CHAPTER-V

FACTORS AFFECTING KNOWLEDGE ON HIV/AIDS

AWARENESS OF ADOLESCENTS GIRLS

HIV/AIDS is a multifactorial disease requiring life long treatment. HIV/AIDS has crossed the boundaries of the countries and has become global epidemic. The rate continues to be alarmingly fast which attracts the young sexually active people who are vulnerable to become infected.\(^1\)

It is unbeatable truth that an HIV/AIDS awareness campaign is a social liability. HIV/AIDS control and prevention is not the responsibility of health professionals but it is responsibility of each and every member of the society. On enquiry regarding the view of adolescents in this issue it was found that majority of them both in rural as well as urban were in opinion that it is the responsibility of health personal only.\(^2\)

A large number of sex education and HIV education interventions are being implemented in schools worldwide. They vary widely in terms of objectives, structure, length content, implementation strategy and other characteristics. In many countries comprehensive continuum of care (COC) has also been started to meet this global problem.

Social arrangements, institutions, laws, policies and customs can influence greatly the ability of individuals to engage in protective behaviours and to use biomedical technologies to avoid becoming infected with HIV/AIDS. In recent years, increased attention has been paid to the possibilities of modifying social arrangement that affect HIV prevention. Whether they are called social strategies, social interventions, environmental interventions and efforts to create social conditions that facilitate health promotion and risk reduction have proven to be effective
in a number of locals, although there are few examples of rigorously tested approaches.³

**URBAN AND RURAL**

Educational tourism across our country coupled with the need to become independent and the desire to be away from the parents has forced many students to become hostlers.

Hostel is that platform where the adolescents can talk openly and freely about not only HIV/AIDS but other sexual matters as well. It is found by the researchers that nursing professional are more aware about the topic than academic students.

Regarding the abbreviations of HIV/AIDS, majority were not aware. On the basis of responses from respondents it is clearly stated that even majority didn’t have knowledge regarding most infected country of HIV/AIDS and even incidence of HIV in state.

As per the view and experience of researcher the perception of hostlers towards HIV/AIDS is quite different from the day scholars. The free interaction inside the hostel campus with the peer group in relation to HIV/AIDS sensitizes them more as compared to the day scholars. Apart from this the hostlers are their own time managers. Most of them spend a lot of time watching TV and other forms of mass media where as their counterparts at home are under the control of the parents. The hostlers have better access towards other forms of mass media like books, internet etc which empowers them more towards awareness of HIV/AIDS. These subjects and topics are really a taboo in home surroundings. So the hostlers are more prone to have more knowledge and better attitude towards HIV/AIDS.
In comparison the rural children are less likely to have knowledge and the awareness related to HIV/AIDS. The present scenario in our Indian villages is very depressing. The never ending problem of illiteracy with the vicious impact of poverty makes the rural youth to be ignorant towards the causes and impact of indulging in unprotected sex. Most of the rural youth are unaware of the fact that using condoms is the best way to protect not only against unwanted pregnancy but also prevent themselves from HIV/AIDS which has the efficacy of 95%. These people have limited access to television, newspapers, radio and other forms of mass media which the state AIDS control Society (SACS) use for propagation of knowledge of HIV/AIDS. The issue of gender inequality is a paramount factor which makes rural women folk a passive partner in sexual matters which further escalates the spread of this dangerous disease. An illiterate person has poor cognitive capabilities which hinder the proper understanding on HIV/AIDS.\(^4\)

The situation prevailing in urban area is quite different. They are better educated and are well aware about the gamut of issues related to HIV/AIDS. Most of them browse through the internet on their topic and try to find out ways and means to fight this menace of HIV/AIDS. They interact with their friends on the issue and thus sensitize each other. In these days atleast twice or thrice we can see the topics related to awareness in newspaper monthly.

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RELATED TO SOCIO-DEMOGRAPHIC FACTORS

The factors that help to determine health relates to the personal and inborn features of individuals. These include genetic makeup, sex and age. Our genetic makeup has much to do with what diseases we get and how healthy we live. One can inherit for example, a genetic marker for a particular disease. Such as Huntington’s disease which is a neurological disorder. One can also inherit the genetic component of a disease that has multiple causes, such as breast cancer. Sex also has an important relationship with health.5

Despite the rising number of cases of HIV in adults over age 50, older persons rarely are considered to be at risk for HIV/AIDS. HIV infection among people over age 50 remains largely unrecognized by scientists despite a steady increase over last decade in the prevalence of HIV/AIDS in this age group. Until 1995 adults aged 50 and older made up approximately 10 % of each year’s new cases of AIDS. The percentage grew from 11% in 1995 to 14% in 1997. Current estimates indicate that over 50,000 older American are living with AIDS.

Socio demographic categories such as age, gender, ethnicity, religion and education as well as socio-cognitive and behavioural factors including HIV/AIDS knowledge, No. of sex partners and condom use, have been found to predict risk perception for HIV/AIDS in some but not all studies. Younger residents (50-61 yrs) were four times more likely to the disease than residents (61-93 yrs).

