

Knowledge About Acquired Immunodeficiency Syndrome(AIDS) & Sexually Transmitted Infections Among Students of Mahilla College



Medical Science

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ABSTRACT

1) To study awareness regarding HIV/AIDS & STI amongst adolescents. 2) To assess the impact of health awareness programme on knowledge of STI & HIV/AIDS. **Materials & Method:** Present cross-sectional study was conducted among representative group of 68 adolescents from Mrs. N.C.Gandhi & Mrs. B.V.Gandhi Mahila Arts & Commerce College, Bhavnagar city. Pre test were carried out before beginning the programme followed by post test to assess the impact of health awareness programme. **Results:** Most of the girls (66.2%) didn't heard about STI, in contrast to it 88.2% of them were heard about HIV/AIDS & main source of information was media (51.5%). Television, radio & News paper were quoted as the most common source of information. However only 33.8% of them mentioned that it was transmitted by sexual route. Regarding prevention of STI, 58.8% of them didn't know about any modalities of prevention, while 23.5% were mention use of condom in case of HIV/AIDS. After giving various lectures and demonstration, the knowledge regarding HIV/AIDS & STI has been significantly improved. ($p<0.05$)

Introduction

India has the largest population of adolescents in the world being home to 243 million individuals aged 10-19 years, country's adolescents constituted 20 per cent of the world's 1.2 billion adolescents.¹ The World Health Organization (WHO) defines adolescents as the age group 10-19, while the broader term "youth" refers to the 15-24 age groups.²

Sexual development is a normal part of adolescence. Many adolescent girls are sexually active & adopt risky behaviors since they are poorly informed about their physical attributes, sexuality & consequences of unprotected sex. They also lack the skills to negotiate safe sex or say "no" to unwanted sex. Lack of access to correct information and discrimination due to age and gender leads to adolescent pregnancy, unsafe abortion, STIs (especially AIDS) & social problems.³

There is a need to empower youth with appropriate knowledge about the development of the body, sexuality, modes of transmission & prevention of Sexually Transmitted Infections (STIs) including HIV/AIDS.⁴ This can be done by raising awareness among adolescent by incorporating education regarding sexual and reproductive health in the school curriculum.

Against this background, the present study was under taken among adolescent girls to find out the existing knowledge & change in knowledge after education intervention regarding STIs including HIV/AIDS.

Materials: Present interventional study was conducted among 68 adolescents from Mrs. N.C.Gandhi & Mrs. B.V.Gandhi Mahila Arts & Commerce College, Bhavnagar city. Before beginning the programme, the adolescents were briefed about the purpose of the study & then who were ready to participate in the study gave written informed consent. Semi structured questionnaire consisting of STI & HIV/AIDS knowledge, mode of transmission, preventive measures & misconception of transmission & prevention were distributed among adolescents. Once they have filled up the questionnaire Educational intervention was given on STI & HIV/AIDS in the form of lecture & demonstrations with the help of posters, printed

materials, flip charts, Overhead Projectors & black board. At the end of programme POST-TEST questionnaires were filled up again by the adolescents to assess impact of health education. The data were analyzed & presented in the form of tables & graphs.

Results: The background of a person helps in revealing possession of certain knowledge & qualities. Maximum adolescents (80.9%) were belonging to 18-20 years of age group. 83.9% adolescents were studying in B.A. The priority for future was health for most of the adolescents followed by education & carrier. Most of the adolescents were aware about the legal age of marriage for both boys & girls.

Most of the girls (66.2%) had not heard about STI & they also didn't know about the source of information of STI. However, 23.5 % got the information from media. Surprisingly teacher did not play any role as source of information about STI. 33.8% adolescents mentioned STI transmitted by sexual route. There were few myths regarding STI transmission such as STI transmission by food, sharing towel. More than 50% did not answer for prevention of STI. Amongst those who have answered to this question, 17.6% mentioned to take Doctor's advice.(Table I)

Table-I: Distribution of Adolescent girls according to Knowledge of STI.(N=68)

