Chapter-V

SUMMARY, FINDINGS, CONCLUSIONS AND SUGGESTIONS

SUMMARY

This study is an attempt towards exploring various aspects regarding the awareness of HIV/AIDS among the adolescent students. India is one of the largest and most populated countries in the world with over 35.3 million to 38 million among them, it is estimated that 1.56 billion people aged fewer than 12 to 24 are currently living with HIV. This is the largest generation of adolescents and young people. HIV prevalence is more among adolescent people in many countries. In India, the HIV prevalence is more in the states of Andhra Pradesh, Maharashtra, Madhya Pradesh, Odissa, Punjab and some other states. In Andhra Pradesh, the largest number of HIV patients are in Guntur District. The bridge groups i.e. migrant labourers, truckers, construction workers and street children are more in number in these districts. 35.3 million People to around 38 million people are living with HIV /AIDS in the world. Over 30 million people have died since first AIDS case is identified. It is a serious public health problem in our country.

The following objectives are identified keeping different aspects of the study in view:

1. To find out whether there is any significant impact of demographic variables on the dimension “awareness of prevention of HIV/AIDS”.

2. To find out whether there is any significant difference among the adolescent students who belong to the four categories of educational course on the dimension “awareness of prevention of HIV/AIDS”.

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3. To find out whether there is any significant difference among the adolescent students of different age categories on the dimension “awareness of prevention of HIV/AIDS”.

4. To find out whether there is any significant difference between adolescent students having literate parents and adolescent students having illiterate parents on the dimension “awareness of prevention of HIV/AIDS”.

5. To find out whether there is any significant difference between adolescent students who are studying in private institutions and government institutions on the dimension “awareness of prevention of HIV/AIDS”.

6. To find out whether there is any significant difference between male and female adolescent students on the dimension “awareness of prevention of HIV/AIDS”.

7. To find out whether there is any significant difference between the rural and urban adolescent students on the dimension “awareness of prevention of HIV/AIDS”.

8. To find out whether there is any significant impact of demographic variables on the dimension “awareness of Basics of HIV/AIDS”.

9. To find out whether there is any significant difference among the students adolescent who belong to four categories of educational course on the dimension “awareness of Basics of HIV/AIDS”.

10. To find out whether there is any significant difference among adolescent students of different age groups on the dimension “awareness of Basics of HIV/AIDS”.

11. To find out whether there is any significant difference between adolescent students having literate parents and adolescent students having illiterate parents on the dimension “awareness of Basics of HIV/AIDS”.
12. To find out whether there is any significant difference between adolescent students who are studying in private institutions and government institutions on the dimension “awareness of Basics of HIV/AIDS”.

13. To find out whether there is any significant difference between male and female adolescent students on the dimension “awareness of basic of HIV/AIDS”.

14. To find out whether there is any significant difference between the rural and urban adolescent students on the dimension “awareness of basics of HIV/AIDS”.

15. To find out whether there is any significant impact of demographic variables on the dimension of “awareness of HIV transmission”.

16. To find out whether there is any significant difference among the adolescent students who belong to the four categories of educational course on the dimension “awareness of HIV transmission”.

17. To find out whether there is any significant difference among the adolescent students of different age categories on the dimension “awareness of HIV transmission”.

18. To find out whether there is any significant difference between adolescent students having literate parents and adolescent students having illiterate parents on the dimension “awareness of HIV transmission”.

19. To find out whether there is any significant difference between adolescent students who are studying in private institutions and government institutions on the dimension “awareness of HIV transmission”.

20. To find out whether there is any significant difference between male and female adolescent students on the dimension “awareness of HIV transmission”.

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21. To find out whether there is any significant difference between the rural and urban adolescent students on the dimension “awareness of HIV transmission”.

22. To find out whether there is any significant impact of demographic variables on the dimension “awareness of misconceptions of HIV/AIDS”.

23. To find out whether there is any significant difference among the adolescent students who belong to the four categories of educational course on the dimension “awareness of misconceptions of HIV/AIDS”.

24. To find out whether there is any significant difference among the adolescent students of different age categories on the dimension “awareness of misconceptions of HIV/AIDS”.

25. To find out whether there is any significant difference between adolescent students having literate parents and adolescent students having illiterate parents on the dimension “awareness of misconceptions of HIV/AIDS”.

26. To find out whether there is any significant difference between adolescent students who are studying in private institutions and government institutions on the dimension “awareness of misconceptions of HIV/AIDS”.

27. To find out whether there is any significant difference between male and female adolescent students on the dimension “awareness of misconceptions of HIV/AIDS”.

28. To find out whether there is any significant difference between the rural and urban adolescent students on the dimension “awareness of misconceptions of HIV/AIDS”.

29. To find out whether there is any significant impact of demographic variables on the dimension “awareness of source of knowledge of HIV/AIDS”.

