CHAPTER – I

REVIEW OF LITERATURE
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Before finalizing the scope and methodology for the present study, thorough review was done on the related studies and reports existed globally. The main focus and findings of different studies and gaps in the existing research were identified and the review was presented under different headings:

Engaging Communities in Youth 'Reproductive Health' and HIV Prevention

HIV/AIDS is an unprecedentedly public health problem facing the entire world. Confirmed cure is neither in sight nor reliable vaccine likely for several years. The only means of curbing the disease is health education, thereby making the infection with HIV/AIDS an urgent problem worldwide with medical, social and economic implications. Mann (1997) said, AIDS was first discovered in the USA in 1981. He further stressed that, retrospective studies indicated that the first cases might have occurred there early as 1978. The geographical and biological origins of the virus causing the disease are not clear. However, it appears that this virus is first of its kinds in modern history that has spread widely among human population (Olaleye, 2000).

Orubuloye (1990) emphasized that, in Nigeria, heterosexual intercourse is the predominant mode of transmission. Fawole, et al (1999) opined that adolescents are also a group of high risk in the rapidly growth HIV/AIDS pandemic. This is because adolescence is a time of rapid growth and development and it is also the time of sexual maturity and the initiation into sexual activity. This author further said that during that period, youths learn
to control their lives and make independent decisions. They try out experiences for the first time, and this is often the time for sexual experimentation by some youths. It is often, however, accompanied by lack of knowledge and skill to make healthy choices.

Another group at high risk of HIV/AIDS infection according to Al-Owaish, et al (2005) includes those with prior history of sexually transmitted diseases (STDs). Screening high risk individuals, such as STD patients, is useful since the related counseling may change their behaviour and keeps them free of HIV infection (Nurse Practitioner, 2005).

Nowadays, it is worthy of knowledge to know that, HIV/AIDS spares no professional, racial or religious groups, and it attacks actors, actresses, doctors, nurses, laboratory staff, lawyers, teachers, as well as politicians, civil servants, businessmen, sports men and women, and even students, who are leaders of tomorrow. Hence, the need as a matter of urgency to create avenue to have knowledge of HIV/AIDS among students/youth with the view to eliciting positive behavioural changes towards the people who were affected with HIV/AIDS and to involve in health education and promotion to help reduce the rate at which this disease is rapidly growing in our society.

Two types of HIV infection:

HIV connotes human immunodeficiency virus. It is the virus that causes acquire immune deficiency syndrome (AIDS). There are two types of HIV; they are HIV-1 and HIV-2. HIV destroys the body's immune system leaving the body open to infections that it cannot fight in the normal way, when this happens, a person has AIDS (Rosserr, 2006).
Olaleye (2000) said that, the two major types of HIV-1 and HIV-2 could be distinguished genetically and antigenically. He further stressed that, by the last count, at least 12 HIV-1 subtypes and 5 HIV-2 subtypes have been registered with the Gene-Bank. The viruses are highly heterogeneous in a variety of biologic, serologic and molecular features. These include: Cellular tropism: Replication kinetics: Level of virus production: Cytopathic effects: Plague or Syncytium-forming ability: Latency: Sensitivity of neutralizing or enhancing antibodies and: Genetics structure. These variables features coupled with the other properties of the virus mentioned earlier make difficult to produce effective vaccine or therapy against the virus.

The origin of AIDS virus has become a matter of intensive international debate (Health Digest, 2002). Since it was first identified in 1981, there has been a question of where it originated from: AIDS was originally thought to originate from Haiti and later Africa (Oshuntokun, 1986). The Western World argued that, it originated from Africa because the discovery of the AIDS virus resembles a virus found in the African green monkeys (Achalu, 1993).

‘New Scientist’ Report (2001) opined that, the virus was discovered in 1983 by Bar-sinoussi et al in France and identified as retrovirus that caused lymphadenopathy. Achalu (1993) intensified that, Soviet Union (Russia) is convinced that AIDS originated from America, claiming that AIDS virus was the product of American Chemical weapon laboratory.

AIDS is referred to as a syndrome because the range of manifestations and may include a variety of opportunistic infections, neurological disorders, and malignancies
Churchill (2004) stressed that, AIDS is a syndrome because of its aggregate of signs, symptoms, or other manifestations considered to constitute the characteristics of a morbid entity; used especially when the cause of condition is unknown. AIDS is a sexually transmitted disease; it can be passed from woman to man, from man to woman, and from man to man (Royce, et al. 2005). AIDS is a deadly disease and the majority of people who become infected with HIV will develop AIDS or dementia or associated neurological diseases within 10 years (Katona, 2003).

Globally, young people are disproportionately affected by unplanned prenatal exercise, sexually transmitted infections (STIs) including HIV, and other serious 'Reproductive Health' problems. Youth 'Reproductive Health' (YRH) and HIV/AIDS programs can provide youth with the information, support, and services they need to maintain their sexual and 'Reproductive Health'. The importance of involving young people in the design, implementation, and evaluation of youth 'Reproductive Health' and HIV/AIDS programs is recognized by the World Health Organization and other agencies. Youth participation increases the impact of YRH and HIV/AIDS programs through ensuring greater relevance to the problems and issues faced by young people and increasing sustainability of interventions.

In addition, a growing body of evidence suggests that youth participation in YRH and HIV/AIDS programs helps young people to develop confidence, change attitudes, and establish more meaningful relationships with adults. Young people's sexuality, sexual behavior, and 'Reproductive Health' are greatly influenced by the expectations, norms, and practices of peers, parents, and other adults in the communities where they live. Institutions and informal groups such as religious organizations, schools, and local
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authorities influence the roles and responsibilities of young people and their access to ‘Reproductive Health’ and HIV/AIDS services. Involving members of the wider community, as well as young people themselves, in YRH and HIV/AIDS programs is essential in order to build an enabling environment for young people to improve their well-being and ‘Reproductive Health’.

A participatory assessment process is a valuable starting point for involving all community members, including young people, in YRH and HIV/AIDS program development. YRH and HIV/AIDS program workers need skills in facilitating participatory assessments, especially when youth involvement is a key component. Supporting facilitators to ‘learn by doing’ is an effective strategy to build skills in using participatory learning and action (PLA) approaches and tools during participatory assessment and throughout the project cycle. This guide aims to engaging communities in youth ‘Reproductive Health’ and HIV projects provide easy-to-follow guidelines for carrying out a participatory assessment with young and adult community members, and to outline how these tools and methods can be applied throughout the project cycle.

College youth and HIV/AIDS

The Centers for Disease Control and Prevention (CDC) and the American College Health Association estimate that 1 in 500 college students are infected with Human Immunodeficiency Virus (HIV). HIV infection usually develops into Acquired Immune Deficiency Syndrome (AIDS).

Researchers have conducted many studies to determine whether the threat of HIV infection causes college students to alter risky behaviors. Unfortunately, it doesn’t seem to.
Studies indicate that increased knowledge of HIV/AIDS does not always result in a positive behavior change. College students appear to be very knowledgeable about HIV/AIDS. Knowledge of HIV and safe sex practices appear to be greater among men than women. Males who were more knowledgeable about HIV/AIDS reported less intercourse and said they were more likely to use condoms. Knowledge among college females was not associated with condom use. Females may perceive themselves as less susceptible to HIV. While most heterosexual college students know they are at risk for HIV infection, most do not feel personal risk. Research has indicated that 75-85% of heterosexual students do not feel at risk for HIV infection.

