Awareness Level of Adolescent Girls Regarding HIV/AIDS
(A Comparative Study of Rural and Urban Areas of Jammu)

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ABSTRACT The present study was undertaken to determine the knowledge level of adolescents towards HIV/AIDS. This study has been conducted on 400 adolescent girls (200 adolescent girls were taken from rural areas and 200 adolescent girls from urban areas of Jammu). Random sample technique was used to select the sample. For data collection, questionnaire was used in which there were questions regarding HIV/AIDS. Chi-square values reveal that there is a significant difference in the knowledge level of adolescent girls of urban and rural areas of Jammu, regarding these issues. But urban adolescent girls have comparatively better knowledge regarding these issues than rural adolescent girls. Adolescents need to be taught about these body functions since ignorance perpetuates myths and mis-belief. School teachers play a key role in bringing about this desirable change and socially acceptable approaches to sex education such as letter box approach may be used for providing scientific knowledge about sex and related issues.

INTRODUCTION

The HIV/AIDS epidemic represents the most serious Public Health problem in India. There is no denial of the enormity of the problem. The prevalence of the infection in all parts of the country highlights the spread from urban to rural area and from high risk to the general population. It is estimated that as on mid 1998, 3.5 million Indians were infected with the virus. Migration of labor, low literacy levels leading to low awareness, gender disparities, prevalence of sexually transmitted diseases and reproductive tract infections are some of the factors attributed to the HIV/AIDS.

AIDS is a foremost problem of the youth. Nearly 50% of the new HIV infections are occurring in young people between 15 to 24 years old. This is partly because a large part of the world population is young between 10 to 19 years of age (NACO, 2000). HIV/AIDS and other sexually transmitted diseases are having devastating effect on the health of the adolescents, particularly girls and young women. HIV/AIDS among children and adolescents is frequently the result of sexual and gender base violence, of rape, sexual relations with HIV positive partners, prostitution and sexual slavery. According to NACO, 1996, the majority of the newly infected people with HIV/AIDS are young people below 25 years in age (Thapar V, 1998). The national Family Health Survey indicates that amongst girls in the age group of 13 to 19 years, the knowledge of STDs and HIV/AIDS harbour a number of misconceptions. Epidemiological data on patients with AIDS suggests that in many cases, HIV infection was acquired during adolescence. Looking at the above, an ardent need was felt to assess the knowledge level of adolescent girls regarding HIV/AIDS.

MATERIAL AND METHODS

The sample of the study consists of 400 adolescent girls in the age group of 10-19 years belonging to both rural and urban girls of Jammu city. Random sampling technique was used to select the sample. It was done to assess the knowledge level of adolescents regarding HIV/AIDS. Questionnaire was used to collect the data for the study. Instructions were given to them before administrating the tool. Although, the statements were not so difficult to understand, yet necessary assistance was provided to them where need was felt. Attempt was made to stick to the given procedures as far as possible. The data after being collected and coded systematically tabulated and percentages were calculated.

RESULTS AND DISCUSSIONS

Table 1 reveals that majority of the respon-
dents from both the urban as well rural area were not aware about the HIV/AIDS as well as about causes of spreading of AIDS. It is clear from the table that majority of the urban respondents (32.5%) believe that the agent of causing AIDS is blood transfusion/syringes whereas 32.5% of the rural sample was not aware of the same. It is evident from the table that acc. to the urban adolescent girls AIDS is not curable whereas majority of the adolescent rural girls (47.5%) believe that the AIDS is curable; 80% of the urban adolescent girls and (47.5%) of the rural adolescent girls believe that the HIV infected person can infect others. It is evident that 80.5% of the urban and 70.5% of the rural adolescent girls believe that the HIV infected person can infect others. It is evident that 80.5% of the urban and 70.5% of the rural adolescent girls believe that a person can get infected if he/she comes in contact with HIV+ person; It is clear that majority (87.5%) of the urban adolescent girls believe that the man or woman who is HIV infected should not plan to have a baby whereas only 10% of the rural girls believe in the same.

The adolescent girls of Jammu (both rural as well as urban areas) were found almost ignorant regarding HIV/AIDS among. However, urban adolescent girls were having relatively more awareness on the subject (as chi-sq values reveal a significant difference between urban and rural adolescent girls).

Besides HIV/AIDS and other sexually transmitted diseases (STD’s) among children and adolescents is frequently the result of sexual and gender based violence. According to WHO 250 million new cases of STD’s occur world wide each year. One in every 20 teenagers acquires STD’s each year (Conly and Koontz, 1994). It is evident from this study that even urban adolescent girls in Jammu do not possess sufficient knowledge regarding HIV/AIDS. Also schools are inadequately equipped to meet the challenge. Their lack of adequate knowledge about sexual matters and contraception results in early pregnancy and sexual disharmony (Gupta, 1994., and Meyer, 1930). So they should be provided with unbiased, unmoralistic information so that they are better informed and better adjusted to their changing physical, biological and emotional needs.

The HIV/AIDS epidemic is not a health problem alone, but a problem of such magnitude that, every facet of human life is affected this makes it necessary for every sector of the society, the governmental organizations, business , industry, leaders , policy makers etc to be involved in the programme. NACO has adopted a policy of involving the various sectors by effective working and advocacy (NACO, GOI, 1999-2000).

### REFERENCES


Thapar, V.: Background paper presented on Family Life Education in the National Convention on FLE. (18 – 19 Nov.) NIPCCD, New Delhi, Pp 1-6 (1998).

<table>
<thead>
<tr>
<th>Issues</th>
<th>Urban (%)</th>
<th>Rural (%)</th>
<th>Urban (%)</th>
<th>Rural (%)</th>
<th>Chi-square values</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV is ---</td>
<td>(16%)</td>
<td>(5%)</td>
<td>(84%)</td>
<td>(95%)</td>
<td>*931.580</td>
</tr>
<tr>
<td>AIDS is---</td>
<td>76 (38%)</td>
<td>92 (46%)</td>
<td>124 (62%)</td>
<td>108 (54%)</td>
<td>*262.74</td>
</tr>
<tr>
<td>AIDS spread through</td>
<td>96 (48%)</td>
<td>111 (55.5%)</td>
<td>104 (52%)</td>
<td>89 (44.5%)</td>
<td>*212.300</td>
</tr>
<tr>
<td>Agents causing AIDS</td>
<td>32 (16%)</td>
<td>52 (26%)</td>
<td>168 (84%)</td>
<td>148 (74%)</td>
<td>*100.70</td>
</tr>
<tr>
<td>AIDS is curable</td>
<td>143 (71.5%)</td>
<td>43 (21.5%)</td>
<td>57 (28.5%)</td>
<td>157 (78.5%)</td>
<td>*168.18</td>
</tr>
<tr>
<td>HIV infected person infecting others</td>
<td>160 (80%)</td>
<td>95 (47.5%)</td>
<td>40 (20%)</td>
<td>105 (52.5%)</td>
<td>*199.92</td>
</tr>
<tr>
<td>Person get infected if he/she comes in contact with HIV+ person:</td>
<td>161 (80.5%)</td>
<td>141 (70.5%)</td>
<td>39 (19.5%)</td>
<td>59 (29.5%)</td>
<td>*330.185</td>
</tr>
<tr>
<td>Either man or woman who is HIV infected should plan to have a baby</td>
<td>175 (87.5%)</td>
<td>20 (10%)</td>
<td>25 (12.5%)</td>
<td>180 (90%)</td>
<td>*335.945</td>
</tr>
</tbody>
</table>

*Chi-square values reveal significance difference between the awareness level of urban and rural adolescent girls.*