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30. To find out whether there is any significant difference among the adolescent students who belong to the four categories of educational course on the dimension “awareness of the source of knowledge of HIV/AIDS”.

31. To find out whether there is any significant difference among the adolescent students of different age categories on the dimension “awareness of source of knowledge of HIV/AIDS”.

32. To find out whether there is any significant difference between adolescent students having literate parents and adolescent students having illiterate parents on the dimension “awareness of source of knowledge of HIV/AIDS”.

33. To find out whether there is any significant difference between adolescent students who are studying in private institutions and government institutions on the dimension “awareness of source of knowledge of HIV/AIDS”.

34. To find out whether there is any significant difference between male and female adolescent students on the dimension “awareness of source of knowledge of HIV/AIDS”.

35. To find out whether there is any significant difference between the rural and urban adolescent students on the dimension “awareness of source of knowledge of HIV/AIDS”.

The normative survey method is used in order to study the Awareness of HIV/AIDS among adolescent students.

The hypotheses are formulated taking the objectives into consideration, the hypotheses are formulated in null forms they are:
Hypothesis-1: There is no significant impact of demographic variables on the dimension “Awareness of prevention of HIV/AIDS”.

Hypothesis-2: There is no significant difference among the students who belong to the four categories of educational course on the dimension “Awareness of prevention of HIV/AIDS”.

Hypothesis-3: There is no significant difference among the adolescent students of different age categories on the dimension “Awareness of prevention of HIV/AIDS”.

Hypothesis-4: There is no significant difference between adolescent students having literate parents and adolescent students having illiterate parents on the dimension “Awareness of prevention of HIV/AIDS”.

Hypothesis-5: There is no significant difference between adolescent students who are studying in private institutions and government institutions on the dimension “Awareness of prevention of HIV/AIDS”.

Hypothesis-6: There is no significant difference between male and female adolescent students on the dimension “Awareness of prevention of HIV/AIDS”.

Hypothesis-7: There is no significant difference between the rural and urban adolescent students on the dimension “Awareness of prevention of HIV/AIDS”.

Hypothesis-8: There is no significant impact of demographic variables on the dimension “Awareness of Basics of HIV/AIDS”.

Hypothesis-9: There is no significant difference between the Adolescent Students who belong to four categories of educational course on the dimension “Awareness of Basics of HIV/AIDS”.

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**Hypothesis-10:** There is no significant difference among adolescent students of different age groups on the dimension “Awareness of Basics of HIV/AIDS”.

**Hypothesis-11:** There is no significant difference between adolescent students having literate parents and adolescent students having illiterate parents on the dimension “Awareness of Basics of HIV/AIDS”.

**Hypothesis-12:** There is no significant difference between adolescent students who are studying in private institutions and government institutions on the dimension “Awareness of Basics of HIV/AIDS”.

**Hypothesis-13:** There is no significant difference between male and female adolescent students on the dimension “Awareness of Basic of HIV/AIDS”

**Hypothesis-14:** There is no significant difference between the rural and urban adolescent students on the dimension “Awareness of Basics of HIV/AIDS”

**Hypothesis-15:** There is no significant impact of demographic variables on the dimension of “Awareness of HIV Transmission”.

**Hypothesis-16:** There is no significant difference among the adolescent students who belong to the four categories of educational course on the dimension “Awareness of HIV transmission”.

**Hypothesis-17:** There is no significant difference among the adolescent students of different age categories on the dimension “Awareness of HIV transmission”.

**Hypothesis-18:** There is no significant difference between adolescent students having literate parents and adolescent students having illiterate parents on the dimension “Awareness of HIV transmission”.

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Hypothesis-19: There is no significant difference between adolescent students who are studying in private institutions and government institutions on the dimension “Awareness of HIV transmission”.

Hypothesis-20: There is no significant difference between male and female adolescent students on the dimension “Awareness of HIV transmission”.

Hypothesis-21: There is significant difference between the rural and urban adolescent students on the dimension “Awareness of HIV transmission”.

Hypothesis-22: There is no significant impact of demographic variables on the dimension “Awareness of Misconceptions of HIV/AIDS”.

Hypothesis-23: There is no significant difference among the students who belong to the four categories of educational course on the dimension “Awareness of Misconceptions of HIV/AIDS”.

Hypothesis-24: There is no significant difference among the adolescent students of different age categories on the dimension “Awareness of Misconceptions of HIV/AIDS”.

Hypothesis-25: There is no significant difference between adolescent students having literate parents and adolescent students having illiterate parents on the dimension “Misconceptions of HIV/AIDS”.

Hypothesis-26: There is no significant difference between adolescent students who are studying in private institutions and government institutions on the dimension “Awareness of Misconceptions of HIV/AIDS”.

Hypothesis-27: There is no significant difference between male and female adolescent students on the dimension “Awareness of Misconceptions of HIV/AIDS”.

