KNOWLEDGE, ATTITUDE AND PERCEPTION ABOUT STDs INCLUDING HIV INFECTION AMONG ADOLESCENT GIRLS IN INDORE

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ABSTRACT

BACKGROUND

The present study was undertaken to assess the knowledge, attitude and perception about STDs including HIV infection among 1000 adolescent school girls in Indore.

MATERIALS AND METHODS

Based on a predesigned, pretested and structured questionnaire, STD score was calculated for every girl. Effect of factors such as age, mother's education, type of family and type of school on STD score was calculated.

RESULTS

Majority of girls belonged to mid-adolescent group, i.e. 86.6%, 66% belonged to English medium private school and only 34% from Hindi medium government school. Majority of girls lived in nuclear family (58.7%); 41% girls had average STD score, 15.5% had poor score. Only 43.5% had good score. Late adolescent had a good score as compared to early and mid-adolescent. Girls whose mothers were Graduate and Post-Graduate scored better. Girls in English medium private school scored better. Most important source of information was television (29.2%) followed by mother (15.3%).

KEYWORDS

STDs, HIV, Adolescent Girls, Knowledge, Attitude and Perception.

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BACKGROUND

The term adolescent is derived from Latin word "adolescere" meaning "to grow to mature." WHO has defined adolescents as person between 10–19 years of age.^[1] They constitute about 18% of the world population, i.e. about 1.2 billion.^[2] About 88% of them live in the developing countries. India has the largest (243 million) number of adolescents comprising one-fourth of the country's population.^[3] Pregnancy and Sexually Transmitted Diseases (STDs) including HIV infection constitute important preventable health problems during adolescents. Half of new HIV infection occur among persons < 25 years of age.^[4] Adolescent health and nutrition status has an intergenerational effect, hence it is one of the important stages of life cycle in terms of health interventions.^[5,6] But this period is often ignored.^[7] Nearly two-thirds of premature death and one-thirds of total disease burden in adults are associated with condition or behaviours that begin in their adolescence or youth including tobacco use, lack of physical activity, unprotected sex, early pregnancy and child birth, HIV and other STDs, malnutrition, substance abuse and injuries.^[8] Modernisation increasing impact of media, decline of parental authority and increasing gender equality has given rise to a culture that makes sexual activity more appealing and

acceptable to adolescent without putting much weight or responsibility on sexual behaviour. They face significant risks and are vulnerable to unplanned pregnancy and STDs, a crucial step in order to avoid above problems is to equip young people with proper sexual and reproductive health information (Such as reproductive biology, contraceptive methods and how STDs are contracted, treated and prevented and skills such as how to manage sexual relationships). Parents and teachers, however, avoid any mention to this information with children because it is still regarded as taboo subject in Indian society and secondly they themselves lack scientific knowledge about it. Against this background, present study attempts to assess awareness among school going adolescents girls on STDs including HIV/AIDS.

AIMS AND OBJECTIVES

To assess the knowledge of adolescent girls about STDs including HIV and to study factors, which influence level of awareness among these girls.

MATERIAL AND METHODS

A community-based cross-sectional study was carried out between Sep 2007 – 2009 in Dept. of Obstetrics and Gynaecology, MGMMC, Indore (MP). Two Hindi medium government schools, i.e. Shaskiya Ahilya Ashram Avam Chandravati Kanya Uch Mahavidhyalay No. 1 and Shaskiya Malaw Kanya Uchchar Madhyamik Vidhyalay and one English medium private school i.e. St. Raphael's Girls higher secondary school were randomly selected for the study. All were exclusively girls schools. After designing the study questionnaire, the approval of research and Ethics Committee of the hospital was sought and obtained. It was given to 1000

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female students in three secondary schools in Indore city. The school authorities were approached and consent duly obtained.