AGE

Delaying the age at which young people first engage in sexual intercourse can protect them from infection. Adolescents who begin sexual activity early are at a higher risk of becoming infected with HIV; research in
different countries has shown that adolescents who start sexual activity early are more likely to have sex with high-risk partners or multiple partners and are less likely to use condoms.

In our country, still the system of early marriage is continued and female child does not have freedom to express their views and decisions. Decision making is opposed even for earlier education efforts regarding marriage, procreation etc.  

**GENDER**

When the status of women within sexual relationships is low they are at an increased risk of contracting HIV. In Jamaica 12% of young women aged 15-19 and 10% of this group in South Africa reported that they were unwilling or coerced during their first sexual experience. In many societies people turn a blind eye to sexual abuse against young women and to gender based violence more generally, both of which have important implications for HIV transmission.

As per researcher’s experience, female are suppressed in many families and they are not in a position to express their feelings even to their siblings and peer groups. And more girls are embarrassed to discuss issues which result limited knowledge and skills about prevention. Usually adolescent girls are taken from their environment by the threat, forces or other abuses of power for sexual exploitation.

**ETHNICITY**

There is sharp debate among Indian social scientists whether the notion of ethnicity is appropriate in analyzing the process of cultural and social identity formation in Indian society dictionary of sociology (Abucombic Hill and Jumna 1984) termed ethnic group for connation with genetic or racial constitution as the basis of soliditory.
The role of ethnicity, territory, religion etc in integration of Indian society can be appreciated in the framework of its civilization such as the dominant Hindu tradition.

The Hindu societies are bound with cultural traditions and women are dominated by men. But now reconciliation strategy has been started and so people have started adopting modernization.

As HIV/AIDS is a global problem, the researchers view is that adolescent girls must be motivated to participate in awareness campaign programmes conducted by SACS (State aids control society) and peers can be utilized in communities with government and NGOs even as a coordination body to create awareness.8

The global fund for AIDS, TB and Malaria (GFATM) has recognized the general health system capacity as essential for providing Anti-retroviral therapy (ART) and system strengthening.9

SOCIAL NORMS

There are norms and values in communities that increase or reduce the risk of HIV infection. Parents and other family members have an important role in providing information and skills to their children. However, open communication about sexuality remains a challenge in many cultures and societies. Boys and girls may be embarrassed to discuss issues related to sex; parents may be unwilling to talk about sex or be uncomfortable doing, so both of which may result in young people having limited knowledge and skills about prevention.10

There are a number of critical social issues that relate to women’ sexual experiences. The low social status of women in many societies is linked to the physical and sexual abuse of women. Furthermore, male dominance means that women often have only a limited choice about
when to have sexual relations with whom, how to have them and whether or not to use protection. As, a result women are often forced to have sex, often at young ages, and often without a condom or other contraceptives. For these social reasons, women face heightened risks of becoming pregnant of having repeated pregnancies at close intervals, and of getting sexually transmitted disease, including HIV/AIDS.\textsuperscript{11}

**LIFE SKILLS**

Information, education and access to services should contribute to the development of life skills that can help reduce a young person’s vulnerability to HIV infection. If young people posses adequate life skills, levels of risky behaviour should be lower.\textsuperscript{12}

**SOCIOECONOMIC STATUS**

Social and cultural issues also play important roles in determining health. Social status is an important health determinant. There is good evidence that people of higher social status have more control over their lives than people of lower status, and people of higher social status also tend to have higher incomes and education both of which are strongly correlated with better health.\textsuperscript{13}

**HEALTH BEHAVIOURS**

The leading causes of death in low and middle-income countries are ischemic heart disease, HIV, cerebrovascular disease and pneumonia. Malaria, TB and diarrhea are also among the top 10 causes of death in these countries. The risk factors for these diseases and conditions include nutrition, tobacco use, unsafe sex, and unsafe water and sanitation. Unsafe sex is the major risk factors for HIV/AIDS in low and middle-income countries. Some people such as commercial sex workers may not
have the bargaining power with their clients to negotiate sex with a condom.\textsuperscript{14}

Improving health requires that the behaviours of individuals, families and communities be changed. The behaviours are intimately connected to culture, which is inherently not easy to change.\textsuperscript{15}

The promotion, distribution and social marketing of condoms encourages correct and consistent use of condoms and lowers the rates of sexually transmitted infections (STIs) and HIV.\textsuperscript{16}

There are many cultural practices prevailing in the society that may lead to the spread of the HIV infection. On highlighting, and enquiring from the samples such practices like ear piercing, tattooing and injections, about 73\% of the respondents reported that through all there above mentioned mediums there is ample possibility of HIV/ AIDS infection, 21.3\% respondents said that injections, while 3.7\% said ear- piercing and 2\% said sharing of common needle used for tattooing near the mediums for infection of HIV/ AIDS

**FAMILY BACKGROUND**

It has been found that adolescents belonging to family of high urban class have better awareness regarding HIV/AIDS as they have better opportunity to be exposed to knowledge on this disease through TV, Newspapers and other media whereas adolescents belonging to family of poor background who are striving to meet daily basic need have less awareness of this disease. Moreover these adolescents are not exposed to variety of sources of information. Still in family, members are not able to discuss or talk openly regarding HIV infection or AIDS.