STI	No.	%
Heard about it		
Yes	23	33.8
No	45	66.2
Source of information		
News paper / TV /Radio	16	23.5
Friends	04	05.9
Family member	03	04.4
School Teacher	00 2	00

No answer	45	66.2
Mode of transmission of STI		
Sexual route	23	33.8
By sharing towel	06	08.8
Food	05	07.4
Shaking hands, Sharing common toilet & bathtub, Mosquito, Water	04	05.9
No answer	30	44.1
Prevention of STI		
Doctor's advise	12	17.6
Contraception	08	11.8
Avoid sex	06	8.8
No answer	40	58.8

Maximum (82.4%) of girls were aware about HIV/AIDS. Amongst the source of information, media played important role (51.5%).33.8 % girls gave correct answer about mode of transmission of HIV (unsafe sex with HIV infected person, HIV infected blood transfusion, from HIV infected Mother to child, sharing HIV infected Needles & syringes). There were few myths about HIV transmission such as HIV transmitted by shaking hands, by water, mosquito bite. Regarding prevention of HIV, most of those (23.5%) mentioned use of contraception. (Table II)

Table-II: Distribution of adolescent girls according to HIV/AIDS knowledge

HIV/AIDS	No.	%
Heard about it		
Yes	56	82.4
No	12	17.6
Source of information		
News paper/ TV/Radio	35	51.5
Friends	12	17.6
School Teacher	11	16.2
Family member	05	07.4
No answer	12	17.6
Mode of transmission		
All correct (Sex, Blood, MTC, Needles & Syringes)	23	33.8
HIV infected Blood	11	16.2
From HIV infected Mother to child, Breast Feeding	10	14.7
Unsafe sex with HIV infected person	06	08.8
Sharing HIV infected Needles & Syringes	05	07.4
Incorrect answer (Hand shaking, Mosquito bite, Water)	13	19.1
Preventive modes*		
Contraception (condom)	16	23.5
Use of disposable needles & syringes	05	07.4
Avoid sex	02	02.9
Blood safety	02	02.9

Doctor's advice	03	04.4
Avoid outside water, food, use of mosquito net.	02	02.9

Table III:

STI/RTI & HIV/AIDS	Pretest	Posttest
Mode of transmission of STI		
Correct	23	62
Incorrect	45	06
c2 =47.72; p=0.00; Significant		
Prevention of STI		
Correct	14	41
Incorrect	54	27
c2 =22.25; p=0.00; Significant		
Mode of transmission of HIV/AIDS		
Correct	55	62
Incorrect	13	06
c2 =3; p=0.08; Non- Significant		
Prevention of HIV/AIDS		
Correct	25	48
Incorrect	43	20
c2 =15.64; p=0.00; Significant		

Table III shows that there was significant improvement in knowledge of STI & HIV/AIDS transmission & prevention after health education.

Discussion:

Only 33.8% adolescents heard about STI & were aware about its transmission by sex. Media was the main source of information & only 11.8% mentioned use of condom as a preventive measure. While in a study by Bana A et al found 56% youths were aware about STI & its transmission by sex. Health professionals were major source of information. Teachers played no role as source of information of STI in the present study as well as in a reference study. Only 4% youths mentioned condom use as prevention for STI.5 However Clark LR, Jackson M, Allen Taylor L noticed school (70%) as a major source of information.6 In present study 82.4 % adolescents were aware about HIV/AIDS. S. Bhalla, H.Chandwani et al noticed 96% awareness among students. 7 Media (51.5%) was the commonest source of information in the present study followed by School. Family as a source of information mentioned by very less girls reveling probably less knowledge amongst parents or stigma about the disease to talk with the children about HIV/AIDS. In Kuwait the 69 % participants acquired information about AIDS from the mass media.8 Same source of information was revealed by 79.6% in a study by P Lal, Anitha Nath.9.23.5% girls said use contraception (condom) as preventive measure against HIV/AIDS. Similar findings were observed in a study done by Alexandra McManus, Lipi Dhar among urban adolescent girls.10 There was significant increase in STI & HIV/AIDS knowledge after health education. Similar results were noticed by Pankaj Kumar, Prasad Pore, Usha Patil.11

Conclusion:

It can be concluded from the above study that educational intervention, if given in right manner, can bring out positive changes in its true sense and can modify or change the lives of people. This holds true more for the younger population as they are the future men & women who would promote growth & development of our nation.

