The Journal of Advanced Health Informatics

The Journal of Advanced Health Informatics

JAHI

ISSN: e – 2456-9313 Available from URL: http://mbnc.edu.in/UTUJAHI.html

RESEARCH ARTICLE

A STUDY TO ASSESS THE KNOWLEDGE ON PREVENTION OF HIV/AIDS AMONG THE YOUTHS OF HONAGA VILLAGE

Prof. Chanagiri Aurasang,
Principal, Brahmanand College of Nursing Chaparda, Junagadh

ARTICLE INFO

Article History:

Received on 10th May. 2019

Received in revised form 20th May. 2019

Accepted on 22nd May 2019

Published online on 29th May 2019

Key Words:
Assess, Knowledge, HIV/AIDS Village, Youths

Corresponding Author:
Prof. Chanagiri Aurasang
Principal, Brahmanand College of Nursing, Chaparda, Junagadh

ABSTRACT

A non-experimental descriptive survey study was conducted to assess the knowledge on prevention of HIV/AIDS among youths of Honaga village in Vantamuri PHC, Belgaum taluka from 1st December 2008 to 31st January 2009. 50 youths were selected by using simple random sampling technique. Data was collected by using structured knowledge questionnaire schedule on prevention of HIV/AIDS. The results of the study showed that majority of the subjects 19 (38%) belonged to the age group of 25-30 years and minimum number 5 (10%) belonged to the age group of 35-40 years. Majority of subjects 31 (42%) were graduates and minimum number 03 (6%) had primary education. The maximum number of subjects 33 (66%) were married. The majority of subjects 22 (44%) were housewife and minimum number 07 (14%) had other occupation. Maximum number of subjects 36 (72%) had habit of chewing tobacco. Maximum number of subjects 26 (52%) were getting the information from magazines. The percentage distribution of knowledge in the etiology and transmission of HIV/AIDS was 40% and prevention of HIV/AIDS was 35%. Study concludes that there is no association between knowledge and sociodemographic variables of subjects.

Introduction

HIV was first identified in the United States in 1981 after a number of gay men started getting sick with a rare type of cancer. It took several years for scientists to develop a test for the virus, to understand how HIV was transmitted between humans, and to determine what people could do to protect themselves.

First confirmed evidence of AIDS in India came in April 1986 when 6 commercial sex workers from Tamilnadu were found positive for HIV antibodies. A total of 222 victims have been confirmed to have AIDS infection n the country out of about 80,000 persons belonging to the high risk group screened up to January 31, 1988. India harbors two quite separate HIV epidemics. In the south, where heterosexual sex is the main transmission route, prevention projects have largely focused on sex workers and their clients. This approach is credited with reducing HIV prevalence among all young women in southern states from 1.7% in 2000 to 1.1% in 2004.

By contrast, the main driver of HIV in the northeast is injecting drug use, and responses there have been lacking. As in many parts of Asia, men who have sex with men have also been neglected.

Need for the Study

Developing countries the world over are facing several deadly diseases, chief among them is Acquired Immune Deficiency Syndrome or AIDS as one of the biggest public health and developmental problems of this century, which started from mere smoke signals and swept across the globe like wildfire. AIDS is now the fourth leading cause of death globally. (Newsweek, June 11, 2001). It is important to recognize that AIDS is not just a health problem. It has major social and economic consequences. It also has political and ethical implications. Prevention and control of this deadly pandemic which has very serious medical, social, behavioural, economic and developmental implications has now become imperative.

The increasing prevalence of HIV/AIDS in the country necessitated the launch of a second phase of NACO National AIDS Control Program in 1999 (NACP-II). A national baseline Behavioural Surveillance Survey among the general population was conducted in all 32 States and Union Territories of the country in March- August 2001. The findings of this baseline survey show that there are significant differences in awareness levels regarding HIV/ AIDS/STDs. Significant differences were generally observed in relation to gender and to place of residence. In most instances females and rural residents were more disadvantaged compared to their counterparts in the cities. However, lack of awareness about AIDS only goes to prove that Indians are still in the denial stage of the syndrome, while the truth is that India has more than 20 million HIV infected people, the largest number in any country. It appears that India is sitting on a time bomb which has already begun exploding.