The last three decades have seen a series of HIV intervention in sub Saharan Africa. However still youths have a mixture of correct and
incorrect HIV knowledge of transmission routes and prevention strategies. Studies have identified parent and peers as the most important socializing agents for youth.

**Dimbuene Tsala Zacharie et al** conducted a study to assess relationship between family structure, family/peer communication about sexuality and accurate knowledge of transmission routes and prevention strategies and it was found overall 42% of respondents reported accurate knowledge on HIV transmission routes whereas 21% of them had inaccurate knowledge such as AIDS can be transmitted through mosquito bites or caused by contact with infected persons. Only 9% of respondents were knowledgeable about all HIV prevention strategies. Multivariate analysis showed that family structure, communication with parents about sexual topics were significantly associated with accurate knowledge on HIV. Additionally age, education, sexual experience, migration had significant effects on accurate knowledge. Finally living in poor households and disadvantaged neighbourhood significantly increased inaccurate knowledge of HIV transmission modes and prevention strategies. Finding showed that the role of family environment as a source of accurate HIV knowledge on transmission routes and prevention strategies is of paramount significance.17

The family background of the analysis of the adolescents reveals that majority of the families comprised of 4-5 members and are from nuclear family. Only few from rural background belong to joint family. The nature of the respondent of the family is unitary and isolated. The researchers experience is that the parents residing in Bhilai city are educated and broad minded but even then participation in any awareness programme or discussing talks related to issues of HIV/AIDS is not entertained in family or by family members still.
EDUCATIONAL STATUS

Education is a powerful determinant of health for several reasons. First, it brings with it knowledge of good health practices. Second, it provides opportunities for gaining skills, getting better employment, raising one’s income, and enhancing one’s social status all of which are also related to health.\(^{18}\)

Adolescents who are undergoing schooling have a better knowledge of HIV/AIDS than adolescents who have only primary schooling or less education. Adolescents during their course of study are exposed to information related to HIV infection in newspapers, T.V, internet etc. Moreover adolescents studying in urban schools get opportunity to attend seminar, workshops on HIV/AIDS. Many urban hospitals on World AIDS Day impart knowledge on this disease to the students especially adolescents as they are considered to be the future citizens. There is also face to face interaction between students and experts with whom they could clarify their doubts on AIDS.

Sunwood J, Brenma, A Muller conducted school based AIDS education for adolescence by medical students and patients affected with HIV/AIDS to provide knowledge for adolescence. The result of the study was significant increase in the knowledge provided by person with HIV/AIDS. The study was concluded as medical student and persons affected with HIV/AIDS can provide better school based sex education to early adolescents.\(^{19}\)

Exhibition on the topic of AIDS, its mode of transmission, pathophysiology and impact on society is also conducted on World Aids Day where students participate and win prizes. This also improves their knowledge as they to refer to many books for this exhibition.\(^{20}\)
HIV/AIDS information and life skills education can be provided to young people in a number of ways, including through peer education or counselling, community activities that include parents, and through the mass media and college based education programmes. Educational institutions are a key setting for providing information and teaching adolescents the life skills necessary to prevent HIV/AIDS. They have therefore been used as a proxy for education prevention efforts in some countries. For example, 57% of adolescent boys in Zimbabwe reported that their only source of sex education on HIV/AIDS was college.21

In practice the choice and implementation of interventions in schools in developing countries is constrained by the availability of teachers and curricular materials as well as teacher training; access to other financial, material and technical resources and the culture and norms of both the local communities and the schools themselves. In many societies, resistance among teachers to discussing sexual behaviours with adolescents or issues such as age, sex and status differentials may mean that pupils or teachers, or both, feel uncomfortable discussing sexual matters in the classroom.22

Curriculum based interventions are often more intensive and more structure than non-curriculum-based interventions. Curriculum-based interventions are likely to be based on theory and previous research and may have been extensively pilot-tested and sanctioned by the appropriate authorities. Non-curriculum interventions include a variety of activities such as one-on-one spontaneous or opportunistic counselling about sexual activity and HIV while student is on playgrounds, health fairs, dramas that presents stories about HIV, use of posters or leaflets or combinations of these.23
Curriculum–based interventions that incorporate most of the 17 characteristics and are led by adults and peers.

Curriculum–based interventions that lack several of the 17 characteristics and are led by adults and peers.

Non-curriculum–based interventions that incorporate several of the 17 characteristics and are led by adults.

Non-curriculum–based interventions that lack several of the 17 characteristics and are led by peers.\textsuperscript{24}

The medium of schooling has a great impact on perception and attitude on HIV/AIDS. In India every state teachers teach their state language apart from Hindi language. But most of the IEC material is on English. Moreover the internet also use English language, so these adolescents who study in English medium can read and understand the subject matter of HIV from various websites, newspaper and other forms of mass media. A knowledgeable person on HIV/AIDS will adopt preventive measures to a greater extent than others because prevention is better than cure.
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