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Knowledge and awareness of HIV/AIDS among Young adults of an urban and rural area of Meerut district

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Introduction:

Acquired Immune Deficiency Syndrome (AIDS) is a challenging illness caused by the HIV virus, which weakens the immune system and leads to death through secondary infections.

HIV prevalence among young people is rising rapidly due to unsafe sexual contacts, homosexuality, drugs, injecting with contaminated equipments and unsafe blood transfusion, through the placenta of HIV infected women to their unborn children

Objective: To find out the knowledge and awareness about HIV/AIDS among young adult males of urban and rural area of Meerut District.

Type of study: Cross-sectional, community-based.

Setting: One urban and one rural area of Meerut district

Participants: The sample size was 300 young adults. 150 were selected from urban area and 150 from rural area.

Results:

The awareness of HIV/AIDS was higher (80.00%) among the urban respondents as compared to (53.33%) among the rural respondents.

The predominant source of information among urban respondents was reading material such as newspapers, magazine, Brochure and Electronic media and rural subjects was interpersonal communication as doctors, health workers and friends .

42.5% of the rural respondents did not know about any source of infection while this figure was 16.67% among the urban respondents. The predominant source of infection of HIV/AIDS which the maximum respondents knew was unsafe sex among both urban and rural area.

37.50% of the rural respondents and 16.67% urban respondents did not know about any mode of prevention from HIV/AIDS although 25.00% urban and rural respondents knew that condom usage prevents infection by HIV.

Conclusion: Despite massive IEC activities, HIV/AIDS awareness and knowledge among the young adults was found to be low. Targeted approach and more intensified campaigns are needed to contain this dreaded epidemic.

It indicates that extra efforts to be put in IEC activities especially in rural areas.

The few countries which have successfully decreased national HIV prevalence have achieved by encouraging safer behavior choices among young people.

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Original

Knowledge and awareness regarding HIV/AIDS among Young adults of an urban and rural area of Meerut district

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Abstract:

Objective: To assess the awareness and knowledge about HIV/AIDS among young adult males aged 20-30 years, of Meerut district.

Type of study: Cross-sectional, community-based.

Setting: One urban and one rural area of Meerut district

Participants: The sample size was 300 young adults. 150 were selected from urban area and 150 from rural area.

Results: The awareness of HIV/AIDS is higher in urban area as compared to that in rural area. Among those aware, the predominant source of information was newspapers/magazines in urban area and doctors/health workers in rural area. The predominantly known mode of transmission and method of prevention of HIV/AIDS was unsafe sex and condom usage respectively in both urban and rural area.

Conclusion: Despite massive IEC activities, HIV/AIDS awareness and knowledge among the young adults was found to be low. Targeted approach and more intensified campaigns are needed to contain this dreaded epidemic.

Knowledge and awareness regarding HIV/AIDS among Young adults of an urban and rural area of Meerut district

Introduction:

Acquired Immune Deficiency Syndrome (AIDS) is a challenging illness caused by the HIV virus, which weakens the immune system and leads to death through secondary infections. The virus is generally transmitted through sexual contact, through the placenta of HIV infected women to their unborn children or through contact with contaminated needles or blood.

Most cases of AIDS have occurred among sexually active persons aged 20 -49 years. This group represents the most productive members of society and those responsible for child-bearing and child rearing.¹ The few countries which have successfully decreased national HIV prevalence have achieved these gains mostly by encouraging safer behavior choices among young people. HIV prevalence among young people is rising rapidly due to sexual contacts, homosexuality, drug injecting with contaminated equipments and unsafe blood transfusion.²

Uttar Pradesh is among the low-endemicity states of India.³ Without the right knowledge this disease cannot be prevented. The objective of this study was to find out the knowledge and awareness about HIV/AIDS among young adult (20-30 years) males of urban and rural area of Meerut district.

Methodology:

A cross-sectional house-to-house survey was conducted among young adult (20-30 years) males using a pre-tested questionnaire. The duration of the study was 3 months (Sep.06 to Nov. 06). Village Daurala (in Daurala block) and Rajendra Nagar health post area (Ward no. 62) was selected purposively for the study. 300 subjects (150 each from urban and rural area) were randomly selected and personally interviewed. Questions consisted of awareness (i.e. whether ever heard of HIV/AIDS), source of information regarding HIV/AIDS, knowledge about source of infection and mode of prevention of HIV/AIDS. Data was entered in MS Excel and analyzed using Minitab statistical software. Chi-square test was used for proportions.

Limitations of the study: The sample is not representative of Meerut district as a whole. So the results should be interpreted with caution.

Results and discussion:

The sample size was 300. The age group of the study subjects was 20 to 30 years. 35% of the respondents were married.

Table 1: Area-wise distribution of subjects regarding awareness about HIV/AIDS.