It is estimated that at least half of all new HIV infections in the U.S. are among people under the age of 25. The majority of young people are infected sexually. This means that prevention is still vital to eliminate infection. IV drug-users are at high risk for HIV infection. HIV is not passed through social contact. Kissing an infected person is also not a known risk.

For college students who are sexually adventurous, the best way to prevent HIV transmission is through the use of latex condoms. When condoms are correctly and consistently used during sexual intercourse the risk of HIV may be lowered by 70% to 100%. Unfortunately, less than 10% reported always using condoms. Another study found that students with multiple or casual partners used condoms only 7% to 20% of the time during their last involvement in sexual intercourse.

Men who have sex with men (MSM) accounted for 71% of all HIV infections among male adults and adolescents in 2005. Given that a large number of HIV-infected
people are unaware of their infection, HIV testing is an important strategy for this population. Many of these men have previously tested negative, so it is recommended that all sexually active MSM be tested for HIV at least once a year. MSM who engage in high-risk behaviors (unprotected anal sex with casual partners) should be tested more frequently. According to a CDC study, 55% of young men (aged 15–22) did not let other people know they were sexually attracted to men. MSM who do not disclose their sexual orientation are less likely to seek HIV testing. If they become infected, they are less likely to know it. MSM who do not disclose their sexual orientation are likely to have one or more female sex partners. MSM who become infected may transmit the virus to women as well as to men.

Race seems to be a factor in HIV/AIDS infection. African Americans were disproportionately affected by HIV infection, accounting for 55% of all HIV infections reported among persons aged 13–24. African American women were seven times as likely as white women and eight times as likely as Hispanic women to be HIV-positive.

Abstinence is the only 100% effective way to avoid HIV/AIDS infection. If you choose to have sex, the risk for HIV/AIDS isn’t equal for everyone. If you don’t have multiple partners of have sex with people who have multiple partners AND use condoms correctly and consistently, the odds of acquiring HIV are low.

The main goal of the Ontario Public Health ‘Reproductive Health’ Program is to enable individuals and families to achieve optimal preconception health, experience a healthy pregnancy, have the heal theist newborn(s) possible, and be prepared for parenthood. This report focuses s on the ‘Reproductive Health’ status of women in Oxford.
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County and provides useful information to identify community need, and develop locally-relevant activities and services. Building on formats previously modeled by other health units, 'Reproductive Health' Status in Oxford County describes 'Reproductive Health' trends in Oxford County, including 'Reproductive Health' outcomes and associated determinants of health. This report synthesizes primary research, secondary data sources, and relevant literature into a single comprehensive report that can be used as a reference to influence the development of healthy public policy and program activities and services for the promotion of 'Reproductive Health'. We hope that this report will be useful to local program planners, staff, community stakeholders, and all those interested in emerging 'Reproductive Health' trends.

'Reproductive Health' Status in Oxford County is divided into five sections. In most sections, Oxford County data are compared over-time or to the Ontario average. This is a form of benchmarking used to help identify successes and areas in need of improvement. Appropriate statistical tests were used to determine if differences observed were significant. Where events observed were low, multiple years of data were collapsed to remove large variations in rates. Caution should be used when drawing conclusions from data with large variations. Finally, as an aid to readers, attempts were made to place findings in the context of relevant literature. Readers are encouraged to use these findings in the context of their own work or recently released information. Thank you for taking the time to read this report. We hope that it meets your information needs and contributes to your understanding of healthy pregnancies, birth outcomes, and preparation for parenthood in Oxford County.
S. Siva Raju: Carried out a study entitled ‘Variations in the Utilization of ‘Reproductive Health’ (RH) Services and its Determinants: An Empirical Study in India’.

With a view to understand the variations in the utilization of ‘Reproductive Health’ (RH) services and its determinants, an empirical study has been carried out by S. Siva Raju in three contrasting states (Andhra Pradesh, Madhya Pradesh and Maharashtra) of India. Wide variations in the performance of ‘Reproductive Health’ programme are noticed across these states.

A vast country, like India, with very wide disparities in various sectors of development among different states, uniform strategies for the country as a whole will not yield the desired results. As the ‘Reproductive Health’ programme is a source of strength to all other schemes of socio-economic development, effective measures have to be initiated to improve its performance among all states. Therefore, there is a necessity for formulating policies and programmes on realistic estimates and parameters and more meaningfully in a decentralized manner for effective promotion of the programme in all regions. Identification of regions and broad cultural groups within each region on the basis of their performance in health programme has to be initiated. It would provide clues to the health personnel to channelize their effects on a realistic and differential basis among the regions and cultural groups, wherever performance of health programme varies.

In conclusion, it is observed that the number and types of variables and their extent of influence on ‘Reproductive Health’ programmes across different cultural and regional groups significantly vary. Further, there are certain common specific factors that influence ‘Reproductive Health’ status of the people belonging to different in the cultures and regions. Hence, these findings raise a number of issues for formulating policies in the field
of ‘Reproductive Health’, not uniformly for the country as a whole, but differentially for sub-regions in various parts of the country. Similarly, the pattern of various in-puts for developing the ‘Reproductive Health’ programme may also have to be suitably modified in view of the diversity of the factors and their influence on health care programmes across different cultures and ecological regions. Thus, the findings are unique in many aspects and should have far-reaching, theoretical, methodological, policy and programme implications in the ‘Reproductive Health’ care programmes. Some of the most important implications of the present study are given below:

1. The findings of this research would suggest the need for a change in methodology for studies on ‘Reproductive Health’ Programmes. As differences exist in the performance in health programmes in different regions and cultural groups, it is essential to study the various determinants by stratifying the population according to regions, communities and other stratification variables. This would be a methodological achievement for improving explanatory efforts to understand better, the determinants of ‘Reproductive Health’ status of women among different regions and groups.

2. Identification of areas and broad cultural groups within each area on the basis of their performance in RCH programme would provide clues to the health personnel to channalise their efforts on a realistic and differential basis among the regions and cultural groups, wherever performance in various health programmes varies.
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3. Lack of proper infrastructural health facilities in the less developed areas rightly indicates the urgency of increasing infrastructural and health services and doctor-patient ratio in these areas. Hence differential financial and other inputs may have to be provided for different areas on the basis of their requirements and the existing performance in various health programmes in general and 'Reproductive Health' programmes in particular.

