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RESEARCH ARTICLE

ATTITUDE OF FEMALE ADOLESCENTS TOWARDS HIV/AIDS

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ABSTRACT

Aims/purpose: The present study was an attempt to assess their need of knowledge based on counseling among 13 to 17 year old adolescents.

Methodology of study: The total sample for the present study included 400 adolescents i e 200 from different girl's high schools and 200 from women's colleges which are the most of HIV prevalence blocks of the Ganjam district of Odisha state. By using exploratory and the descriptive study design, the researcher attempts to describe female adolescents' knowledge and understanding regarding HIV/AIDS, A scheduled questionnaire was used covering all aspects of HIV/ AIDS and observation methods were also used to collect the data from the adolescent girls. To analysis data the researcher used frequency percentages and the t- tests were computed.

Findings: The study found out that out of 400,164(13.3%) respondents agree or just agree with the perception that they feel uneasy to discuss about sex and HIV/AIDS at the same time 27.5% respondents were not sure about the statement and more than a quarter of adolescents agree that HIV/AIDS is a punishment given by God for immoral behavior and the same proportion of them are not sure about the statement.

Conclusion and Implications: The present study will help to focuses of adolescent's level of knowledge about HIV/AIDS and the attitude towards the disease or HIV infection .It indicates that adolescents have negative feelings or unknown of its consequence or they may hate the disease. Therefore the inadequate proper knowledge may lead the future generation in to the dark. Governments have undertaken initiatives to formulate their own nation and states specific polices to address some issues and evidence regarding the disease. People need extra guide line to increase coping skills and need for adequate support system. Right knowledge right action right time can change the life of an individual as well as the society.

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INTRODUCTION

The existence and rapid spread of HIV and AIDS poses a serious challenge to every nation across the globe. HIV and AIDS have the potential to undermine the massive improvements that have been made in global health over the years. Apart from being a serious health problem, the multi layered effects of the epidemic on the socio-economic fabric of whole nations, makes HIV and AIDS a potential development threat worldwide. The seriousness of the situation and the need to take action has been captured aptly, there is an utmost need to address the long-term psycho-social needs of Pediatric HIV/AIDS patients in general, women in particular and has been recognized in recent years as it is a critical and crucial, although there is still a little empirical literature regarding the long-term effects of the disease available. There is a need for explicit research to understand psycho-social problems of specific diseases of HIV /AIDS with chronic illnesses in general along with a social stigma in particular and its impact

on their families. The Human Immunodeficiency Virus has a large psychological, physical and social impact on infected individuals and their families. Stigmatization worsens this impact; it hinders the prevention and treatment of HIV and hampers social support and HIV disclosure. The families most affected by HIV are characterized by low socioeconomic status, which includes such groups as tribal community, drug users, migrants and asylum seekers. Primary and secondary HIV prevention needs to be promoted, which means educating people about HIV, providing materials for its prevention, providing access to treatment and providing programmes that reduce both the short and long term physical, psychological and social harm it causes in adults and children. Specific prevention efforts should be directed at the group of people below 30 years of age (Hingar, P. L. Sharma and Vismita Paliwal, 2013)

Consequence of HIV/AIDS: HIV (Human immunodeficiency virus) major public infection has now spread to every country in the world and continues to be a -health issue. Statistics show that approximately 40 million people currently living with HIV infection and an estimated 40 million have died from this

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disease since the beginning of the epidemic. A vast majority will die in the next 10 years or so due to the lack of awareness, lack of proper treatment due to infection and the existing poor socio-economic condition of that region till date 1459 patient have died in Odisha and 1276 died in Ganjam district due to HIV/AIDS (ICTC- REPORT-2017). The medications do not actually rid the body of the virus, which has the ability to elude medications by lying dormant in cells called CD4+ T cells, which signal another type of T cell, the CD8, to destroy HIV-infected cells. When a person with HIV stops treatment, the virus emerges and replicates in the body, weakening the immune system and raising the likelihood of opportunistic infections or cancers that can sicken or kill the patient (July 2017).

Global HIV/ AIDS an over views

HIV, the virus that causes AIDS is one of the world's most serious health and development challenges. According to UNAIDS there is approximately 37.7 millions of people worldwide living with HIV/AIDS in the end of 2015. Currently 36.7% living with HIV/AIDS (July 2017). Currently, only 60% of people with HIV knew their status. The remaining 40% (over 14 million people) still need to access HIV testing centres. As 18.2 million people living with HIV were accessing anti retroviral therapy (ART) globally up from 15.8 million in June 2015 UNAIDS has set global target to be achieved by 2020 in the global response to HIV (Fernandes 2014).

