TO ASSESS THE KNOWLEDGE REGARDING HIV/AIDS AMONG JUNIOR COLLEGE STUDENTS IN KHAMMAM TOWN OF ANDHRA PRADESH

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ABSTRACT: INTRODUCTION: Adolescents and youth need information in order to make such responsible choices in terms of sexual behaviour/relationship. They also need to integrate and personalize this information or knowledge so that they can make healthy choices. Young people learn a great deal from each other and by sharing ideas and experiences amongst themselves. Peer influence is a great motivating factor in the adoption of specific behaviour patterns. Therefore, correct information and values imparted to one group of young people will be passed on to the other young people. Young people who have developed greater self-esteem and mutually supportive relationships are less vulnerable to peer and other pressures. **MATERIALS AND METHODS: STUDY DESIGN:** Cross sectional study, **STUDY PERIOD:** The study was carried out from June 2011 to December 2011. **RESULTS:** 77.83% of participants had heard of HIV/AIDS, among them only 74.06% of participants had written correct abbreviation of HIV and 83.56% knew that causative agent of HIV/AIDS as virus, 75.26% had written correct abbreviation of AIDS. 77.07% of participants gave correct response HIV/AIDS awareness symbol as red ribbon. 39.37% of participants knew how to prevent HIV/AIDS. 44.95% participants knew that mosquito bite from HIV/AIDS infected person will not transmit HIV virus. 57.62% of participants knew that IV drug abuse will spread HIV virus. 87.63% of participants knew that HIV/AIDS status can be confirmed by blood test. 56.56% of participants who knew that sharing a meal with HIV/AIDS infected person will not transmit HIV virus. 57.47% of participants who knew that using public toilets will not spread HIV virus. **CONCLUSION:** Education is currently the only means of preventing the spread of HIV/AIDS. The education which is needed to protect adolescents from the virus and subsequent disease involves changes at many levels. Individuals and systems have to make changes in their thinking, behaviour, attitudes, beliefs and policies.

KEY WORDS: HIV/AIDS, Khammam, Knowledge.

INTRODUCTION: "AIDS" the "Acquired Immuno-Deficiency Syndrome" (sometimes called Slim disease) is a fatal illness caused by a retrovirus known as the Human Immuno Deficiency Virus (HIV) which breaks down the body's immune system, leaving the victim vulnerable to a host of life-threatening opportunistic infections, neurological disorders or unusual malignancies. AIDS emerged as one of the most important public health issues of the late twentieth and early twenty- first centuries and is now one of the leading causes of global morbidity and mortality [1]

AIDS is a behavioral disease and the main risk behaviours are well documented, unprotected sexual intercourse with an infected individual and sharing contaminated needles and syringes with an infected person. Health education programmes designed to influence behaviours that result in HIV transmission can be effective in controlling the pandemic. Educating individuals about actions

they can take to protect themselves from being infected is vital. Reaching youngsters at an impressionable age before they become sexually active can lay the foundation for a responsible lifestyle, including healthy relationships and safe sex habits. Until a vaccine or cure for AIDS is found, the only means at present available is health education to enable people to make life saving choices [2].

Adolescence is a sensitive stage of life. It is relatively easy to instill values and influence them at this formative stage to develop responsible and safe behavior in future life as compared to influencing a person who is already following a certain lifestyle. Adolescence and youth are thus the best time to develop healthy attitudes and behavior with respect to sex and interpersonal relationships as well as health damaging habits such as promiscuity, smoking, drinking, and overeating and so on. Since the behaviour of the adolescents is flexible, placing the facts and implications of different risky behaviour patterns before them will enable them to make informed and responsible choices about their lifestyles.

OBJECTIVE: To assess the knowledge of Junior college students regarding HIV/AIDS in Khammam town.