K. Malleshappa, Shivaram Krishna, Shashikumar: Undertaken a study entitled 'Awareness and attitude of youth toward HIV/ AIDS in rural Southern India'. This community-based, cross-sectional study was conducted in Kuppam Mandal involving 850 rural youth over a period of 5 months (June 2008 – Oct. 2008). Ethical clearance was taken from the Institutional Ethical Committee. Based on the pilot study, the estimated sample size of 850 young men and women in the age group of 18-30 years was randomly selected using a two-stage sampling design. In the first stage a random sample of 14 villages of Kuppam Mandal (Taluka) was selected based on the 2001 census using "Probability proportionate to size" (PPS) technique. In the second stage, a simple random sample of 75 households was selected from each of the selected villages. If the number of eligible respondents was more than one in a household, the names of such respondents were listed in order according to their age and one person was selected randomly, using the random number table. The information was collected using a semi-structured, pre tested questionnaire validated by National AIDS Control Organization (NACO) and procured from Andhra Pradesh state AIDS control society (APSACS). The questionnaire consisted of 60 questions out of which 40 questions to assess the awareness levels of respondents about cause, modes of transmission and prevention of HIV/AIDS and 20 questions to
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assess the attitude toward people living with HIV / AIDS (PLHA). During house visits the purpose and nature of the study was explained to the people and informed consent was obtained. On obtaining their consent, the investigator conducted a face-to-face interview to fill the questionnaire. A basic training session, including discussion regarding proforma, in the vernacular language and trial data collection were conducted for the investigators. A total of 5 teams had participated in data collection. Anonymity and confidentiality of respondents were maintained.

Data was analyzed using SPSS version 11.5, chi-square test was used to compare the awareness and attitude toward HIV / AIDS across the educational category & ‘P’ value <0.05 was considered statistically significant. The educational categories were defined as below secondary school (8th standard) and secondary school and above.

The study has brought into light some of the important issues about awareness levels among young men and women in rural areas and the action strategies needed for making them aware and in changing their attitudes toward PLHA on an urgent basis. Because HIV infection is a dynamic process and could change as a function of time, more and more similar studies targeted at general public particularly in rural areas are needed at regular intervals to test the results of the preventive measures & efficacy of the existing policies

E. O. Osakinle, J. O. Babatunde, F. A. Alade: Organized a study entitled 'youths and their choice of contraceptives towards an effective 'Reproductive Health': the case of ekiti state, Nigeria'. The paper is a descriptive design of the survey type. The population of the study is all the youths in Ekiti State, while the samples are 200 selected
from randomly selected two local government headquarters and two rural areas from within the 16 LGAs in the state. One LGA headquarter as well as one rural settlement that was not part of the sample were used to get the reliability co-efficient. The instrument for the study was titled Youths and Contraceptive Usage (YAU). The 20 items instrument was administered to 100 youths in the two locations. A test-retest analysis was done after two weeks of first administration. Pearson Product Moment Correlation analysis was used to analyze and a co-efficient of 0.78 was getting at 0.05 level of significance.

The instrument had two sections A and B, section A has to do with the bio-data of the individuals, while section B of 20 items was to elicit information of their type of contraceptives the youths use which would determine their level of 'Reproductive Health'. One general question was raised while two Hypotheses were generated to guide the study. Percentage and frequency scores were used to score the general questions while t-test analyses were used to analyze the data collected.

Non-Government Organizations could be involved in preaching this gospel of the use of modern contraceptive in all the nooks and crannies of Ekiti State so that whether rural and urban location, youths can get the supply of contraceptive for a healthy reproductive living. Also, there should be no disparity among who is supposed to use and who is not supposed to use (i.e. whether adults or youths) contraceptives since the methods are meant for people in their reproductive ages whether married or not.

Raza MI, Afrif A, Choudhry AJ, Khan HI, (1996): Undertaken a study entitled 'Knowledge, Attitude and Behaviour Towards AIDS Among Educated Youth in Lahore, Pakistan'. This study was focused on Youth (age 20-35 years) with minimum
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qualification of Secondary School Certificate (10-years) from different educational institutions (nonmedical) and work places (Financial, Business centers, etc.) in Lahore. During 1996, 1088 structured questionnaires were distributed among target group, through volunteers from Department of Sociology, University of the Punjab, Dept. of Psychology, Government College, Lahore and HOPE. (A non-governmental organization), Lahore, randomly after obtaining their consent. Respondents were asked about their knowledge and beliefs regarding AIDS, their attitude towards AIDS patients and HIV carriers and their own practices regarding usage of condom. The data was compiled and analyzed using computer software Epi Info version 6.0. Uncorrected Chi-Square test was used as the test and p<0.05 was used as a cut off point for statistical significance.

Out of a total of 1088 respondents, 733 were males and 355 were females, of which 698(95.2%) males were aware of the presence of AIDS in Pakistan as compared to 273(76.9%) females (p<0.0101). Regarding the causative agent, only 189 (25.7%) males and 76 (21.4%) females had the correct knowledge, but the difference was statistically not significant (p0.115). While responding to the questions about routes of transmission of HIV/AIDS, more than 80% respondents possessed correct information that it is transmitted through sexual intercourse, blood transfusion, from pregnant mother to new born baby and using contaminated syringes, while mall the cases males had significantly more correct knowledge as compared to the females.
Nair MK, Thankachi Y, Leena ML, George B, Russell PS: Carried out a study entitled ‘Reproductive and Sexual Health Knowledge: A Comparison Among Married Male and Female Young Adults (15–24 y)’. This cross sectional community survey was conducted in three districts in Kerala. The married young adults were stratified into age groups of 15–19 y and 20–24 y. Data was collected using separate pretested structured interview schedule.

There were no married males below the age of 20 y and only 24 females below the age of 20 y. More proportion of males had statistically significant knowledge about masturbation (72.3 %), night emission in boys as an indicator of adolescence (92.6 %), the fact that there is no relation between size of penis and sexual performance (78.8 %) and condom prevents pregnancy and HIV/AIDS. Among the married 20–24 y group higher proportion of males had knowledge on safe period (47.9 %) and condom use (97.9 %) whereas higher proportion of females had knowledge on copper-T. With regard to sexual health higher percentage females talked about satisfactory sexual life (83.5 %) and good sexual hygiene practices (81.5 %).

Gupta N, Mathur AK, Singh MP, Saxena NC, (1996): Conducted a study entitled ‘Reproductive Health’ Awareness of School-going, Unmarried, Rural Adolescents’. It was a multicentre study, done in rural areas of 22 districts through 22 Human Reproductive Research Centre (HRRC’s) located in 14 states. From each HRRC one district was selected. Four co-education/higher secondary schools were randomly selected in each district where 50 students of each sex were surveyed by means of open ended, self-administered questionnaires where confidentiality was maintained. A sample of 8453 school going adolescents (aged 10-19 years) was surveyed from rural areas of these
districts. Of them 4805 (56.8%) were boys and 3648 (43.2%) were girls. Open-ended, questions were given on awareness of reproductive and child health matters like: minimum legal age of marriage for boys and girls, contraceptive methods, sexually transmitted disease, AIDS and its transmission and prevention, immunization in children, etc.

