



ISSN: 2321-7871 IMPACT FACTOR : 2.8210(UIF) VOLUME - 4 | ISSUE - 35 | 2 MARCH- 2017

AWARENESS OF HIV/AIDS AMONG RURAL YOUTH IN INDIA: A COMMUNITY BASED CROSS-SECTIONAL STUDY

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ABSTRACT

resentation: More than 33% of announced instances of HIV/AIDS in India are among youth and 60 percent of these live in provincial regions. Evaluation of the consciousness of HIV/AIDS in the adolescent is essential for deciding the effect of past and current mindfulness programs and in addition the requirement for mediations. This examination expected to evaluate the information of rustic youth with respect to HIV/AIDS and to investigate the epidemiological determinants of mindfulness among them. Technique: A people group based cross-sectional examination was led among young people matured 15-24 years in provincial regions of the Saurashtra area of Gujarat, India. A group testing configuration was utilized, looking over 50 subjects from each of 30 bunches. Information was gathered through house-to-house visits utilizing a semi-organized survey. Extents and strategic relapse were utilized for investigation. Results: Out of a sum of 1,237 subjects who took part in review, 60% knew something about HIV. Of the individuals who had known about HIV, over 90% subjects knew the methods of transmission and over



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80% knew about methods of aversion of HIV/AIDS. One fifth of the subjects had misinterpretations in connection to HIV/AIDS. On applying various strategic relapse, age, instruction, occupation, and broad communications introduction were observed to be the significant determinants of their insight with respect to HIV/AIDS. Conclusions: Basic information of HIV/AIDS is as yet ailing in two fifths of the rustic youth. Education and media presentation are factors that decide consciousness of HIV among them and can be useful to raise their insight with respect to this scourge.

KEYWORDS- *AIDS; awareness; HIV; knowledge; youth.*

INTRODUCTION:

HIV has rapidly established itself throughout the world over the past three decades. The youth cohort is one of the most vulnerable groups as far as risk of HIV/AIDS is concerned. Globally, almost of a quarter of people living with human immunodeficiency virus (HIV) are under the age of 25 years [1]. In India, 35% of all reported AIDS cases are among the age group of 15-24 years, indicating the vulnerability of the younger population to the epidemic [2]. Furthermore, the epidemic is moving from high-risk groups such as sex workers to the general population and from urban to rural populations [3]. Of the estimated people living with HIV, 60% reside in rural areas [4]. HIV affects the immune system and reduces the body's defenses to protect against various infectious diseases and cancer. Treatment is available to delay the death of persons suffering from the disease; however, there is no cure. Thus it becomes necessary to educate young people so that they can protect themselves from getting. infected. Various government and non-government organizations the world over have undertaken programs to raise awareness among people regarding HIV/AIDS. To stop the spread of HIV/AIDS in

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India, the Tenth Five Year Plan (2002-2007) was developed with targets set to achieve 90% coverage of schools and colleges through education programmes and 80% awareness among the general population in rural areas [5]. Appraisal of mindfulness levels in young people is essential since it decides the effect of past mindfulness and aversion endeavors made by the legislature and furthermore to gage the requirement for mediations. With this foundation, the present investigation was led to survey the present level of information of youngsters (15-24 years) living in provincial territories concerning HIV/AIDS and to investigate epidemiological determinants of attention to HIV/AIDS among them.

METHODOLOGY:

A community-based cross-sectional study was conducted between March and July 2007 in rural areas of selected districts in the Saurashtra region of Gujarat, India. The study population was comprised of young people aged 15 to 24 years living in the study area. A cluster sampling design was used to select clusters of subjects from the study population. A total of 30 clusters were included in the survey. For selection of the clusters, a complete list of villages with the number of households and total population in each village of selected districts per the 2001 census was obtained. Then a list of the cumulative population of the villages was prepared based on the total population for each village. Thirty clusters were selected proportionate to the population size of the villages from the list.

A total of 50 young people in each cluster was included in the survey with a minimum of 10 of each gender. To ensure appropriate representation of the entire cluster in case the selected cluster had more than 150 households, the cluster was divided into four quadrants and from each quadrant an equal number of adults was studied. Each quadrant's total houses was recorded and, taking a random number using a currency note, the survey was initiated at that numbered house and continued in one direction until the required number of persons in the age group of 15-24 years was surveyed from that quadrant. All the houses while going in a clockwise direction were included for the survey. The same procedure was repeated for the other quadrants to ensure equal representations from all four quadrants of the clusters in the survey.

RESULTS:

The study was conducted in 30 clusters of the selected districts of Saurashtra region of Gujarat, India. Attempts were made to have approximately 50 participants from each cluster; however, on occasion young people had either gone to school or had gone out of the village for work or other reasons during the time of the survey. The final sample with complete information totalled 1,237 (82.45% response rate). Of 1,237 respondents, 47.45% were 20 to 24 years old and 52.55% were 15 to 19 years old. Gender distribution was even (50.1% were females and 49.9% were males). While 13.42% of the respondents were illiterate, 86.58% were literate mostly at primary and secondary levels (32% and 33% respectively).

aware than female regarding HIV/AIDS, the difference in knowledge was not significant (OR = 1.08, p > 0.05). Literate young people were more aware of HIV/AIDS than illiterate, at all the levels of literacy (p < 0.05). Concerning occupation, it was observed that students and those who had businesses were more knowledgeable about HIV/AIDS compared to labourers (p < 0.05). There was no significant difference in knowledge regarding HIV/AIDS among persons with other occupations and labourers. The impact of various types of media on knowledge levels was also explored. It was found that the odds ratio was higher for those who were watching television and for those who read newspapers when compared to those who were not exposed to such media (p < 0.05) but there was not much difference in knowledge among those whowere listening to radio than those who were not (p > 0.05) (Table 2)

DISCUSSION:

Awareness is the key to prevention of HIV/AIDS. The present study showed that about two thirds of young people from rural areas of the Saurashtra region of Gujarat, India had heard about HIV/AIDS. Similar findings were reported in other studies conducted in other parts of India [6-9]. According to the National Family Health Survey 3 (2005-2006), 64.8% of rural youth had heard of HIV/AIDS at the country level [4]. Our findings

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reveal that a large number of youth in rural area are still unaware of the disease to which they are most vulnerable. The study found that knowledge regarding the transmission of the disease was good in general but variable for different modes among youth who had heard of HIV. It was observed that youth were less aware of transmission of infection from mother to child in comparison to other modes of transmission. Similar findings were reported by the District Level Household Survey (2002-04) [10] in Gujarat State and the Behaviour Surveillance Survey (2006) [11] across the country. In a study conducted in the state of Maharashtra, teenagers were less aware of the role of improperly sterilized syringes and needles as a mode of transmission of HIV in comparison to other modes of disease transmission [12]. The findings show regional variation in knowledge regarding different modes of transmission which can help in developing a strategy for an awareness programme.

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