Influence of gender and locality on the attitude of adolescence toward aids

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INTRODUCTION

Adolescence is the most important phases of development, mainly about 10–19 years of age people. It is one of the most crucial stages in the life of people where a child turns into responsible adults. It laid a strong foundation for people, which helps one to move in the right direction with a right thought and a lack of resulting in disasters, generating, and an economically effective but a morally precarious population. Adolescences are a stage of physiological, mental, and social transformation which accompanies many experimentations and make them prone to risky healthy behaviors. These behaviors make them easily prone to diseases, especially sexually transmitted diseases (STD) such as acquired immune deficiency syndrome (AIDS).

A report released by UNICEF had proved that the number of adolescents aged between 10 and 19 officially described to be living with human immunodeficiency virus (HIV) in Asia and other countries have increased over the past decade. On the other hand, the reduction in AIDS-related deaths among adults age range 12–45 years old in the region increased by 50% between 2000 and 2015 which is threatening. The improper knowledge of development, poor health information, especially tobacco associated with sex education at homes and schools, enforcement in risky behaviors, and a lack of access to improper reproductive health services further pave way to the adolescents liable to be influenced to AIDS.

The HIV/AIDS disease has become one of the most vigorous public health problems in recent generations as the population increases. India has been experiencing a steady increase in HIV with high rates of being reported among commercial sex workers. The prevalence is 5.4% and 2.9 million people had been infected with the HIV. These statistics, it is noted from sentinel surveys in the medical sources, which are accessible to <50% of the population. The prevalence is much higher than which is reported. The

ABSTRACT

Aim: This study aims to study the influence of gender and locality on the attitude of adolescence towards acquired immune deficiency syndrome (AIDS). Materials and Methods: A total of 100 adolescents were randomly selected from rural and urban area for this study. The age range was between 12 and 45 years with a mean age of 29 years. Attitude toward AIDS scale was used for data collection. Statistical test and findings showed no significant gender difference. Male and female showed similar attitude toward AIDS. There was a significant local effect. Results: People those who live in urban area were found to have more attitude than those who live in rural area. Among the 100 adolescents who participated, 83% of people prefer that making social awareness program will bring out a vast change in community. Knowledge of the modes of transmission was higher than about prevention. Knowledge regarding their sociodemographic characteristics and attitude regarding AIDS were obtained using schematic, pre-tested, semi-structured questionnaire. The people who were mentally disabled were excluded from the study. Conclusion: Usage of mass media to deliver key messages and using pamphlets with content would improve the knowledge of AIDS and creates an awareness of AIDS among the people in rural and urban area and to help people to improve life skill of people.

KEY WORDS: Adolescence, Acquired immune deficiency syndrome, Attitude, Locality
difference between HIV symptoms in urban and rural areas is not large, indicating that the AIDS problem in India is not strictly an urban one.[9]

Figure 1: Gender

Figure 2: Locality

Figure 3: Age group

Figure 4: What are the ways would you think that can prevent acquired immune deficiency syndrome?

Figure 5: Would you think that social awareness program on acquired immune deficiency syndrome (AIDS) plays some role in its occurrence in AIDS?

Figure 6: Do you think that utensils/fomites of acquired immune deficiency syndrome (AIDS) patients cause AIDS on others?

Figure 7: Do you think that following can cause disease?

Figure 8: What do you feel that people affecting from acquired immune deficiency syndrome has early symptoms?
As the prevalence of HIV/AIDS continues to rise, health-care practitioners in all geographic regions of India can expect greater clinical exposure to patients infected.

Cultural norms may have the vast difference in attitudes of health care workers toward people diseased with the HIV/AIDS virus.[10]

In the beginning of 1990s, a limited amount of information about AIDS had exposed in a numerous way of sources. The Indian National Program on AIDS had produced print material on AIDS prevention and educational focused toward the people at large. However, some of these have been informational value because they are not based on the needs assessment of specific group.[11] In addition, the association of HIV/AIDS with commercial sex work produces an essential gender dimension to the discourse of AIDS.[12]

**MATERIALS AND METHODS**

A total of 100 adolescents are randomly selected from rural and urban area for this study. The age range was between 12 and 45 years with a mean age of 29 years. Attitude toward AIDS scale was used for data collection. Statistical test and findings showed no significant gender difference. Male and female showed similar attitude toward AIDS. There was a significant local effect.

**Inclusion Criterion**

The people of age group between 12 and 40 were considered to create awareness and knowledge of their health condition of AIDS.

**Exclusion Criterion**

Individuals below 12 years and without AIDS are excluded from this study.

**RESULTS**

People those who live in urban area were found to have more attitude than those who live in rural area. Among the 100 adolescents who participated, 83% of people prefer that making social awareness program will bring out a vast change in community. Knowledge of the modes of transmission was higher than about prevention. Knowledge regarding their sociodemographic characteristics and attitude regarding AIDS were obtained using schematic, pre-tested, semi-structured questionnaire. The people who were mentally disabled were excluded from the study.

Data for the given analysis were obtained from a question-based survey to determine the knowledge, gender, locality, and sources of AIDS information. From the analyzed data, the results were obtained as follows:

**DISCUSSION**

The present study was done to improve the levels of knowledge of AIDS and attitude toward AIDS among the adolescent population.

It was observed that making social awareness program was the most common source of knowledge and followed by information gathered from 100 adolescents; this can be contributed to the mandatory [Figures 1 and 2] inclusion of HIV among community and an active participation of volunteers in imparting such valuable knowledge. Similar results were reported by Madiba and Mokgatle[13] for the knowledge of AIDS contributed to the life orientation curriculum. In contrast, survey done by Kumar et al.[14] and Yazdi et al.[15] had independently revealed that the social awareness program in media was the most common source of information while volunteers contributed to a smaller proportion in the first study. However, parents contributed only to a very less perception, which might be due to disgrace in adults and a knowledge of discomfort among adolescents to conclude about STDs which are considered as a dark side among population [Figures 3-6].

The present study had proved that a high percentage of children had a knowledge of the main modes of transmission of HIV, mainly by blood transfusion,
sharing needles, and sexual transmission and mother to child transmission can be attributed to the curricular inclusion of information on AIDS in the media.

This was in contrast to the made by Lal et al.\cite{16} which showed a less knowledge of transmission of STD. This difference is due to the various periods of study. A low proportion of misunderstanding about transmission of HIV through sharing toilets, sharing eating plates, etc., had been observed; however, more than a half of had missed understood that AIDS is transmitted by mosquitoes which was matching to the results of Gupta et al.\cite{13}.

Awareness of prevention and control of AIDS had showed that very few people are aware of the absence of an available vaccine against HIV \cite{7-9}, suggestions of laws for discrimination against people surviving with AIDS in this research, which were matching to the findings of Kumar et al.\cite{13} and Jaiswal et al.\cite{18} which shows that the right awareness about availability of vaccine for prevention of pre-test.

The misunderstanding is due to a gap in knowledge. Overall, the results are matching to a study done in Laos which states that though knowledge of spreading is better, misunderstanding still persists.\cite{19}

Based on this attitude, a combined response was observed with majority having a positive attitude toward adolescents of a friend, a fellow student, and teacher, whereas around half of the results had a negative awareness toward adolescents or housekeeper and shopkeepers affected with HIV \cite{10}. Matching results were observed in studies done at Laos, Ghana, Turkey, and China.\cite{20}

**CONCLUSION**

Usage of mass media to deliver key messages and using pamphlets with content would improve the knowledge of AIDS and creates an awareness of AIDS among the people in rural and urban area and to help people to improve life skill of people.

**REFERENCES**


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