Our study identified substantial lacunae in the knowledge of and attitude towards AIDS, STDs and family welfare. The difference in knowledge between boys and girls suggests the need for targeting girls in rural areas in the national AIDS education and awareness campaigns. The knowledge about these 'Reproductive Health' matters was tougher in the age group 15-19 years as expected. It is important to educate adolescents about RTI/STD and AIDS so that they can safeguard themselves from such diseases by practicing monogamy or safe sex. It is important to inform them about contraceptives, small-family norm and decrease gender bias so that they learn to plan their future families and there is a need for evolving information, education, and communication strategies to focus on raising awareness on RH and gender related issues. A socio-cultural research is needed to find the right kind of sexual health services for young girls and boys. Steps may currently be taken to develop and design school curricula to raise the levels of awareness among youths, to create a core of youth leaders who will enhance the level of 'Reproductive Health' among their peers and educating parents or other community members. Telephone helpline services may be provided both confidentially and free of charge.
Chi-on Ho (Billy), Shuk-han Pun, Hong Kong. Commission on Youth (2010): Undertaken a study entitled ‘Study on the Knowledge of and Attitude towards AIDS-related Issues Among Marginal Youth’. This report is developed from a study on the knowledge of and attitude towards AIDS (Acquired immunodeficiency Syndrome) related issues among marginal youth in Hong Kong initiated by the Commission on Youth. In view of the increasing risk of HIV (Human Immunodeficiency Virus) infection among the marginal youth, it is hoped that the study could help to identify agents and focuses for designing HIV/AIDS education to them, and draw up recommendations on how best to minimize the risk of HIV infection among the marginal youth in Hong Kong.

Concluding the implications from the findings in the present study, the following recommendations are made:

- Targeted AIDS publicity and education for marginal youth should be launched.
- AIDS message for marginal youth should be comprehensive, behavioural-specific and cultural-specific.
- Medical professionals, HIV/AIDS patients and social workers are the appealing and convincing agents in communicating the AIDS message to marginal youth.
- Innovative channels, such as through creative performance art: drama, talk show, painting, comics, interactive video games etc. should be adopted in imparting the AIDS message to marginal youth.
- Skills-specific training programmes in inducing behavioral changes in AIDS risk-taking behaviours should be conducted to marginal youth.
A teaching and information kit or package on HIV/AIDS which not only aims to impart AIDS knowledge but also to sustain the behavioural changes in response to HIV/AIDS epidemic should be developed.

AIDS training activities should be rendered to Outreaching Social Workers whom are believed to be an effective agent or intermediary in conducting the skills-specific and behavioural changes programme to the marginal youth.

A social support environment among the marginal youth in alerting and preventing HIV/AIDS infection should be cultivated and promoted.

Parents of marginal youth is believed to be a natural agent within their families to impart AIDS and related knowledge and the preventive measures. Thus, AIDS training programmes for their parents should be launched.

Comprehensive sex education for adolescents should be started at an earlier time, such as higher primary classes as a pre-requisite for effective AIDS control among the youth population, especially the marginal youth in Hong Kong.

Last but not the least, publicity and education on minimising drug and alcohol use among the marginal youth should be implemented.

Mohammad Reza Mohammadi, Kazem Mohammad, Farideh K.A. Farahani, Siamak Alikhani, Mohammad Zare, Fahimeh R. Tehrani, Ali Ramezankhani and Farshid Alaeddini, (2006): Organized a study entitled ‘Reproductive Knowledge, Attitudes and Behavior among Adolescent Males in Tehran, Iran’. Data for this article were collected in 2002 from males aged 15–18 who lived in Tehran. The rationale for
focusing on Tehran was twofold. First, the population of Tehran constitutes about one-fifth of the Iranian population and encompasses all of the country's socioeconomic and ethnic groups; therefore, the study population represents a heterogeneous group of youth. Second, Tehran is a major urban area whose population is more likely than residents of rural regions to be exposed to new ideas and opportunities, including those related to sex.

The sample was derived through cluster sampling of the 22 main municipal sectors of Tehran from July to September 2002. Clusters were selected randomly, in proportion to the estimated population of each sector, from among the existing blocks provided by the Statistical Centre of Iran. From each cluster, we selected 10 households in which at least one male in our target age-group resided. All males aged 15–18 in these households were invited to participate in the study.

They recruited a total of 1,500 adolescent males. Of these, 1,385 completed the questionnaire, yielding a response rate of 92%. Of the 115 remaining adolescents, 50 declined to participate or were not permitted to participate by their parents, and 65 completed questionnaires that had to be discarded because of substantial inconsistency.

The limitations of this study suggest that its findings be interpreted cautiously. Given Iran's conservative culture, we opted to use a self-administered questionnaire to assess the attitudes and behaviors of young males, but we were unable to engage participants in qualitative or in-depth discussions of youth norms or individual behaviors and experiences. Moreover, the questionnaire did not attempt to identify the precise sexual experiences of young men, nor did it attempt to gather detailed information about sexual partners. These constraints clearly limited the information we were able to obtain.
Nevertheless, our findings suggest higher levels of sexual experience among adolescent males than has previously been assumed. Qualitative research is needed to gain a greater understanding of adolescent males' sexual behaviors. In addition, a similar quantitative study should be conducted among adolescent females.

What is clear from the findings is that even in Iran, a conservative society in which premarital sexual relations are prohibited, significant minorities of adolescent males do form relationships with young women and engage in sexual activity. Many hold permissive attitudes on the acceptability of premarital sex. At the same time, there is a general belief that adolescents should not engage in these behaviors. Such norms shape the nature of sexuality education provided to adolescents in Iran; indeed, it is widely assumed that providing formal sex education or accurate information about sexuality and reproduction may lead unmarried young people to initiate sexual relationships. As a result, information on contraceptive methods, reproductive physiology and condoms is rarely given to adolescents through the Iranian educational system.

Therefore, it is no surprise that adolescent males often have serious misconceptions about sexuality and reproduction, and are unprepared to make safe, informed decisions. Some of their primary sources of information, notably friends and classmates, are the most unreliable ones. Adolescent males themselves recognize their need for sexuality education and express a preference for obtaining this information from the educational sector, that is, from teachers and counselors. Adolescents need the school system to provide programs that address misconceptions about sexual and reproductive risks, encourage adolescents to
make informed choices, emphasize parent-child communication and advocate gender equity in sexual and reproductive attitudes and behaviors.

The combination of permissive attitudes, sexual experimentation and lack of accurate information poses a significant threat to the sexual health of adolescent males in Iran and exposes them to risky sexual behaviors and their consequences. Our findings, while suggestive, argue for equipping adolescents with the information and skills to make safe sexual decisions.

