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Research Paper

Knowledge and Attitude Towards Hiv/Aids Among College Students

Social Science

KEYWORDS : Acquired Immunodeficiency Syndrome; HIV; Knowledge; Attitude; college students.

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ABSTRACT

Background : Young people are of particular importance in state policies against Acquired Immunodeficiency Syndrome (AIDS). We intended to assess the knowledge and attitude students regarding AIDS in Tanjavore.
Methods :Through a cluster-sampling, 300 students from college at Tanjavore were assessed by anonymous questionnaires in 2014.
Results : The students identified television as their most important source of information about AIDS. Only a few students answered all the knowledge questions correctly, and there were many misconceptions about the routes of transmission. Hand Shake (20%), Mosquito bites (23%), public toilets (21%), public barber shops (15%) and sharing of plates (05%) were incorrectly identified as routes of transmission. 56% believed that Human Immunodeficiency Virus positive (HIV positive) students should not attend colleges. Most of the students wanted to know more about AIDS. In this study knowledge level was associated with students' attitudes and discipline ($p < 0.001$).
Conclusion : Although the knowledge level seems to be moderately high, misconceptions about the routes of transmission were common. There was a substantial intolerant attitude towards AIDS and HIV positive patients. We recommend that strategies for AIDS risk reduction in adolescents be developed in college.

Background

HIV/AIDS have a peculiar character of affecting the immune system of the body and make body vulnerable to a number of infections leading to AIDS a terminal stage of the body. Unlike other epidermis there is no vaccine for prevention and no medicine for the cure of the diseases. It affects the entire demographic and economic structure of the society by increasing mortality rate among the youth and children who are considered as the back of the development of any nation.

For AIDS, the transmission routes are clear and it is closely associated with individual behaviour. Therefore, it is hundred per cent preventable if the behaviour of individual is very much in line with societal expectations. Certain behaviours like sex outside matrimonial life, homosexuality, drug addiction, prostitution are in approved behaviours and these are stigmatized in the society. The spread of HIV has its route in these stigmatized behaviours. Therefore, those who got AIDS/HIV are socially neglected, economically isolated and psychologically deprived by the society in general and by their family members in particular. As a result social discrimination many infected people are generally out of the mainstream of social life. The social stigma makes them to develop mental strain and stress and unbearable fear about their future.

If there is no control on the rapid spread of the disease, it will threaten the entire survival of the society. Therefore, HIV/AIDS should be treated not only as major public health problem but also a social problem. Because, it has all the characteristics of social problems which affect larger sections of population to produce adverse impact on the society. According to this definition any HIV positive individual with CD4+ cell count of 200 or whose CD4+ cells represented less than 14% of all lymphocytes are called AIDS patients.

HIV may be found in the cells, bodily fluids and secretions of infected persons and the presence of virus, in the bodily fluids and secretions have different degrees of transmission risk. HIV can be easily isolated in semen, vaginal secretions and blood and breast milk. It is not easy to isolate the virus from tears, saliva, perspiration and urine. Therefore, it is currently accepted that the virus is transmitted to others only through blood, semen, vaginal secretions and breast milk.

According to Gracious Thomas et al (1997:26) the HIV can pass on to an individual mainly through the following three routes:

Sexual exposure:- It is most commonly transmitted through sexual contact from women to men, from men to women, between men seeking men.

Contact with contaminated blood and blood products:- HIV is also transmitted through infected blood. People have become infected by blood transfusion, infected blood products including donated organs and by sharing of syringes and hypodermic needles. In many parts of the world, donated blood is now screened for antibodies to HIV, making this form of transmission is rare. However, in places where blood is not systematically tested and where many people are infected with the virus, transmission in this may still be common. The virus has been also transmitted by recycling needles that have not been properly sterilized.

From parent to child through pregnancy and birth:- This is known as pre natal transmission. Before, birth it may be transmitted across the placenta to the developing fetus. During birth, the virus, may be transmitted via the mother's blood or bodily secretions. A small number of cases of transmission through breast milk have been recorded in some regions.

The Acquired Immunodeficiency Syndrome (AIDS) epidemic is in its third decade and has become a pandemic disease that threatens the world population. It affects all body systems as well as the mental health and social relationships of carriers and asymptomatic patients.

AIDS is spreading in India at an alarming rate, fuelled by an increasingly casual attitude towards sex, coupled with a tradition of public silence and reluctance to grasp the issues. There are fears here that the number of human immunodeficiency virus. HIV/AIDS cases could rise to such an extent that India overtakes South Africa as the world's most severely affected country. In India, Andhra Pradesh has the second highest number of recorded cases of HIV. Hyderabad, capital city of the State of Andhra Pradesh, in 2004 had recorded 34.5% HIV positive cases in the high-risk group (include homosexual or heterosexual individuals intravenous drug users who share needles, and infants born to mothers with HIV) and 0.75% in the low risk group.

Globally - First AIDS care was recognized in Central Africa &

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Haiti, Since that world wide epidemic has been spreading rapidly, i.e. <13.0 million to 39.4 Million (2004). Globally, most of the countries are living with HIV infection, among these African countries have extremely serious epidemic of HIV infection.

