CHAPTER -1

INTRODUCTION

1.1 Background
1.2 Title
1.3 Statement of Problem
1.4 Research Objectives
1.5 Assumptions
1.6 Research Hypothesis
1.7 Operational definition of terms
1.8 Scope of Research
1.9 Limitation of Research
1.10 Need of research
1.11 Significance of research
CHAPTER –1

INTRODUCTION

1.1 Background :-

India is one of the largest countries in South Asia. Geographically, it is the seventh largest and second most populous country in the world. Its estimated total population was 1,270,272,105 (India Census Report, 2014). HIV epidemic in India is concentrated in Nature.

HIV or Human Immunodeficiency Virus has emerged as a serious threat to the life of human beings in recent years. The human race have witnessed, controlled and even eradicated many fatal diseases like leprosy, influenza, plague, malaria, yellow fever and small pox. However, the emergence of HIV, which eventually leads to AIDS or Acquired Immunodeficiency Syndrome, has threatened the life of masses throughout the world. HIV and AIDS together have not only posed a major challenge to modern medical science, but it has also emerged to be a serious public health challenge. This is because HIV and AIDS are often associated with a lot of stigma, prejudice, fear and silence and this presents a stark example of the nexus between health and human rights. This, accompanied with ignorance, lack of knowledge and awareness have often triggered serious consequences, contributing to neglect of care and treatments to people living with HIV and AIDS.

Today, Human Immunodeficiency Virus (HIV) /Acquired Immune Deficiency Syndrome (AIDS) is a massive development challenge of
global proportions facing human societies. The impact of the HIV/AIDS epidemic on both national development and national economy has compounded a whole range of challenges surrounding poverty and inequality. All over the world, HIV/AIDS is causing devastation, destroying communities and families and taking away hope for the future. The impacts of HIV/AIDS are many. In the absence of a cure, and in most cases in the absence of adequate treatment, HIV/AIDS diminishes or destroys quality of life before it takes away life itself. Its emotional and economic impact on life quality affects family, friends and community. It affects production as well as household incomes and expenditures; it poses major problems for health systems and health care practices; it diminishes the capacity of societies to provide essential services and plan for the future; and it threatens good governance and human security.

HIV/AIDS pose an increasing challenge to countries all over the world, both directly as a health issue and indirectly through the challenges; they pose for development. By attacking the most productive part of the population; prime aged adults, it shocks economies in terms of loss of labour and decrease in demand; it deprives families of their bread winners, and children of their parents. Now that the serious consequences of the epidemic are becoming visible in the hardest hit areas, the effects of HIV/AIDS have become a global issue. There has been a rapid and uncontrolled expansion of HIV in the developing countries during the last two decades. HIV has become a serious problem for India with one of the highest rates of spread in the word.

According to UNAIDS, India is on the edge of one of the biggest public health challenges in its history. In a country of over one billion people, between 3.82 million and 4.58 million people (15-49 years) are
living with HIV/AIDS. Still, India has the second highest number of people living with HIV/AIDS in the world after South Africa. It is estimated that about 1.72 lakh people died of AIDS related causes in 2009 in India. Many features contribute to India’s vulnerability concerning the transmission of HIV; India is a low income country with a large and young population, low educational and literacy rate and an increasing level of urbanization. Another contributory factor to the rapid spread of the HIV epidemic is lack of adequate knowledge about the disease among the people.

1.1.1 Meaning of HIV:-

HIV is the abbreviation used for the Human Immunodeficiency Virus. HIV attacks the body’s immune system. Normally, the immune system produces white blood cells and antibodies that attack viruses and bacteria. The infection fighting cells are called T-cell lymphocytes. Months to years after a person is infected with HIV, the virus destroys all the T-cell lymphocytes. This disables the immune system to defend the body against diseases and tumors. Various infections will be able to develop; these opportunistic infections take advantage of the body’s weakened immune system. These infection which normally won’t cause severe or fatal health problem will eventually cause the death of HIV patient.