MATERIAL AND METHODS: The study population includes all full time course (on campus study course) students of the junior colleges which were in the field practice area of Urban Health Centre of Mamata Medical College, Khammam. It was a cross-sectional study carried out from June 2011 to December 2011. **INCLUSION CRITERIA:** All the students of junior colleges who gave consent for research study were included in the study. Students who participated in Pretest were only included for Post-test. **EXCLUSION CRITERIA:** Junior colleges which were outside the field practice of Urban Health Centre of Mamata Medical College, Khammam, were excluded. Students who were not willing to participate or refused to give consent for the study were excluded. Written permission was obtained from the District Vocational Officer (DVO) of Khammam district and Institution Heads to carry out the study. They were consulted for information regarding number and type of colleges and location; he issued letters to all the colleges for the cooperation. Verbal Consent from students was obtained before the study. The students were administered questionnaire. Survey questionnaire was initially designed and developed in English and translated to Telugu and then back to English to check for consistency and clarity taking in to account similar surveys that have been carried out previously and some questions were modified to suit the context of the study.

RESULTS: In this study population 323 were males and 340 were female participants. Among male participants majority (21.27%) was of 17 years age group and majority (23.38%) of female participants were of 17 years age group. (Table: 1)

In this study population among male students majority (31.67%) were studying Intermediate first year and among female students majority (37.86%) were studying Intermediate second year. The total junior college students were 663, among them 323(48.72%) were males and 340(51.28%) were females. (Table: 2)

Among the participants 77.83% of participants had heard of HIV/AIDS, among them only 74.06% of participants had written correct abbreviation of HIV whereas 75.26% had written correct abbreviation of AIDS. Around 83.56% knew that causative agent of HIV/AIDS as virus, 77.07% of

participants gave correct response regarding HIV/AIDS awareness symbol as red ribbon. 39.37% of participants knew how to prevent HIV/AIDS. 44.95% participants knew that mosquito bite from HIV/AIDS infected person will not transmit HIV virus. 57.62% of participants knew that IV drug abuse will spread HIV virus. 87.63% of participants knew that HIV/AIDS status can be confirmed by blood test. 56.56% of participants who knew that sharing a meal with HIV/AIDS infected person will not transmit HIV virus. 57.47% of participants knew that using public toilets will not spread HIV virus. (Table: 3).

Table 1: Distribution of study participants according to their age and gender¹

Age of the study participants		16 years	17 years	18 years	Total
GENDER	Male	121 (18.25)	141 (21.27)	61 (9.20)	323 (48.72)
	Female	93 (14.03)	155 (23.38)	92 (13.87)	340 (51.28)
	Total	214 (32.28)	296 (44.65)	153 (23.07)	663 (100)

Table 2: Distribution of study participants according to their education status and Sex²

Education status of the study participants		Inter 1 year	Inter 2 year	Total
GENDER	Male	210 (31.67)	113 (17.04)	323 (48.72)
	Female	89 (13.42)	251 (37.86)	340 (51.28)
	Total	299 (45.10)	364 (54.90)	663 (100)

¹ "Figures in the parenthesis denotes Percentages".

² "Figures in the parenthesis denotes Percentages".

Table 3: Distribution of study participants according to their knowledge about HIV/AIDS- Correct Responses³

Response of the study participants	Respondents (n=663)
Heard of HIV/AIDS	516 (77.83)
Full form of HIV	491 (74.06)
Full form of AIDS	499 (75.26)
Causative agent of HIV/AIDS as Virus	554 (83.56)
Symbol of HIV/ AIDS awareness is Red Ribbon	511(77.07)
HIV/AIDS can be prevented	261 (39.37)
No vaccine for HIV/AIDS	285 (42.99)
HIV/AIDS status can be confirmed by blood test	581 (87.63)
Sharing a meal with HIV/AIDS infected person will not transmit HIV virus	375 (56.56)
Hugging and shaking hands with HIV/AIDS infected person will not transmit HIV virus	495 (74.66)
Mosquito bite from HIV/AIDS infected person will not transmit HIV virus	298 (44.95)
Sharing injections, needles and razors with a HIV/AIDS infected person will transmit HIV virus	521 (78.58)
Infected blood transfusion will spread HIV virus	524 (79.03)
IV drug abuse will spread HIV virus	382 (57.62)
Using public toilets will not spread HIV virus	381 (57.47)
Sexual contact with HIV infected people will Spread HIV virus	505 (76.17)
Faithful and uninfected sexual partner will protect them from HIV/AIDS	405 (61.09)

DISCUSSION: Of the total 663 participants, 323 were males and 340 were female students. Among male participants, 21.27% were of 17 years age and 23.38% of female participants were of 17 years

³ "Figures in the parenthesis denotes Percentages".

age. The mean age of participants is 17 years with SD of 71.75. More than half of the respondents were females (51.28%).

