

Knowledge and Attitude toward Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome among Peer Educators (Students) of District Amritsar, Punjab, India

Mohan Lal

Associate Professor, Department of Community Medicine, Government of Medical College, Amritsar, Punjab, India

ABSTRACT

Background: Human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) epidemic represents one of the most serious public health problems in India. Since there is no neither any cure, nor any vaccine to prevent its spread until now, education is the only means of preventing HIV and AIDS. There is a marked influence of peers on their lifestyles, attitude, and behavior of adolescents. Peer educators will help to impart knowledge and shatter the prevailing social myths about HIV and AIDS among the youth peers.

Materials and Methods: A school based cross-sectional study was conducted to assess the Knowledge and attitude among the 370 designated peer educators (students) of different schools of Amritsar district at three Senior Secondary Schools of Amritsar city. A Pretested Performa prepared in the vernacular language was filled in by the peer educators before the start of 2 days training, under school AIDS control program.

Results: Majority of peer educators (79.5%) belonged to age group 14-17 years, almost all peer educators had heard about HIV and AIDS. The findings indicated good knowledge regarding modes of transmission and prevention of HIV/AIDS with certain misconceptions. The majority of peer educators (91.4% boys and 93.4% girls) had the opinion that sex education is essential for school students.

Conclusion: A high level of knowledge could be due to the selection of best students of classes as peer educators from various schools. As peer educators are important to help in dissemination of knowledge about mode of transmission and prevention. So, it is recommended that these peer educators should be equipped with ample amount of knowledge so that they can act as change mediators in the society.

Key words: Acquired immune deficiency syndrome, Female, Lifestyle, Students, Vaccines

INTRODUCTION

Acquired immune deficiency syndrome (AIDS) is a fatal disease caused by a retrovirus known as the human immunodeficiency virus (HIV).¹ Adolescence is also the period of experimentation which exposes the youth to health risks through drugs, alcohol, tobacco use, irresponsible sexual behavior, and so on.² The consequences of AIDS is disastrous as the young and productive age groups of the population are at the center of the HIV/AIDS epidemic.³ Adolescents aged 10-19 years constitute 325 million of the population, which is one-fourth of the total population of India.³ This is worrisome in the light of the fact that over 35% of all reported AIDS cases in India occur among young people in the age group of 15-24 years, yet only 35%

males and 19% females adolescents had a comprehensive knowledge of AIDS.⁴

Preventing the transmission of HIV is one of the most important challenges for adolescent survival and health. Investment in HIV prevention and treatment is critical to reducing the spread of HIV infection in adolescents. Offering adolescents and young people high-quality reproductive health services and ensuring that they have thorough knowledge of sexually transmitted infections, empower them in their choices and behaviors.⁵ Since an accessible, affordable, and complete cure for HIV/AIDS and an effective vaccine to prevent HIV infection may not be available in the near future, primary prevention to control the spread of HIV infection through awareness and

CORRESPONDING AUTHOR:

Mohan Lal,
67, Guru Nanak Avenue, Majitha Road, Amritsar, Punjab, India.
E-mail: drmohanlal2004@yahoo.com

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changing behavior remains at the highest priority for HIV/AIDS.⁶ There is a marked influence of peers on their lifestyles, attitude, and behavior of adolescents. Peer educators will help to impart knowledge and shatter the prevailing social myths about HIV and AIDS among the youth peers. The peer group is highly important in influencing adolescents' values and behavior. In one study, urban youth said they would be more likely to listen to and believe in information about AIDS from an HIV-infected youth person than from an older or even a famous person.⁷

Peer education can act as a pivot for disseminating information and education on HIV/AIDS, for information dissemination and efficient utilization of local resources, and to bring behavior change among students. School education given to children is often termed as "social vaccine" as school children act as a powerful medium in dissemination of information in the society and, therefore, acts as an effective preventive tool.⁸ Peer educators will help to impart knowledge and shatter the prevailing social myths about HIV and AIDS among youth. This study was conducted to assess the knowledge and types of the attitude of the peer educators.

MATERIALS AND METHODS

A school based cross-sectional study was carried out at following three senior Secondary Schools of Amritsar city.

1. Khalsa College Senior Secondary School
2. Government Senior School Mahna Singh Road
3. Government Senior Secondary School, Rambagh

A total of 370 designated peer educators studying in various schools of Amritsar district were the study subjects. The participants included were those (are included) who came for 2 days training under school AIDS education program. Two peer educators (one male and one female) were selected from each school of the district. This was the convenience sample and all the designated peer educators selected by the teachers from their schools for training were included in the study.

The purpose of the study was explained to the Coordinator of the training (Principal of the school where training was conducted) and peer educators. Information was collected by administering a pretested questionnaire to the peer educators that had multiple choice questions. The questionnaire used for collection of information was prepared in vernacular language. The students were asked to fill the questionnaire in the presence of investigators and class teacher. They were not permitted to communicate with each other.

RESULTS

Out of 370, 50.3% (186) were male, and 49.7% (184) were female. Age of peer educators ranged from 11 to 18 years. In this study, the majority of the participants 79.5% belonged to age group of 14-17 years. Almost 100% peer educators had heard of HIV/AIDS. Teachers were identified as the most common source of information.

From the findings in Table 1, about 90% of the participants correctly answered about the mode of transmission of HIV infection through unprotected/unsafe sexual intercourse. Percentages of the participants with incorrect response for the mode of transmission were almost similar in both male and female peer educators. Almost similar proportion of both gender peer educators had the misconception of the spread of HIV through sharing of common clothes and utensils, mosquito bites, shaking hands and social kissing, sitting together, and sharing food articles.