1.1.2 Origin of AIDS Virus:-

There is much speculation and confusion regarding the exact origin of the AIDS virus. Various theories have been advanced to explain its early development. One theory regarding the origin is that the virus was existing already among human beings and it is only recently that it has become extremely harmful (Mehta & Sodhi, 2004). This theory may be based on
the fact that the virus may have originated in a small ethnic group which acquired immunity to it but it spread as the virus reached people outside the community who had no immunity to it. Another theory states that the virus originated first among monkeys and was then transmitted to human. The third theory is that the virus is man made from a germ warfare laboratory. Yet another speculation is that the virus entered the human population in Africa about seventy years ago, (Korber et al. as cited in Zeichner & Read, 2006) probably as humans hunted and butchered chimpanzees (Zeichner & Read, 2006). The several opinions regarding the origin of the AIDS virus remains unconfirmed and thus the exact origin of HIV is unknown.

1.1.3 History of HIV Infection:-

AIDS is an acronym for Acquired Immune Deficiency Syndrome. It is a fatal, sexually transmitted viral disease. It is fatal as it has no cure and there has not been, up to now, any form of active or passive immunization (Guerra, 1998). AIDS came into existence in October 1980- May 1981, when the Centre for Disease Control in the United States of America became aware of an increase in the occurrence of two rare diseases, a type of cancer (Kaposi Sarcoma) and a type of lung infection (Pneumocystitis Carini Pneumonia) in five young homosexual men (Jaiswal, 1992). HIV was identified in 1983 as the infectious agent responsible for many of the symptoms with illnesses associated with AIDS though previously it had been called HTLV-III (Human T-Lymphotropic Virus) or LAV (Lymphadenopathy Associated Virus) (Cusack & Singh, 1994). In India, in April 1986, for the first time, HIV seropositivity was recorded among ten female prostitutes from Madras in Tamil Nadu state. This was followed by the first AIDS patient in the final stage in May 1986 in Bombay,
Maharashtra. This patient was a recipient of unscreened blood transfusion during cardiac surgery in USA (Kakar, 1994 & Pavri, 1992).

1.1.4 Types of HIV:-

In 1986, a second HIV was discovered in healthy Senegalese prostitutes and later found to be associated with an AIDS-like illness in the West African mainland and some of the offshore islands (Clavel et. al. as cited in Bennett & Erin, 1999). The initial virus described in 1983 became known as HIV-1 and the West African virus as HIV-2 (Bennett & Erin, 1999).

1.1.5 Ways of Transmission of HIV/AIDS:-

HIV is an infectious disease but it is not easily transmitted through the environment, e.g. from air, water, food, etc. Thus it is not a communicable disease like common cold, measles, or polio, and other similar infections. The virus enters the body in three major modes, sexually, parentally and Perinatally. Modes of transmission of HIV depend on exposure to body fluids from an infected person, quantity of virus, route of exposure and the duration of exposure. Predominantly, HIV transmits through the following modes (Kakar, 1994; Jaiswal, 1992).

A) Sexual Transmission:-

HIV infection can be transmitted through heterosexual intercourse and men to men homosexual intercourse. This includes having unprotected (without condom) vaginal and anal intercourse with multiple partners. Apart from this, a person infected with Sexually Transmitted diseases like syphilis, chancroid, herpes can transmit HIV infection. These sexually
transmitted infections can cause open genital sores allowing the virus to enter the bloodstream.

**B) Parenteral Transmission:-**

HIV can be transmitted through sharing HIV infected and syringes. The users of intravenous drugs infect HIV through sharing needle, syringe or other drug related implements. Further, HIV is also transmitted through infected blood and blood products like red blood cells, platelets, plasma, albumin, immunoglobins etc.

**C) Perinatal Transmission:-**

HIV is also transmitted from infected mother to child either in the womb during pregnancy or at birth through exposure to infected maternal blood. HIV is also transmitted from mother to child during breastfeeding.

**1.1.6 Diagnosis of HIV/AIDS:**

There are no tests available directly to test the presence of HIV infection. The commonly known tests to detect HIV infection are the tests that detect the presence of antibodies that have developed in a person’s body to fight off the HIV infection. The two most widely known tests are the ELIZA (Enzyme Linked Immuno Sorbent Assay) test and the Western Blot test. The ELIZA test is usually the first test to be performed in a blood sample and has an incubation period of four to six hours with results usually available in twenty four hours. The ELIZA test often generates a large number of ‘false positive’ results. A false positive result is one in which the test indicates the presence of HIV antibodies and thus HIV infection in the person, when in reality the person does not have the HIV or
its antibodies. In this case, a second ELIZA test is performed and even then if the test comes positive, the Western Blot test is performed to confirm the results of the ELIZA test. Also, if a person tests for HIV antibodies during the Window period, the tests will be ‘false negative’, meaning that the tests are negative even if the individual is HIV infected (Dickson, 2001; Bennett & Erin, 1999).