Scenario of India

Due to its largest population size, India has the third largest HIV epidemic in the world. India's epidemic is concentrated among key affected populations including sex workers and men who have sex with men. Compared to neighboring countries, India has made good progress in reducing non HIV infections by a half since 2001. Despite the free anti retroviral treatment, uptake remains low as many individuals face difficulty in accessing clinics. 2.1 million population are living with HIV, 0.3% Adult HIV prevalence, 80,000 new HIV infections, 62,000 AIDS related deaths cases, among the infected persons 50% adult on antiretroviral treatment, 33% children on anti retroviral treatment (2017).

Scenario of Odisha State

About 3300 new AIDS and HIV patients are identified in Odisha every year (July 2017) more than 15,000 have been identified, 4 years back it was 13,218. Official sources said the total number of AIDS and HIV patients has crossed 35,000 by now, but in official sources claim the number is over 80,000 in Ganjam followed by Cuttack with 4696 patients, Angul 1237, Balaswar 1119, Khordha 1705, Koraput 1927 and Sambalpur 1856. Boudh district has the least number of patients with only 34. Till date 1149 patients have died of the disease, as per the survey by an intentional NGO, deadly disease is no more confined among migrant workers, gays, lesbians and sex workers as has been generally believed. The survey also said Odisha is among the five states there is every possibility of the easy spread of the disease. The number of AIDS and HIV patients in Odisha presently ranks 14th in the country. In the state, 87% (29372) have been affected due to unsafe sex while 2138 have been inherited from their parents i.e. by their HIV- positive mothers

during pregnancy, child birth or breast feeding (OSACS. July, 2017).

Psychological problem of children living with HIV/AIDS

It includes trauma to the victim caused by acts, threats of acts, or coercive tactics, such as: Humiliating the victim; controlling what the victim can and cannot do; withholding information from the victim; getting annoyed if the victim disagrees; deliberately doing something to make the victim feel diminished (e.g., less smart, less attractive); deliberately doing something that makes the victim feel embarrassed; using the victim's money; taking advantage of the victim; disregarding what the victim wants; isolating the victim from friends and family; prohibiting access to transportation or telephone; Getting the victim to engage in illegal sexual activity. However, it has been felt that this list is not exhaustive and can be extended to include many other types of behavior that could be considered as emotionally abusive by the victim. (Vijaya M 2007)

Behavioral changes during Adolescents

In the state of transition from traditional to modern societies, adolescents often find themselves faced with conflicting definitions of their rights and responsibilities, and off their sex roles and gender expectations. The stress engendered by this conflict is often amplified by integrating tensions regarding sex behaviors (Gage, 2001). Adolescents may also differ from adults in terms of their understanding of the risk of engaging in certain behaviors. This difference may partly be due to their knowledge and attitude regarding sexuality and the perceived risk of the sexual practices. Hence while studying the sexual behavior of adolescents, the knowledge, attitude and practices of adolescents become important aspects. Keeping this in view, the variables for this study focused on the knowledge, attitude and practices of the adolescents regarding several reproductive and sexual issues. (Wood LV 2007). Adolescence is a complex but natural process. Both the adolescent and the majority of adults surrounding them are unaware of the process itself and all its manifestations. Adolescents often adopt incorrect attitudes and behavioural patterns that can lead to both social problems and ill health. Adolescents' risky behaviours often result from their inadequate knowledge and experience with such behaviours and their lack of understanding of the risks involved. Moreover, their cognitive limitations make it difficult for them to learn from the experiences of others (Prabhakar *et al*, 2009). Several studies conducted on Indian adolescents have found that many adolescents particularly males are sexually active and are likely to indulge in unsafe sexual activities making them vulnerable to STD's including HIV infection. According to estimates by UNAIDS, by the end of 1999, there were already 33.6 million people worldwide with HIV infection altogether more than four million children under the age of 15 years and more than 10 million young people (15-24 years) have been infected with HIV since the epidemic began. Unfortunately, the needs of adolescents have not been addressed by the health system (Prabhakar *et al.*, 2009).

MATERIALS AND METHODS

Objectives

- To study the socio-demographic profile of the adolescent respondents ;

- To assess knowledge pertaining to HIV/AIDS among adolescent girls,
- To determine the adolescent girls, attitude towards HIV/AIDS.