India - First case of HIV was detected from Chennai and AIDS case was documented in Mumbai (1986). India is facing on of the biggest public health challenge in this history. In India, a nation of over one billion people, 5.1 million people were with HIV/AIDS.

This is less than one % of the country's population. Still, India has the second highest number of people living with HIV/AIDS in the world after South Africa. India accounts for almost 10% of the 40 million people living with HIV/AIDS globally and over 60% of the 7.4 million people living with HIV/AIDS (PLWHA) in the Asia & Pacific region. Current prevalence of HIV/AIDS in India is about 4.9 million.

Young people in India are among those most vulnerable to HIV. Over 35% of all reported HIV/AIDS cases in India occur among young people in the age group of 15 to 24 years. High prevalence states are M.S., T.N., Manipur, A.P., Karnataka, Nagaland. Concentrated epidemic is in the state of Gujrat, Pondicherry Goa, and all other states & Union territories have low prevalence. In India knowledge of HIV/AIDS awareness of prevention is not so well, hence India is also about to face the biggest public health challenge in this situation Source of data, NACO, 2004 internet report. Chhattisgarh State core is also not free from the HIV/AIDS epidemic. As per earlier India report 1.9% of AIDS case of India was reported from Chhattisgarh and Madhya Pradesh. The possible carriers of infection in the state might be seasonal migratory group those visit other state for employment.

Statistics show that for five patients affected by AIDS, one is in his 20s. Given the long incubation period of HIV, it is clear that many older adolescents and young adults with AIDS were infected as younger teenagers. There are several factors that contribute to the higher risk of HIV infection among young people e.g. first sexual experiences, the higher proportion of sexually transmitted diseases, addiction that begins usually at this age, and so on. On the other hand, there is a chance to establish protective health-behavior patterns in young people, which might endure into adulthood. Since there are uncontrolled sexual contacts, high prevalence of addiction, absence or limited sex education and higher marriage age in India, the Indian youth are counted as a high risk group for HIV infection. It is obvious that against such a background the risk of HIV infection increases. Moreover, because of unreasonable fears among most Indian people that AIDS education promotes high risk behaviors, sex education about HIV transmission has no place in schools and universities in India. Accordingly, the current HIV/AIDS situation and the fact that antiretroviral drugs are not affordable and available for treating vast numbers of HIV-positive individuals makes primary prevention of HIV infection seem the most important concept in controlling the epidemic. In this study the common knowledge and attitude of a group of Indian college school students about AIDS, transmission of HIV, and methods of prevention have been evaluated.

Methods

This cross-sectional study was conducted in 2014 at Tanjavore. 300 college students in Tanjavore were randomly selected. All the graduate students of the college who were present in the classroom on the day of the research team's visit agreed to participate. The data was collected by self-administered anonymous questionnaires. The original questionnaire included 50 questions. Only 20 close-ended questions were judged as valid and included in the study. These questions covered the following categories: demographic information, disease knowledge including mode of transmission and high risk group population, attitudes towards HIV-positive patients, source of knowledge and willingness to learn. The questionnaire was pre-tested in one class and after analyzing the data, the Cronbach's α was calculated to assess the internal consistency of knowledge questions (α = 0.67). The questions were answered using the options "Agree", "Disagree" and "I don't know". A total score for knowledge was obtained by adding the points given for each answer. For each correct answer 2 points, "I don't know" 1 point, and any incorrect answer zero points were assigned. The sum makes up the total score which ranged between 0 and 40. A higher score indicated a greater level of knowledge. The attitude score was computed similarly; a higher score reflects intolerance towards the infected patients, and maximal possible score was eight. A sample size for the precision of 5%, expected prevalence of 50%, and confidence interval of 95% was calculated as 4000. The data was evaluated by Chi-square test, analysis of variance (one-way ANOVA) and Spearman's Correlation test using the Statistical Package of Social Science (SPSS Inc., Chicago, IL) for Windows version 10.0. A p-value of <0.05 was considered statistically significant.

Results

A total of 300 college students (62% female and 38% male) participated in the study (table 1). They were aged 15–17 years (mean, 16.2 years). Ninety four percent of students expressed a wish to know more about HIV/AIDS. "Television and radio" were the main sources of information followed by "newspapers and magazines", "friends", "books", and "family" as stated by the participants. Only 6% of the students mentioned "teachers and schools" as the main source of information about HIV/AIDS. Among these, "newspapers and magazines" were associated with the most knowledge scores ($p < 0.001$).

Table 1. Characteristics of the 300 college Students enrolled in the Study

The majority of students had accurate knowledge about HIV/AIDS modes of transmission (table 2), with 67–96% correctly answering each of questions. However, many misconceptions were still noted relating to HIV/AIDS, with 9% of students believing that children would never be affected by HIV/AIDS, 10% believing that HIV-positive people can be recognized by their appearance, 9% and 11% believing that there is a cure and vaccine for AIDS respectively.

