



Impact of Participation In HIV/Aids Awareness Programmes among Adolescent Children of HIV Parents

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ABSTRACT

Adolescents have poor knowledge on HIV/AIDS due to lack of access to scientific information and sources. There are number of awareness programmes. But the level is not up to the mark and hence the study is aimed to measure the impact of participation and correlations done with social variables for better understanding. The results showed that nearly half of the respondents had not participated in the HIV/AIDS awareness programmes. A greater proportion of the respondents had only moderate level of sexual awareness. There was a significant mean difference between the educational status of the fathers and mothers of the respondents and the level of sexual awareness. There was no mean difference between the level of sexual awareness and the family type of the respondents. It was concluded to have open and free education and suggested to promote access to scientific sources and use of ICT and social media through internet.

Keywords: Measurement of awareness, participation impact, social variables, social media

Adolescence is an age when boys and girls undergo sudden physical, emotional and psychological changes and become intensely aware of their sexuality (Anand G. Sathe and Shanta Sathe, 2005). Adolescents have relatively poor access to health care and education. With cultural norms opposing extramarital sexual behavior; as opined by Manju & Renuka (2006), that these implications may acquire threatening dimensions for the society and the nation.

Adolescence is a time of initiation of various risk-taking behaviors. Although overall rates of adolescent risk-taking such as alcohol use and having unprotected sex have decreased since the early 1990s, many high school students continue to engage in these behaviors, placing them at risk (Marelich D. William, et.al., 2012). Added to that mass media and peers; instead of promoting sexual knowledge, spreads most of the time false messages and misconceptions (William Thomas, 2014).

Adolescents have limited knowledge about sexual and reproductive health and know little about the natural processes of puberty, sexual health, pregnancy or reproduction. This lack of knowledge about reproductive health very specifically on the emerging threat of HIV/AIDS—may have grave consequences for the country (Jejeebhoy, 1996).

India's the poor social, economic status, religious beliefs and practices, lack of education, unemployment, poverty, ignorance, sexual and cultural myths on sexuality make the huge population marginalized and expose them extremely to the risk of HIV/AIDS.

The pattern of behavior which begins in adolescence both health enhancing and compromising behavior, often carries up to adulthood (Maggs, Schulenberg, & Hurrelmann, 1997). Worldwide research has shown that young people can quickly become HIV vectors through

sexual networking with infected adults (Kalichman C.; Seth, 2014). More over the adolescents can change sexual partners without much opposition (UNESCO, 2002).

Indian youth are significantly less educated regarding HIV when compared to the youth of other nations (Peltzer, Nzewi, & Mohan, 2004). It is revealed that there is a lack of knowledge of HIV/AIDS and there is a correlation between illiteracy and the level of knowledge among adolescents (Sangole, Tandale, Badge & Thorat, 2003).

In a summary of findings of studies conducted in India by NACO (1998) made the conclusions that most individuals do not have accurate and complete information on HIV/AIDS; The link between STD and AIDS is not clear for most of the people; There is a belief that HIV transmission and AIDS are found among limited groups such as homosexuals, sex workers, and drug users; and Information, education, and communication (IEC) campaigns and targeted interventions have demonstrated changes in knowledge, perception and behavior.

Bhatia, Swami and Kaur (2004) also examined the efficacy of educational intervention programs in India and stressed the need for it.

MATERIALS AND METHODS

With this background an empirical study has been mooted among the adolescent children of HIV parents in Tamil Nadu with the objectives to understand the impact of participation in awareness programmes, measure the level of sexual awareness and correlate it with the social variables. It is the Descriptive research and a structured interview schedule was prepared and used for data collection.

According to the latest statistics available with the Govt. of Tamil Nadu the High and Low HIV prevalence districts were identified. Five districts from each have been selected; thus a total of 10 districts covered.

The list of HIV parents was obtained from Government, NGO's and positive networks. The samples were selected using quota sampling method. The samples were fixed (based on the time and resources available) as

60 (weightage) and 50 from higher and low prevalence districts respectively. Thus from a total sample of 550 the data were collected for a period of 8 months from 2012 to 2013.

Impact of Participation & Measurement

Government and non-governmental organizations have promoted awareness programmes on HIV/ AIDS prevention. The participation of adolescent children of the HIV/AIDS parents is analysed in selected districts in Table 1.

