



"ASSESSMENT OF KNOWLEDGE AND ATTITUDE ON HIV/AIDS AMONG HIGHER AND SECONDARY SCHOOL STUDENTS OF GOVT. SENIOR SECONDARY SCHOOL, BHATTAKUFFAR, SHIMLA: A DESCRIPTIVE STUDY."

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ABSTRACT

Background: Since its discovery, AIDS has caused uncountable deaths all around the world. Many adolescents around the world are sexually active and because many contacts are unprotected, the risk of contracting sexually transmitted diseases (STDs) is increased; hence it is vital that they are enriched with the good education curriculum at school level to prevent (STDs). **Aim:** The aim of this study was to assess the knowledge and attitude on HIV/AIDS among school students of Govt. Senior secondary school at Bhattakuffar, Shimla. **Methodology:** A quantitative approach with non- experimental, descriptive survey research design was used. **Sample and sampling technique:** This study included 100 samples of higher and secondary school students. Samples were selected using probability sampling methods i.e. by simple random sampling technique. **Setting:** The research setting was Govt. Senior secondary school, Bhattakuffar, Shimla. **Tools:** The Socio Demographic Performa, structured knowledge questionnaires and attitude scale was used to collect the data. **Results and conclusion:** In analysis both descriptive and inferential statistical methods were used. The knowledge score depicted that, (7%) students had very good knowledge, and (59%) had good knowledge and (34%) students had average level of knowledge. Attitude score depicted that (85%) students had positive attitude and (15%) had negative attitude. It was concluded that most of the students had positive attitude towards HIV/AIDS, whereas in relation to level of knowledge the average level of knowledge was present.

KEYWORDS : AIDS (Acquired immune deficiency syndrome), STDs (Sexually transmitted diseases), HIV (human Immuno Virus).

1. INTRODUCTION

AIDS is a devastating and deadly disease that affects people worldwide and, like all infections, it comes without warning. Even though the progress in both technology and medicine is rapid, infected Human Immunodeficiency virus (HIV) patients seems to be missing basic requirement. Communities seem unprepared and uneducated to smoothly integrate these people in their societies, letting the ignorance marginalize and isolate these patients. (Kontomanolis EN)

HIV is a virus spread through certain body fluids that attacks the body's immune system, specifically the CD4 cells, often called T cells. Over time, HIV can destroy so many of these cells that the body can't fight off infections and disease. These special cells help the immune system fight off infections. This damage to the immune system makes it harder and harder for the body to fight off infections and some other diseases. (HIV Basics)

Only certain body fluids: blood, semen, pre-seminal fluid, rectal fluids, vaginal fluids, and breast milk, from a person who has HIV can transmit HIV. These fluids come in contact with a mucous membrane or damaged tissue or be directly injected into the bloodstream (from a needle or syringe) for transmission to occur. (HIV Transmission)

HIV related stigma refer to negative beliefs, feelings and attitudes towards people living with HIV, their families, people who work with them (HIV service providers), and members of groups that have been heavily impacted by HIV, such as gay and bisexual men, homeless people, street youth, and mentally ill people. Discrimination can also affect family and friends, and those who care for people with HIV. (Mental Health | Living With HIV)

Research by the International Centre for Research on Women (ICRW) outlines the possible consequences of HIV-related stigma as: loss of income and livelihood, loss of marriage and childbearing options, poor care within the health sector, withdrawal of caregiving in the home, loss of hope and feelings of worthlessness, loss of reputation. (Halli SS, Khan CGH)

HIV IS NOT TRANSMITTED BY



Air or Water



Saliva, Sweat, Tears, or Closed-Mouth Kissing



Insects or Pets



Sharing Toilets, Food, or Drinks

Fig: 1, Source:

https://www.google.com/search?q=Hiv+is+not+transmitted+by+image&xsrf=ALeKk00rbvNbsT5ZQ6sAHorgXysPtJjKQw:1617358020240&source=lnms&tbm=isch&sa=X&ved=2ahUKEwjtlZWSqN_vAhX3zzgGHemA_gQ_AUoAXoECAEQAw&biw=1093&bih=500#imgsrc=F71UDFLUVuxGiM

Today, more tools than ever are available to prevent HIV. One can use strategies such as abstinence (not having sex), limiting number of sexual partners, never sharing needles, and using condoms the right way every time one have sex. One may also be able to take advantage of newer HIV prevention medicines such as pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) after consulting a physician. The most important is antiretroviral therapy, or (ART) as prescribed. (Prevention | HIV Basics |)

Incorporating human rights principles into HIV programme is crucial to creating an environment where those who are HIV positive are able to realize their rights and access the services they need. "Equality and non-discrimination: HIV programmes" that are run promotes, respect, protects, and fulfill the right to equality and to non-discrimination. This ensures that HIV programmes address their specific needs. It also increases access to services that communities need, including people most affected by HIV. (Human rights and HIV)

When we support people with HIV, we make it easier for them to lead healthy lives. Through the *Let's Stop HIV Together* campaign, *Stop HIV Stigma* highlights the role that each person plays in stopping HIV stigma and gives voice to people living with HIV, as well as their friends and family. (HIV Stigma | Let's Stop HIV)

2. METHODOLOGY

Research methodology is the significant part of any research study, which enables the researcher to project a blue print of

the research understanding. It includes the strategy to collect and analyse the data.

2.1 Research approach: The research approach in the study was Qualitative research approach.

2.2 Research design: A descriptive survey research design was selected for the study.

2.3 Research setting: This study was conducted at Govt. Senior Secondary School, Bhattakuffar, Shimla, Himachal Pradesh.

2.4 Population:

- **Target population:** Govt. school students.
- **Accessible population:** It included school students of higher and secondary class (9th, 10th, 11th, and 12th).