Bimbola Kemi Odu and Florence Foluso Akanle, (2008): Undertaken a study entitled ‘Knowledge of HIV/AIDS and Sexual Behaviour among the Youths in South West Nigeria’. In this study descriptive research design of the survey type was used. The plan of the study involved the use of questionnaire to collect data in order to test hypotheses and answer the general questions raised in the study. The target population for the study consisted of all undergraduate youths in South West Nigerian University. The sample consisted of 1,420 undergraduate youth’s age 15-30 years who correctly filled the copies of the questionnaire. Out of six states in the South West region, four were randomly chosen. The sampling procedure was a combination of stratified and simple random sampling techniques. Faculty, (school) religion, sex, age were used as stratas. One university each from Ondo, Ekiti, Oyo and Ogun was chosen. The research instrument was titled ‘Sexual Behaviour and Perception of HIV/AIDS Questionnaire, (SEBPHIV/AIDS Q). The instrument consisted of three sections, the first section consisted of items that measured the background characteristics while the second and third measured sexual behaviour and the knowledge of HIV/AIDS respectively.
The methods used in validating the instrument were face, content and construct validities. For face validation, the experts determined at face value the appropriateness of the instrument in measuring up with what was studied, to assertion if the instrument contained the appropriate items that could actually elicit the intended responses on sexual behaviour and knowledge of HIV/AIDS. Experts' judgments were used in determining the content validity. The experts checked the extent to which the items were representative of the content and the behaviours specified by the theoretical concept being measured. The scores of the test administration of 30 undergraduate youths were correlated with that of the National HIV/AIDS and Reproductive Survey Nigeria [6] using Pearson Product Moment Correlation, a correlation coefficient of 0.762 was obtained. This indicated that the SBEPHIV/AIDS clearly measures the same construct with NARHS [6]. A reliability test was also carried out on 30 youths aged 15-30 years using Pearson Product Moment Correlation. A reliability coefficient of 0.85 was obtained. The principal investigator and research assistants did the administration of the copies of the questionnaire. Out of 1600 copies of questionnaire administered 1,420 were correctly filled. The data generated were analysed using frequency counts, percentages, standard deviation and means in the descriptive analyses while Pearson Product Moment Correlation was used in testing the hypotheses generated. The two hypotheses were tested at 0.05 level significance.

K. Malleshappa, Shivaram Krishna, Nandini C(2009): Carried out a study entitled ‘Knowledge and attitude about ‘Reproductive Health’ among rural adolescent girls in Kuppam Mandal: An intervention study’. This was an intervention study & the study population included girls from 3 intermediate colleges (class XI & XII) & 3 high schools (Class X) of Kuppam Mandal in Chittoor district (Andhra Pradesh).The
demographic pattern according to census 2001, shows that females constitute about 49% of the total population with agriculture as the main occupation. The female literacy rate is about 58% & that of males is about 75%. Kuppam Mandal (Taluka) consists of several villages & majority of the students travel to Kuppam for schools & colleges. The sampling design was a stratified cluster sampling. The students were stratified on the basis of the year (class X, XI, XII). Each division in a stratum was taken as a cluster. A cluster of 40 to 50 students was found to be feasible for intervention. Of the 22 clusters, 15 clusters were randomly selected and considering a dropout rate of 10% and design effect of 2, a total of 656 students were included in the study. Willingness to participate in the study was obtained by a verbal consent from the students after taking written consent and requisite permission from school and college principals after explaining the objective of the study. To ensure confidentiality students were asked not to furnish their names.

In consultation with parents, teachers and adolescents, contents of the 'Reproductive Health' education were finalized. It was designed to cover the gaps in the knowledge of the adolescents keeping in view the age group of the adolescents and the cultural sensitivities of parents and teachers. The contents included anatomy and physiology of male and female reproductive system, physical and psychological changes during puberty, adolescence, conception and contraception, STDs including HIV/AIDS, using a simple language and culture sensitive terms.

A total of 656 adolescent girls participated in the pre-test assessment. A pre tested 50 item structured questionnaire was administered, which tested the knowledge and perceptions of the study population on puberty changes, menstruation, maintaining hygiene
Review of Literature during menstruation, regarding ovulation and fertilization, conception, changes during pregnancy, antenatal care, and also on contraception and STDs.

A health education programme was organized in 6 sessions, each session lasting for two hours on 6 consecutive days. Programme included a didactic lecture by one of the educators followed by interactive sessions. Audio visual aids such as power point presentation using LCD projector, video films, charts, posters were used. The topics included were on anatomy and physiology of male and female reproductive system, physical changes during and after puberty, menstrual cycle, pregnancy, antenatal care, various methods of contraception. The lectures were followed by interactive session with the students.

The effect of education program was evaluated immediately following intervention with a post test questionnaire. The data was analyzed using the statistical package for social sciences (SPSS) version 11. The data was analyzed using proportions and percentages and chi-square test was used to test the effect of intervention.

The demographic profile of the study population of the 656 students 554 students were in the age group of 16-17 years with a mean of 16.68 years . Table 2 shows that the students' knowledge about puberty changes improved significantly after intervention (p<0.005). Students had a good knowledge regarding age at first menses and maintaining hygiene during menses at pre-test. About 49.5% of the students were not aware about ovulation. Their knowledge about ovulation improved from 49.5% to 96.1% (p<0.001), and regarding menstruation & menstrual hygiene, improved significantly from 78.3% to 96.4% and from 92.5% to 98.9% respectively after intervention (p<0.005). Table 3 shows
that only about 74.2% of participants were aware about missed period as the first sign of pregnancy. The intervention significantly improved participants’ knowledge (p<0.001).

Ayalew Tegegn1, Meseret Yazachew2, Yeshigeta Gelaw (2008): Conducted a Study entitled ‘Reproductive Health’ Knowledge and Attitude among Adolescents: A community based study in Jimma Town, Southwest Ethiopia’. This study was conducted in Jimma Town, which is 350 km away from Addis Ababa, the capital city of Ethiopia in the southwest part of the country. According to the 1994 national population and housing census, the total population of Jimma Town in 2004 was projected to be 88,868, of which the projected adolescent population was estimated to be 19.4% (27,140). The population is composed of Muslims and Christians with diversified ethnic groups. Oromos are the predominant ethnicity in the town. The study period was from February to March 2004. This study is a community based cross-sectional study conducted to assess the utilization and accessibility of health services for adolescents in Jimma town. Study participants were adolescents of 15 to 19 years that were permanent residents in the study areas for at least six months. The sample size was determined using Epi Info Version 6.04d statistical package for estimating single population proportions. From the 1994 census, the total projected adolescents (27,140) living in Jimma Town were taken. Therefore, the calculated sample size was 1027. Adding 10% non-response rate, the total number of respondents anticipated for this study were 1130 adolescents in the age group of 15-19 years. From 21 kebeles (smallest administrative unit) found in Jimma Town, 9 Kebeles were included in this study by lottery method. Samples were allocated proportional to the size of each Kebele. The first respondent from each Kebele was identified using lottery method and then systematic sampling techniques were used to identify the other
respondents and followed north, east, south and west at an interval of every seventh household.

A structured questionnaire was developed and administered to adolescents. Questionnaires and consent documents were developed in English then translated into Amharic language and back translated into English language by two independent translators. Interviewers were recruited and underwent two days training that included cognitive interviewing, practice interviewing, and role playing.

Researches Summarizes adolescents' scores on the various knowledge indices about health services for RH. Among all participants, the mean score on the 4-point index about the type of health services for RH was 3.44 (SD=0.89), suggesting high levels of awareness about the major health services of RH for the adolescents provided in the locality. Knowledge of health service providers' index was moderate. Of the 7 health services providers for RH in the locality, adolescents' awareness was, on average, 3.78 (SD=1.55). Mean scores were also moderate, 4.68 (SD=1.86), for the 8 point sources of information scale for adolescent RH. Bi-variate analyses identified a number of factors associated with knowledge of health services for RH (type of health services, health service providers for RH and sources of information for RH), including age, marital status, religion, educational status, schooling and family size with all three indices while means of communication in the households only for the knowledge indices for the type of health services and knowledge of service providers.
The mean score index showed statistically significant differences for educational status and schooling for all knowledge indices. Means of communication such as radio, television and telephone only for knowledge indices of type of health services and knowledge of health service providers. Adolescents who completed elementary, being in school during survey and availability of means of communication at the households except newspaper were positively associated with these three knowledge indices (P<0.05). Marital status, on the other hand, was inversely associated only with knowledge index of type of health services for RH where never married had higher mean score than ever married adolescents (P<0.05). Religion and age of the adolescents did not show significant difference in the mean scores of the three knowledge indices.