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Meningo-orbital Foramen in the Lateral Orbital Wall – Topographical Anatomy and Clinical Relevance



Medical Science

KEYWORDS : Meningo-orbital foramen, Fronto-sphenoidal suture, Frontozygomatic suture, Superior orbital fissure,

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ABSTRACT

Sometimes one foramen is seen lying near or along the fronto-sphenoidal suture, superolateral to the lateral end of superior orbital fissure. This inconsistent foramen, known as meningo-orbital foramen (MOF), transmits a branch of anterior meningeal artery, providing additional blood supply to the orbit. The frequency of occurrence of MOF, its distance from supraorbital notch/foramen and frontozygomatic suture has not been seen in North Indian population therefore a study was conducted on 100 orbits of fifty North Indian skulls.

MOF was found to be present in 32 orbits (Right =18, Left=14). The mean distance from MOF to the supra-orbital notch/foramen was 36.2 mm on the right and 36.6 on the left side. The mean distance from MOF to frontozygomatic suture was 21.0 mm on the right and 20.5 mm on the left side. As in some surgical interventions, MOF may lie near the operating field, surgeons need to be familiar about its presence and location.

Introduction

Meningo-orbital foramen (MOF) is found in the lateral wall of orbit, lateral to the lateral end of superior orbital fissure (Figure 1). Standard text books of Anatomy 1 - 5 do not describe its topography. It links the interior of orbit with anterior or middle cranial fossae. In Anatomical literature some of the authors call MOF as cranio-orbital foramen 6 stapedia ophthalmo lacrimal foramen 7, sinus canal foramen, sphenofrontal foramen, foramen of Hyrtl and Lacrimal foramen 8.

Awareness about the variable presence of MOF is important for ophthalmologists while performing orbital reconstructive procedures and neurosurgeons while operating on base of anterior or middle cranial fossae. Therefore, the present study was undertaken in order to explore the frequency and positional anatomy of this foramen in fifty dry adult human skulls of North Indian origin.



Figure 1: Arrow pointing at the meningo-orbital foramen seen in the right orbit, lateral to superior orbital fissure. marked at the superior orbital fissure

Materials and methods

One hundred orbits of 50 North Indian, dried human skulls of either sex were obtained from the department of Anatomy, University College of Medical Sciences and Guru Teg Bahadur Hospital, Delhi, India, for the study. The frequency of occurrence of meningo-orbital foramen in the right and left orbit were noted. The position of MOF with reference to supra orbital notch/foramen and frontozygomatic suture were recorded by measuring distances between MOF and these landmarks (Figure 2). The distances were carefully measured using vernier callipers with a least count of 0.02 mm.

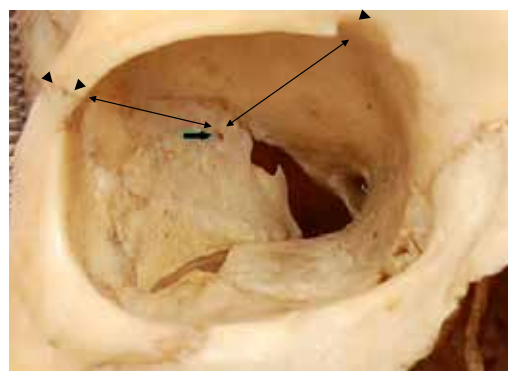


Figure 2: Right orbit showing distances measured between
a) MOF and supraorbital notch
b) MOF and frontozygomatic suture

Arrow pointing at MOF, ▲ supraorbital notch, ▼ frontozygomatic suture

Results

One hundred orbits of 50 dried human skulls of either sex were examined. MOF existed in thirty two orbits (18 right, 14 left) out of the hundred orbits studied. No MOF was seen in some of the orbits (figure 3).



Figure 3: Lateral wall of the orbit showing no foramen

Only in one skull, the foramen was seen in both the orbits and in majority of skulls it was present unilaterally (figure 4).