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Awareness and attitude of youth toward HIV/ AIDS in rural Southern India.

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Abstract

Community-based cross sectional study done to assess the awareness and attitude of rural young men and women toward HIV/AIDS.The study population included 850 young men and women in the age group of 18-30 years, belonging to Kuppam Mandal,Andhra Pradesh, using a two stage sampling design. Data collection was done using a semi structured pre-tested questionnaire. The questionnaire consisted a total of 60 questions, 40 regarding awareness about the cause and modes of transmission of HIV / AIDS, & 20 to assess the attitude toward people living with HIV / AIDS (PLHA). Statistical package SPSS version 11.5 was used, chi-square test was conducted & P<0.05 was considered statistically significant. In all, 18% of the women and 7% of men had not heard of AIDS at all. The findings showed that the rural women's knowledge was poor when compared to men (P<0.05). Level of literacy of men & women was significantly associated with their knowledge of HIV/AIDS (P<0.05), showing that literates had better knowledge than illiterates. There were several misconceptions and false beliefs about cause & spread of the infection which were found to be more prevalent among illiterates. Only about 12% of the respondents were willing to undergo the HIV test. The respondents with less than secondary school education had a discriminatory attitude toward HIV positive people, which was found statistically significant. Only 46% of the youth responded that it could be prevented and 20% knew that HIV could be present in apparently healthy looking persons. This study suggests a need for innovative, comprehensive scientific information particularly targeting the rural youth in order to impart better knowledge and understanding on HIV/AIDS.

Key words: HIV/ AIDS, awareness, rural youth, attitude

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Introduction

India has the third largest number of people living with HIV /AIDS. Among the states, Andhra Pradesh has the second highest number of HIV cases in the country, with a prevalence of 0.90%; prevalence is high in the 15 - 49 age group (88.7% of all infections) indicating that AIDS still threatens the cream of society, those in the prime of their working life. Provisional estimates place the number of people living with HIV (PLHA) in India in 2008 at 22.7 lakhs with an estimated adult HIV prevalence of 0.20% (2008 - 09) [1].

HIV-related stigma and discrimination remains an important barrier in effectively fighting the HIV and AIDS epidemic. Stigma and discrimination can result in people living with HIV / AIDS (PLHA) being shunned by family and the community, poor treatment in healthcare and educational settings, an erosion of rights, and psychological damage. Stigmatization would make people hesitant to get the test done, therefore, more PLHA are unaware that they are suffering from HIV / AIDS, and are thereby putting his/ her sexual partners and /or needle sharers at risk of getting infected, due to lack of precautionary measures [2].

There are several reasons for the stigma toward PLHA among the general population particularly youth in rural areas, one of them could be inadequate and inaccurate information about the modes of transmission of HIV due to cultural or religious beliefs or lack of education [3].

There is an immense need to assess the awareness levels of young men and women in rural areas, towards HIV /AIDS and also periodic evaluation of government's measures. Most of the studies done in India had focused on high risk group or some single- key population [4, 6, 7, 8, 9].

Even though the state of Andhra Pradesh has the second highest number of reported HIV cases, there is lack of information on awareness and attitude levels among young men and women in rural areas. Thus this study was carried out to assess the level of awareness among the rural youth about HIV / AIDS along with their attitude toward PLHA. The study was carried out in 14 villages of Kuppam mandal in Chittoor District, Andhra Pradesh. Based on the findings, we needed to come up with suitable strategies to correct the misconceptions by information, education and communication (IEC) activities.

Materials & Methods

A community – based, cross – sectional study was conducted in Kuppam Mandal involving 850 rural youth over a period of 5 months (June 2008 – Oct. 2008). Ethical clearance was taken from the Institutional Ethical Committee.Based on the pilot study, the estimated sample size of 850 young men and women in the age group of 18-30years was randomly selected using a two – stage sampling design. In the first stage a random sample of 14 villages of Kuppam Mandal (Taluka) was selected based on the 2001 census using "Probability proportionate to size" (PPS) technique. In the second stage, a simple random sample of 75 households was selected from each of the selected villages.