1.1.7 Treatment:-

Till date there is no specific cure for AIDS. However there are drugs available which can prolong the onset of illness for many years. The treatment consists of drugs known as Anti Retroviral Therapy (ART) which needs to be taken every day for the rest of someone's life. These drugs work against HIV infection itself by slowing down the replication of HIV in the body. For antiretroviral treatment to be effective for a long time, more than one antiretroviral drug needs to be taken at a time. This is known as Combination Therapy. The term Highly Active Antiretroviral Therapy (HAART) is used to describe a combination of three or more anti-HIV drugs. In extreme cases where neither ART nor HAART is available; the treatment remains limited to the treatment of opportunistic infections. Such treatment has only short term benefit because it does not address the underlying immune deficiency itself. Generally treatment is started when the CD4 test shows less than 350 T-helper cells per cubic millimeter of blood, although advice varies slightly between countries. Also ART is advised if one of the opportunistic infection becomes a serious problem (Introduction to HIV and AIDS treatment, N.D., Mehta & Sodhi, 2004, Jaiswal, 1992).
1.1.8 Prevalence of HIV/AIDS:

**Global Scenario:**

For 31 years, our world has been living with HIV. And in just this short time, AIDS has become one of the make-or-break global crises of our age, undermining not just the health prospects of entire societies but also their ability to reduce poverty, promote development, and maintain national security. And in too many regions AIDS continues to expand – every single day 7400 people are newly infected with HIV, and nearly 5500 people die from AIDS related illnesses, mostly because of inadequate access to HIV prevention and treatment services.

In the world Sub-Saharan Africa is the worst-affected region of the world, with one in five adults across southern Africa now HIV-infected. In other countries, the epidemic of HIV/AIDS also shows no sign of decreasing. Eastern Europe and Central Asia are experiencing swiftly expansions in levels of HIV infection, particularly among the young. In Asia, More than 1 million people became HIV-positive last year, whereas, in the Caribbean and Latin America, the disease is well-established.

The Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates that, globally, in less than 20 years, over 40 million people have become infected with HIV. HIV/AIDS is considered not only as the greatest global public health disaster but also as the biggest "development challenge" of the twenty first century. It affects the most economically productive sector of the population and threatens development achievements in many countries of the world. According to UNAIDS (2004), 36.1 million people worldwide are estimated to be living with
HIV/AIDS: 1.4 million children under age 15 and 34.7 million adults, 16.4 million of whom are women.

Indian Scenario:-

“We have a very serious catastrophe in the offing, and if there’s an enemy of India it's not Pakistan, it's not China, and it's not any of the other superpowers--the big threat to India is HIV/AIDS,” said Dr. Ishawar Gilada, the secretary general of the People's Health Organization (PHO) in India.

The first AIDS case was registered in India in Madras 1986. India accounts for almost 10 per cent of the 40 million people living with HIV/AIDS globally and over 60% of the 7.4 million people living with HIV/AIDS (PLWHA) in the Asia and Pacific region. Given the large population base, a rise of just a few percentage points in the HIV prevalence rates can push up the number of those living with HIV/AIDS to millions National Family Health Survey (NFHS-3) demonstrates that with an HIV prevalence of 0.97 (0.7-1.25) in Andhra Pradesh (AP) and 1.13 (0.82-1.44) in Manipur, these two states continue to have the highest prevalence of HIV infection among the six high-burden states in India (Andhra Pradesh, Manipur, Uttar Pradesh, Karnataka, Maharashtra and Tamil Nadu).