The investigator initially addressed all participants emphasised the objectives of the study, and assured them of the strict confidentiality of their responses. They were also urged to avoid discussing the question among themselves while completing the questionnaire. It consisted of two sections. First section consisted of questions regarding general information of the students, i.e. age, religion, type of school, class in which student was studying and mother's educational status. Second section consisted of question regarding STDs including HIV and source of information. Each session consisted of 40 students and each session took about 1 hour. In the first forty minutes students were asked to attempt the questionnaire. After collecting the questionnaire, a lecture was delivered addressing all the questions and then another 10 mins. were devoted to open discussion and doubts of students were cleared. According to responses of students, each student was given a score of poor, average or good. Hence, STD score for each student was obtained. Factors which influence STD score were evaluated.

RESULTS

Table 1 show the demographic profile of the study population. In this study, majority of girls belonged to the mid-adolescent age group, i.e. 86.6%.

Table 2 shows that 66% were from private English medium school; 34% were from government Hindi medium school.

Table 3 shows that 41% girls had average STD score, 15.5% had poor score. Only 43.5% had good score.

Factors affecting STD Score

Age Table No. 4 shows in early adolescents most had poor score, i.e. 69.7%, 20.9% had average score.

In mid-adolescents, most had average (40.4%) or good score (45.5%). Only 13.9% had poor score.

In late adolescents, most had either average (56%) or good score (39.5%), only 4.3% had poor score.

Mother's Education (Table 5)

Girls whose mothers were illiterate or education up to 5th mostly had either poor (43.1%) and 44.1% respectively or average score (24.1% and 33.7 % respectively).

Those girls whose mothers were educated up to graduation/post-graduation had either average score (47.4% and 41.8% respectively) or good score (48.2 and 48.7%).

Type of Family (Table 6)

In nuclear family, girls had good score in 51.9% cases and poor score in (11.4%).

In joint family girls having poor score were 21.3% and good score were only 31.3%. Thus, we find girls living in nuclear family had greater awareness.

Medium (Table 7)

In Hindi medium girls having poor, average and good scores were 32.3%, 33.8 and 33.7% respectively.

In English medium girls, majority had either average or good score, i.e. 44.6% or 48.3% respectively; 6.8% had poor score.

Table 8 shows most important source of information was television 29.2% followed by parents 15.3%, books 11.5% and newspaper 10.7% friends and siblings constituted source of information 48.7% and 3.4% respectively; 21.2% opted for other options.

Age (Years)	Total	Percentage
Early Adolescent	43	4.3
Mid-Adolescent	866	86.6
Late Adolescent	91	9.1
Grand Total	1000	100

Table 1: Age Wise Distribution of Girls

Type of School	Total	Percentage
Hindi medium government	340	34
English medium private	660	66
Grand Total	1000	100

Table 2

STD Score	Total	Percentage
Poor	155	15.5
Average	410	41.0
Good	435	43.5
Grand Total	1000	100

Table 3: STD Score

Age Group	STD Score (Percentage)			
	Poor	Average	Good	Grand Total
Early	30 (69.7%)	9(20.9%)	4 (9.3%)	43
Mid	121 (13.9%)	350 (40.4)	395(45.5%)	866
Late	4 (4.3%)	51 (56%)	36 (39.5%)	91
Grand Total	155	410	435	1000

Table 4: Age versus STD Score

Mother's Education	STD Score			
	Poor	Average	Good	Grand Total
Illiterate	50(43.1%)	28(24.1%)	38(32.7%)	116
Primary	38(44.1%)	29(33.7%)	19(22%)	86
Middle	27(27%)	51(51%)	22(22%)	100
Higher secondary	5(4%)	42(33.6%)	78(62.4%)	125
Graduate	15(4.1%)	170(47.4%)	173(48.2%)	358
Post graduate	20(9.3%)	90(41.8%)	105(48.7%)	215
Grand Total	155	410	435	1000

Table 5: Mother's Education to STD Score

Type of Family	STD Score (Percentage)			
	Poor	Average	Good	Grand Total
Nuclear	67(11.4%)	215(36.6%)	305(51.9%)	587
Joint	88(21.3%)	195(47.2%)	130(31.3%)	413
Grand Total	155	410	435	1000