The adolescents on six statements of attitudes towards utilization of health service for RH. Ninety six percent of adolescents believed (agreed or completely agreed) that health services for RH are important for adolescents and a similar proportion of participants believed that health services for adolescents should use health services for various reasons; 98% felt that each young people should be aware of the importance of health services for RH. About 18% of participants believed that adolescents have a harder time getting health services for RH than adults. Only 4% believed that only females should use health services for RH. Nearly 97% of participants said they would use health services for RH in the future. Table 5 depicts the bivariate relationship between demographic, socio-economic characteristics, knowledge about the type of health services for RH and previous history of utilization and scores on the summary index of attitude. For this index, responses to the six questions were converted to a four scale ranging from 1 (completely agree) to 4 (completely disagree) and then averaged; the mean score of 2.02 (SD=0.29) fell
near the midpoint of the index. Almost all the mean index of the variables was near to the mean and midpoint of the attitude average index. However, older adolescents, those having family planning and STI treatment displayed more favorable attitudes toward health services utilization for RH by adolescents (P<0.05). On the other hand, newspaper as means of communication among adolescents knowing IEC health services for RH, and previous utilization of health services for RH displayed less favorable with attitude index towards health services for RH (P<0.05).

Kunnuji, Michael O. N. and Esiet, Uwemedimo, Kunnuji Michael and Uwemedimo, J(2013): Organized a study entitled 'Predictors and 'Reproductive Health' Implications of Knowledge of HIV/AIDS among Female Out-of-School Adolescents in Iwaya Community, Lagos State'. A survey of 480 out-of-school adolescent (10 to 19 year old) girls was conducted in Iwaya community. Iwaya is one of the largest and poorest slums in Lagos metropolis, and is located within the South-Eastern part of Yaba, overlooking the Lagos lagoon.

The cross-sectional survey design was adopted for the study. A standardized interview schedule was administered to the participants. The design gives room for face-to-face interactions between researchers (interviewers) and participants in the study (respondents). This study design makes it possible for the researcher to gather information on behaviour that cannot be observed. Each respondent was engaged in a one-to-one interview by trained female Field Assistants. On the average, an interview was conducted in 45 minutes. The interviews were conducted in local languages (mostly Yoruba), or Pidgin English, as considered suitable by the respondents. Key concepts and phrases in the instrument were translated into the local languages and Pidgin English during the training.
sessions for Field Assistants. At the end of the field exercise, the administered instruments were screened for internal consistency. Only respondents who supplied usable answers to key questions were processed for analysis.

The study employed simple frequency and percentage analysis in the description of the background characteristics of respondents, and knowledge of HIV. The study adopts One-way ANOVA and Factorial ANOVA in analyzing the mean differences in knowledge of HIV/AIDS score. Tukey’s post hoc tests were employed to show categories with significant differences in mean scores, in addition to the ANOVA. In order to analyze the effect of knowledge of HIV/AIDS on age at onset of sex, survival statistical analyses were employed. Specifically, Kaplan-Meier’s survival test was conducted, with initiation of sexual intercourse as the Status variable. The time variable in this analysis is age at onset of sex, while the factor variable is knowledge of HIV/AIDS in categorical form. Cox regression was also employed to statistically show the predictors of initiation of sexual intercourse. The Status variable in this analysis is initiation of sexual intercourse, while the Time variable is age at onset of sex. The covariates include HIV/AIDS knowledge score, which is the independent variable of interest, and confounding variables, such as age (in categories), education and marital status.

The logistic regression analysis was employed in examining the predictive power of knowledge about HIV/AIDS on other ‘Reproductive Health’ outcomes, such as multiple sexual partnership and use of contraceptives. Tests are considered significant only in a case where the p-value is less than 0.05, or at a higher level of significance.
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The ethical procedures of anonymity, confidentiality and informed consent were strictly adhered to in this study. All interviews were conducted outside hearing distance of third parties, and reporting was done in a manner that preserves the identity of the participants. The study design and instrument were subjected to the approval of the ethical review committee of Action Health Incorporated. The committee is made up of Sociologists, Gender researchers, and 'Reproductive Health' researchers.

The participants are divided into two age groups—10 to 14 years, and 15 to 19 years. The first category accounts for 26% of the sample, while the other accounts for 74%. The mean and median ages of the participants are 16 and 17 years, respectively. About 88% of the participants had never been married, while 12% were married/living with men as married, or separated at the time of the study. A quarter of the respondents had never attended school. For more than half of the respondents, their reasons for not being in school at the time of the study are related to lack of the financial capacity to pursue formal education. Yoruba girls are in the majority in the sample, accounting for 42%. Next in size to this group are out-of-school Gun (Ogu) girls, who account for 37% of the sample. Igbo and Hausa girls represent 17 and four percents, respectively. About 76% of the respondents are Christians.

The average HIV/AIDS knowledge score for the sample is 2.27. The study explored the relationship between knowledge of HIV/AIDS and selected independent variables at the bi-variate level, using the one-way ANOVA statistic. As shown in Table 2, girls who had ever attended secondary schools had a significantly higher mean score for HIV/AIDS knowledge (3.38), than those who had never attended any school (1.12), and those who attended primary school (1.45). There is no significant difference in the mean
scores of those who never attended school and those who stopped at the primary level. Girls who could read without difficulty, and those who could read with some difficulty, were also found to have significantly higher mean scores for HIV/AIDS knowledge than those who could not read at all. Older adolescent girls within the age bracket of 15-19 years also had significantly higher mean scores (2.72) for knowledge about HIV/AIDS than younger adolescents (0.99).

Further shows that migration status and ethnic origin are significant factors at the bivariate level. Non-migrants had significantly higher scores than migrants, while Yoruba girls in the sample had significantly higher scores than Hausa and Gun girls. Igbo girls were found to have significantly higher scores than Gun girls. The study shows that membership of association has no significant effect on HIV/AIDS knowledge scores. In order to control the effect of interactions among the independent variables, a factorial ANOVA test was conducted (Table 3). The test includes literacy, highest level of education, ethnic origin and membership of association as factors, and age in years as a covariate variable. As shown in Table 3, literacy and highest level of education remain significant factors in HIV/AIDS scores, with F statistics of 4.143 (p-value=0.016) and 7.486 (p-value=0.001). A very high mean of 3.64 is recorded for girls ages 15-19 years who had attended secondary school and could read. The results show that the combined factors of age, education and literacy are significant predictors of knowledge of HIV/AIDS.
Using Kaplan-Meier's survival test, the study explored the relationship between knowledge of HIV/AIDS and the time of initiation of sexual activity. As shown in Table 4, knowledge of HIV/AIDS is a significant predictor of age at onset of sex. Adolescent girls with high knowledge of HIV/AIDS initiate sex earlier than those with little, or very low knowledge of HIV/AIDS. The Cox Regression statistic further shows that knowledge of HIV/AIDS remains a significant predictor of age at onset of sex, when the effects of confounding variables, such as highest educational institution ever attended, marital status and age, are controlled (Table 5). The study further shows that the likelihood of having ever used any form of contraceptive increases significantly with knowledge of HIV/AIDS. Knowledge of HIV/AIDS was also found to be a significant predictor of involvement in recent multiple sexual partnerships in a logistic regression model that includes age, highest level of education attended and marital status (p-value=0.042).