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Hypothesis-28: There is no significant difference between the rural and urban adolescent students on the dimension “Awareness of Misconceptions of HIV/AIDS”.

Hypothesis-29: There is no significant impact of demographic variables on the dimension “Awareness of Source of knowledge of HIV/AIDS”.

Hypothesis-30: There is no significant difference among the adolescent students who belong to the four categories of educational course on the dimension “Awareness of the Source of knowledge of HIV/AIDS”.

Hypothesis-31: There is no significant difference among the adolescent students of different age categories on the dimension “Awareness of source of knowledge of HIV/AIDS”.

Hypothesis-32: There is no significant difference between adolescent students having literate parents and adolescent students having illiterate parents on the dimension “Awareness of source of knowledge of HIV/AIDS”.

Hypothesis-33: There is no significant difference between adolescent students who are studying in private institutions and government institutions on the dimension “Awareness of source of knowledge of HIV/AIDS”.

Hypothesis-34: There is no significant difference between male and female adolescent students on the dimension “Awareness of source of knowledge of HIV/AIDS”.

Hypothesis-35: There is no significant difference between the rural and urban adolescent students on the dimension “Awareness of source of knowledge of HIV/AIDS”.

In the present study, the education background of the respondents is as follows: 30.5% are studying 10th Class, 30% respondents are studying intermediate, 24.5% respondents are studying D.Ed. course and 15% respondents are studying graduation.
Most of the adolescent students had awareness that HIV/AIDS is preventable and they can protect themselves from being infected with HIV, and condom is used for protected sex. Life skills are useful for making their behaviour good.

The Adolescent students had less awareness about the treatment, which can stop the transmission of HIV from infected mother to the infant. Near about 50% Adolescent students are not aware of the fact that sterilized needles can prevent the HIV transmission. They also didn’t know about the HIV/AIDS vaccine, and that HIV transmission can be prevented during the sex with life partner.

The most number of respondents had known that HIV spreads from one person to the other through blood. concluded on the basis of this result of the adolescent students know that HIV spreads through blood.

Present research work that 10% of the respondents had known that HIV can get through unprotected sex, sharing of needles while injecting drugs, mother to infant through breast milk from HIV mother to infant. About 75% of the respondents believe that shaking hands or hugging, through clothes, by kissing on cheeks by touching HIV patients does not transmit HIV.

Most of the respondents did not have awareness that HIV is not transmitted while travelling together in a bus or train. 50% of the respondents are not aware of the fact that HIV is not transmitted by mosquito bites. Among them 40.3% of the respondents believed that mosquitoes transmit HIV and remaining respondents have not known this mode of transmission.

Most of the adolescent students did not have awareness about the basics of HIV/AIDS. More number of respondents did not know about the HIV tests like Elisa,
PCR, Western Blot and Testing and counseling centers. Majority of the respondents has awareness that HIV affects the immune system of the body, and the survival of HIV patients. Respondents know about the expansion of AIDS and HIV that symptoms would appear in a few years after getting infected. Respondents are aware of the stages of HIV to AIDS.

Majority of the respondents had heard about the sickness of HIV/AIDS, and HIV/AIDS is a world-spread disease and HIV causes AIDS. It is clear that 83% of the total respondents know that HIV is a virus.

The background analyses of the adolescent students revealed that 2/3 of the adolescent parents are literate where as remaining 34.7% respondents are illiterates. Regarding the residential status of the adolescent students under study are 61.6% is from urban location and the remaining 38.4% respondents come from rural location.

In the present study, 43.6% of the respondents belong to above 17 years of age while 29.7% of the respondents fall between 14-15 years of age group where as the remaining 26.7% of respondents age ranges between 16-17 years. 57.3% of adolescent student respondents come from private institutes and the remaining are studying in government institutions. In this study 53% of the respondents are male and 47% of the respondents are female. 31.7% of respondents said ‘No’ and 13.4% said don’t know which indicates they did not have awareness about HIV / AIDS as a fatal disease.

Totally 45.1% are not aware of it. 70.2% of respondents know about HIV/AIDS through parents or friends or teachers at first. 51.5% of respondents are not aware of the fact that HIV is not concentrated in Saliva, tears, Sweat.
This indicates that more than half population is not aware of it. 36.7% of the total respondents are not aware of the fact that HIV spread through semen. 28.8% of the respondents are not aware of the fact that HIV spread through Vaginal Secretions. 10.9% of the respondents said ‘don’t know’ that HIV pregnant mother can transmit the HIV to infant. 15.2% said ‘No’ about this indicates that 26.1% of the respondents are not aware of the fact. 24.4% of the respondents said ‘don’t know’ that drug abuse increases the risk of HIV and 23.9% said ‘No’ this indicates that 48.3% of the respondents are not aware of it. 26.1% of the respondents are believed that HIV is transmitted by living in the same house. 28.6% of the respondents believed that HIV is transmitted because of eating and drinking in the same plates and cups. 25.9% of the respondents believed that HIV is transmitted by sharing toilets and bathrooms. 46.5% of the respondents are not aware that HIV have reverse transcriptase enzyme. 30.3% of the respondents are not aware that HIV patients survive more years by taking precautions from the doctor. 11.7% said ‘don’t know’ and 18.6% said ‘No’. 59.1% of the respondents are not aware about window period related to HIV infection. 35.3% of the respondents said “do not know” about the person with STD more chances of getting HIV. 23.8% of the respondents said ‘No’.