Statement of the problem

A study to assess the knowledge on prevention of HIV/ AIDS among the youths of Honaga village in Vantamuri PHC, Belgaum taluka, with a view to develop information guide sheet.

Objectives

- To assess the knowledge of youths on prevention of HIV/AIDS
- To find out the association between knowledge scores with sociodemographic variables of the subjects

Hypotheses

H_0: There will be no significant association between knowledge scores and sociodemographic variables of subjects

Conceptual framework

In present study, Conceptual framework used based on General system model of Ludwig Von Bertalanffy in 1968.

Methodology

Research Approach: Survey

Research design: Non-experimental Descriptive Survey Design

Variables:

Independent Variable: Knowledge and attitude of the youths.

Research Setting: Honaga Village,

Research population: Population consists of all youths who are staying at Honaga village.

Sample size: 50 youths staying at Honaga Village of Belgaum Taluka.

Sampling technique: Simple random sampling technique

Criteria for selection of samples:

Inclusion criteria:

The youths

1. Who can speak and communicate in Kannada language.
2. Who are willing to participate in the study.

Exclusion criteria: The youths who are not present at the time of data collection.

Development of the Tool:

A Structured Interview Schedule on Prevention of HIV/AIDS among the youths was prepared for the present study.

The steps carried out in preparing the Tool:

- Literature review on causes and prevention of HIV/ AIDS.
- Discussion with the experts in the field of nursing.
- Validity of the tool.

Description of the Tool:

The tool consists of:

Structured Interview Schedule which contains;

Section I	: Socio-demographic data containing 07 items
Section II-A	: 10 items (Multiple choice questions) on Basic facts of HIV/AIDS.
Section II-B	: 22 items (True or False Questions) on modes of HIV transmission.
Section III	: 18 items (True or False Questions) on prevention of HIV infection.

Procedure of data collection:

The method used for data collection was as follows

1. The research investigator introduced him-self and explained the purpose of study to the subjects.
2. The written consent was obtained by the subjects.
3. The pre-test included assessment of subject's knowledge and attitude on HIV/AIDS through Structured Interview Schedule.

Data Analyses Plan:

1. Organize data on the master sheet.
2. Compute frequency, percentage, mean, standard deviation and range to describe the data.
3. Classify knowledge scores as follows
   Good – Above [Mean (M) + Standard Deviation (Sd)]
   Average – Between [M + Sd] and [M - Sd]
   Poor – Below [M - Sd]
4. Use inferential statistics to draw the conclusions.

Results

Section I : Findings on the Knowledge of youths on Causes and Prevention of HIV/AIDS.

Table 1: Percentage of knowledge scores of subjects regarding etiology and prevention of HIV/AIDS

n=50

Sl. No	Items	Total score	Mean % of knowledge scores of subjects
1	Etiology and transmission of HIV/AIDS	1600	40%
2	Prevention of HIV/AIDS	900	35%

Table 1 depicted that the percentage of knowledge in the etiology and transmission of HIV/AIDS was 40% and prevention of HIV/AIDS was 35%.

Table 2: Mean, Median, Mode, Standard Deviation, and Range of knowledge score of subjects regarding knowledge and prevention of HIV/AIDS.

n=50

Area of analysis	Mean	Median	Mode	Standard deviation	Range (H-L)
Knowledge on prevention of HIV/AIDS	30.74	31	40	6.9	24

Table 2 depicted that overall mean knowledge score was 30.74 and median was 31.

Fig 1: Frequency and percentage distribution of knowledge scores of subjects regarding etiology and prevention of HIV/AIDS.

