

AWARENESS AND ATTITUDE TOWARDS HIV/AIDS AND STDs AMONG UNDERGRADUATE FEMALE STUDENTS

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ABSTRACT

Reproductive health incorporates all those approach in a comprehensive manner and stresses the needs to address the reproductive rights of men and women as well as the social behaviour and cultural practices that affect reproductive health outcomes. A variety of socio-economic and cultural factors shape the individual's reproductive aspiration and behaviour. According to the World Bank, about one-third of the total disease burden on women, 15 to 44 years of age, in developing countries, is linked to health problems related to pregnancy, child birth, abortion, HIV and reproductive tract infections (RTI). Reaching out to young adults for organizing population education programme require detailed information about young people's reproductive health issues, sexual activities and needs including STDs, forced sex, age at marriage, unplanned pregnancies as well as their attitude and behaviour towards HIV. Reproductive decisions are joint decisions. The present study is an effort to find out the knowledge, Attitude and Communication needs of Under graduate female students toward STDs and HIV/AIDS with the following objectives: To study the knowledge and attitude of undergraduate students regarding STDs and HIV/AIDS. The present study was conducted in Udaipur city of Rajasthan. 300 under graduate students, in the age group of 18-23years, employed in various Government and Private colleges were selected as a sample for the study. Purposive random sampling technique was used to draw the desired sample. It was observed that out of 300 respondents, 200 fell in the average level of overall knowledge group (75.7%) while almost equal number of respondents had high and low level of knowledge. It was seen that again majority had overall neutral attitude.

Keywords: Attitude, Awareness, Reproductive Health, STDs, HIV

Introduction:

The past decade has witnessed a significant shift in the way population and reproductive health problems are conceptualized. There has been a clearer articulation and definition of reproductive health as a concept. The challenge now is to translate this concept into policies and programmes at the national level.

India has made considerable progress in social and economic development in recent decades, as indicators such as life expectancy, infant mortality and literacy demonstrate. However, improvements in women's health have lagged behind gains in other areas. India is one of the few countries where males significantly outnumber females. . According to the World Bank, about one-third of the total disease burden on women, 15 to 44 years of age, in developing countries, is linked to health problems related to pregnancy, child birth, abortion, HIV and reproductive tract infections (RTI).

Today, there is a need to diagnose the major health problems of the adolescents and young adults of both sexes, their underlying causes, their unmet health needs so that policy directions, appropriate programmes and possible solutions to various problems identified may be explored. Preventive care requires information, education and communication (IEC) strategies to be adopted for all public and particularly to adolescent boys and girls.

Gender Inequality and Reproductive Decision Making:

sexual development is an integral part of human growth and all humans have been inquisitive about it. Since they have not been obtaining information about it openly and directly from legitimate sources and through accurate and authentic channels, and getting it through whatever sources and channels are available, mostly hidden. Clandestine sources have been providing not only inaccurate but also distorted information, generating and reinforcing myths and misconception about sex.

The ignorance or false and inaccurate information about sex and sexual relations has been adversely affecting not only individuals but also the entire process of social development. It is in this context that the need for sex education particularly for the young people has been seriously felt. There are countries where this education has been launched five decades ago. In other countries, it is considered important when education in sex related matters have become essential with a view to prevent the spread of STDs and AIDS pandemic. In India, the process of imparting such an education has been initiated very recently. The sexual script for boys is frequently different than that for girls. As a result, both differ in their attitude and behaviour towards sex. This discrepancy can cause problems and confusion for adolescence as they struggle with their sexual identities. Males are more likely than females to see intercourse as a way of establishing their maturity and of achieving social status. As a consequence boys are more likely to have sex with someone who is relatively stranger, to have more sexual partners and to disassociate sex from love and emotional intimacy. Such behaviour can put them in dangerous situation like catching STDs and HIV.

Sex Awareness among youth:

Knowledge of sex and human reproduction amongst youth has been receiving greater attention in developed countries. But in a developing country like India the research studies are very meager. Many of the western studies have focused on college and school going youth. However, both in East and West, very little work has been undertaken to assess the knowledge, attitude and behaviour regarding sex, contraception, STDs and AIDS among just married and unmarried youth.

The knowledge of correlates of sex and human reproduction have greater relevance for future planning of their families and for designing appropriate policies when they become eligible couple. It is assumed that many of the evils of illegitimacy and sexual ignorance are supposed to be due to lack of knowledge and negative attitude towards these factors among youth.

It is therefore, in the light of this need, that the objectives stated were as follows:

1. To study the knowledge of undergraduate students regarding STDs and HIV/AIDS.
2. To measure the attitude of undergraduate students towards STDs and HIV/AIDS.

In January 2012, the Central Board of Secondary Education had postponed the Adolescence Education Programme (AEP). It was designed to provide over all knowledge about adolescence, the mental and physical changes that a youngster undergoes. But there were objections from the teachers community forcing the Board to undertake a review of the course. The figures and pictures given in the AEP books were not appropriate for Indian culture and therefore we opposed it in schools, said *Shatrugan Pathak of Rajasthan Shikshak Sangh*.