This clearly indicated more than half population is not aware about it. 72.2% of the respondents are aware that HIV affects immune system of the body. 68.1% of the respondents are aware that HIV/AIDS contributed the control the disease 60.5% of the respondents are not aware about HIV/AIDS programme. 16.9% of the respondents believed that HIV is transmitted by touching HIV patients 6.4% of respondents do not know about the concept. 17.3% of the respondents believed that HIV is transmitted by
attending of HIV / AIDS patients. In this study 32.8% of the adolescent students are not aware of the fact that attending of HIV/AIDS patients does not transmit HIV.

25.8% had misconception about the Ayurvedic medicine can cure the HIV/AIDS. 77.6% are not aware about the misconception that masturbation causes HIV/AIDS. 74.9% are not aware about the misconception that contraceptive pill stop getting HIV. 19.5% of the respondents believed that sex with virgin / young woman a cure for HIV. 29.4% do not know about this. 29.4% of the respondents believed that HIV spreads due to the women. 15.9% do not know about this. 32.8% of the respondents are not discussing HIV/AIDS with their friends. 55.6% of the respondents are not discussing HIV/AIDS with their parents. 32.5% of the respondents are not discussing HIV/AIDS with their teachers. 23.8% of respondents are not reading any Hoardings, Ads and Flexes on HIV/AIDS. 40.5% of respondents are not reading any literature of HIV/AIDS. 28.4% of respondents are not listening to any class on HIV/AIDS. 54.8% of respondents are not attending to any programme on HIV/AIDS. 59.2% of the respondents do not attend any rally of HIV/AIDS. 55.6% of the respondents do not visit any red ribbon express.

FINDINGS

The following are the conclusions drawn from the analysis of data and obtained after appropriate research findings and knowledge with the intellectuals, books, journals and researchers on the subject followed by necessary discussion.

1) The demographic variables except ‘course’ did not differ significantly impact on the awareness of prevention of HIV/AIDS.
Schnoflied, D.J. and Johnson, S.R. (1998) carried out a study regarding HIV/AIDS revealed that variable ‘gender’ did not have a significant impact on awareness.

From the above it is very clear that except demographic factor ‘course’ other factors did not have significant impact on the “Awareness of Prevention of HIV/AIDS”. The difference in demographic factor course may be due to the exposure to various aspects relating to HIV/AIDS.

2) There is significant difference among adolescents who belong to four categories of course on the “Awareness of Prevention of HIV/AIDS”.

Srivastava, V.K. et al. (1992-93) on an assessment of “AIDS awareness among adolescent students in rural area of India” found that awareness is higher for graduates than non-graduate students.

From the above, it is clear that there is difference among the four categories of educational Qualification of adolescent students on the “Awareness of prevention of HIV/AIDS.

In the present study, difference may be due to the lack of awareness Government should give basic knowledge of HIV/AIDS from 9th level onwards.

3) There is significant difference among the adolescent students of different age categories on the dimension “Awareness of prevention of HIV/AIDS”.

Nketiah-Amponsah, E. and Afful-Mensah, G. (2008) studies revealed that students of different ages are significantly differs on the dimension “Awareness of prevention of HIV/AIDS”.

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From the above, it is very clear that age difference had significant impact on the dimension prevention of HIV/AIDS.

4) There is significant difference between adolescent students having literate parents and adolescent students having illiterate parents on the dimension “Awareness of Prevention of HIV/AIDS”.

Guptha., P.P. and Verma., R.K. studies revealed that there is significant difference among the adolescent students of literate and illiterate parents.

From the above, it is very clear that there is significant difference between adolescent students having literate parents and illiterate parents. Analysis of data revealed that illiterate parent’s children had more regarding the dimension “Awareness of prevention of HIV/AIDS”.

5) There is significant difference between adolescent students who are studying in private institutions and government institutions on the dimension “Awareness of prevention of HIV/AIDS”.

Durongritichai, V. (2013) studies revealed that there is significant difference between private institutions and government institutions adolescent students on the dimension “Awareness of prevention of HIV/AIDS”.

From the above, it is clear that there is significant difference between adolescent students in private and government institutions on the dimension awareness of prevention of HIV/AIDS. Private institutions students had more awareness on HIV/AIDS when compared with government institutions students.
6) There is significant difference between male and female adolescent students on the dimension “Awareness of Prevention of HIV/AIDS”.

