:

Locality wise, gender wise and type of management of school students do not differ significantly. From this it may concluded that all groups possesses almost equal level of awareness about HIV/AIDS. But keeping in mind the effect and impact of this deadly disease boys and girls would be made more aware and sensitive about the HIV/AIDS. More and more information regarding HIV/AIDS should be provided to the students irrespective of gender to facilitate and strengthen their awareness about HIV/AIDS and related issues. The different

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government educational agencies like, UGC, NCERT, NIEPA, NCTE, WHO, NACO should organize different activities and programmes to sensitize them towards this epidemic. Frequent awareness campaigns are required to strengthen and facilitate the right attitude and awareness of the students and common people. It is suggested that more opportunities should be provided to all students to attend and participate in various programmes on HIV/AIDS organized by local Health Department, University, UGC, NCTE, DIET's, SCERT.

Prevention of HIV/AIDS, HIV Prevention (Given by WHO): HIV prevention must be linked to HIV/AIDS care and treatment. This can be achieved through:

- i. Increased access to HIV testing and social marketing that promotes testing and counseling to persons without HIV symptoms who are not accessing services.
- ii. Promotion of HIV transmission prevention strategies in the community.
- iii. Promotion of and increased access to affordable condoms.
- iv. Promotion of strategies to prevent transmission of sexually transmitted diseases in the community and access to testing and treatment for sexually transmitted infections.
- v. Scale up comprehensive HIV/AIDS prevention services to injecting drug users, particularly methadone maintenance and other drug detoxification, peer outreach, needle and syringe programs etc.
- vi. Scale up targeted peer outreach, condom promotions and treatment of sexually transmitted infections to sex workers and other vulnerable groups (e.g. injecting drug users and men who have sex with men).
- vii. Scale up programs to prevent mother-to-child transmission.
- viii. Promotion of universal care and health worker safety in health and home-based care settings.
- ix. Increased access to post-exposure prophylaxis for health workers.

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