The Andhra Pradesh, Mizoram, Goa, Karnataka, Maharashtra, Tamil Nadu, Manipur, Nagaland states have recorded the highest levels of HIV/AIDS victims in India. In these said states, the major route of transmission was found sexual contact. Moreover, another high-risk group is drug users. However, now this disease is gradually spreading from the high-risk groups to public through this infected population.Adolescents
comprise about 22% of the population of India. This large group of population contains high potentiality for social and economic development of the country in future. It is alarming that in India rates for new HIV infections every year among young males and females are 0.46% and 0.96% respectively.

India is facing a rise in the number of people living with HIV/AIDS. The majorities of new cases of HIV/AIDS victims are women having sex with one partner or husband. In many of these situations, their partners and/or husbands are having sex with prostitutes infected with the AIDS virus. The most vulnerable population of women is those who have minimal education living in poverty. Frequently these women have not heard of HIV, and if they are aware of this virus, they lack the knowledge about the route of transmission.

According to the HIV Estimations 2012, the estimated number of people living with HIV/AIDS in India was 20.89 lakh in 2011. Children less than 15 years of age account for 7% (1.45 lakh) of all infections; while 86% are in the age-group of 15-49 years. (National AIDS Control Annual Report 2012-13). The disease is mainly a problem of the young adults with more than 40 percent of the patients under 25 years of age. Adolescence is a period of great physical, mental and emotional turmoil, and the teenagers, in search of their identity, very often start experimenting with intravenous drugs or sex, both making them vulnerable to contracting of all HIV infections, 39% (8.16 lakh) are among women. HIV prevalence at national level has continued its steady decline from estimated level of 0.41% in 2001 to 0.27% in 2011. But still, India is estimated to have the third highest number of estimated people living with HIV/AIDS, after South Africa and Nigeria (UNAIDS Report on the Global AIDS epidemic 2010).
The four high prevalence States of South India (Andhra Pradesh, Karnataka, Maharashtra and Tamil Nadu) account for 53% of all HIV infected population in the country. India is estimated to have around 1.16 lakh annual new HIV infections among adults and around 14,500 new HIV infections among children in 2011. Of the 1.16 lakh estimated new infections in 2011 among adults, the previously high HIV prevalence States of Andhra Pradesh, Karnataka, Maharashtra, Tamil Nadu, Manipur and Nagaland account for 31% of new infections, whereas, some low prevalence States (Odessa, Jharkhand, Bihar, Uttar Pradesh, West Bengal, Gujarat, Chhattisgarh, Rajasthan, Punjab & Uttarakhand) together account for around 57% of new infections.

Soon after the first HIV/AIDS cases had been reported in India in 1986, the Government of India initiated important measures to attack the epidemic. Pilot screening of high risk population started and a National AIDS Committee was immediately constituted by the Ministry of Health and Family welfare. In 1987 a National AIDS Control Programme was started. The national AIDS Committee was formed to bring together different ministries, private institutions and non-government organizations for effective collaboration in accomplishing the program. The committee provides overall policy directions and controls the performance of the program. To strengthen the AIDS programs at the state level, the state govt. have own organizations and committees. These take the policy decision for implementation of the HIV/AIDS control program and make guidelines and plans in the respective states. In 1989, a medium term plan for HIV/AIDS control was developed with support of WHO (World Health Organization). This plan was implemented in the worst affected areas; Maharashtra, Tamil Nadu, West Bengal, Manipur and Delhi. An activity was held. Preventive activities, like performance of education programs, condom promotion to
prevent HIV/AIDS and strengthening of clinical services for HIV/AIDS and other sexually transmitted diseases did not start until 1992. HIV in many adolescents is less likely to be aware of HIV/AIDS and the modes of its spread. Since prevention is the key to AIDS control empowerment of youth with knowledge about high-risk behavior and its ominous relation with HIV.

1.2 Title:-

A study of HIV/AIDS awareness among higher secondary school student’s

1.3 Statement of Problem:-

The school is an appropriate place for HIV/AIDS interventions. Student’s like other general youths are mostly at risk since they are sexually active and premarital sex among them is so high. Youths are a great human resource by which HIV/AIDS prevention take place. So a study of HIV/AIDS awareness among higher secondary school student’s.