About 77.83% of participants had heard of HIV/AIDS, among them only 74.06% of participants had written correct abbreviation of HIV and 83.56% knew that causative agent of HIV/AIDS as virus, 75.26% had written correct abbreviation of AIDS. In a study done by Bhalla S et al in Gujarat reported that all participants heard of HIV/AIDS and of them only 60.6% participants had written correct abbreviation of HIV and 87.7% had written correct abbreviation of AIDS (3) In a study done by Abdul Basir Mansoor in Afganisthan reported that 90.8% of participants aware of HIV/AIDS(4). In a study done by Lal P et al in Delhi among senior secondary school children reported that all participants heard of HIV/AIDS and of them only 19.9% participants had had written correct abbreviation of HIV and 51.4% had written correct abbreviation of AIDS (5). In a study done by Basir Gaash in Srinagar reported that 76% of participants were aware of HIV/AIDS. (6)

In this study 83.56% of participants had mentioned virus as the causative agent of HIV/AIDS. In a study done by Singh Sk et al (7) in Kanpur reported 62.5%, Bhalla S et al (3) in Gujarat reported 90.5% participants had mentioned virus as the causative agent of HIV/AIDS. In a study done by Lal P et al in Delhi among senior secondary school children reported that 72% of participants knew how to prevent HIV/AIDS (5). 56.01% of participants had wrong perception regarding the availability of vaccine for HIV/AIDS; Benera SK et al in their study on under graduates at Delhi University reported that 59% knew that vaccination cannot prevent HIV/AIDS infection (8). 87.63% of participants knew that HIV/AIDS status can be confirmed by blood test, which is nearer to the study of Selcuk Koksall et al in Turkey reported that 88% knew that HIV could be detected through blood test (9).

In this study 74.66% of participants who knew that hugging and shaking hands with HIV/AIDS infected person will not transmit HIV virus. In a study done by Singh Sk et al (7) reported 53.9% of participants, Selcuk Koksall et al (9) reported 73.1%, by Basir Gaash et al (6) reported 82.22%, Bhalla S et al (3) reported 90.8% knew that shaking hands with HIV/AIDS infected person will not transmit HIV virus. Singh Sk et al (7) reported 52.33% and Bhalla S et al (3) reported 90.8% knew that hugging with HIV/AIDS infected person will not transmit HIV virus. In a study done by Singh Sk et al (7) reported 44.67% of participants, Lal SS et al (11) reported 70.04%, Selcuk Koksall et al (7) reported 58.3% of participants knew that mosquito bite from HIV/AIDS infected person will not transmit HIV virus. 78.51% of participants knew that sharing injections, needles and razors with a HIV/AIDS infected person will transmit HIV virus. In a study done by Basir Gaash et al (6) reported 23.11% of participants, Bhalla S et al (3) reported 96.6%, Rekha Udgiri et al (12) reported 50.35% and Lal P et al (5) reported 44.4% of participants knew that sharing injections with a needle from an HIV/AIDS infected person will transmit HIV virus.

This study reported 78.89% of participants knew that infected blood transfusion will spread HIV virus. In a study done by Basir Gaash et al (6) reported 73.3% of participants, Bhalla S et al (3) reported 96.65%, Kamala BA et al (13) reported 75.5%, Rekha Udgiri et al (12) reported 58.15% and Lal P et al (5) reported 31.1% of participants knew that infected blood transfusion will spread HIV virus. About 57.62% of participants knew that IV drug abuse will spread HIV virus in this study. Bhalla S et al (3) reported 84% of participants knew that IV drug abuse will spread HIV virus. In this study 57.47% of participants knew that using public toilets will not spread HIV virus, Lal SS et al (11) in their study reported that 83.5% felt that by using public toilets will not spread HIV virus.

CONCLUSION: Education is currently the only means of preventing the spread of HIV/AIDS. The education which is needed to protect adolescents from the virus and subsequent disease involves changes at many levels. Individuals and systems have to make changes in their thinking, behaviour, attitudes, beliefs and policies.

Government should regularly organize and sponsor teachers to attend in workshops, where clarifications could be sought from experts on areas of misunderstanding. Development of an effective and proper HIV/AIDS unit in the science curriculum should be considered.

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