Majidah Khanam, Sajida Perveen, Sadiq Mirza, (2011): Organized a study entitled 'Reproductive and Sexual health issues: Knowledge, Opinion and Attitude of medical graduates from Karachi'. This cross-sectional study was conducted from June 2009 to July 2009 in Fatima Baqai hospital, Gadap town Karachi. House surgeons and postgraduate training of gynecology department, resident medical officers working in primary health center of Gadap town and 25 final year student who had completed their last posting in gynecology were included in the study. By taking these participants we assumed that we had a complete picture of Gadap town 'Reproductive Health' providers. All participants were explained about the objective and potential benefit of the study and after ensuring the confidentiality of information, written consent was obtained. Data was collected using a pre-tested questionnaire administered by investigators. Two
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questionnaires were used; one for assessment of knowledge and another for assessment of attitude and opinion. Initial part of questionnaire consisted of socio-demographics information of the participant's age, gender, institution of graduation, qualification and working experience. While the remaining part consisted of questions regarding subject knowledge, attitudes and practices towards sexual/"Reproductive Health'. Attitude questionnaire were designed to assess the comfort of participants during sexual history taking, counseling regarding sexuality, respect for patients' own decision and gender sensitivity that are important to provide quality health services in a non discriminatory environment. Knowledge questionnaire responses were coded as "Correctly answered" and "Incorrectly answered". Later on investigators calculated the percentage of corrected responses of each participant and individual question by entering data into Epi-info and SPSS version 11. A scale of 1 to 3 was used to grade responses of attitude questionnaire and the scale was later categorized into agreed, neutral and disagreed. After the participants had filled the questionnaire, a formal/informal interview was conducted to record their views and compare them with their opinions in the questionnaire.

In our study 35 (70%) participants were females and 15 (30%) were males. The mean age was 25±5 years. Most doctors (70%) had graduated from Baqai Medical College. While remaining were graduates of Chandka Medical College, Bolan Medical College and Dow Medical College. None of the participants had post house job experience of more than 3 years. Out of 10 postgraduate trainees, 3 (6%) were also private practitioners. Eleven (22%) scored less than 50%, 31 (62%) scored between 51%-69% and 5 (10%) doctors scored over 70% in the knowledge/training assessment test. Knowledge score for individual participants ranged from 10% to 90% for incorrect responses (Table-3). Doctors
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particularly females (20%) reported discomfort in taking sexual history; especially from very young or elderly patients. Although 60% were neutral in opinion, however, during interview they reported hesitation in taking sexual history. Almost all (90%) participants felt it is appropriate to counsel patients about sexuality, risky behaviours and risk reduction strategies. Eighty (80%) of the respondents were of the opinion that the present medical curriculum is insufficient to prepare doctors to deal with sexual health problems. Specific practices to ensure confidentiality and encouraging patients to make responsible decisions were assessed to be deficient.

Mirza Imran Raza, Ahmed Afifi, Abdul Jamil Choudhry, Humayun Iqbal Khan (1998): Conducted a study entitled 'Knowledge, Attitude and Behaviour Towards AIDS Among Educated Youth in Lahore, Pakistan'. The educational institutes and workplaces offer a major opportunity to gain access to and communicate with a large population of the educated youth. Youth (age 20-35 years) with minimum qualification of Secondary School Certificate (10-years) from different educational institutions (nonmedical) and workplaces (Financial, Business centres, etc.) in Lahore were included in the study. During 1996, 1088 structured questionnaires were distributed among the target group, through volunteers from Department of Sociology, University of the Punjab, Dept. of Psychology, Government College, Lahore and HOPE. (a non-governmental organisation), Lahore, randomly after obtaining their consent. To maintain the anonymity of the respondents the names and addresses were not asked. The questionnaires were filled and returned by the respondents immediately. Respondents were asked about their knowledge and beliefs regarding AIDS, their attitude towards AIDS patients and HIV carriers and their own practices regarding usage of condom. The data was compiled and
analyzed using computer software Epi Info version 6.0. Uncorrected Chi-Square test was used as the test and \( p<0.05 \) was used as a cut off point for statistical significance.

Out of a total of 1088 respondents, 733 were males and 355 were females, of which 698 (95.2\%) males were aware of the presence of AIDS in Pakistan as compared to 273 (76.9\%) females (\( p<0.001 \)). Regarding the causative agent, only 189 (25.7\%) males and 76 (21.4\%) females had the correct knowledge, but the difference was statistically not significant (\( p0.115 \)). While responding to the questions about routes of transmission of HIV/AIDS, more than 80\% respondents possessed correct information that it is transmitted through sexual intercourse, blood transfusion, from pregnant mother to new born baby and using contaminated syringes, while all the cases males had significantly more correct knowledge as compared to the females (Table 1).

Majority of the respondents, both male and female, considered that HIV/AIDS is also transmitted through mosquito bite and mouth kissing while it cannot be spread by ear piercing. A large proportion of respondents incorrectly considered that sharing utensils and touching/hand shaking also transmits the disease. In all these cases the knowledge was more incorrect in case of females, while the difference was statistically significant in case of knowledge regarding sharing of utensils, touching/hand shaking and mosquito bite.

The various beliefs and attitudes of the respondents towards AIDS. It was alarming to observe that 91.0\% of males and 86.2\% of females believed that AIDS patients should be isolated. Very small proportion of respondents, 14.19\% of males and 5.07\% of females, knew that STDs increase the risk of acquiring HIV/AIDS (\( p<0.001 \)). In response to a
question regarding pre/extra marital sexual experience, among those who responded 63 (14.7%) males and 2 (3.4%) females had a pre/extra marital sexual experience. Nine (1%) males had more than one sexual partner, 366 males and 57 females did not have such an experience, while 304 males and 296 females declined to answer. The use of condoms was admitted by 51 (6.96%) males and 2 (0.56%) females. The reasons for not using condoms are stated in Table III.

Namaitijiang Maimaiti, (2010): Undertaken a study entitled ‘Knowledge, Attitude and Practice Regarding HIV/AIDS among University Students in Xinjiang’. A cross-sectional survey was conducted using self-administered questionnaires among university students in two public universities in Urumqi Xinjiang. These were students who registered for non-medical degree programme in Xinjiang University (XU) and the medical degree programme in Xinjiang Medical University (XMU). Students were informed of the study prior to their class sessions and were encouraged to participate. Those who agreed to participate were asked to complete a set of questionnaires. The questionnaires were distributed to the students at the end of their scheduled class sessions with cooperation of the lecturer in charge. The questionnaires were completed in class and took an average of twenty minutes to complete. The completed questionnaires were retrieved immediately after the sessions.