If the number of eligible respondents was more than one in a household, the names of such respondents were listed in order according to their age and one person was selected randomly, using the random number table. The information was collected using a semi- structured, pre tested questionnaire validated by National AIDS Control Organization (NACO) and procured from Andhra Pradesh state AIDS control society (APSACS). The questionnaire consisted of 60 questions out of which 40 questions to assess the awareness levels of respondents about cause, modes of transmission and prevention of HIV /AIDS and 20 questions to assess the attitude toward people living with HIV / AIDS (PLHA).

During house visits the purpose and nature of the study was explained to the people and informed consent was obtained. On obtaining their consent, the investigator conducted a face–to–face interview to fill the questionnaire. A basic training session, including discussion regarding proforma, in the vernacular language and trial data collection were conducted for the investigators. A total of 5 teams had participated in data collection. Anonymity and confidentiality of respondents were maintained.

Data was analyzed using SPSS version 11.5, chi- square test was used to compare the awareness and attitude toward HIV / AIDS across the educational category & 'P' value <0.05 was considered statistically significant. The educational categories were defined as below secondary school (8^{th} standard) and secondary school and above.

Results

The demographic profile of the study population is as shown in table 1. About 34% of study population had an education level of secondary school or below and about 52% had an education level of higher secondary school and above.

About 7% of males and 18% of females admitted that they had never heard of HIV /AIDS, whereas for about 80% of respondents, the main source of information was television (media) (Table 2).

The awareness of the study population about the modes of transmission of HIV /AIDS is displayed in Table 3. About 69% of participants reported unsafe sex as the mode of transmission, and blood transfusion (53%), sharing of needles (51%) are the other possible modes of getting infected.

Only 32% of study population were aware about breast feeding as one of the modes of transmission. It is important to note that about 17% of respondents incorrectly stated that the disease spreads through mosquito bites, public toilets (11%), sharing utensils (20%), kissing on the cheeks (20%). There was statistically significant differences about the awareness of spread of HIV /AIDS, between the two groups of education levels ($P<0.05$). The respondents with education level of secondary school and below were less aware about modes of spread of HIV / AIDS, when compared to respondents having education level of secondary school and above.

When enquired whether HIV infection could be prevented, about 46% of youth responded that it could be prevented (Table 4). Those who mentioned that HIV could be prevented, were further asked about various ways by which HIV could be prevented. Having single partner, using condoms, avoiding commercial sex workers and blood checkups were the commonest methods mentioned by both men and women (Table 5).

As HIV infection can be present without any disease

manifestation in many healthy looking HIV positive individuals, the youth were asked, to what extent this information was clear to them. Only 20% of respondents knew that HIV could be present in apparently healthy looking persons (Table 6).

Table 7 shows the attitude of rural young men and women about HIV/AIDS and persons living with HIV/ AIDS (PLHA). Among the respondents about 93% were of the opinion that AIDS patients should not be isolated from the society, 26% felt sympathetic toward PLHA; 70% of participants responded that they would not hesitate to sit next to a PLHA in the bus. About 23% stated that they would be uneasy and apprehensive if their child's classmate had HIV /AIDS, whereas 13% opined that infected children should attend regular schools. Only about 12% of the study group was willing to undergo the test for HIV /AIDS. The respondents with an educational level less than secondary school had a discriminatory attitude toward HIV - positive people, with the opinion that HIV people deserve to suffer, hesitating to sit next to a HIV-Positive person in the bus, and willingness to get tested for HIV which was found to be statistically significant ($P<0.05$).

