

A Study to Assess the Knowledge and Attitude on HIV/AIDS among the Adolescents in Selected Degree College, Tirupati

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Abstract

HIV is not a disease in itself, it is a condition, which if not managed properly with a healthy lifestyle and habits, results into AIDS- a condition, where an individual's immune system has been lost and the person becomes vulnerable to many illnesses. The setting for the study was SV degree college Thatithopu, Tirupati. A Non-probability convenient sampling technique was adopted to select 100 adolescents. A structured questionnaire and checklist was used to assess the knowledge and attitude on HIV/AIDS among adolescents. The collected data was analyzed using descriptive and inferential statistics. The results shown that 27% of adolescents had inadequate knowledge, 54% had moderate knowledge and 19% had adequate knowledge, and regarding attitude on HIV/AIDS 25% of adolescents had unfavorable attitude, 48% had moderately favorable attitude and 27% had favorable attitude and there is a significant association between level of knowledge regarding HIV/AIDS with mother's educational status, mother's occupation, father's educational status, father's occupation, place of residence, source of information at $P < 0.01$ level.

Keywords: HIV/AIDS; Adolescents; Knowledge; Attitude.

Background

HIV is not a disease in itself, it is a condition, which if not managed properly with a healthy lifestyle and habits, results into AIDS- a condition, where an individual's immune system has been lost and the person becomes vulnerable to many illnesses. Thus, HIV and AIDS are two different stages after an individual is infected by the virus-of which HIV is the initial stage and AIDS is the final stage of it. It takes about 7-10 years for this infection to progress from the initial stage to the final stage depending on the person's basic constitution and general condition of the immune system; type of nutrition, care and support the individual gets after being infected; sexual behavior and practices of the individual after being infected; general environmental factors in which the individual works and lives; and availability of health services [1].

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Objectives

1. To assess the knowledge on HIV/AIDS among the adolescents,
2. To assess the attitude on HIV/AIDS among adolescents,
3. To find association between the knowledge and attitude on HIV/AIDS among adolescents with selected socio demographic variables,
4. To provide information booklet for enhancing the knowledge of HIV / AIDS.

Need for the study

HIV continues to be a major global public health issue, having claimed more than 39 million lives so far. In 2013, 1.5 (1.4-1.7) million people died from HIV-related causes globally. There were approximately 35.0 (33.2-37.2) million people living with HIV at the end of 2013 with 2.1 (1.9-2.4) million people becoming newly infected with HIV in 2013 globally [2]. The world health organization estimates that 10.3 million

youth aged 15-24 years are living with HIV/AIDS (most without knowing that they are infected) and half of all new infections are occurring among young people on a global basis. Each year, about 4 million people younger than 20 years are diagnosed with STIs including herpes, human papillomavirus (HPV), Chlamydia, Gonorrhoea and the HIV [3].

India has the world's third largest population suffering from HIV/AIDS, after South Africa and Nigeria [4]. The spread of HIV in India has been uneven. Although much of India has a low rate of infection, certain places have been more affected than others. HIV epidemics are more severe in the southern half of the country and the far north-east. The highest estimated adult HIV prevalence is found in Manipur (0.78%), followed by Andhra Pradesh (0.76%), Karnataka (0.69%) and Nagaland (0.66%) [5].

Methodology

Research Approach

Non-experimental research approach was selected.

Research Design

Descriptive Cross sectional Design was used.

Sample and Sample size

In this study sample consisted of 100 adolescents

Setting

The study was conducted in S.V. Degree College, Tatithopu, Tirupati.

Tool

The structured questionnaire consists of 3 sections.

Section I: Socio demographic data includes age, gender, religion, education, father's education, father's occupation, mother's education, mother's occupation, family income, residence, source of information, number of visits to the awareness programmes.

Section-II: Knowledge questionnaire on HIV/AIDS – 28 questions about meaning, causes, signs and symptoms, route of transmission, diagnosis, treatment and prevention.

Section III: Check list on attitude towards (feeling, opinions, actions, behavior were included in the items) HIV/AIDS.

The tool was found to be highly reliable and valid. Pilot study was conducted before the main study to access the feasibility. Data was collected from the adolescents of SV Degree college, Thatithopu by taking prior permission from the District Vocational and Educational officer, Tirupat, and a written consent from the adolescents. Finally the respondents were thanked for their co-operation and given information booklet to enhance the knowledge on HIV/AIDS.

Findings

Section-I: Distribution of socio demographic variables among adolescents

The data has been analyzed using descriptive statistics. The results shown that out of 100 adolescents, 56 (56%) of the adolescents belong to the age group below 19 years, 58(58%) of the adolescents were males. Pertaining to the mother's educational status, 44 (44%) of the mothers were illiterates, 68 (68%) were house wives, Pertaining to the fathers Educational status, 30 (30%) were illiterates, 42 (42%) fathers were doing cultivation, 47 (47%) earning less than Rs.10,000, majority 81(81%) of the adolescents belongs to joint family. With regard to source of information, 49(49%) were gain from educational institutions. 40(40%) of adolescents were not attended to any HIV awareness programs.