1.4 Objectives: -

1. To assess HIV/ AIDS awareness among higher secondary school of Arts student’s.
2. To assess HIV/ AIDS awareness among higher secondary school of Commerce student’s.
3. To assess HIV/ AIDS awareness among higher secondary school of Science student’s.
4. To assess HIV/ AIDS awareness among higher secondary school of Rural student’s.
5. To assess HIV/AIDS awareness among higher secondary school of Urban student’s.
6. To assess HIV/AIDS awareness among higher secondary school of Male student’s.
7. To assess HIV/AIDS awareness among higher secondary school of Female student’s.
8. To compare the difference between awareness regarding HIV/AIDS of Male and Female student.
9. To compare the difference between awareness regarding HIV/AIDS of Male and Female student of Arts Faculty.
10. To compare the difference between awareness regarding HIV/AIDS of Male and Female student of Commerce Faculty.
11. To compare the difference between awareness regarding HIV/AIDS of Male and Female student of Science Faculty.
12. To compare the difference between awareness regarding HIV/AIDS of Male and Female student of Rural areas.
13. To compare the difference between awareness regarding HIV/AIDS of Male and Female student of Urban areas.
14. To compare the difference between awareness regarding HIV/AIDS of Male student of Rural and Urban areas.
15. To compare the difference between awareness regarding HIV/AIDS of Female student of Rural and Urban areas.
16. To compare the difference between awareness regarding HIV/AIDS of Male student of Arts, Commerce and Science Faculty.
17. To compare the difference between awareness regarding HIV/AIDS of Female student of Arts, Commerce and Science Faculty.
18. To compare the difference between awareness regarding HIV/AIDS of Rural student of Arts, Commerce and Science Faculty.
19. To compare the difference between awareness regarding HIV/AIDS of Urban student of Arts, Commerce and Science Faculty.
20. To compare the difference between awareness regarding HIV/AIDS of Rural and Urban student’s.

1.5 Assumptions:
1. Student’s know about sexually transmitted disease.
2. Student’s’ awareness about disease transmission.
3. Student’s are careful about their health.
4. Education plays a vital role to control disease.
5. There is a hesitation to convey the information regarding sexually transmitted disease.

1.6 Hypothesis:

1. There is no significant difference between mean scores of awareness regarding HIV/AIDS of Male and Female student’s.
2. There is no significant difference between mean scores of awareness regarding HIV/AIDS of Male and Female student’s of Arts Faculty.
3. There is no significant difference between mean scores of awareness regarding HIV/AIDS of Male and Female student’s of Commerce Faculty.
4. There is no significant difference between mean scores of awareness regarding HIV/AIDS of Male and Female student’s of Science Faculty.
5. There is no significant difference between mean scores of awareness regarding HIV/AIDS of Male and Female student’s of Rural areas.

6. There is no significant difference between mean scores of awareness regarding HIV/AIDS of Male and Female student’s of Urban areas.

7. There is no significant difference between mean scores of awareness regarding HIV/AIDS of Male student’s of Rural and Urban areas.

8. There is no significant difference between mean scores of awareness regarding HIV/AIDS of Female student’s of Rural and Urban areas.

9. There is no significant difference between mean scores of awareness regarding HIV/AIDS of Male student’s of Arts, Commerce and Science Faculty.

10. There is no significant difference between mean scores of awareness regarding HIV/AIDS of Female student’s of Arts, Commerce and Science Faculty.

11. There is no significant difference between mean scores of awareness regarding HIV/AIDS of Rural student’s of Arts, Commerce and Science Faculty.

12. There is no significant difference between mean scores of awareness regarding HIV/AIDS of Urban student’s of Arts, Commerce and Science Faculty.

13. There is no significant difference between mean scores of awareness regarding HIV/AIDS of Rural and Urban student’s.
1.7 Operational Definition of Terms:

1. AIDS Awareness –

**Conceptual definition**- Acquired immune deficiency syndrome (AIDS) is an infectious disease caused by the human immunodeficiency virus (HIV). There are two variants of the HIV virus, HIV-1 and HIV-2, both of which ultimately cause AIDS. (Web MD. Medical Dictionary)

**Operational definition** - It refers to the ability to recall the knowledge regarding modes of HIV infection, location of HIV in the body, symptoms of AIDS, tests and protection among higher secondary school student’s.