Table 1. *Demographic profile of study population*

Demographic variable	(n – 850)	%
	Age group (years)	
<20	124	14.5
20 – 25	467	54.9
26 – 30	259	30.4
	Gender	
Males	456	53.6
Females	394	46.3
	Material Status	
Single	467	54.9
Married	352	41.4
	Occupation	
Student	323	38.0
Agricultural laborer	367	43.1
Business	26	3.0
Govt. Service	31	3.6
House wife	45	5.2
Others (including Unemployed)	58	6.8
	Education	
Illiterate	105	12.3
Secondary school or below	297	34.9
Higher secondary	346	40.7
Graduates	68	8.0
Post graduates	34	4.0

Table 2. *Source of knowledge about reproductive health related information*

Source	**Males** (n – 456)		**Females** (n – 394)		**Total** (n – 850)	
	No.	%	No.	%	No.	%
Not heard about	31	7	70	18	101	11.8
		HIV/ AIDS (noinformation)				
Media (TV, Filmsetc)	383	83.9	297	75.3	680	80.0
School Books	216	47.3	169	42.8	385	80.0
Family	184	40.3	204	51.7	388	45.6
Peer Group	125	27.4	142	36.0	267	31.4
Healthcare professionals	68	14.9	57	14.4	125	14.7
Others	6	1.3	0	0	0	0.7

Table- 3. *Awareness of rural youth about mode of spread of HIV /AIDS*

Mode of Spread	<secondary school (n – 402)		>Secondary school (n – 448)		Total (n – 850)		'P'
	No.	%	No.	%	No.	%	
Unsafe sex	156	38.8	433	96.6	589	69.2	< 0.05
Mosquito bite	39	9.7	106	23.6	145	17.0	<0.05
Blood transfusion	43	10.6	412	91.9	455	53.5	<0.01
Sharing of needles /blades	28	6.9	410	91.5	438	51.5	<0.01
kissing on cheek	27	6.7	143	31.9	170	20.0	<0.001
breast feeding	13	3.2	267	59.5	280	32.9	<0.001
public toilets	07	1.7	94	20.9	101	11.8	<0.01
sharing utensils	16	3.9	155	34.5	171	20.1	<0.01

Table 4. *Opinion of rural youth about HIV prevention*

Can HIV be Prevented	Males (n – 456)		Females (n – 394)		Total (n – 850)	
	No.	%	No.	%	No.	%
Don't know	31	7.0	70	18.0	101	11.8
Yes	246	53.9	145	36.7	391	46.1
No	179	39.1	179	45.3	358	42.1

Table 5. *Knowledge of HIV prevention among rural youth*

Protection Transmision of AIDS	Males (n – 456)		Females (n – 394)		Total (n – 850)	
	No.	%	No.	%	No.	%
Single partner	312	68.4	294	74.6	606	71.2
Use condom	243	53.2	186	47.2	429	50.4
Blood check ups	283	62.0	191	48.4	474	55.7
Needle/syringe sterilization	157	34.4	105	26.6	262	30.8
Avoid commercial sex workers	208	45.6	249	63.1	457	53.7
Avoid pregnancy	116	25.4	85	21.5	201	23.6
Abstinence	168	36.8	107	27.1	275	32.3
Don't know	31	7.0	70	18.0	101	11.8

Table-6.. *Knowledge about HIV among apparently healthy looking persons*

Is it possible for Healthy looking People to have HIV?	Males (n-456)		Females (n-394)		Total (n – 850)	
	No.	%	No.	%	No.	%
Yes	96	21.0	75	19.0	171	20.1
No	329	72.1	249	63.1	578	68.1
Do not know	31	7.0	70	18.0	101	11.8

Table 7. *Attitude of rural youth towards HIV /AIDS and PLHA*

Situation	< secondary School (n-402)		>secondary school (n - 448)		Total (n-850)		'P'
	No.	%	No.	%	N0.	%	
Persons who have AIDSShould be isolated from the family & society	46	11.4	21	4.6	67	7.8	>0.05
People from the city only will get infected; not from the villages	57	14.1	19	4.2	76	8.9	<0.05
AIDS is a hereditary Disease	95	23.6	46	10.2	141	16.5	<0.05
Feel sympathetic to PLHA	42	10.4	183	40.8	225	26.4	<0.01
Would you hesitate to sit next to an HIV positive person?	64	15.9	196	43.7	260	30.5	<0.001
Would you feel uncomfortable if your child's classmate is HIV positive	106	26.3	95	21.2	201	23.6	>0.05
Are you willing to get tested for HIV?	14	3.4	88	19.6	102	12.0	<0.05
Should names of HIV patients made public?	93	23.1	14	32.8	240	28.2	>0.05
Should infected children be allowed in regular schools	34	8.4	81	18.0	115	13.5	<0.05
Should HIV positive people be allowed to attend social functions	23	5.7	74	16.5	97	11.4	>0.05