Affal-Mensah, G. and Nketiah-Amponash, E. (2008) studies revealed that there is significant difference between male and female students. Male respondents are more aware of the preventive measures than the females.

From the above, it is clear that there is significant difference among the male and female respondents. Analysis revealed that males are higher than the females.

7) There is significant difference between the rural and urban adolescent students on the dimension “Awareness of Prevention of HIV/AIDS”.

Elizabeth Glaser (2011) studies in Mozambique revealed that there is significant difference between the rural and urban adolescent students.

From the above, it is clear that there is significant difference between the rural and urban adolescent students regarding the dimension awareness of prevention of HIV/AIDS.

8) Demographic factors except age and location remaining factors differ significantly on the dimension “Awareness of Basics of HIV/AIDS”.

Asuge, M.C. (2000) conducted survey on basics of HIV/AIDS among adolescents in IBADNA. It revealed that there is difference on the awareness of HIV/AIDS related to the dimension basics of HIV/AIDS.

Thomas William (1996) studied awareness among college students of North Arcot, Ambedkar district of Tamilnadu. The study revealed that male students are having good knowledge regarding basic aspects of HIV/AIDS than female students.
From the above, it is very clear that demographic factors like age, location of the adolescent students did not differ significantly but remaining factors differ significantly on the dimension “Awareness of Basics of HIV/AIDS” may be subject matter for further research.

9) Educational course of the adolescent students differs significantly on the dimension “Awareness of Basics of HIV/AIDS”.

Newman, R.H. Daniel (2001) conducted survey on basics of HIV/AIDS. Studies revealed that education has significant impact about the basics of HIV/AIDS.

Ghosh, et al. (2009) in their report, explored that woman who lacked education significantly differs from the high educated woman.

From this, it is clear that higher the educational qualification has a significant impact on the dimension “Awareness of Basics of HIV/AIDS”.

10) There is significant difference among adolescent students of different age groups on the dimension “Awareness of Basics of HIV/AIDS”.

Anwa, M. and Sulaiman, S.A. (2010) studies revealed that there is significant difference occurs among the students of different age groups about the awareness of basics of HIV/AIDS.

From the above, it is very clear that significant difference occurs between students of different age groups. Higher the age group students had more “Awareness of Basics of HIV/AIDS” and lesser the age group had lesser the “Awareness of Basics of HIV/AIDS”.

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11) There is significant difference between adolescent students having literate parents and adolescent students having illiterate parents on the dimension “Awareness of Basics of HIV/AIDS”.

Samkange-Zeeb. FN (2010) studies revealed that there is a significant difference between the adolescent students having literate and illiterate parents.

From the above it is clear that there is significant difference between adolescent students having literate parents and illiterate parents.

12) There is significant difference between adolescent students who are studying in private institutions and government institutions on the dimension “Awareness of Basics of HIV/AIDS”.

Verma, R.K. and Wong, S. (2011) studies revealed that there is significant difference between the private institutions and government institutions students on the dimension awareness of HIV/AIDS.

From the above, it is very clear that there is significant difference between the private institution and government institution students. Analysis revealed that private institution students had more awareness than government institution students.

13) There is significant difference between male and female adolescent students respondents on the dimension “Awareness of Basics of HIV/AIDS”.

Mansoor, A. (2012) studies revealed that there is significant difference between male and female respondents on the awareness of basics of HIV/AIDS.

From the above, it is very clear that there is significant difference among male and female respondents. Males had more knowledge than the females.
14) There is significant difference between the rural and urban adolescent students on the dimension “Awareness of basics of HIV/AIDS”. Yadav, S.B. (2011) studies revealed that there is significant difference between rural and urban students.

From the above, it is clear that the significant differs occurs between them analysis revealed that rural respondents are higher than the urban respondents and contradicts the previous studies.

15) Demographic variables gender and location had significant impact on the dimension “Awareness of transmission of HIV”.

Avert (2006) survey on HIV/AIDS in Nigeria in 2003, 3.3 million are living with HIV of them 1.9 million (57%) are females had less awareness of HIV compared to their male counter parts.

Meundi (2008) found that from a study conducted in south India that higher HIV knowledge scores are significantly associated with higher education, gender among the general population.

From the above, it is clear that there is significant impact of the variables gender and location on the dimension “Awareness of transmission of HIV”.

16) There is significant difference among the students who belong to four categories of educational course on the dimension “awareness of HIV transmission”.

Zhao, Q. (2010) studies revealed that there is significant difference in the opinions among the students of different categories of educational qualification on the dimension awareness of HIV transmission.
From the above, it is very clear that education qualification have a significant impact on the awareness of HIV transmission.

17) There is significant difference among the adolescent students of different age categories on the dimension “Awareness of HIV transmission”.