From the findings in Table 2, out of total 370 participants, only 12 (3.8% males and 2.7% females) opined that sex before marriage is socially acceptable. 82% males supported the idea of HIV testing before marriage while 90% females thought the same. Approximately, three-fourth of participants thought that AIDS patient should not get married. About 10% of the participants thought that AIDS is incurable and about 90% believed AIDS is fatal. About half of the participants believed that AIDS spread is related to substance abuse. The majority of the participants (87.1% male and 89.7% female) were of the view that AIDS patients should stay at home and not isolating from society. In addition, more than 90% of the participants of either gender opined that sex education should be made compulsory for young students.

DISCUSSIONS

Inferences from this study show that there is no significant difference among male & female peer educators regarding the mode in which HIV/AIDS can be transmitted while in another study 97.7% of respondents knew that HIV can be transmitted through sexual intercourse. The same study revealed that majority of students was also aware that HIV can be transmitted through sharing used/unsterilized needles or syringes, while in present study more than 90% correctly mentioned that sharing needles or syringes is the mode of transmission.⁹ Female peer educator had significantly lower awareness regarding the modes by which HIV cannot be transmitted. Conversely, in a study published conducted by the Indian Council of Medical Research in higher

Table 1: Distribution of peer educators according to their awareness regarding mode of transmission of HIV/AIDS

Variable	Male (%)		Female (%)		Chi square	P value	Significant/ non-significant
	Correct	Incorrect	Correct	Incorrect			
Through sex	167 (89.8)	19 (10.8)	164 (89.1)	20 (10.3)	1.0930	0.290	Not significant
Sharing needles and syringes	174 (93.5)	12 (6.5)	168 (91.3)	16 (8.7)	0.0010	0.974	Not significant
Sharing common clothes and utensils	179 (96.2)	07 (3.8)	165 (89.7)	19 (10.3)	5.1394	0.020	Significant
Mosquito bite	176 (94.6)	10 (5.4)	168 (91.3)	16 (8.7)	0.0012	0.970	Not significant
Shaking hands and social kissing	176 (94.6)	10 (5.4)	169 (91.8)	15 (8.1)	0.733	0.039	Significant
Sitting together and sharing food articles	173 (93)	13 (7.0)	179 (94.0)	11 (6.0)	0.0007	0.97	Not significant

Table 2: Distribution of peer educators according to their attitude toward HIV/AIDS

Questions/statement	Yes (%)	No/don't (%)	Yes (%)	No/don't (%)	Chi-square	P value	Significant
Sex before marriage	7 (3.8)	179 (96.2)	5 (2.7)	179 (97.3)	0.0753	0.783	Not significant
HIV testing before marriage	171 (81.8)	15 (8.1)	166 (90.2)	18 (9.2)	0.1578	0.6911	Not significant
AIDS. pt. get married	43 (23.2)	143 (76.8)	46 (25.0)	138 (75.0)	0.091	0.7628	Not significant
AIDS curable	15 (8.1)	171 (91.1)	21 (11.5)	163 (88.6)	0.172	0.6778	Not significant
AIDS related with addiction	90 (48.4)	96 (51.6)	94 (51.1)	90 (48.9)	0.083	0.36	Not significant
AIDS is fatal	174 (93.6)	12 (6.4)	165 (89.7)	19 (10.3)	1.339	0.247	Not significant
Stay at home	162 (87.1)	24 (12.9)	165 (89.7)	19 (10.3)	0.373	0.54	Not significant
On sex education	170 (91.4)	16 (8.6)	172 (93.4)	12 (6.6)	0.3135	0.575	Not significant

HIV: Human immunodeficiency virus, AIDS: Acquired immune deficiency syndrome

secondary schools in rural areas of 22 districts and 14 states, only 13% of adolescent knew that having multiple sex partners increased the risk of acquiring HIV infection.¹⁰ A European study of heterosexual couples in which only one partner was infected at the start, suggests the chances of transmission of HIV infection from male to female is twice as likely as from female to male.¹¹ The misconceptions regarding the causes and modes of transmission of HIV/AIDS among peer educators need to be removed from their minds. Because the females are the backbone of the family in future, hence these misconceptions of female peer educators should be removed.

This study also shows that male and female peer educators had almost equal level of awareness about avoidance of sexual activity before marriage as a mode of prevention, except that awareness about the use of sterilized needles and syringes was significantly lower in male peer educators than in female counterparts. Misconception about prevention of HIV/AIDS by personal hygiene was found to be very high. More than 90% of participants believed that mosquito bites cannot transmit HIV infection while a study from Afghanistan reported that 53.2% of subjects believed that mosquito bites can transmit HIV.¹² Findings of this study shows that peer educators under study had good knowledge regarding mode of transmission and prevention of HIV/AIDS with certain misconceptions. Bhalla *et al.* in their study showed that 21.2% of participants had the misconception that AIDS can be cured while in this study about 10% believed that AIDS was incurable and fatal.¹³

LIMITATIONS

Because of constraints, it is difficult to measure the success of implementation of this peer education and its impact on the other peers in the school setting.

RECOMMENDATION

Results from this study may contribute to the development of appropriate education and training material for peer educators. Chapter on AIDS should be the part of the school curriculum so that the school students could become aware of this fatal disease.

CONCLUSION

A high level of knowledge could be due to the selection of best students of classes as peer educators from various schools.

As peer educators are important to help in dissemination of knowledge about mode of transmission and prevention, so it is recommended that these peer educators should be equipped with ample amount of knowledge so that they can act as change mediators in the society.

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