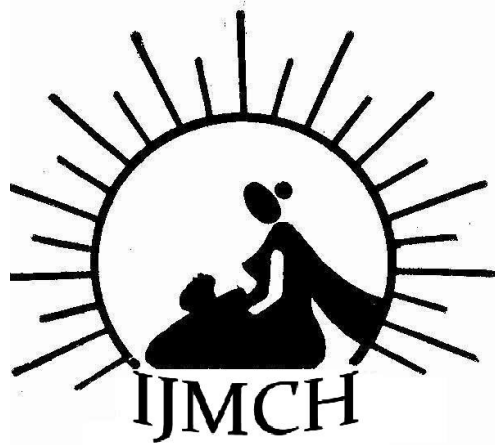


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Perception of the youths in Mumbai regarding HIV-AIDS and their attitude towards people with HIV.

Knowledge and Attitude of youth in Mumbai towards people living with HIV-AIDS

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ABSTRACT

Research Questions: Perception of the youths in Mumbai regarding HIV-AIDS and their attitude towards people with HIV.

Settings: Colleges in city of Mumbai

Study Design: Cross-sectional observational type of study

Participants: 237 youths of three junior colleges of Mumbai, India.

Methodology: A structured questionnaire with a mix of open and closed ended questions was administered.

Results: HIV-AIDS as a dangerous disease was perceived by 37%. At least one correct route of transmission was known to 96% students and 71% mentioned sexual route. Misconceptions regarding the route of transmission were prevailing amongst 19% of students. About 87% students gave at least one correct response on preventive measures with 34% emphasizing on use of condom. Forty two students felt that PLHA's should be isolated to curb the spread of HIV. Reluctance to allow PLHA's to live in the same building and share food was expressed by 22% and 32% students respectively.

Key-words: Youth, HIV, Knowledge, Attitude

INTRODUCTION

Youths are most vulnerable to HIV-AIDS due to lack of knowledge, and irresponsible behaviour influenced by peer pressure or media. UNAIDS vision is to achieve zero new HIV infections, zero discrimination and zero AIDS related death through universal access to HIV prevention, treatment, care and support. Since 1999, the year in which the epidemic peaked, globally the number of new infections has fallen by 19%. Global 2.6 million new infections occurred in year 2009. UNAIDS reports more than 25% decrease in incidence of HIV in India.⁽¹⁾

The 2008 estimates suggest national adult HIV prevalence in India is approximately 0.29%, i.e. 2.27 million people.⁽²⁾ National AIDS Control Organisation (NACO) in India, has focussed its efforts on youth over the years using multi-pronged approach like mass media; specific life skills / HIV-AIDS education programme in schools, colleges, and workplace; and innovative interventions for school drop-outs. Relevant messages on safe sex, sexuality and relationships have been developed and disseminated via posters, booklets, panels, hoardings and printed material.⁽³⁾ YUVA (Youth Unite for Victory on AIDS) and Red Ribbon Club (RRC) are two such initiatives taken by NACO to provide access to youth.⁽³⁾

Youths in India account for 31% of the estimated HIV prevalence.⁽⁴⁾ Though at one end a lot of efforts is being taken to increase the awareness, it is surprising to note that almost 73% youths have misconceptions regarding mode of spread of HIV-AIDS.⁽⁴⁾ The aim of the present study is to assess the knowledge regarding HIV-AIDS and attitude towards People Living with HIV (PLHIV).

MATERIAL AND METHODS

The study was conducted in three colleges of Mumbai. These colleges were actively participating in the NACO's HIV-AIDS initiative for youths. A structured questionnaire was administered to the students. The questions pertaining to the source of information, routes of transmission, preventive measures, and measures to protect self were open ended questions. These questions were kept open ended so that the range of misconceptions prevailing amongst the students could be identified. The questions pertaining to risk of contracting HIV-AIDS for self and others, and attitude towards PLHIV were closed ended questionnaire. Health Talk on HIV-AIDS followed the administration of the questionnaire. Permission was obtained from the college authorities for administering the questionnaire and health talk.

RESULTS

A total of 237 students (47.5% males and 118 females) participated in the study. Majority of the students belonged to first year junior college (61.7%). Mean age of the participants was 17.30 years with age range of 16-22 years. A large number of students (98.7%) had heard about HIV-AIDS. Only 174 (74.4%) mentioned one or more source of information. The most common source of information is Television (35.1%), school (29.9%), and college (18.4%). Friends and newspaper were also a significant source of information.

Seventy students (36.8%) perceived HIV-AIDS as a dangerous disease. Availability of treatment was known to 72.3% students but only one student knew where the treatment

was available. Sixty one percent knew that HIV-AIDS was an incurable disease. None of the students could explain the difference between HIV infected person and a person suffering from AIDS.