Situational analysis of Ganjam District of Odisha State

Ganjam district tops the list of most HIV victims in the state of Odisha with 12,017 people: 35.9 per cent of the total cases. Cuttack is second with 13.2 per cent victims, followed by Koraput with 5.1 per cent, Sambalpur with 5.1 and Khurda at number four with 4.7 per cent of all HIV-infected people living in 30 districts, District AIDS Prevention and Control Unit (DAPCU, 2013). According to official reports, 3,427 AIDS patients were identified in Ganjam till November 2012. While Aska has highest number of AIDS patients of 456, Bhanjanagar 349 and Chikiti the lowest 40. Over 1,400 people have lost their lives due to AIDS in Ganjam district in the last 14 years as per the latest figures released by Odisha State AIDS Control Society (OSACS), the State-level nodal agency for fighting the dreaded disease. By the end of October, 2014, 12,307 persons in the district were identified as HIV positive while 1,404 persons succumbed to AIDS between 2000 and 2014. Besides, HIV tests were conducted on 5-59,425 persons during the period (DAPCU, 2013) and as per the reports of 'ARUNA', 2013 (a social service non-governmental voluntary organization) working for prevention of AIDS, majority of PLWHAS (People Living with HIV/ AIDS) are from rural Ganjam. Large scale migration, ignorance, low female literacy, inadequate prevention activities, stigma and discrimination are the reasons behind the spread of AIDS.

their spouses/wives in Ganjam. There are five ART centers in the state of Odisha, including one at the M.K.C.G. Medical College in Berhampur, the district's major city, and another four link centers in the district recently introduced by the state AIDS society. Ganjam district has 26 functional individual counseling and testing centers (ICTCs) (Das 2012). Which was conservative, backward and more prevalence of HIV/AIDS district of the state had special significance in this study.

Sampling Procedure: There is a total no 22 blocks in Ganjam district among them 12 blocks have reported HIV/AIDS cases. Aska reported the most prevalence of HIV/AIDS. The researcher decided to study 2 blocks under the age group 13-17years are available. They were from Aska and Bhanjanagar. As per the latest reports, out of the 14 districts of the country most affected with the AIDS/HIV the Ganjam district is being placed eighth and has been graded 'A' status as more than one percent people of the total population are infected with HIV. Bhanjanagar is the neighbor block of Aska, it is also reported one of the prevalence block of Ganjam district is having 152 positive cases and hot spots are available Ganjam, 2011). Considering the fact that these geographical areas are occupied by people with lower level of literacy and also living below poverty, the risk associated with HIV/AIDS infection to significantly higher these two blocks have been chosen for this present study. Aska is the highest no. and Bhanjanagar is the 2nd highest blocks in the district as the prevalence status. The universe of the study comprises all female adolescents between the age group of 13 -17 years. They are students admitted for education in IX, X, XI and XII in Govt. schools and +2 junior Colleges of Ganjam Dist. of Odisha state.

Table 1. Distribution of Universe and Sample

Dist	Blocks	Schools/ Colleges	Universe	Percentage	Sample
Ganjam	Aska	Govt. Girl's High School	250	40%	100
		Niranjan Women's College	250	40%	100
	Bhanjanagar	Govt. Girl's High School	250	40%	100
		Sabitri Devi Women's College	250	40%	100
			1000		400

RESEARCH DESIGN

The formidable problem that follows the task of defining the research problem is the preparation of the design of the research work, popularly known as the "Research Design For this study the researcher has adopted exploratory study and the design adopted to carry out this research is the descriptive design. By using this design, the researcher attempts to describe female adolescents' knowledge on attitude of HIV/AIDS are described as reported by the respondents in a clear cut manner.

Universe of the study: The proposed investigation was carried out in the state of Odisha situated in the eastern part of India. It is basically an agricultural state and in spite of rise in levels of urbanization and industrialization, traditional and cultural values still exist. Ganjam district alone contributes 38 percent of the state's PLHIV and 37 percent of AIDS deaths. Latest figures from Odisha State AIDS Society estimate HIV infections among 7637 people, of whom 281 are from ANC centers, and 531 are children, while AIDS related deaths are reported to be 461 till 2015. There is a huge proportion of males who migrate to Gujarat, Andhra Pradesh, Maharashtra, and Uttar Pradesh for different types of work leaving behind

There is a mix of students from tribal, rural, coastal villages, town or city; with a mixed culture components comprising this universe the names of Institutions and particulars of these universe and samples are clearly given in Table 1. Respondents (400) are true representations of the female adolescent population. Therefore, the results of this study can be generalized to a larger population. Further, the investigation found that these places as most suitable and convenient for conducting the investigation which is presumed to bring accuracy in the data to be collected.