Table 2. Modes Transmission As Reported By the 300 college Students (%). Response to the Question "by which of the Following Ways Can HIV*/AIDS** be Transmitted?" .Female sex, family size, parents' education, and students' school discipline, though statistically significant ($p < 0.01$) were minimally associated with students' knowledge about HIV/AIDS. In response to a question about the best way of fighting AIDS, 71% of the students believed that investment on youth education is the best method. However, vaccination and treatment of AIDS patients were also expressed by 10% and 4% respectively. Most of the students (93%) believed that AIDS could be a threat to the Indian population .

Negative attitudes toward HIV-infected individuals were common. Forty six percent of students thought that a student with the disease should not be allowed to enter an ordinary school [boys and girls were the same for this attitude (50% vs. 48%)]. Thirty five percent of the students stated that they prefer not to sit in a class near an HIV positive student [no significant difference between boys and girls (37% vs. 36%)]. Twenty three percent of students indicated that they would not shake hands with an HIV-positive person if they knew about his or her disease [24% of boys vs. 24% of girls]. Attitude was significantly correlated with knowledge ($r = -0.38$, $P < 0.001$); students with less knowledge scores had more negative attitude towards HIV posi-

tive patients.

Finally, as a supplementary question, the students were asked to express their feeling towards an HIV positive person. Forty percent of the students would be compassionate to an infected person and 20% of them feel hatred towards him or her. Thirty percent of students would feel droopy towards the HIV positive people. These feelings were different between boys and girls (Table 3). The girls were more compassionate to AIDS patients than boys (56% of girls vs. 47% of boys, $p < 0.001$). Table.3: Feelings of Students toward an Infected Person. Response to the Question "What are your Feelings toward a HIV*-Positive Person?"

Discussion

The present study evaluated the knowledge and attitude of Indian college students towards HIV-positive and AIDS patients. The reports concerning rapid spread of AIDS in various populations have increased the level of anxiety over contagion among adolescents. This may explain why about 94% of the students expressed a wish to obtain more information about AIDS, and most surveyed students believed that AIDS could be a threat to their society. In general, the study revealed a variable lack of knowledge about HIV/AIDS among students. Male students demonstrated a slightly higher level of knowledge in comparison with Female students; this difference is small and practically insignificant but consistent with the studies of Brook and Green et al. However, Agrawal et al found that boys had better knowledge than girls and their explanation for this finding was that boys feel freer than girls to talk about matters relating to sex and HIV/AIDS.

The media (Television and radio) were the most common means of obtaining information about HIV/AIDS, but not the most plausible sources. This was consistent with the study by Brook . "Newspapers and magazines" were associated with the most accurate knowledge about HIV/AIDS. Studies in Southeast Asia have shown that most media have done little to change existing cultural values and prejudice about the sexuality and the situation of people who are living with HIV or AIDS. They were good at educating people that HIV and AIDS exists but mainly in a frightening way because they have hardly ever given enough in-depth information to contextualize this information. Taking everything into account, media should apply new methods of AIDS education to improve public knowledge about HIV/AIDS.

Overall, there were many misconceptions about how HIV is transmitted, e.g. by shaking hands, using public toilets, using public swimming pools, etc. This problem was also addressed by previous investigators such as Agrawal et al, DiCemente et al, and Sikand et al , and [. However Brook et al have found relatively sufficient knowledge about transmission and "high risk group population" among college students . In our study, a considerable proportion of respondents thought that there is a cure for AIDS. This is consistent with the findings of Agrwal et al, and can be attributed to the many false claims published in media and other modes of advertisement. Misinformation concerning a "cure" for AIDS is one of the risk factors for contracting the disease. Though better knowledge does not necessarily lead to behavioral changes, we believe that repeated talks with teachers and advisors in the classroom about this important subject would have some influence upon a certain percentage of the students.

In this study, there was a substantial negative (intolerant) attitude towards AIDS and HIV positive patients. About a third of the students expressed that they would avoid sitting near an infected student. This was found to be true in the study of Brook . This can be explained by the approximately of Indian attitudes towards HIV/AIDS which is associated with the great forbidden, sex (especially outside- marriage-sex). These are serious attitudinal problems aroused by lack of education about AIDS and need to be addressed. The study reported here has confronted several limitations. First, in a cultural based society like India, the researchers are restricted in asking questions concerning students' sexual beliefs and behaviors. Second, the results of this study may only be generalized to similar populations of students. They may not be applicable to adolescents who are not attending colleges.. Third, because of the self-report nature of the questionnaire, the honesty of students' responses may be questioned. However, the questionnaire was anonymous, which should have encouraged accurate and honest self-disclosure.

Conclusion

Students (as well as the general population) should be instructed about all aspects of AIDS by the media, which at present is the most frequent but not necessarily credible source of information. Coalition of the media, Non Governmental Organizations (NGOs) that are active in grass-roots level and the politician and religious leaders who understand what is at stake, are needed. There should also be a big push to increase teaching efforts in colleges. This type of information is also recommended in other studies .There is considerable rationale to include HIV/AIDS education as an integral part of college curriculum. Educational advisors, physicians and social workers should discuss with students modes of prevention of HIV contamination at different levels to make AIDS free society.

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