Table 1: Participation of Respondents in Awareness Programmes on HIV/AIDS

District	Awareness on HIV/AIDS		Total
	Yes	No	
Madurai	23	37	60
	38.3%	61.7%	100.0%
	8.0%	14.0%	10.9%
Namakkal	25	35	60
	41.7%	58.3%	100.0%
	8.7%	13.3%	10.9%
Karur	21	39	60
	35.0%	65.0%	100.0%
	7.3%	14.8%	10.9%
Salem	24	36	60
	40.0%	60.0%	100.0%
	8.4%	13.6%	10.9%
Theni	52	8	60
	86.7%	13.3%	100.0%
	18.2%	3.0%	10.9%
Dindigul	40	10	50
	80.0%	20.0%	100.0%
	14.0%	3.8%	9.1%
Tiruvannamalai	24	26	50
	48.0%	52.0%	100.0%
	8.4%	9.8%	9.1%
Villupuram	29	21	50
	58.0%	42.0%	100.0%
	10.1%	8.0%	9.1%
Virudhunagar	24	26	50
	48.0%	52.0%	100.0%
	8.4%	9.8%	9.1%

	24	26	50
Tirunelveli	48.0%	52.0%	100.0%
	8.4%	9.8%	9.1%
Total	286	264	550
	52.0%	48.0%	100.0%
	100.0%	100.0%	100.0%

More than half of the respondents had participated in the HIV/AIDS awareness programmes and 48% of the respondents had not participated in the HIV/AIDS awareness programmes.

Theni district had higher proportion of respondents (18.2%) who had participated in the HIV/AIDS awareness programmes. Karur district had higher proportion of respondents (14.8%) who had not participated in the HIV/AIDS awareness programmes.

Of the total number of the respondents in each district, Theni and Dindigul districts had greater proportion of respondents who had participated in the HIV/AIDS programmes. It is a positive beacon that a significant proportion of the respondents had participated in the awareness programmes; however a substantial proportion of the respondents who are children of the HIV/AIDS parents had not participated in the HIV/AIDS programmes. Intensive awareness programmes or counselling needs to be imparted to the adolescent children to bring out positive behaviour change.

Level of Sexual Awareness

Sexual awareness aids a person to prevent sexually transmitted infection or HIV infection and guides for healthier couple sexuality. The level of sexual awareness of the adolescents is measured against the districts of the adolescents. There were 50 measuring statements used to weigh the sexual awareness level. All the fifty measuring items of the sexual awareness were re-coded. Thirty three items with 'false' as the correct answers was coded with value 1 and the other responses 'true' and 'don't know' were coded with value 0. The other 17 items had reverse answers. Responses with 'true' were coded with value 1 and the responses 'false' and 'don't know' were codified with value 0.

All the fifty measuring items of the sexual awareness were computed. The computed value showed a mean

value of 19.06 and standard deviation of 7.23. Addition of mean and standard deviation was graded as high level, deduction of mean and standard deviation was fixed as low level and the range between the two categories was considered as medium level. The data is shown in the preceding table 2.

Table 2: Level of Sexual Awareness among the Respondents

District	Level of Sexual Awareness			Total
	Low	Moderate	High	
Madurai	4	52	4	60
	6.7%	86.7%	6.7%	100.0%
Namakkal	2	58	0	60
	3.3%	96.7%	0.0%	100.0%
Karur	0	60	0	60
	0.0%	100.0%	0.0%	100.0%
Salem	6	54	0	60
	10.0%	90.0%	0.0%	100.0%
Theni	1	27	32	60
	1.7%	45.0%	53.3%	100.0%
Dindigul	8	26	16	50
	16.0%	52.0%	32.0%	100.0%
Tiruvannamalai	6	41	3	50
	12.0%	82.0%	6.0%	100.0%
Villupuram	1	27	22	50
	2.0%	54.0%	44.0%	100.0%
Virudhunagar	6	42	2	50
	12.0%	84.0%	4.0%	100.0%
Tirunelveli	4	45	1	50
	8.0%	90.0%	2.0%	100.0%
Total	38	432		
	6.9%	78.5%		100.0%

A greater proportion of the respondents (78.5%) had moderate level of sexual awareness. About 14.5% of the respondents had higher level of sexual awareness and just 6.9% of the respondents had low level of sexual awareness.

Dindigul district had substantial proportion of respondents (21.1%) who had low level of sexual awareness. Three fifth of the respondents in Karur district had moderate level of sexual awareness. Two fifth of the respondents in Theni district had high level of sexual awareness. This datum agrees with the previous table's assertion that the Theni district higher number of respondents who had participated in the HIV/AIDS programmes.