Tools and Techniques Used: Present study adopted multi method approaches to collect primary data from the respondents under study. Being an exploratory and fact finding study following tools were used for the purpose. Interview schedule, Primary data were collected with the help of detailed self structured interview schedule comprising both open ended and close ended and both quantitative and qualitative nature of questions.

Analysis of Data

All relevant collected data were tested and processed through the Statistical Package for Social Sciences (SPSS).

Table 2. Attitude towards HIV/AIDS as a Disease

Sl. No	Variables	Frequency (N=400)	Percentage (%)	t' Test
1.	HIV/AIDS is a Punishment given by God for Immoral Behaviour			3.99*
	• Agree	105	26.3	
	• Disagree	200	50.4	
2.	Feel Uneasy to Discuss about Sex and HIV / AIDS			3.65*
	• Agree	164	13.3	
	• Disagree	157	39.5	
3.	No need to know HIV if you are leading a good life?			7.3
	• Agree	156	39.0	
	• Disagree	215	54.0	
	• Not Sure	29	7.3	

Note: * 0.01 level of significant

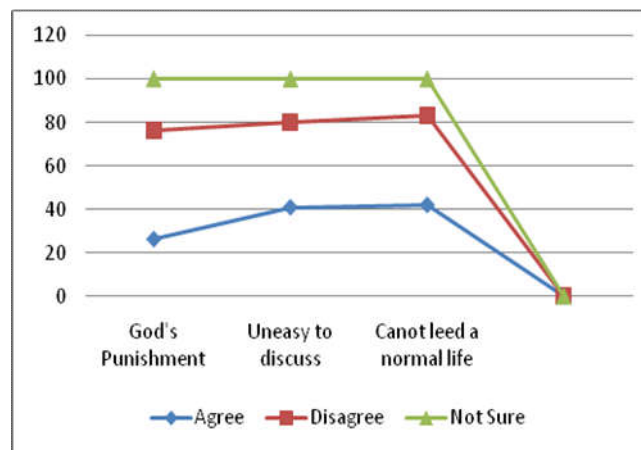


Fig. 1. Attitude towards HIV/AIDS

Simple tables were made so as to make comparison between variables possible. Statistical tests such as t-test was applied so as to test the research hypothesis and thereby arrived at better conclusion. The analyzed data was presented in a scientific manner that gives better easy understanding to all concerned with this research. Members belonging to the families of HIV/AIDS from the urban clusters of different districts of Odisha refused to receive the monthly pension scheme meant for such infected people. The fear of getting identified and targeted and the consequent social stigma has forced the targeted beneficiaries to shun the plan in the context of HIV/AIDS.

Attitude of female adolescents towards HIV/AIDS

The study attempted to elicit the adolescent's attitude towards the HIV/AIDS. During adolescence, the individuals face a wide range and variety of emotions. These include both Positive emotions like love, happiness, joy as well as negative emotions like, sadness, depression, unhappiness, anxiety. In addition, feelings of anger, rebellion and protest also emerge. Interestingly, emotions of loyalty patriotism and sacrifice for the nation also develop during adolescence (IGNO, 2011). To understand the attitude of adolescents towards people living with HIV/AIDS (PLWHAs) The respondents in this study were asked about how far they approved the positive attitude, negative attitude about the HIV/AIDS disease and positive people. HIV/AIDS is "God's punishment for immorality." About 27% of the respondents either strongly agree or just agree with the perception that HIV infection is a punishment from God for one's immoral behaviour.

Almost 50% of them disagree with this perception, and about 23% of them are not sure about level of agreement or disagreement with this perception. "Feel uneasy to discuss about Sex and HIV". Good many of the respondents (42%) are in agreement with this statement, whereas a sizable number of them (39%) disagree with the statement. And nearly 17% of them are not sure about their feeling towards sex and HIV. "No need to know about HIV/AIDS, if morality is practiced": about 39% of the respondents feel aligned to this statement, but the majority of them (54%) do not agree with this statement. A small number of them (7%) feel unsure about their stand in relation to this statement. They might least bothered about the disease and its consequences.

Conclusion

The study revealed that knowledge about the sources is very poor among the adolescent girls continuing their education in the Ganjam District, of Odisha. Out of 400 samples 200 adolescents disagree about the statement that HIV/AIDS is not a punishment given by God for immoral behavior and half of them said threes is necessary to know HIV even though a person leading a good life, in the same time nearly the same proportion of them agree of the statement that" to feel easy to discuss about sex and HIV/AIDS .One fourth of the respondents agreed that HIV/AIDS is God's punishment for immoral behavior which indicates that adolescents have insufficient knowledge about the disease and seems to hate the disease and the infected people which is not so fair for mankind.