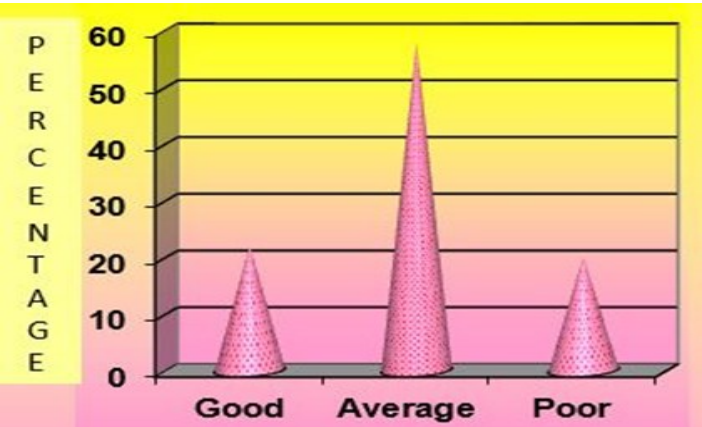

Fig 1: Cone diagram showing percentage distribution of Knowledge of adults

Fig. 1 revealed that majority of subjects 29 (58%) had average knowledge, 11 (22%) had good Knowledge and 10 (20%) had poor knowledge.

Discussion:

During the data collection majority of the subjects 19 (38%) belonged to the age group of 25-30 years and minimum number 5 (10%) belonged to the age group of 35-40 years. Majority of subjects 31 (42%) were graduates and minimum number 03 (6%) had primary education. The maximum number of subjects 33 (66%) were married. The majority of subjects 22 (44%) were housewife and minimum number 07 (14%) had other occupation. Maximum number of subjects 36 (72%) had habit of chewing tobacco. Maximum number of subjects 26 (52%) were getting the information from magazines.

The percentage distribution of knowledge in the etiology and transmission of HIV/AIDS was 40% and prevention of HIV/AIDS was 35%.

The analysis was done for the association between knowledge and age, gender, educational status, marital status, occupation, habits and source of information. The computed X2 results revealed that there was statistical significance at 0.05 level only for age, gender and source of information. Hence H_1 was accepted only in these three cases and in rest of all cases it was rejected.

Conclusion:

Based on the findings of the study, the following conclusions were drawn.

- Overall knowledge about prevention of HV/ADS was average.
- There was need for information guide sheet for youths on prevention of HIV/AIDS.
- Study revealed that majority of the socio-demographic variables are not having relation with knowledge of the subjects.

Implications

The findings of the study have varied implications in different areas of nursing practice, nursing administration, nursing education and research.

Nursing Practice

Since the present study showed that most of the youths had average knowledge on prevention of HIV/AIDS, this present study will enable them to become aware about HIV/AIDS and motivate them to take precautions and lead quality life. They will also be able to educate their neighbours. So the community health nurse can take help from this study and practice health education using information guide sheet.

Nursing Administration

This study emphasizes the need for health education programme on prevention of HIV/AIDS to improve the knowledge of youths in their life. The information guide sheet and the tool can be used while giving health education.

Nursing education:

Findings of the study can be used by the nurse educator to highlight the importance of prevention of HIV/AIDS to the budding student nurses. This information guide sheet can be used as a reference material by the student nurses.

Nursing Research:

This present study conducted by the investigator can be a source of review of literature for others, who are intending to conduct study on HIV/AIDS.

Limitations

1. No broad generalization could be made due to the small size of sample and limited area of setting.
2. No attempt was made to control the extraneous variables like mass media, family friends etc.
3. The tool used for the data collection was not standardized. It was designed by the investigator himself for the purpose of the present study based on the objectives of the study.
4. The sampling technique-probability stratified simple random sampling may give representative sample.

Recommendations

1. A similar study on large and wider sample for a longer period of time would be more pertinent in making broad generalizations.
2. A Structured teaching programme (STP) on prevention of HIV/AIDS can also be used to improve the knowledge
3. A study can be conducted to find out the prevalence of HIV/AIDS among youths.
4. A study can be conducted to assess the impact of HIV/AIDS on quality of life.

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