2. Higher Secondary School –

**Conceptual definition**- An institution which imparts education in the first year or the second year or both, of the higher secondary education course. (Maharashtra Secondary and Higher Secondary education Boards Act, 1965)

**Operational definition** - Refers to educational institutions which offer educational program at XI and XII standard, according to government of Maharashtra secondary Board include Arts, Commerce and Science faculty.

3. HIV – Human Immuno Deficiency Virus, the virus that causes AIDS. (Web MD. Medical dictionary)

4. Rural Area –

**Conceptual definition**- An area outside of cities and towns, or the countryside or a small place where in people live their life mostly in natural
surroundings with minimum provision of facilities. (Good C.V., Dictionary of Education)

**Operational definition**- A village in which administration is run by Grampanchayat in the range of taluka of Jalgaon District.

5. **Urban Area**-

**Conceptual definition**- A city area considered as the inner city plus built-up environs, irrespective of local body administrative boundaries, or the town or city or big place wherein people live their life mostly in well-planned houses and buildings with maximum provision of facilities. (Good C.V., Dictionary of Education)

**Operational definition** - A town or city or taluka place of Jalgaon district and the administration of such place are run by Panchayat Samiti or Tahesildar.

1.8 **Scope**:

Present research is applicable to all Arts, Commerce and Science faculty student’s of higher secondary school of Jalgaon District. Scope of present research is, Amalner, Bhadgaon, Bhusawal, Bodwad, Chalisgaon, Chopada, Dharangaon, Erandol, Jalgaon, Jamner, Pachora, Parola, Muktainagar, Raver and Yawal talukas of higher secondary school student’s of Arts, Commerce and Science faculty of class XI student’s in Jalgaon district. Present study checked the HIV/AIDS awareness among higher secondary school student’s of Jalgaon district.
Total number of higher secondary school student’s of Jalgaon district was 10500. From that, 5138 Arts faculty, 1990 Commerce faculty and 3280 Science faculty of higher secondary school student’s.

### Total No. of Higher Secondary School Student’s

- Total No. of Arts faculty Higher Secondary School Student’s: 5138
- Total No. of Commerce faculty Higher Secondary School Student’s: 1990
- Total No. of Science faculty Higher Secondary School Student’s: 3280

### 1.9 Limitation:

Present research contain 22.09% of total population i.e 2320 student’s from Arts, Commerce and Science faculty were selected. In that 1140 Arts faculty, 440 Commerce faculty and 740 Science faculty student’s of higher secondary school student’s were selected. The present study is limited to std. XI of Arts, Commerce and Science faculty of selected Rural and Urban areas higher secondary school of Jalgaon district. Rural area 29 higher secondary schools and from Urban area 30 higher secondary schools were selected. In that, Bodwad taluka contain only one rural area higher secondary school. In present research only the HIV/AIDS awareness was checked.
1.10 Need of Research:

Adolescents are vulnerable because they often do not know how serious the problem of HIV/AIDS is, how it is caused or what they can do to protect themselves. Many adolescents don’t go to school and do not have access to information about AIDS or opportunities to develop the life skill that they need to turn this information into action. Frequently they also do not have access to services that take their specific needs into consideration. General lack of education, lack of quality resources, difficulty in obtaining medications, and widespread misinformation about this deadly virus is aiding the spread of the deadly HIV/AIDS virus into new areas and among new segments.

HIV / AIDS education for young people plays a vital role in global efforts to end the AIDS epidemic. Providing young people with basic AIDS education enables to protect themselves from becoming infected. Young people are often particularly vulnerable to STD transmitted HIV and to HIV infection as a result of drug-use. Acquiring knowledge and skills encourages young people to avoid or reduce behaviours that carry HIV infection. AIDS education also helps to reduce stigma and discrimination, by dispelling false information that can lead to fear and blame. Many people believe that it is inappopuer to talk to young people about these subjects and fear that doing so will encourage young people to indulge in risky behaviours.