Table I: Knowledge amongst college students regarding routes of HIV-AIDS Transmission

Route of Transmission	Number (N=210)	Percent
Through sexual route	148	70.5%
Through transfusion of HIV infected blood	87	41.4%
Through HIV infected syringe and needle	93	44.3%
From HIV infected pregnant mother to her child	47	22.4%
Those indulging in intravenous drug abuse	4	19.0%
Through sharing of razor blades	29	13.8%
Incorrect routes of transmission	39	18.6%

Table II: Measures for prevention of HIV and specific measures for protecting self against HIV-AIDS

Measures	Preventive Measures (N=210) (No. and %)	Protective Measures (N=132) (No. and %)
Creating Awareness / Acquiring knowledge	57 (39.9%)	27 (20.5%)
Use of Condom	48 (33.6%)	40 (30.3%)
Single faithful sexual partner	19 (13.3%)	20 (15.2%)
Disposable needles & syringe	24 (16.8%)	29 (22.0%)
By undertaking test for HIV	18 (12.6%)	7 (5.3%)
Abstinence	5 (3.5%)	5 (3.8%)

Many of the students mentioned that HIV testing is available in the government hospitals, but only 13 students knew about ICTC (Integrated Counselling and Testing Centre). Ninety (59.1%) students were aware that blood test is done to diagnose HIV infection. However 47.4% (72) students felt that the symptoms like weight loss, diarrhoea, tuberculosis, fever could be used to identify an individual with HIV.

Table III: Attitude of college students towards People Living with HIV

Statement	Male	Females	Total	Tests of significance
If you know someone who has AIDS, would you				
Visit them -				
Yes	78 (88.6%)	79 (76.7%)	157 (82.2%)	$\chi^2 = 4.622$
No	10 (11.4%)	24 (23.3%)	34 (17.8%)	$p = 0.03$
Share food with them -				
Yes	61 (72.6%)	66 (64.7%)	127 (68.3%)	$\chi^2 = 1.332$
No	23 (27.4%)	36 (35.3%)	59 (31.7%)	$p = 0.248$
Shake hands with them –				
Yes	80 (93%)	78 (78%)	158 (84.9%)	$\chi^2 = 8.161$
No	06 (7%)	22 (22%)	28 (15.1%)	$p = 0.004$
Talk to them –				
Yes	83 (95.4%)	85 (82.5%)	168 (88.4%)	$\chi^2 = 7.64$
No	04 (4.6%)	18 (17.5%)	22 (11.6%)	$p = 0.005$
Allow them to live in the same building- Yes				
Yes	65 (77.4%)	80 (79.2%)	145 (78.4%)	$\chi^2 = 0.09$
No	19 (22.6%)	21 (20.8%)	40 (21.6%)	$p = 0.763$

Of the 210 students who responded to the question regarding the route of transmission, 96.2% were able to answer at least one correct route of transmission. The percentage of students who mentioned four, three, two and one correct route of transmission was 10.5%, 19.5%, 28.1% and 38.1% respectively. Table I shows the different routes of transmission mentioned by the students. The proportion of males (78.5%) and females (48.3%) citing sexual route of transmission was statistically significant ($\chi^2 = 21.875$, $p < 0.001$). There were several misconceptions regarding the route of transmission amongst students (18.6%). A total of 53 incorrect responses were received from these students. Common responses pertained to sharing of items like clothes, towels, brushes, handkerchiefs etc; other incorrect responses pertained to sharing for food items, donating blood, sharing of rooms, spending time with PLHIV, kissing, touching, talking. In another closed ended question, 33.7% students perceived that donating blood is not safe. There was no statistically significant difference regarding the knowledge on routes of transmission between the group

who had previously received health education and those who did not receive health education.

Perception of risk of HIV-AIDS for self was 16.8%. It was to be higher in females (23.3%) as compared to males (10%). Perception that 'All are at risk' was higher in males (75%) as compared to females (50.5%). Sixty nine percent expressed their willingness to being tested for HIV-AIDS. Amongst the 178 students who did not perceive themselves at risk, 99 persons were willing to be tested.

Thirty seven (25.2%) and 34 (23.1%) students stated that those having multiple sexual partners and unprotected sex were at risk. Children born to HIV positive mothers are at risk of getting HIV-AIDS was mentioned by 12.9% students. Ten percent students felt that youths are at risk of getting HIV-AIDS.

Hundred forty three students (60.3%) responded to the question on preventive measures. Eight students could not cite even a single correct response. Hundred twenty five (87.4%) students gave correct responses. Maintaining respiratory hygiene and cleanliness, not sharing items, isolating PLHA were some of the incorrect responses.

Majority of the students (39.9%) felt that creating awareness amongst people was an important measure for prevention of HIV-AIDS. Table II shows the preventive measures. Two hundred and four (98.6%) students said that testing pregnant women for HIV is a must. There was no statistically significant difference in the knowledge on preventive measures amongst the group receiving health education in school/college and the group who did not receive health education.