Wang, L. and Ding, Z.W. (2011) studies revealed that there is significant difference among the adolescent students of different age categories on the dimension of awareness of HIV transmission.

From the above, it is clear that different age categories of adolescent students significantly differ.

18) There is no significant difference between adolescent students having literate parents and adolescent students having illiterate parents on the dimension “Awareness of HIV transmission”.

Mahat, G. (2013) studies revealed that there is significant difference between the adolescent students having literate parents and illiterate parents.

Analysis revealed that there is no significant difference between adolescent students having literate parents and illiterate parents on the dimension awareness of HIV transmission. Present study contradicts the previous study due to fewer interactions between parents and adolescent children about “Awareness of HIV transmission”.

19) There is no significant difference between adolescent students who are studying in private institutions and government institutions on the dimension “Awareness of HIV Transmission”.

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Thanavanh, B. (2013) studies revealed there is significant difference among the students who are studying in private and government institutions on the dimension awareness of HIV transmission.

But, the present study contradicts the previous study due to the lack of proper awareness programmes in educational institutions.

20) The awareness of Transmission of HIV significantly differs with regard to the gender.

Thomas Williams (1996) studies revealed that male students are having good knowledge regarding general aspects of AIDS and the females with insufficient knowledge.

Chuttani (1991) survey revealed that there is less awareness for women than men.

Babalola (2006) study examined the Influence of age, gender and parental educational status on HIV-related knowledge of Nigerian adolescents. Another interesting finding in study is that males believed more in the efficacy of condom use than females.


The study had revealed that the male students are having good knowledge regarding the general aspects of AIDS and the female are with insufficient knowledge.

From the above, it is clear that the gender plays a significant role on the awareness of HIV/AIDS.
21) Rural and urban adolescent students significantly differ on the dimension “Awareness of HIV Transmission”.

Payal Mahajan and Neeru Sharma (2005) studies revealed the awareness of HIV/AIDS for urban adolescent girls is better than the rural adolescent girls.

Mc.Manas and Dhar (2008) studies revealed that awareness of HIV/AIDS among the adolescent girls in Delhi city more than rural places.

From this, it is very clear that “Awareness of HIV Transmission” among rural and urban students differs.

The difference in the present study may be due to the facilities, exposure. Urban students had more awareness because they can access information more through better education, computers.

22) “Awareness of Misconceptions of HIV/AIDS” differ significantly among the variables age, literacy of parents and gender of adolescent students.

Wells, E.A. and Loppe, M.F. (2002) conducted a study on misconception about HIV/AIDS among children of different age groups, literacy of parents revealed, that significant difference occurs between them.

From the above, it is clear that Demographic variables age, literacy of parents and gender significantly differ on the dimension “Awareness of Misconceptions of HIV/AIDS”.

23) There is significant difference among the students who belong to the four categories of educational course on the dimension “Awareness of misconceptions of HIV/AIDS”.
Ahmadnezhave, E. (2013) studies revealed that there is significant difference who belongs to the four categories of educational qualification on the dimension “Awareness of misconceptions about HIV/AIDS”.

From the above, it is clear that there is significant difference among the four categories of educational course on the dimension “Awareness of Misconceptions of HIV/AIDS”.

24) There is significant difference among the adolescent students of different age categories on the dimension “Awareness of Misconceptions of HIV/AIDS”.

Yazdi, C.A. (2008) studies revealed that there is significant difference among the adolescent students of different age categories on the dimension “Awareness of Misconceptions of HIV/AIDS”.

From the above, it is clear that there is significant difference among adolescent students of different age categories. Higher age group had fewer misconceptions than the lesser.

25) Literacy of parents of adolescent students differs significantly on the dimension awareness of misconceptions of HIV/AIDS.

Colwel, B. et al. (1995) studies revealed that literacy of parents differs significantly regard to dimension misconception about HIV/AIDS.

From the above, it is clear that significant difference exists among adolescents having the literate parents and illiterate parents on the dimension “Awareness of Misconceptions of HIV/AIDS”.

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26) There is no significant difference between adolescent students who are studying in private institutions and government institution on the dimension “Awareness of Misconceptions of HIV/AIDS”.

Ritieni, A. (2000) studies revealed that there is no significant difference between the adolescent students who are studying in private and government institution on the dimension “Awareness of Misconceptions of HIV/AIDS”.

From the above, it is clear that there is significant difference between adolescent students who are studying in private and government institution on the dimension “Awareness of Misconceptions of HIV/AIDS”.

27) “Awareness Misconceptions of HIV/AIDS” significantly differ among the male and female adolescent students.


From the above, it is clear male and female respondents significantly differ on the dimension “Awareness of Misconceptions of HIV/AIDS”.

28) There is significant difference between the rural and adolescent students about the dimension “Awareness of Misconceptions of HIV/AIDS”.