Awareness about HIV/AIDS	Urban n (%)	Rural n (%)	Total n (%)
Yes	120 (80.00)	80 (53.33)	200 (66.67)
No	30 (20.00)	70 (46.67)	100 (33.33)
Total	150 (100.00)	150 (100.00)	300 (100.00)

p<0.05

Table 1 show that 66.67% of the subjects have ever heard about HIV/AIDS. Awareness was higher (80.00%) among the urban respondents as compared to 53.33% among the rural respondents. This difference was found to be statistically significant (p<0.05). The awareness in the rural area was slightly lower (53.33%) than reported in a study adolescents in villages of Anand district.⁴

This awareness level is low considering our definition of awareness (i.e. ever heard of HIV/AIDS) despite massive resources directed towards awareness generation of HIV/AIDS. It indicates the extra effort to be put in IEC activities especially in rural areas.

Further analysis is done on the aware subjects (those who have at least ever heard of HIV/AIDS), because the forthcoming queries were irrelevant to be asked from those who were unaware of HIV/AIDS (never heard of HIV/AIDS)

Table 2: Area-wise distribution of subjects according to the source/s of information about HIV/AIDS

Source/s of information	Urban n (%)	Rural n (%)	Total n (%)
TV/Radio	16 (13.33)	8 (10.00)	24(12.00)
News paper/Magazine	30 (25.00)	5 (6.25)	35(17.50)
Doctor/Health Worker	20 (16.67)	35 (43.75)	55 (27.50)
Pamphlet /Brochures	24 (20.00)	10 (12.50)	34 (17.00)
Friends/Relatives	18 (15.00)	20 (25.00)	38 (19.00)
Others	12 (10.00)	2 (2.50)	14 (7.00)
Total	120 (100.00)	80 (100.00)	200 (100.00)

Table 2 depicts the urban-rural distribution of subjects according to the source/s of information about HIV/AIDS.

It reveals that the predominant source of information among urban subjects was reading material (newspaper/magazine and pamphlets/brochure) and among rural subjects was interpersonal communication (doctor/health worker and friends/relatives). In a study done on adolescents in the villages of Anand district, the main source of information about HIV/AIDS was television.⁴ After assessing the reach of the different sources of information, future policies can be directed to increasing their penetration or target specific approaches can be adopted.

Table 3: Area-wise distribution of subjects according to knowledge regarding the predominant source of infection of HIV/AIDS

Predominant source of infection	Urban n (%)	Rural n (%)	Total n (%)
Unsafe Sex	42 (35.00)	20 (25.00)	62 (31.00)
Infected needles	33 (27.50)	16 (20.00)	49 (24.50)
Transfusion of infected blood	20 (16.67)	8 (10.00)	28 (14.00)
Mother to child transmission	5 (4.16)	2 (2.50)	07 (3.50)
Don't Know	20 (16.67)	34 (42.50)	54 (27.00)

Total	120 (100.00)	80 (100.00)	200 (100.00)
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Table 3 shows the urban-rural distribution of subjects with respect to their knowledge regarding the predominant source of infection of HIV/AIDS.

The predominant source of infection of HIV/AIDS which the maximum respondents knew was unsafe sex among both urban and rural respondents.

42.5% of the rural respondents did not know about any source of infection while this figure was 16.67% among the urban respondents. Sexual route was considered as the most common mode of spread of HIV/AIDS among adolescent in villages of Anand district.⁴ In all about 1/4th of our respondents did not know about any source of infection. It shows that we are very much lagging behind in our efforts to curb HIV/AIDS.

Table 4: Area-wise distribution of subjects according to knowledge regarding the predominant mode of prevention of HIV/AIDS

Predominant mode of prevention	Urban n (%)	Rural n (%)	Total n (%)
Using condom	30 (25.00)	20 (25.00)	50 (25.00)
Have only one sex partner	15 (12.50)	7 (8.75)	22 (11.00)
Sexual Abstinence	12 (10.00)	8 (10.00)	20 (10.00)
Avoid Homosexuality	17 (14.17)	5 (6.25)	22 (11.00)
Avoid commercial sex workers	13 (10.84)	5 (6.25)	18 (9.00)
Avoid infected syringes\needle	08 (6.66)	3 (3.75)	11 (5.50)
Avoid infected blood transfusion	05 (4.16)	2 (2.50)	7 (3.50)
Don't know	20 (16.67)	30 (37.5)	50 (25.00)
Total	120 (100.00)	80 (100.00)	200 (100.00)

Table 4 shows the urban-rural distribution of subjects with respect to their knowledge about the predominant mode of prevention of HIV/AIDS.

It shows that most (37.50%) of the rural respondents did not know about any mode of prevention from HIV/AIDS. 25% of both urban and rural respondents knew that condom usage prevents infection by HIV. In the study among adolescents of villages of Anand district, having only one sex partner was believed to be the most important mode of HIV/AIDS prevention.⁴ As can be expected from the earlier table (table no. 3) about 1/4th did not know about any mode of prevention from HIV/AIDS. A very few considered avoiding homosexuality, avoiding infected needles, and infected blood transfusion to prevent from HIV/AIDS.

Conclusion:

The present study highlights the lacuna that still remains in awareness generation activities about HIV/AIDS. It presents a very dismal and scary picture of the future with respect to this dreaded disease. Concerted, targeted efforts which will reach the grassroot level is needed immediately to curb this menace.

Since no cure/vaccine is available for HIV/AIDS it becomes imperative to educate the masses to prevent it. More of such studies are needed to help policy makers and society to be aware of the ground realities.

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