2.5 Sample and sampling technique: A sample of 100 students was selected for assessment of knowledge and attitude using convenient sampling technique, a type of non-probability sampling technique.

2.6 Data collection tools and techniques:

Based on the objective of the study, tools were divided into following three sections. Section-1: Demographic Variables to collect data about certain characteristics of sample population. Section-2: Structured Questionnaires (22 items) to assess the knowledge of students regarding HIV/AIDS. Section-3: attitude scale (10 items). The tools were validated by experts from the field of nursing.

2.7 Ethical consideration: In relation to Ethical approval, written permission was taken from Principal of Govt. Senior Secondary school, Bhattakuffar, Shimla. Informed consent was taken from the students of Govt. Senior Secondary school.

3. RESULTS

SECTION A: Description of demographic variables among school students

Table: 1 Frequency and percentage distribution of demographic variables:

N=100

S. No.	Variables	Frequency (f)	Percentage (%)
1.	Age		
	1.1 12-14years	36	36
	1.2 15-17 years	60	60
	1.3 Above 18years	04	04
2.	Gender		
	2.1 Male	40	40
	2.2 Female	60	60
3.	Educational Standard		
	3.1 Higher	62	62
	3.2 Secondary	38	38
4.	Medium of instruction		
	4.1 English	16	16
	4.2 Hindi	84	84

Data presented in table 1 shows frequency and percentage distribution of demographic variables with respect to their age, gender educational standard and medium of instruction.

SECTION: B

Table: 2 Frequency and percentage distribution of level of knowledge:

N=100

Level of Knowledge	Frequency (f)	Percentage (%)
Average Knowledge (0-11)	34	34
Good Knowledge (12-17)	59	59
Very Good Knowledge (18-22)	07	07

Maximum score=22

Minimum score=0

Table 2 Depicts 7% students had very good knowledge, 59% had good knowledge and 34% had average level of knowledge regarding AIDS/HIV.



Fig.2 Level of knowledge of school students.

Table: 3 Frequency and percentage distribution of attitude score:

N=100

Level of attitude	Frequency (f)	Percentage (%)
Positive Attitude (31-50)	85	85
Negative Attitude (10-30)	15	15

Maximum score=50

Minimum score=10

Table3 reveals that 85% students had positive attitude towards HIV/AIDS whereas 15% had negative attitude.

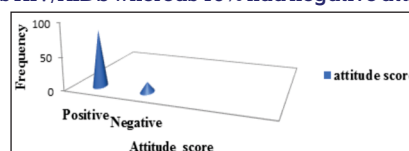


Fig.3 Attitude score of school students

Table4: Association of knowledge score with socio-demographic variables

N=100

Variables	Average knowledge	Good knowledge	Very Good knowledge	Chi test	P value	df	Table value
1.Age							
• 12-14years	12	21	3	3.06	0.9 ^{NS}	4	9.49
• 15-17 years	22	34	4				
• Above 18years	0	4	0				
2.Gender							
• Male	16	23	1	2.66	0.14 ^{NS}	2	5.99
• Female	18	36	6				
3.Basic education							
• Higher	17	42	3	5.28	0.33 ^{NS}	2	5.99
• Secondary	17	17	4				
4.Medium of instruction							
• English	3	12	1	2.14	0.27 ^{NS}	2	5.99
• Hindi	31	47	6				

Chi square significant at 0.05 level of significance, NS= not significant

Table 4 shows the association of level of knowledge score with sociodemographic variables using chi square test. It also reveals that there was no significant association of level of knowledge with socio demographic variables as calculated chi square value was less than the table value at 0.05 level of significance.

Table 5 Association of Attitude score with socio-demographic variables

N=100

Variables	Positive attitude	Negative attitude	Chi test	P value	df	Table value
1.Age						
• 12-14years	29	7	1.39	0.26 ^{NS}	2	5.99
• 15-17 years	52	8				
• Above 18years	4	0				

2. Gender						
• Male	36	4	1.30	0.39 ^{NS}	1	3.84
• Female	49	11				
3. Basic education						
• Higher	47	15	10.81	0.00**	1	3.84
• Secondary	38	0				
4. Medium of instruction						
• English	15	1	1.14	0.45 ^{NS}	1	3.84
• Hindi	70	14				

Chi square significant at 0.05 level of significance, ^{NS}= not significant, **= significant

Table 5 shows the association of attitude score with sociodemographic variables using chi square test. It further reveals that there was significant association of attitude score with "basic education" variable. As the calculated chi square value was more (10.81) than the table value (3.84), also p value of 0.00** shows highly significant association at 0.05 level of significance.

DISCUSSION

In the present study the government senior secondary school students were selected to assess the knowledge and attitude on HIV/AIDS. The findings were consistent with the study conducted to assess knowledge and attitude among adolescents by Ghasem ghjavand, Belghels einali et.al on HIV/AIDS. The results of this study revealed that amongst 250 adolescents, majority of adolescents (84%) were aware of the existence of HIV/AIDS. The commonest source of information was being electronic media.

CONCLUSION

The study assessed the level of knowledge and attitude on HIV/AIDS among higher and secondary school students. The knowledge among respondents was quite satisfactory for most of the aspects like mode of transmission, symptoms and preventive measures of the disease in relation to attitude majority of students had positive attitude towards HIV/AIDS. Hence it was concluded that sex education should be included in the school curriculum to improve the level of knowledge of school students.

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