Section-II: Distribution of level knowledge on HIV/AIDS among adolescents

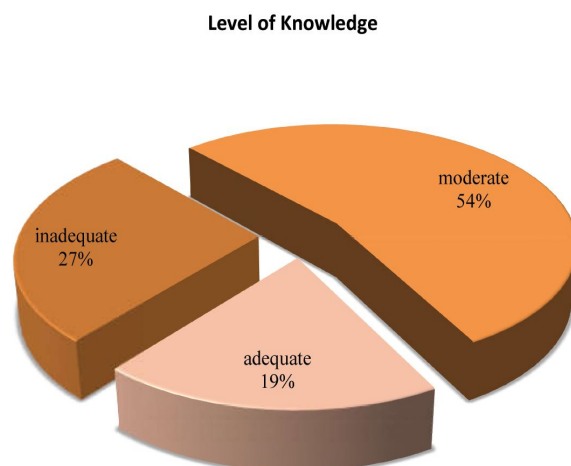


Fig.1: Percentage distribution on level of Knowledge among adolescents regarding HIV/AIDS

Section-III: Distribution of attitude on HIV/AIDS among adolescents

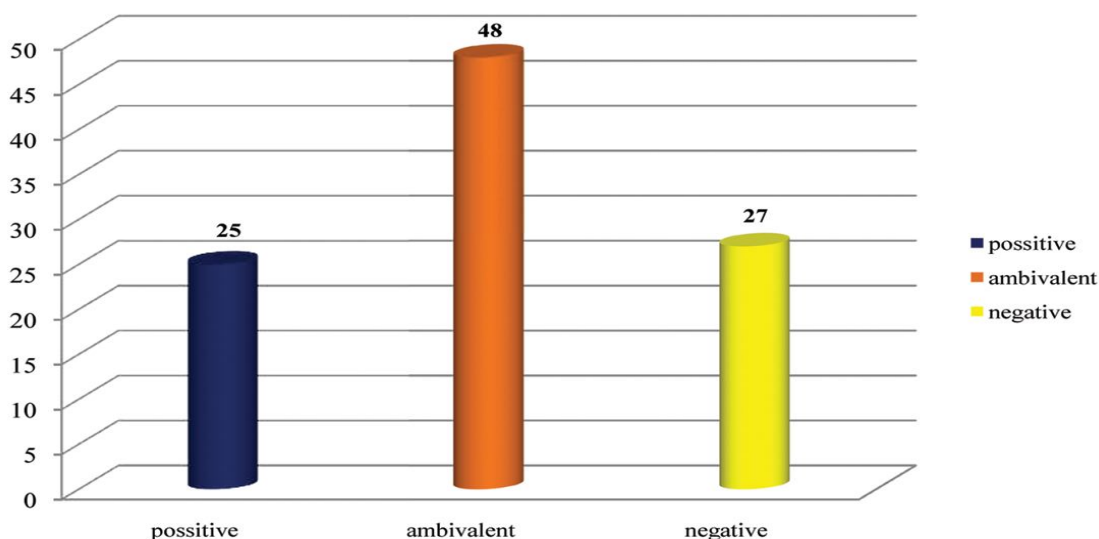


Fig. 2: Percentage distribution on level of Attitude of adolescents towards HIV/AIDS

Section-IV: Mean and Standard deviation for level of knowledge and attitude on HIV/AIDS among adolescents

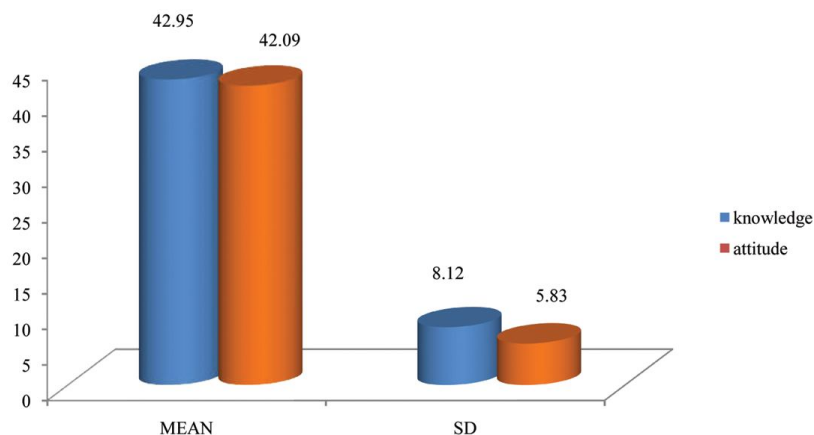


Fig. 3: Distribution of adolescents to mean and standard deviation for knowledge and attitude towards HIV/AIDS

Section-V: Significance association of knowledge and attitude on HIV/AIDS among adolescents

Table 1:

Demographic variables	Chi-square(x ²)	Degree of freedom	P value
Age in years	3.448	4	0.468
Sex	0.025	1	0.987
Religion	5.627	1	0.229
Mother Educational status	27.498	9	0.000
Mother Occupation	30.552	11	0.000
Father Education	27.789	9	0.000
Father Occupation	21.364	5	0.002
Family income	12.091	6	0.060
Type of family	2.149	1	0.708
Place of residence	15.456	3	0.004
Source of information	27.235	9	0.000
N.o of times attended for HIV/AIDS awareness programme	11.661	3	0.070

Chi-square test was used to compute the association between socio demographic variables with level of knowledge and attitude shown that there is a significant association between level of knowledge regarding HIV/AIDS with mother education status, mother occupation, father educational status, father occupation, place of residence, source of information at $P < 0.01$ level.

