Awareness of AIDS among Students

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Abstract

Given the large scale AIDS-awareness campaigns in schools and colleges; it is assumed that every educated youth has some knowledge about Acquired Immune Deficiency Syndrome (AIDS). On this assumption the objective of the study was to find out AIDS risk knowledge among students and to see the differences in knowledge and awareness between the senior and junior students. A cross sectional study using “The AIDS Risk Knowledge Test” developed by Kalichman (1995) was administered to 780 students (403 Post Graduates and 377 Under Graduate students) of University of Hyderabad. The results indicated that the students showed significant level of awareness. However, no significant difference in knowledge and awareness was found between the senior and junior students.

Keywords: AIDS, awareness, AIDS risk knowledge

Introduction

Acquired Immune Deficiency Syndrome (AIDS) researchers are projecting an estimated 65 million deaths from AIDS by the year 2020, more than triple the number who died in the first 20 years of the epidemic unless the major efforts toward primary prevention or major developments in treatment take place (Altman, 2002). The worldwide prevalence of this deadly disease is increasing at an alarming rate. Currently AIDS is the fourth leading cause of death worldwide. It is a worldwide epidemic with 2.7 million new infections and 2 million deaths annually (UNAIDS, 2009).

The magnitude of the AIDS threat is astounding (UNAIDS, 2009); tens of millions of victims have died around the world, over 33 million people are currently infected with HIV, and millions are newly infected each year. The likelihood of becoming infected and developing AIDS depends on the person’s age, gender, and sociocultural background. Worldwide, there are over 33 million people living with HIV/AIDS, and over 16% of newly infected individuals per year are children (UNAIDS, 2009).

The Government of India estimates that about 2.40 million Indians are living with HIV (1.93 - 3.04 million) with an adult prevalence of 0.31% (2009). Children (<15 yrs) account for 3.5% of all infections, while 83% are the in age group 15-49 years. India’s highly heterogeneous epidemic is largely concentrated in only a few states — in the industrialized south and west, and in the north-east. The four high prevalence states of South India (Andhra Pradesh – 500,000, Maharashtra – 420,000, Karnataka – 250,000, Tamil Nadu – 150,000) account for 55% of all HIV infections in the country.

It is a general assumption that almost every educated person has some knowledge of AIDS. However these individual perceptions are sometimes limited and sometimes without proper focus on all the facets of AIDS. However, despite the improved knowledge about HIV, most of the students of universities / colleges that participated in these studies were found to be engaging in risk behaviors including casual sex, multiple concurrent sexual intercourse, and sex in exchange for favors predispose them to risks of HIV and related reproductive health problems. Moreover, a significant number of participants in these studies have misconceptions about transmission and protection of HIV (Xiaoming et al., 2004, Bimbola & Florence, 2008).
The adolescent and youth populations are the most at-risk, because they are the most sexually active group because they indulge in sexual behavior for immediate gratification, exploration and experimentation, or money to maintain a lavish lifestyle. Of particular concern is the fact that AIDS infections are increasing again. Ignorance about the risks of contracting HIV from a partner with a low viral load may fuel risking practices. If this age group becomes decimated, the social and economic consequences would be catastrophic.

One of the important aspects of health psychology is promotion and maintenance of health which includes how to develop good health habits and how to design a media campaign to get people to improve their diets, know the effect of smoking, on health and awareness about AIDS and a number of other factors. AIDS is now a leading cause of death worldwide; the need for health measures is of great importance to stop the spread of this disease. The strength of India is in its youth population and efforts should be taken for a campaign of health promotion for these young cohorts. As we know the period of youth is the window of vulnerability of any psychosocial ill health and to prevent psychosocial ill health is of primary importance of health psychologists.

The strategy is basically that of preventing the transmission of infection. This can be attempted only with increased awareness and knowledge about how the infection gets transmitted and about the risk behavior which facilitates such transmission. Thus knowledge and education is the key. Unfortunately the current level of knowledge, perception and awareness are rather too low. Quite a few perceive this as a fall out effect of sexually errant or deviant behavior. And of course there are myths about getting AIDS through kissing or hugging or petting.