This study was conducted in Xinjiang Uyghur Autonomous Region of the People's Republic of China. Xinjiang is in the North-Western part of China and is a large, sparsely populated area (spanning over 1.6 million sq. km) which takes up about one-sixth of the country's territory. Xinjiang borders the Tibet Autonomous Region to the south and Qinghai and Gansu provinces to the southeast, Mongolia to the east, Russia to the north,
and Kazakhstan, Kyrgyzstan, Tajikistan, Afghanistan, Pakistan and India to the west. There are about eight public universities and five public colleges in Xinjiang but this study was carried out in Xinjiang University and Xinjiang Medical University, two of the six public universities located in the city of Urumqi, the capital of Xinjiang. The total enrolment of XU was 38,000 students while that of XMU was around 12,400 students.

Data analysis was done using Statistical Package for Social Sciences (SPSS) Version 12. We described socio-demographic distribution using frequency and percentage and for analysis of the risk factors of KAP, we used the Chi-square test. Four hundred students agreed to participate and completed the questionnaire after open recruitment of students in the selected faculties at the two universities. Thus we achieved 100 percent of the sample size we set for our study. The mean age of the 400 respondents was 21.5±4.0 years, and ranged from 18 to 25 years. There were 29 (7.3%) 18 year-, 59 (14.5%) 19 year-, 81 (20.3%) 20 year-, 117 (29%) 23 year-, 79 (19.8%) 24 year-, and 35 (8.8%) 25 year-old respondents. In the study the majority of them, 381 (95.3%) were single, 10 (2.5%) were married and 9 (2.3%) were divorced. With regards ethnicity, 190 (47%) of the respondents were Uyghur, 154 (38.5%) were Han Chinese and 56 (14%) were other minorities. By design we had 200 male and 200 female respondents.

Among the 400 respondents, only 109 (27.3%) respondents had attended an HIV/AIDS related lecture or training programme in their university. Table 1 shows the level of knowledge for all respondents and comparison by sex, study major, year of study and ethnicity. Most of the students, (74.5%) had good level of knowledge with total scores of more than 15. More than 80% of the respondents knew that HIV/AIDS could be transmitted via sharing syringes/needles as well as vertical transmission from mother to
child, and about 65-75% thought condom can prevent HIV transmission during sexual intercourse. However many misconceptions still remain, for instance, 43.2% of them did not know it is possible to have a negative HIV blood test in the first couple of months after becoming infected with HIV; 59.5% thought one can get HIV through mosquito bite; and 38.5% thought HIV/AIDS is homosexual (gay) people's disease. Overall mean knowledge score for the 400 respondents was 19.3 ± 5.5. Their knowledge scores range from 2 to 30. Mean knowledge scores was significantly different by sex (p=0.04), study major (p=0.01), year of study (p=0.04) and ethnicity (p=0.00) in university.

Generally only 33.8% of respondents had positive attitude towards HIV/AIDS and patients with HIV/AIDS. The analysis showed 86.0% of the respondents indicated that people with HIV&AIDS are like any of them and need their help and support. However analysis also showed 84.3% of the respondents thought their friends will avoid them if they were found to be HIV positive; 75.8% felt it will not be easy for them to tell their friends they are HIV positive; 70.3% thought they will be dismissed from the university if they were found to be HIV positive; 54.0% felt that persons with HIV/AIDS deserve it; 52.5% reported they will not be comfortable to study with students who are HIV positive; 51.5% felt that students infected with HIV/AIDS should have separate washing and toilet facilities at school and 30.0% felt that HIV infected students should be treated differently. The attitude scores can range between 0-10 and the mean attitude scores was 4.82 ± 1.85. Mean attitude scores were not significantly different by sex, year of study, study majored or ethnicity.
Risk behaviours 15.8% of all respondents had at least 1 risk behavior related to HIV/AIDS transmission. About 10% reported having unprotected sex (sex without condom); 6.0% had more than 1 sexual partner; 3.3% reported having sex with sex workers; and 4.5% reported having sex under the influence of alcohol. In this study, 19.5% Uyghur, 11.0% Han Chinese, and 16.1% other minorities reported a least 1 high risk behavior but the difference by ethnicity was not statistically significant (p=0.095). However, significant more male than female students reported having risk behavior (p=0.039). We found no significant behavior difference between medical and non-medical students (p=0.680) and contrary to our beliefs, more first year students reported risk behaviors compared to their final year seniors (p=0.039).

This study suggests that the education system needs to implement specific and focused educational programs for students in university and promote health promotion. It is important that university students understand HIV prevention and transmission, as well as develop positive attitude and good practice. The university is a good place and time to have peer education programmes that address self esteem, healthy sexual attitudes, as well as to be socially active, accepting and caring. Taking into consideration the fact that not all students are sexually active, developing messages geared towards them while offering strategies that help students delay sex, refuse sex, or negotiate safer sexual practices should be included. This program must give students an understanding of why it is more advantageous to abstain from sex, without promoting unnecessary fear.
Yohannes Mehretie Adinew, Abebaw Gebeyehu Worku and Zelalem Birhanu Mengesha, (2013): Organized a study entitled ‘Knowledge of reproductive and sexual rights among University students in Ethiopia: institution-based cross-sectional’. An institution-based cross-sectional survey was conducted among 642 regular undergraduate Wolaita Sodo University students selected by simple random sampling. A pretested and structured self-administered questionnaire was used for data collection. Data were entered using EPI info version 3.5.3 statistical software and analyzed using SPSS version 20 statistical package. Descriptive statistics was used to describe the study population in relation to relevant variables. Bivariate and multivariate logistic regression was also carried out to see the effect of each independent variable on the dependent variable.

More than half (54.5%) of the respondents were found to be knowledgeable about reproductive and sexual rights. Attending elementary and high school in private schools [AOR: 2.08, 95% CI: 1.08, 3.99], coming from urban areas [AOR: 1.46, 95% CI: 1.00, 2.12], being student of faculty of health sciences [AOR: 2.98, 95% CI: 1.22, 7.30], participation in ‘Reproductive Health’ clubs [AOR: 3.11, 95% CI: 2.08, 4.65], utilization of ‘Reproductive Health’ services [AOR: 2.34, 95% CI: 1.49, 3.69] and discussing sexual issues with someone else [AOR: 2.31, 95% CI: 1.48, 3.62], were positively associated with knowledge of reproductive and sexual rights.

Though many studies were conducted on ‘Reproductive Health’ issues concerning youth, not many studies focused on practically involving students and youth in peer education programmes, and youth involvement in programmes at community level. In the present study focus was given to understand the practical knowledge and Attidues of youth on ‘Reproductive Health’ matters and how far they an associated with government and
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non-government programmes happening around them in the community or in own locality;

After thorough review of the above studies and other literature from published books, the
gaps in the research already done on this and related topics were identified study.