Singh (2013) made an attempt to use psychological model for a HIV/AIDS intervention programme. The main objective of the study was to study the effect of the information, motivation and behavioural skills (IMB) model based intervention on a group of female college / university students. Pretesting revealed that they did not have adequate information on issues related to HIV transmission and prevention.

According to **Chatterjee (2014)**, sexually Transmitted Infections (STIs) heighten the risk of HIV transmission, so reducing the incidence of STIs is key to stemming the spread of India's HIV/AIDS epidemic, driven by unsafe sex. Disturbingly, the infection is spreading from cities to villages and beyond groups with typically 'high risk' behaviour. Rural women are most at risk of contracting sexually transmitted diseases.

Methodology:

This study was carried out in Udaipur city of Rajasthan State. It is neither a metropolitan city nor a small town and possesses a metro-traditional culture. At this transitional stage, both open minded and people with taboos and ethos do exist here.

It's also surrounded by tribal regions where a considerable number of STD and HIV positive patient's existence has been reported at ART (Anti-retroviral Therapy) Centre. 300 female students were finalized by purposive random sampling technique who were in the age group of 18-23 years. An equal number of students were selected from Government and private Colleges respectively. The techniques which have been employed to the normative survey were observation, questionnaire, rating scale and interview schedule etc.

Results:

Table-1: Distribution of Respondents on the basis of their Demographic characteristics
N=300

S.No.	Personal characteristics	Frequency (f)	Percentage (%)
1.	Age		
	Young (18-19)	24	8.00
	Middle (20-21)	132	44.00
	Elder (22-23)	144	48.00
2	Religion		
	Hindu	155	51.67
	Muslim	61	20.33
	Sikh	18	6.00
	Christian	35	11.67
	Jain	31	10.33
3	Education Status		
	Low	106	35.33
	Middle	139	46.33
	High	55	18.33
4	Socio Economic Status		
	Low	102	34.00
	Middle	113	37.67
	High	85	28.33

2. Knowledge of the Respondents

In the present investigation an attempt has been made to study the overall and aspect wise knowledge of the respondents about HIV/AIDS and Sexually Transmitted Disease (STDs).

Table-2 indicates that majority of the respondents were having average level of overall knowledge, whereas the categories of low and high level knowledge were at par i.e. 16 and 17.3 per cent, respectively.

Table-2: Overall and Aspect wise level of knowledge

Aspect		N=300					
		Overall		STDs		HIV / AIDS	
Knowledge		F	%	f	%	f	%
	Low	48	16.0	50	16.7	61	20.3
	Average	200	66.7	203	67.7	196	65.3
	High	52	17.3	47	15.7	43	14.3

When we talk about aspectwise level of knowledge, again majority of the respondents fell under the category of average knowledge in case of all two aspects i.e. HIV and STDs but surprisingly when we compare high and low level of knowledge then it comes out that 20.3 per cent respondents were having low level of knowledge about HIV/AIDS but in case of STDs the per cent of respondents under low and high knowledge group were at par i.e. 16.7 and 15.7 per cent respectively. Thus it is concluded that there is need to impart well planned training to the students about different aspects of HIV/AIDS and STDs to enhance their knowledge about them which in times will lead to better adoption.

Attitude as defined by Thurston (1946) is the degree of positive and negative effect associated with psychological object.

Table- 3 reveals that a large majority of respondents (75 per cent) were having overall neutral attitude, whereas the respondents under the category unfavourable and favourable attitude were very less and were almost equal i.e. 12 and 12.3 per cent respectively. The reason might be average level of knowledge. As majority of the respondents had average knowledge thus had neutral attitude.

Table -3: Overall and Aspect wise level of Attitude

Aspect		N=300					
		Overall		STD's		HIV / AIDS	
Attitude		f	%	f	%	f	%
	Unfavorable	36	12.0	48	16.0	18	6.0
	Neutral	227	75.7	198	66.0	246	82.0
	Favorable	37	12.3	54	18.0	36	12.0

Further it is clear from the table that majority of the respondents had neutral attitude towards STDs (66 per cent) and HIV/AIDS (82.0 per cent) respectively.

Table further clarifies that maximum respondents could not develop any attitude towards HIV/AIDS and STDs. The reason might be their average level of knowledge about it. Thus it is suggested to impart training to this strata of the society for updating their knowledge which in turn is responsible to change the behaviour of the society.

Table-4 Association between overall knowledge of Under Graduate students and their demographic characteristics
N=300

S.No.	demographic characteristics	Overall knowledge		df.	Significant
		X ² Cal	X ² Tab		
1.	Age	13.865**	13.27	4	at 0.01
2.	Education	22.191**	16.81	6	at 0.01
3.	SES	31.055**	13.27	4	at 0.01

NS - Not Significant

** - Significant at 0.01 level

The findings presented in the above table reveals that age, education and SES were found to be significantly associated with their level of overall knowledge. On the other hand years of marriage was found to be not significantly associated with their overall knowledge level.