A study was done by Philipos (2014), to assess risk perception, HIV/AIDS related knowledge, attitude and behaviors of 238 Ethiopian Civil Service College students. The results showed that the majority of respondents knew about the risk, the means of transmission and prevention about HIV&AIDS. All respondents never perceived they were at risk for HIV. Unsafe sex and multiple concurrent sexual partnerships were found among all religious groups, married staff and students. However, compared to female respondents, males were found to admit to more unsafe sex practices. Positive changes regarding awareness and attitudes towards HIV/AIDS were noted, yet comprehensive knowledge was still lacking. So the researcher recommended an improved strategy to promote comprehensive knowledge and behavioral change interventions.

We have to fight against such ignorance and disinformation if we have to fight AIDS. The broader aspect of this study was to prevent and control sexually transmitted diseases (STD), such as AIDS; by assessing the AIDS risk knowledge. Studies show that through early preventive knowledge, and timely diagnosis and treatment, men who had received school-based condom education in adolescence were less likely to contract sexually transmitted diseases (Dodge, Reece, & Herbenick, 2009). Because misconceptions about AIDS abound, the study was taken to test the knowledge of the students about AIDS.

**Objectives**

The objectives of the following study were

1. To assess the AIDS risk knowledge among students.
2. To find out the difference of knowledge and awareness between senior and junior students

**Method**

**Participants**

A purposive sample of 780 students 403 Post Graduate (PG) and 377 Under Graduate (UG) students from University of Hyderabad participated in the study. There were 406 female students and 374 male students. The age range of the students was from 18 to 22 years (M= 20.9, SD= 5.16). The average age of the students of Post Graduate studies and Under Graduate studies were (M=21.7, SD= 6.27) and (M=19.4, SD= 5.12) years respectively. The students were doing integrated five year courses in Science and Arts and some students were pursuing Post graduation courses in different fields. From
Integrated courses the sample of undergraduate students was selected. The subjects were from different states as well as from different cultures which represented a good sample for the study.

Research Instruments

Research instruments used for this study included The Aids Risk Knowledge Test and Demographic Sheet.

*The Aids Risk Knowledge Test.* This test developed by Kalichman (1995), consisted of 18 items where the subject gave his/her response by putting tick (√) marks in the appropriate column under True or False. The total score for knowledge of AIDS was found by summing the scores of 18 items. The higher the scores, the higher was the level of knowledge about AIDS. The highest score was 18 and lowest was 0.

*Demographic Sheet.* The demographic sheet was used to get information about the participants and to establish rapport with them. The sheet included the name, gender, age, and name of the course in which they had taken admission to study in the University.

Procedure

After the selection of sample, each of the participants was contacted individually and rapport was established. Each of them was given an informed consent form and asked to sign it after reading the same. Once the informed consent was obtained, each of them was given the demographic data sheet and AIDS risk knowledge questionnaire. They were asked to fill up the same as per the instructions. Any problem in understanding of any statement was explained by the investigator. Once the participants had completed the questionnaire, they were debriefed. The scoring was done according to the scoring key. Relevant statistics were applied to analyze the data.

Results

This study aimed to assess the AIDS risk knowledge among students and to further investigate the role of age on awareness. The distribution of frequency of AIDS risk knowledge for two groups of students can be observed in the following Table. The Table presents the frequency and percentage of students from two groups (UG & PG) under three categories of high, medium and low awareness group and the Chi-square values.