Implimentation: According to the health and family welfare minister Atanu Sabyasachi Nayak, “the State Government has taken a number of steps for the welfare of the AIDS and HIV patients but due to the fear of being ostracized and halted by the society the patients are unwilling to avail the awareness programmes to educate the people about the disease.” (OSB, 27.2017) “testing facilities is likely to be increased in the district as the Government wanted to test all suspected persons and in mandatory for pregnant women to control the spread of the disease” As Ganjam is a highly migration-prone districts and around 8 lakh people are working outside the state there is need to open more testing centre in the district, thus Government has provided the testing facilities at all delivery points for the testing of pregnant women and the migrant labours (Mohanty, 2017).

REFERENCE

- Arati Dhar, 2011. Half of HIV patents in Asia live in India. The Hindu, Thursday, December.
- Aska – Ganjam – Souvenir; 2007. Centenary Celebration.
- Bing, E.G., Burnam, M.A., Longshore, D., Shapiro, M, 2001. Psychiatric disorders and drug use among human immunodeficiency virus-infected adults in the United States. *Arch Gen Psychiatry* 58: 721—728.
- Cluver, Gardner, Operario 2007. Psychological distress amongst AIDS orphaned children in urban South Africa. *Journal of Child Psychiatry and Psychology*, 48(8):755-763.). The study used several measures including the Child Depression Inventory (short form), RCMAS, SDQ, Child PTSD Checklist, and CBCL-YSR.
- Health Action, Dec 2014, January and March 2011, July, Sept, Oct, Dec. 2012, June 2015.
- Hrusikesh Mohanty, 2011. Little flowers and the big bad world, Times of India, Friday, Dec (2011).
<http://ganjam.nic.in/>
- Indira Gandhi National Open University, (IGNOU) 2011. Certificate in Adolescents Health Programme.
- Joshi 2015. Indian adolescents living with HIV /AIDS scenario Vol. 65-July, 2017
Journal's of associate of physicians of India vol-65 July 2017.
- Kumar P Salil 2010. “A Study on adolescents Sexuality” Unpublished dissertation, Bardhasan Univesity Tamilnadu
- Kurin, M. 2011. A handbook of co-education school essays, 2010.
- Mohanty Hrushikesh, 2017. “Activists skeptical about Centre’s AIDS policy”, TOI, Dec 02-2017.
- Note on HIV Sentinel Surveillance and HIV Estimation 2008. NACO, Government of India.
- Odisha Sun time Bateau (OSB) 2015. Gnjam Top
- Paniagua, F.A., O’Boyle, M.D., Wagner, K.D. 1997. The assessment of HIV/AIDS knowledge, attitudes, self-efficacy and susceptibility among psychiatrically hospitalized adolescents. *J HIV AIDS Prev Educ Adolesc Child.*, 1: 65–104.
- Prabakar, S. and G. Ramathirtham, 2009. Adolescence and Sexual Risk Behaviour, *International Research Journal of Social Sciences, Puducherry*, Volume 2, No.1, pp.217
- Rajamanickam, M. 2006. “Psychological Perspective of HIV/AIDS.
- Report from a study undertaken by the population council with support of the United Nations Development Program (UNDP) and in collaboration with the National AIDS Control Organization (NACO) (2011).
- Sethy, Sorojini, 2007. ‘Awareness of HIV/AIDS among Women’, IGNOU-2007.
- Social Welfare: Vol. 56 No.10, April 2010. Vol. 57 No.1, 2010.: Vol. 57 No.5, 2015.
- Technical Report India HIV Estimates 2012. NACO & NIMS. Technical Report on HIV Estimation, 2006. NACO, Government of India.
- Thomas Grecious, 2001. “Basic Facts of HIV/AIDS”.
- Tom Embru-Dennis 2017. ”New antibody attacks 99% of HIV strain”. The Times of India September 26, 2017.
- Tudu Parbati, 2014. ‘Role of women support centre in Bhanjanagar Tahsil of Ganjam district of Odisha’, *International Research Journal, Lab to Land*, Vol-6, No.-22.
- Udamala Vijaya, M., 2007. “A study to evaluate the effectiveness of an AIDS education programme to adolescent girls of junior colleges in Guntur district of A.P.
- Wiener LS, Battles HB, Wood LV. 2007. “A longitudinal study of adolescents with perinatally or transfusion acquired HIV infection: Sexual knowledge, risk reduction self-efficacy and sexual behavior. *AIDS Behaviour*, 11:471-8.
- www.hivnaturally.com
www.hivpositivecare.com
www.teemresolutions.org
www.unicef.org.india