132 students (55.7%) responded to the question on measures to protect themselves against HIV-AIDS. Forty students (30.3%) mentioned use of condom, and only 20 (15.2%) mentioned single sexual partner. Ensuring the use of disposable needle (22.9%) was another common response.

Nearly 80% students were comfortable visiting PLHIV, shaking hands and talking to PLHIV. Twenty-two percent expressed reluctance to allow PLHIV to live in their house and 32.3% were not willing to share food with them. Forty two percent students perceived isolation of PLHIV as a measure to curb the spread of HIV. There was statistically significant difference in the attitude of the males and females towards PLHIV with regard to visiting them, shaking hand, and talking to them (Table III). The percentage of students stating that isolating persons with HIV will curb the spread of HIV infection was 59.6% amongst the group receiving health education as compared to 34.6% in the group not receiving health education.

DISCUSSION

In the present study it was found that the awareness amongst the youths was very high, with 98.7% having heard about HIV-AIDS. A study by Kore⁽⁵⁾ has found that 32.5% had received sex education in school / college, which are similar to the findings of the present study (33.8%).

Awareness about availability of blood test as a diagnostic test and drugs for HIV was known to 59% and 68.5% respectively, as compared to the study by Kore⁽⁵⁾ wherein only 37-38% knew about HIV testing. At the same time almost 50% of the students had misconceptions

related to diagnostic tests indicating that greater awareness needs to be created that symptoms like weight loss, diarrhoea, tuberculosis and fever are not conclusive of HIV-AIDS diagnosis. The percentage of youths who knew that HIV testing is available at ICTC was very poor and reflects the need to increase the propaganda about ICTC.

The present study found that the sexual route of transmission was mentioned by 70.5% which was much higher than that reported by Kores.⁽⁵⁾ The present study found high levels of misconceptions which was similar to the findings by Singh.⁽⁶⁾ 96% of the students were able to mention at least one mode of transmission as compared to 82.3% found in the study by Singh. It is evident that the awareness levels about the routes of transmission especially the sexual route of transmission is high because of the intensive mass media campaigns by NACO. Higher percentage of male students citing the sexual route of transmission as compared to female students, reflects the cultural taboo of discussing sexual issues. The misconceptions prevailing amongst the youth despite receiving health education in school/college indicates the need to take measures for improving the HIV-AIDS education programme. An increase in knowledge following an health talk has been reported by Sankaranarayan,⁽⁷⁾ Chabra⁽⁸⁾ and Bhosale.⁽⁹⁾ Bhosale's study also conclude that the single health education session did not decrease the level of misconceptions. One of the reasons for the difference noted from other studies could be also due to the fact that in the present study, the question was an open ended question. There is a need to develop a strategy for repeated reinforcement to clarify misconceptions through Television and School/colleges. The national programme should focus on development of better quality health education materials like posters, and media advertisements for creating a positive non-judgemental, non-discriminatory attitude.

Males tend to perceive themselves at a low risk as compared to females, reflecting the carefree attitude of males. The findings pertaining to perception that all persons are at risk, is similar to that of Kores.⁽⁵⁾ Though the perception of risk for self is low in the present study, the percentage willing to get tested was much higher. Further research needs to be undertaken, to explore the reasons for getting tested, when the youth do not perceive themselves at risk. Is it possible that the youth analyse their own behaviour and are in dilemma if they are at risk of exposure. The role of Adolescent Reproductive Health Clinic for providing easy access to youth friendly counselling and testing services should be explored. The HIV-AIDS workshops conducted for youths should focus on stimulating the youth to apply the knowledge gained for their own self protection.

Perception of HIV-AIDS as dangerous disease was high amongst the students. The perception as a dangerous disease increases the risk of stigma and discrimination towards PLHIV, as well as hindrance to treatment seeking behaviour and creates fear and despair amongst those with HIV infection. The health education programmes should also focus on making the participants understand the difference between HIV infected person and a person with AIDS.

The present study revealed that more than 80% students were comfortable visiting PLHIV, as compared to 55-59% of the respondents in the study by Agrawal.⁽¹⁰⁾ An alarming number of students (42%) felt that isolating PLHIV to curb the spread of HIV will control the menace of HIV-AIDS. The students who received health education in school/college also felt isolation of the PLHIV will resolve the problem. Thus there is a greater need to sensitize the individual towards PLHIV, and reduce the misconceptions through interactive teaching methodologies

where students are provided an opportunity to clear their doubts and fear and reinforcement of key message over a period of several months.

CONCLUSIONS

Awareness about routes of transmission and prevention of HIV-AIDS is remarkably high which shows the impact of the mass media. Comparatively poor level of knowledge and attitude amongst the group receiving health educational previously in school/college and the several misconceptions still prevailing in the students need to be addressed through mass media and innovative interactive workshops conducted repeatedly so as to build a non-judgmental, non-discriminatory attitude towards people living with HIV.

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