<table>
<thead>
<tr>
<th>Participants</th>
<th>High Score</th>
<th>Medium Score</th>
<th>Low Score</th>
<th>Total score</th>
<th>Chi - Square Value</th>
<th>p</th>
<th>Cramer’s W</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post Graduate</td>
<td>144 (18.46%)</td>
<td>130 (16.67%)</td>
<td>103 (13.20%)</td>
<td>377</td>
<td>1.20</td>
<td>&gt; .05</td>
<td></td>
</tr>
<tr>
<td>Under Graduate</td>
<td>138 (17.69%)</td>
<td>146 (18.72%)</td>
<td>119 (15.26%)</td>
<td>403</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>282 (36.15%)</td>
<td>276 (35.39%)</td>
<td>222 (28.46%)</td>
<td>11.70</td>
<td>&lt; .01</td>
<td>0.01</td>
<td></td>
</tr>
</tbody>
</table>

From the Table it is found that out of 780 students, 282 (36.15%) students have high scores, 276 (35.39%) students have medium scores and 222 (28.46%) students have low scores on AIDS risk knowledge. The results indicated that the students population showed significant level of knowledge and awareness, \( \chi^2 (2, N=780) =11.70, p< 0.01 \) supporting the hypothesis \( H_1 \). Cramer’s W indicated low effect size of awareness (.01). It is also seen that 18.46% students from PG had high score on awareness compared with 17.69% students from UG. However, 16.67% students from PG had
moderate awareness and 13.20% had low awareness while 18.72% of UG showed moderate awareness and 15.26% had low awareness. It was found that awareness among participants of PG and UG Course was not different, $\chi^2 (2, N=780) = 1.20$, $p$ ns. So we are fail to accept hypothesis H$_2$. Thus it can be concluded that PG students were not different from UG students in terms of awareness. The Figure illustrates the frequency of students in each category of awareness.

Figure 1 depicts the line graph showing the percentage of students from two groups (UG & PG) under three categories of high, medium and low awareness. It is evident from the graph that the percentage of PG students is more in high score category when compared to high score of UG students. However the graph depicts the difference between PG and UG in high score is very minimal (0.77%). However in medium and low score category the percentage of UG students are more than PG students.

**Figure 1** Graph showing the scores of post graduate and undergraduate students indicating their level of AIDS risk knowledge and awareness.

![Graph showing the scores of post graduate and undergraduate students indicating their level of AIDS risk knowledge and awareness.](image_url)

**Series 1-PG Students; Series 2 UG Students**

**Discussion**

The results indicated that the student population showed significant level of knowledge and awareness level. However, no significant differences in knowledge and awareness were found between the senior and junior students.

The findings of this study provided an eye opening issue about the level of knowledge regarding AIDS and the need for improving such knowledge that will help to prevent the spread of AIDS. It is accepted that there is an urgent need to understand and control AIDS which has become a pivotal problem in the society. The Government and Voluntary agencies that are trying to improve the awareness of the people about AIDS; should take note of these findings. Studies show that AIDS education and prevention campaigns with and bisexual men have reduced their sexual risk behavior markedly (Johnson et al., 2008), producing “the most profound modifications of personal health-related behaviours ever recorded”(Stall, Coates, & Hoff, 1988). Prevention programs must provide information about HIV transmission and prevention, use techniques to increase people’s motivation to avoid unsafe sex, and teach behavioural and cognitive skills needed to prevent risky sexual behaviour (Albarracin et al., 2005; Carey & Vanable, 2004).

These awareness and prevention programs can be implemented among high risk groups such as teens and young adults who tend to engage in substance abuse and risky sexual behavior, due to the exposure to internet. It can also be implemented in slums, socio-economic areas and communities with low literacy levels. Due to lack of knowledge and fewer means to acquire resources, they are vulnerable to activities which may lead to many health hazards.

From the study it can be concluded that students need awareness about AIDS as their knowledge about AIDS is limited and there is no proper focus on all facets of AIDS. It is an effort to
catalyze a societal response in which the overwhelming emphasis would be on prevention through promotion of knowledge about sexually transmitted diseases. It is believed that AIDS should be the concern of health professionals. But it is not a mere health problem but the problem that affects all of us directly and indirectly. Educationists, parents as well as health care professionals have a major role to play in evolving and nurturing this kind of work.

Although this study is an important step toward knowledge of university students towards AIDS, there are some limitations. First, the study used the purposive sampling technique. Second, the sample is from the same institution. Thus, in order to generalize and validate the findings of this study, future research should be directed at conducting a similar study involving large sample size from different institutions and community for generalization purpose.

References