AIDS education for young people 10-24 years old requires special attention given the prevalence of high-risk social and sexual behaviors in this age group. Schools represent neglected agents of behavioral change and vehicles for the dissemination of AIDS-related information. Sex
education has been shown to lead to more responsible behavior in young people and reduces the exposure to HIV risk by delaying the initiation of sexual activity or increasing condom use. The general goals of AIDS education are to reduce the risk of infection by imparting accurate information about HIV/AIDS, correct myths and misinformation, create an appropriate degree of concern and motivation for behavioral change, build skills needed to avoid high-risk situations, and eliminate fears and prejudiced attitudes toward people with AIDS. A clearly formulated policy that takes account of the moral, cultural, religious, and philosophical issues related to HIV/AIDS is essential to the success of school-based AIDS prevention. Also important is support from teachers, parents, and the community. Student’s are considered at greater risk of contracting HIV infection due to lack of knowledge and their tendency of experimenting high risk behavior especially unsafe sexual practices and intravenous drug use as a result of curiosity and relatively more freedom in school. There is also a relative lack of availability and access to relevant services (sexual and reproductive health, HIV counseling and testing). There is also HIV/AIDS-related stigma and discrimination prevalent in the society.

Maharashtra is therefore geographically vulnerable to HIV and AIDS and at risk due to the prevalence of high-risk behaviors like injecting drug use, commercial unprotected sex with an overlap between more vulnerable and bridging populations and high rates of sexually transmitted infections (STIs). There are also low levels of HIV and AIDS awareness; migration and trafficking; poverty gaps; low nutritional status; gender inequalities that place student’s at risk. To meet the targets and goals of AIDS prevention and control, there is a strong need to assess the current levels of specific knowledge about AIDS transmission and prevention by urban-
rural residence and other key socioeconomic factors. Therefore, the need of this study is to examine awareness about AIDS of higher secondary school student’s.

This research will give information about new communications strategies to create awareness about HIV/AIDS. This campaign would be helpful to make student’s aware in order to prevent further spreading of HIV infection. In the absence of curative treatments for HIV/AIDS, HIV/AIDS awareness remains the most effective weapon against the AIDS epidemic. This HIV/AIDS awareness would insist the people to stop the epidemic by using the media recommended preventions such as abstinence, long-term monogamy with a sero-negative partner, reduction in the number of lifetime sexual partners, and correct and consistent condom use.

Awareness regarding deadly disease is more important. World has been moved towards 21st century but still there is no medicine for curing HIV/AIDS so prevention is better for spreading this disease.

This study was undertaken to find out the awareness of HIV/AIDS among higher secondary school student’s with special reference to Modes of HIV infection and location of HIV in the body, Symptoms of AIDS, and Tests and protection. The student’s need to be aware of the consequences of sexual experimentation because they may also become infected if they lack the means or ability to act on knowledge they have about HIV/AIDS. Therefore intensive exposure to health education must be encouraged in schools.
1.11 Significance of Research:

“Prevention is better than cure”

HIV is transmitted from person to person most frequently throughout the world. There is no cure for AIDS or any vaccine against it. Once, contracted a painful death is certain.

According to WHO more than half of the world’s HIV/AIDS population below age 25 (80%) live in developing countries. These young people are both an important target group and a partial resource for the prevention of HIV infection.

Student’s are considered at greater risk of contracting HIV infection due to lack of knowledge and their tendency of experimenting high risk behaviors especially unsafe sexual practices and intravenous drug use. Therefore, HIV/AIDS education should be part of health education, which will impact accurate information as well as dispel misinformation about HIV/AIDS.

This study will give significant output regarding knowledge of people about HIV/AIDS their attitude and beliefs are of due importance in relation to the same. So researcher will try to emphasize on survey to assess and compare their awareness, regarding HIV/AIDS. This study gains importance in the background of the very few extensive studies that have been done so far in India. The results of the present study will provide information to all particularly to the policy planners, administrators, and teachers, etc.

The present study may provide information regarding the level of awareness among the student’s related to HIV and sexuality from different
angles and perspectives. It may provide information regarding awareness among youth related to HIV and it may help the administrators and planners to formulate suitable target intervention programmes in future, and give sufficient information to trainers to plan out their future programmes.

Researcher will try to find the student’s opinion regarding HIV/AIDS because it’s a special case, a problem with so many dimensions touching not only medicine and science but also politics, sociology, laws and economics. This study is a humble contribution in the direction of creating awareness towards the prevention of AIDS. We all know that information is power and awareness empowers one to protect from HIV/AIDS.