Table 6: Type of Family to STD Score

Medium	STD Score			
	Poor	Average	Good	Grand Total
Hindi	110(32.3%)	115 (33.8%)	115(33.7%)	340
English	45(6.8%)	295(44.6%)	320(48.4%)	660
Grand Total	115	410	435	1000

Table 7: Medium to STD Score

Source of Information	Total	Percentage
Mother	153	15.3
Friends	87	8.7
Brother/Sister	34	3.4
Television	292	29.2
News Paper	107	10.7
Books	115	11.5
Others	212	21.2
Grand Total	1000	100

Table 8: Source of Information

DISCUSSION

Knowledge about STD'S

In our study most of girls had a score of either average or good STD score, i.e. 41% and 43.5 %, 15.5 % had poor score.

Gupta Sadhna, Sinha Achala in their study found that majority of girls have only incomplete knowledge on STD/AIDS. Major source of information was television in both groups.⁽⁹⁾

Nidhi Kotwal, Neelima Gupta and Rashi Gupta, in their study found that the areas where both school going girls and school dropout girls scored low were clinical symptoms and biological symptoms of AIDS and relationship between AIDS/HIV/STDs.⁽¹⁰⁾

Hassan MK, Jayaswal M, Hassan P (2003), reproductive health awareness in rural tribal female adolescents revealed that the awareness was distressingly low.⁽¹¹⁾

Low level of awareness was also found in study done in Rajasthan.⁽¹²⁾ According to NFHS-3 (2005-06), 46% women and 81% men were aware of AIDS.⁽¹³⁾ In studies by Anjali Singh in Gujarat and Calcutta, awareness was reported to be only 35% and 13.5% respectively.^(14,15)

However, in a study done in Kerala reporting 100% awareness of AIDS could be explained on the basis of older age of study sample (18-22 yrs.) and residence in state with maximum literacy.⁽¹⁶⁾

In our study, it was found that awareness increased with age and mother's educational status, girls studying in English medium private schools and in nuclear families were found to be more aware.

In a study done by Gupta M et al in 2011, it was found that predictors observed to be significant for awareness of ARSH services were age of adolescents, education of father, family income, geographical area and educational status of adolescents.⁽¹⁷⁾

Source of Information

In our study, most important source of information came out to be television (29.2%) followed by parents 15.3%, books 11.5% and newspaper 10.7%. Friends and siblings constituted source of information in 8.7% and 3.4% respectively; 21.2% opted for other options.

Chhabra S in his prospective study of school girls showed that knowledge sources were mainly literature and movies (77.9%).⁽¹⁸⁾

Singh MM et al in his study found that major sources of information were television 73.1%, radio 37.1% and parents (36.1%). Girls preferred to consult parents (49.2%) and doctors (44.6%) for help at times of having reproductive health problems.

Diane Kittredge (2005) in his study found that most adolescents (70%) had heard of family planning practices mostly from TV and radio.

CONCLUSION

Adolescents represent approximately one-fifth of the total population of which 85% are living in developing countries.

This group is not adequately prepared for reproductive and sexual life, since these group of people lack basic information about their body, sexuality and contraception and STD's.⁽¹⁹⁾

In societies like India where talking about sex is a taboo, the adolescents really find it difficult to acquire correct scientific knowledge about it.

A majority of victims of HIV/AIDS are young and under the age of 30, of which about 30% are in the sexually active phase of life. It is therefore essential to catch them young, impart them knowledge on adolescent sexual health, STDs, HIV/AIDS before they indulge in high-risk behaviour. They are vulnerable to practicing unsafe sex, hence this group should be the target for imparting health education on safe sex.

The sex education should be an integral part of the learning process beginning in the childhood and continuing into adult life. It should encourage exploration of values and moral values, consideration of sexuality and personal relationships and development of communication and decision making skills. It should foster self-esteem, self-awareness and a sense of moral responsibility and skills to avoid and resist sexual experience.

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