Among the respondents of each district, more than 80% of the respondents in Madurai, Namakkal, Karur, Salem, Tiruvannamalai, Virudhunagar and Tirunelveli districts had moderate level of sexual awareness.

It could be inferred that the majority of the respondents had moderate level of awareness. Although it indicates a positive sign, yet the adolescents need to be educated to enhance their knowledge on sexual awareness that would help them to build healthier sexual life in present and future.

Mean Difference between the Level of Sexual Awareness and Social Variables

The level of sexual awareness of the respondents (low, moderate, high) was tested with social variables of the respondents like religion, community, family type, educational status of the fathers, educational status of the mothers and present status of the respondents. The table 3 shows the mean difference between level of sexual awareness of the respondents and the social variables of the respondents. T test was applied for family type, domicile with the level of sexual awareness respondents. ANOVA test was administered for the level of sexual awareness of the respondents with religion, community, educational status of the fathers, educational status of the mothers and present status of the respondents.

There was no mean difference between the level of sexual awareness of the respondents and the religion

of the respondents. There was a significant mean difference between the community of the respondents and the level of sexual awareness of the respondents (F-value) at 0.05 level. The post hoc test showed that the backward castes and scheduled castes/scheduled tribes were significantly different in terms of moderate level of sexual awareness.

There was no mean difference between the level of sexual awareness of the respondents and the family type of the respondents.

There was a significant mean difference between the educational status of the fathers of the respondents and the level of sexual awareness of the respondents at 0.05 level. The post hoc test showed that the illiterate respondents and the respondents with primary school education were significantly different in terms of moderate level of sexual awareness. The respondents with primary school education and the respondents with high school education were significantly different in terms of moderate level of sexual awareness. The respondents with primary school education and the respondents with graduation were significantly different in terms of moderate level of sexual awareness. The respondents with middle school education and the respondents with graduation were significantly different in terms of moderate level of sexual awareness. However, the other condition comparisons were not significantly different from one another.

There was a significant mean difference between the educational status of the mothers of the respondents and the level of sexual awareness of the respondents at 0.05 level. The post hoc test showed that the respondents with primary school education and the respondents with graduation were significantly different in terms of moderate level of sexual awareness. The respondents with primary school education and the respondents with post graduation were significantly different in terms of moderate level of sexual awareness. However, the other condition comparisons were not significantly different from one another.

There was no mean difference between the level of sexual awareness of the respondents and the present status of the respondents.

Table 3: Mean Difference between the Level of Sexual Awareness and Social Variables of the Respondents

Variable	Item	N	Mean	Std. Dev	Df	T / ANOVA	Significance
Religion	Hindu	357	2.12	.519	2	ANOVA	NS
	Christian	117	2.00	.347			
	Muslim	76	1.99	.200			
Community	BC	354	2.03	.397	2	ANOVA	*
	MBC	129	2.12	.530			
	SC/ST	67	2.24	.553			
Family Type	Nuclear	410	2.07	.461	548	T	NS
	Joint	140	2.09	.447			
	Illiterate	203	2.05	.388			
Educational Status of the Fathers	Primary Education	46	2.28	.621	7	ANOVA	*
	Middle Education	71	2.20	.646			
	High School	118	2.03	.432			
	Higher secondary	31	2.06	.359			
	UG	60	1.95	.287			
	PG	15	2.00	.378			
	Diploma/ITI	6	2.17	.408			
Educational Status of the Mothers	Illiterate	26	2.15	.543	6	ANOVA	*
	Primary Education	134	2.19	.551			
	Middle Education	139	2.04	.502			
	High School	122	2.09	.364			
	Higher secondary	32	2.09	.390			
	UG	69	1.96	.268			
	PG	28	1.89	.315			
Present Status	School	300	2.09	.515	2	ANOVA	NS
	College	222	2.05	.352			
	Employed	28	2.07	.539			

* 0.05 level of significance; NS – Not Significant

CONCLUSION

There is a need for open and compulsory communication, opinion on school based sex education and knowledge in order to protect the highly risky population with the participation of NGO's, Government Professional Social Workers, and various stakeholders in preventive programmes.

In order to promote sexual awareness among adolescent children of HIV parents; they need to have access to gain the knowledge and confidence so that there is a positive attitudinal change which could promote sexual awareness in a sustainable. The digital technology along with the social media such as mHealth, face book,

twitter, Linkedin could also be used in this regard to better the level of sexual awareness.

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