Discussion

This study showed that about 18% of females and 7% of males had not heard of AIDS at all. As expected, level of literacy was found to be closely associated with their knowledge of HIV /AIDS, as youth with education level of secondary school & above were found having better awareness than those with education level less than secondary school and also illiterates, particularly in the areas such as cause, spread and nature of the disease. Misconceptions and wrong beliefs associated with HIV /AIDS were found to be more prevalent among young men and women who were illiterates. It was also found that the major source of their awareness was television.

Though 69% of respondents knew that HIV could spread through unsafe sex, blood transfusion (53%), a small group of respondents (20%) stated that HIV spreads by simply touching an infected individual. This proves that knowledge regarding how HIV /AIDS is not spread, is less than the knowledge about how it spreads. Also, there was a disparity in the awareness regarding spread by breast feeding between the two education groups. It is important to note that about 17% of respondents incorrectly stated that the disease spreads through mosquito bites, public toilets (11%), physical contact (kissing on cheeks) (20%).

It was observed in this study that about 7% of participants opined that AIDS patients should be isolated from the society, whereas about 26% of the respondents felt sympathetic towards PLHA. Only about 12% of respondents were willing to undergo a test for HIV; when it was compared with the education levels, it was found to be statistically significant. This could be attributed to the fear of being outcast from society if found as HIV positive.

It is interesting to observe that although 23% of the respondents stated that they would be uneasy and apprehensive if their child's classmate had HIV /AIDS, about 13% of the participants opined that infected children should attend regular schools. The possible explanation for this finding could be that even though they are sympathetic toward HIV infected children, when it comes to reality and to their own children, they would not take the risk. However, a reasonable justification to such an attitude could be that the parent is concerned about the safety of his /her child, with regard to injuries or mishaps that can occur during school hours. This explains the difference that exists between wanting to reduce stigma and practicing a positive attitude to PLHA in one's daily life.

In one of the slightly similar study done in Andhra Pradesh (India), the finding being quite different [4]. They found that 51% of the general population wanted names of PLHA to be made public, as compared to 28% in our study.

In another Indian study, 57% felt that people living with HIV /AIDS (PLHA) should be isolated as compared to 7% in our study (5).

Despite the moderately positive attitude of the rural youth toward PLHA and reasonably good levels of awareness regarding the modes of transmission, they also admitted certain misconceptions about the modes of transmission of HIV/AIDS. Despite the vigorous outreach programmes carried out by government along with NGOs, the misconceptions and discriminatory attitudes toward PLHA are the major hindrances in creating better awareness about HIV /AIDS.

As most of the Indian population in rural areas is illiterate and as it was observed from our study that awareness was more among the literates, there is a need to plan and implement new strategies of educating young men and women particularly in rural areas who are at the lower education levels, about HIV /AIDS, modes of transmission. At the same time more focus should be given for changing the perceptions and attitudes toward PLHA. Along with new action strategies, attention should also be given to better implementation of the existing programs to reduce stigma, and inculcate a more positive attitude toward PLHA. These, along with the efforts of the health care professionals should provide an immense progress in the global fight against AIDS.

Conclusion

The study has brought into light some of the important issues about awareness levels among young men and women in rural areas and the action strategies needed for making them aware and in changing their attitudes toward PLHA on an urgent basis. Because HIV infection is a dynamic process and could change as a function of time, more and more similar studies targeted at general public particularly in rural areas are needed at regular intervals to test the results of the preventive measures & efficacy of the existing policies.

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