Yazdi, C.A. (2008) studies revealed that there is significant difference between rural and urban adolescent students on the dimension “Awareness of Misconceptions of HIV/AIDS”. From the above, it is clear that there is significant difference. Rural area students had more misconceptions than urban students.
29) “Awareness of Source of knowledge of HIV/AIDS” did not significantly differ for all the demographic variables except the course of the adolescent students.


The present study contradicts the previous one because due to the exposure and awareness, facilities provided.

From the above, it is clear that the Source of knowledge significantly differs for the variable course and remaining variables did not differ significantly.

30) There is significant difference among the students who belong to the four categories of educational course on the dimension “Awareness of Source of knowledge of HIV/AIDS”.

Ahmed, S. and Hassali, M. (2009) studies revealed that there is significant difference revealed that there is significant difference in the opinion among the students who belong to four categories of educational course on the dimension “Awareness of Source of knowledge of HIV/AIDS”.

From the above, it clear that there is significant difference in the opinion among the students who belong to the four categories of educational course on the dimension “Awareness of Source of knowledge of HIV/AIDS.

31) There is significant difference among the adolescent students of difference age categories on the dimension “Awareness of Source of knowledge of HIV/AIDS”.

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Tung, W. (2013) studies revealed that there is significant difference among the adolescent students of different age categories on the dimension “Awareness of Source of knowledge of HIV/AIDS”.

From the above, it is clear that age had a significant impact on the dimension “Awareness of Source of knowledge of HIV/AIDS”.

32) There is significant difference between adolescent students having literate parents and adolescent students having illiterate parents on the dimension “Awareness of Source of knowledge of HIV/AIDS”.

Premadasa, G. (2013) studies revealed that there is significant difference between adolescent students having literate parents and adolescent students having illiterate parents on dimension “Awareness of Source of knowledge of HIV/AIDS”.

From the above, it is very clear that literacy of parents had a significant impact on the dimension “Awareness of source of knowledge of HIV/AIDS”.

33) There is significant difference between adolescents who are studying in private institutions and government institutions on the dimension “Awareness of source of knowledge of HIV/AIDS”.

Huang (2005) studies revealed that there is significant difference between the adolescents who are studying in private institutions and government institutions on the dimension “Awareness of source of knowledge of HIV/AIDS”.

From the above, it is very clear that there is significant difference between adolescents who are studying in private and government institutions on the dimension “Awareness of source of knowledge of HIV/AIDS”.

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34) There is significant difference between male and female respondents adolescent students on the dimension “Awareness of source of knowledge of HIV/AIDS”.

Singh, Sk. (2001) studies revealed that there is significant difference between male and female respondents on the dimension “Awareness of source of knowledge on HIV/AIDS”.

From the above, it is very clear that gender had significant impact on “Awareness of source of knowledge of HIV/AIDS”.

35) There is significant difference between the rural and urban adolescent students on the dimension “Awareness of source of knowledge of HIV/AIDS”.

Shiferaw, Y. (1984) studies revealed that there is significant difference between the rural and urban adolescent students on the dimension “Awareness of source of knowledge on HIV/AIDS”.

From the above, it is clear that location had significant impact on the dimension “Awareness of source of knowledge on HIV/AIDS”.

CONCLUSIONS

The following conclusions are drawn in present study by the researcher. It can be further advised in the form of suggestions on the present study that adolescent students can and must develop strategies to address the gigantic problem posed by HIV/AIDS to humanity as a whole. The health sector alone cannot cope up with them only by acting decisively now to control HIV, can we ensure that today's adolescent students will have future as adults. It is becoming increasingly clear that the youth must have knowledge of the AIDS prevention strategies at AIDS centers, which are intended to ensure that the young people remain HIV-free. To deal with HIV/AIDS effectively, a broad alliance of
governmental and non-governmental organizations engaged in public health education, development and public policy must be forged to fight jointly against this source. The private sector must also be roped into this fight. A strategic framework focused on the youth emphasis is that the AIDS epidemic has many components and that no single component of this strategy can succeed in isolation from the others. For example more attention has to be paid to educate the adolescent students in the places where the epidemic is just beginning to spread. Where HIV/AIDS is already widespread, the emphasis has been on curtailing its further spread. A successful HIV/AIDS programme has to be based on formative research and need periodical assessments.

Addressing the HIV/AIDS epidemic among the adolescent students requires the services of not only the adolescent students themselves but also the others who influence their lives, parents, the other family members, and teachers and these people can help in preventing the spread of HIV/AIDS among the adolescent students. In the same way the AIDS prevention programme has to be implemented among both the adolescents and the adults, who often play a dominant role in the sexual relationships with girls in teenage. Involving the adolescent students themselves in planning and carrying out AIDS prevention programme can ensure that such programmes meet their needs.

