

“Awareness of Human Immunodeficiency Virus/Acquired Immuno Deficiency Syndrome among Rural Adolescent Girls from Nanded District of Maharashtra state.”

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Abstract:

The purpose of the present study was to examine the awareness level regarding the HIV/AIDS among rural adolescent girls. A sample of two hundred and forty adolescent's girls living in rural area constituted the sample of the study. Out of which one hundred and twenty girls were from Junior Intermediate and one hundred and twenty were from Senior Intermediate studying Science and Arts groups. To measure the HIV/AIDS awareness level of adolescents the HIV/AIDS awareness questionnaire was used. After careful administration of the tool, the collected information was subjected to statistical analysis and the findings were drawn. Majority of the Intermediate girls had very low awareness among the spread of HIV /AIDS. Intermediate girls studying in arts group had less awareness

on spread of HIV/ AIDS when compared to girls studying in science group.

Keywords: HIV/AIDS, adolescent, awareness level

Introduction

Adolescence is one of the most rapid phases of development, constitute 10-19 years of age and contribute to 19.6 % of the Indian population. It is one of the most crucial stages in the life of an individual, metamorphosing from being a child into becoming responsible adults. It establishes a strong foundation for adulthood, which propels one to move in the right direction with a right influence and a lack thereof resulting in disastrous consequences, generating an economically productive but a morally precarious population. Adolescence is a stage of physiological, mental and social transformation which accompanies inquisitiveness, impulsiveness and experimentation, makes them prone for risky health behaviors. These behaviors make them vulnerable to diseases especially sexually transmitted diseases such as AIDS Acquired Immuno Deficiency Syndrome (AIDS) caused by Human Immuno deficiency Virus (HIV) is posing a serious challenge to the conceptual foundations and the practice of development planning worldwide. Nearly half of the new HIV infections are occurring in young people. HIV/ AIDS is retarding economic growth by destroying human capital by mainly affecting the young adults in the age group of

15–24 years who are in their most productive ages of life. India has the third largest HIV epidemic in the world. In 2015, HIV prevalence in India was an estimated 0.26%. The five states with the highest HIV prevalence (Manipur, Mizoram, Nagaland, Andhra Pradesh and Karnataka) are in the south or east of the country. Some states in the north and northeast of the country have also reported rising HIV prevalence.

India having a large population with low literacy levels leading to a low level of awareness of HIV/AIDS, the disease is posing an alarming threat on the public health scenario. At the same time, discussing sex has been a taboo in the Indian societal set-up. Adolescence is shrouded in myths and misconceptions about sexual health and sexuality. With the influence of infotainment media and the breakdown of traditional family structures, sexual behavior among adolescents is in flux. In the absence of any organized institution for imparting sex education, young people tend to learn about sexual and reproductive health from unauthorized and unreliable sources resulting in perpetuation of myths and misconceptions about puberty, masturbation, night emissions, sexual intercourse, safe sex, reproductive health, sexually transmitted diseases (STDs), etc.

Unprotected sexual practice among young adults can cause serious consequences, particularly in adolescent girls through unwanted pregnancy, maternal mortality due to early-age pregnancy and abortions. Moreover, immature reproductive tracts of young people make them more susceptible to HIV/AIDS. Only during the last decade, there has been an increasing realization of the importance of adolescent behavior. Studies reveal extremely high level of infections among young girls, which are higher

than those for boys. This is mainly because of the fact that at young age boys has sex with girls of similar age while girls have relationship with older men who are more likely to be infected (Gregson et. al. 2002). Gupta (2002) asserts that out of every 23 infected people 13 infected are women and this gender gap is especially pronounced among those who are less than 25 years. It was therefore decided to conduct a study to find out the awareness of HIV/AIDS among the rural adolescent girls.

Objectives

- 1) To Know about the Awareness of HIV/AIDS among rural adolescent girls.
- 2) To know whether awareness differs according to group of study.

Methodology

A total sample of 240 adolescent girls in the age group of 15-16yrs (120) and 16 – 17 years (120) who are studying in junior and senior intermediate college in Nanded district of Maharashtra state constituted the sample of the study. The samples were selected randomly and were administrated with two tools. The first tool was General Information Schedule which included class, age and group of study. The second tool constituted of a questionnaire to asses HIV/AIDS awareness among adolescent girls. The collected data was administered for statistical analysis using SPSS version and the results were analyzed.

Results and Discussion

Table -1 shows the socio demographic profile of adolescent girls according to their class, age and group of study. It is clear from the table that there were 120 Junior Intermediate girl students

in the age group of 16 years studying in arts and science subjects. 120 Senior Intermediate girl

students in the age group of 17 years were studying in arts and science subjects.

Table 1: Shows the demographic profile of the sample according to class, age and group of study

S.No.	Variable	Number	Percentage
1.	Class		
	Junior Intermediate	120	100
	Senior Intermediate	120	100
2.	Age		
	16 Years	120	100
	17 Years	120	100
3.	Group		
	Science Group	120	100
	Arts Group	120	100

Table: 2 Shows the Percentage and chi-square values of group of study and level of awareness of HIV/AIDS among adolescent's girls. From the table it is clear that science students with 45.83 percent had medium awareness and 39.16 had low percentage and 15 percent students had good awareness among HIV/AIDS among the

students. With regard to Arts students 60 percentage of the students had Low awareness and 30.83 percent had medium awareness and only a very least of 9.16 percent had Good awareness. The Chi square value is 21.090, $P < 0.001$ which indicates there is high significant association

Table 2: Shows the Percentage and chi-square values of group of study and level of awareness of HIV/AIDS among adolescent's girls.

Level of awareness	Science students		Arts Students		Chi – square
	Number	Percentage	Number	Percentage	
Low	47	39.16	72	60.00	21.090** P < 0.001
Medium	55	45.83	37	30.83	
Good	18	15.00	11	9.16	
	120	100	120	100	

Table-3 shows the Mean, SD and t-value of girl students studying in senior and junior intermediate in science and arts group. The mean value of science students is 13.0 and SD is 4.97 and arts students mean score 10.09 was less

when compared to science students and SD is 3.09. The t- value is 5.436, $P < 0.001$ which indicates that there is significant difference among science and arts students.

Table 3: Shows the Mean, SD and t - value of students studying in science and arts group.



Group of study	Mean	SD	t-Value
Science	13.0	4.97	5.436 P < 0.001
Arts	10.09	3.09	

Conclusions

1) Majority of the Intermediate girls had very low awareness among the spread of HIV /AIDS.

2) Intermediate girls studying in arts group had less awareness when compared to girls studying in science group.

It may be concluded from the study that there is a need to provide essential knowledge about HIV/AIDS to students from an early stage. Sessions on health issues, focus group discussions especially on HIV can be conducted in colleges to arts students on a regular basis. Girl students must be given the proper knowledge on HIV /AIDS right from the school and at college by the teachers and parents and protect them from sexually transmitted diseases.

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