Discussion

Hence, H_1 is accepted significant association between level of knowledge regarding HIV/AIDS with mother education status, mother occupation, father educational status, father occupation, place of residence, source of information.

The results of the present study were supported by the earlier study conducted by Jannu Rajamouli, Bolla Chandrasekhar Reddy, A. Rajeshwara. Rao, K. Mallikharjun Rao (2014) conducted a cross-sectional study to assess the knowledge regarding HIV/AIDS among secondary school and junior college students in khammam town of Andhra Pradesh. A sample of 1298 (635 males, 663 females) were selected. The students were administered self structured questionnaire. The results revealed that among the 1298 study participants 92.60% of secondary school students had heard of HIV/AIDS, had written correct abbreviation of HIV and AIDS, whereas 77.83% of junior college students had heard of HIV/AIDS. Among them 74.06% correct had written abbreviation of HIV and 75.26% had written correct abbreviation of AIDS. Around 78.90% of secondary school students and 83.56% of junior college students knew that causative agent of HIV/AIDS as virus, 76.85% of secondary school students and 77.07% of junior college students gave correct response regarding HIV/AIDS awareness symbol as red ribbon. 42.83% of secondary school and 39.37% junior college students knew how to prevent HIV/AIDS.

Limitations

The present study is limited only to the students:

1. Those who are studying Degree 1st year in SV degree College.
2. Those who are willing to participate in the study.
3. Those who can understand Telugu and English.

Implications

The implications drawn from the present study is of a vital concern to nursing education, health

professionals, including nursing service, nursing practice, nursing education, nursing administration and nursing research.

Nursing practice

- The result of the study would help the nurses to enlighten their knowledge on importance of health education regarding HIV/AIDS.
- School health education should be planned on updates of HIV/AIDS prevention.
- Health education is essential part of nursing practice so nurses can play a key role in bringing awareness regarding HIV/AIDS and emphasis on needs to develop healthy habits and behavior among adolescents.
- Nurses have to motivate adolescents to keep away from risk behavior and insulate themselves against this infection but not isolate the infected, from the society or social relationships.

Nursing education

- In nursing schools and colleges, students should be trained in planning and implementing health education programs depending on the needs and requirements and teaching modules should be introduced in the curriculum. Such educational intervention programs must be given due importance, which will help the adolescents to take care of their own health and protect themselves from the risk of Reproductive health problems.
- In-service and continued education programs can be organized for nurses regarding HIV/AIDS and should be updated in regular basis to incorporate new evidence and technologies.

Nursing administration

- The nursing administrator should encourage and plan for the proper selection and placement, utilization of trained nurses who can teach the public effectively.
- The nursing administrators should take initiative to conduct effective in-service education programs and continuing nursing education programs on newer trends to upgrading the knowledge of staff nurses.
- Counseling sessions can be planned for the patients attending to the regular HIV/AIDS clinic to promote the health of the individuals.

Nursing research

The present study findings serve as a basis for the professionals and the students to conduct further studies on HIV/AIDS. The nurses and the nursing students can conduct the same study with different variables.

The new knowledge obtained through the study would enhance evidence based nursing practice and uses current trends to introduce new recommendations, practices, focusing on interest, quality and cost effectiveness.

Recommendations

- ❖ A similar study could be conducted on larger sample.
- ❖ A comparative study can be conducted between urban and rural school students.
- ❖ A structure teaching program can be conducted for primary level students.
- ❖ A comparative study can be conducted between degree students of science group and technical group students.
- ❖ Effectiveness of self-instruction module on HIV/AIDS can be conducted on high school children.

Conclusion

Evidence from this investigation revealed that, majority of adolescents was having moderate

knowledge and moderate attitude. There is a significant association between level of knowledge regarding HIV/AIDS with mother's educational status, mother's occupation, father's educational status, father occupation, place of residence, source of information regarding at $P < 0.01$ level.

References

1. Thomas. G. AIDS & Family Education. Jaipur, India: Mangal Deep Publications; 1995; 131-137.
2. <http://www.who.int/mediacentre/factsheets/fs360/en/>
3. Naswa S. Adolescent HIV/AIDS: issues and challenges. Indian journal of sexual transmission diseases and AIDS, 31(1); 1-10.
4. en.wikipedia.org/wiki/HIV/AIDS_in_India
5. <http://www.avert.org/india-hiv-aids-statistics.htm>.
6. Jannu Rajamouli. To assess the knowledge regarding HIV/AIDS among secondary school and junior college students in Khammam town of Andhra Pradesh. International Journal of Research in Health Sciences. 2014; 2(2): 511-516.