There is considerable disagreement over HIV/AIDS education including what to teach, at what age, in what setting, by whom, to what end, etc. Political pressures often keep sex education and thus HIV/AIDS education out of the classroom. Sensitivities about sexuality and adolescent student’s behavior often obstruct AIDS education. Inspite of such hurdles, some programmes appear to have made some progress. Important
components of the AIDS education programme for the adolescent students include addressing the peer pressure and inculcating norms that would discourage risky behavior.

AIDS prevention strategies that focus on the adolescent students must be innovative, creative, and comprehensive. They must address individual behaviors, which place the adolescent students at risk. There is a need to develop a strategic plan to address HIV/AIDS among the adolescent students. Governments, the NGOs, the communities, and the private sector must work together if the world is to prevent one generation after another succumbing to the scourge of HIV/AIDS.

The AIDS education should generate interest in the launching of health and lifestyle in education. In the absence of organized health education programmes, an alternative interim strategy will have to be worked out. AIDS education must be a continuous process and AIDS education can take a variety of forms, ranging from formal curriculum based teaching to public information, education and communication methods by variety of mass media. Similarly, the target groups of AIDS education can vary from well-defined age groups to groups, which indulge in high risk behavior in specific situations.

In this connection, it is worth remembering that adolescent students are universally regarded as an important target audience for all educational activities aimed at promoting healthy attitudes and behaviors.

The factors that obstruct HIV/AIDS prevention efforts have been identified as the following, failing to reach the secondary audiences such as parents, guardians, etc. Denying the information to the adolescent students, which would not help them to protect themselves from the HIV infection failing to address the root causes of the vulnerability
to HIV. Stigmatizing people infected with HIV/AIDS and failing to adopt plans, this would really cater the needs of the adolescent students must be discouraged. Programmes must be designed for the youth with involving them in the programmes. Healthy attitudes, behaviors, and skills learned at an early age will protect the adolescent students against many social evils. Adolescence is a period of profound physical and psychological change during which the adolescent students learn to assume control of their lives and should be able to take mature decisions. However, rapid changes taking place in society like urbanization, industrialization, increased travel, the rapid spread of non-traditional values through the mass media, the continuing decline in the influence and support of the extended family, etc., have all contributed to making AIDS such a serious threat to our society. These factors, either in combination or singly, have given many adolescent students, a wide range of behaviour to choose from; however, some of it may be dangerous.

This would include not only sexual behaviour but also injecting to drugs may lead to the HIV infection. Therefore, the adolescent students are to be made aware of the potential consequences of such behavior.

SUGGESTIONS

More programmes are required for the awareness of HIV/AIDS in rural areas. The programmes must contain knowledge of prevention of HIV/AIDS. The posters have to be pasted on the walls in the regional language that HIV do not spread through shaking hands, sharing toilets, sneezing. Hence government should include HIV/AIDS as a topic from the 8th level. Researcher found that some of female biology, science teachers are teaching this HIV/AIDS topic.
Some of the teachers are teaching, but students are feeling shyness to know about this concept. Teachers and peer educators should be trained to teach about the concept. Therefore conclusion is that HIV/AIDS awareness is not only responsibility of health personal but all young adolescents have to be trained regarding the disease through peer education by which for the safety of future generation and strengthen economy of our country.

SUGGESTIONS FOR THE FURTHER RESEARCH

In the light of the present study, the researchers may take up the following studies:

1. Similar studies may be conducted by taking samples from the all districts in Andhra Pradesh and in some other selected states in our country.
2. Studies may be taken up to identify the effectiveness of HIV/AIDS awareness programmes for the adolescent students in different districts of the states of India.
3. Studies may be taken up to identify different factors which influence awareness of HIV/AIDS among adolescent students.
4. Studies may be taken up to compare the knowledge of adolescent students and adolescents.
5. Studies may be taken up to compare the knowledge of HIV/AIDS of professional adolescent students with Non professional adolescent students.
6. Studies may be taken up to identify the problems of implementing the HIV/Awareness programmes at school level and college level.
7. Attempts should be made to frame and revise update knowledge of HIV/AIDS in syllabus at regular intervals in Biological science subject at secondary level.
8. Studies may be taken up to know the level of HIV/AIDS among Biological science teachers in Andhra Pradesh as well as in other states.

9. The advice of committed educationalists and social workers should be bought in framing and altering the policies relating to awareness of HIV/AIDS education at all levels.

10. Studies may be taken up to identify the influence of teachers and lecturers about the awareness of the HIV/AIDS among the adolescent students.

11. Studies may be taken up to identify the problem of biological science teachers while teaching of HIV/AIDS at school level and college level.

12. Studies may be taken up to identify the effectiveness of question box programme at school level.

13. Studies may be taken up to identify the effectiveness of the AIDS day programmes on the students and the society.

14. Studies may be taken up to identify the level of awareness of HIV/AIDS among engineering students.

15. Studies may be taken up to identify the effectiveness of red ribbon clubs at all levels.

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