

Do Distances Play Role in AIDS Info? Decreasing Vigilance Towards Countryside

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MATERIAL AND METHODS

ABSTRACT AIDS awareness was investigated in 180 individuals through telephonic conversation in 32 villages in four directions (From 0-40 kms) of Ludhiana city of Punjab. Clear cut decreasing trend of AIDS consciousness away from the city in all the four directions was evident i.e. towards, North ($y = -0.379x + 14.59$, $r = 0.9596$), South ($y = -0.403x + 14.28$, $r = 0.9610$), East ($y = -0.4187x + 15.14$, $r = 0.9671$) and West ($y = -0.4037x + 14.71$, $r = 0.9675$). Variations in misconceptions are trifling (5-15%) in 0-20 kms range but quite high (35-60%) in 25-40 kms belt however, these were found to be insignificant at 5% level ($\chi^2 = 1.65, d.f. = 4$), ($\chi^2 = 1.4, d.f. = 3$) respectively. We have used the multiple regression (distance vs awareness) to generate the hypothesis that distant dwellers away from the cities are unaware about AIDS hullabaloo.

INTRODUCTION

When a disease goes dreadful, educating the terror-stricken people about the disease is a step towards lessening disease burden of the society. In reference to this, various institutions, non governmental organisations and AIDS control societies along with the mass media (audio-visual and print) have tightened their belts and emerged at the forefront in conveying knowledge about AIDS to the commoner. But it has been seen that their *modus operandi* is focused in the main cities generally. Even then, the awareness regarding AIDS is diffusing to the suburbs and villages, though to a smaller extent (De Sircar and Tiwari, 1999). This happens because of the interaction and techno-conscious exposure of the rural people towards modernization. However, the level of vigilance towards AIDS in the villages may differ. It seems that the distant dwellers from the cities are not availing themselves of the opportunity of getting awareness of AIDS properly and fall to some misconceptions, which we have hypothesized to investigate in this paper.

The present study involves the telephonic conversation of unpremeditated two hundred and eleven individuals to explore their awareness about AIDS. Out of total 211 calls made, 24 refused to respond and 7 were not able to provide pertinent information and hence excluded from the study. 5 individuals were contacted from each village and 8 villages were selected in each direction hence, thirty two villages were selected ranging from 5kms to 40 kms in all the four directions taking Ludhiana city as the centre. Queries were also put to 20 city-dwellers regarding AIDS awareness. The telephone numbers were traced from the district telephone directories. In order to estimate the extent of awareness that exists in the respondents, they were asked questions covering areas like-meaning of AIDS, its symptoms, transmission routes, preventions, tests, treatments, sources of information providing knowledge of AIDS and lastly their willingness to be tested for AIDS. Crude responses regarding misapprehensions about AIDS had also been recorded and analysed. All the responses given by them were filled in the proformas. It will be worthwhile to mention here that indepth knowledge regarding AIDS was not expected from the respondents and hence the basic queries which should be important for a layman were made. A total of eight questions were asked, further having three responses each. Thus a scale of 24 points was made and by walking along the correct responses a number was assigned to the respondents which showed their level of awareness.

Chi square test was applied to investigate the myths with respect to distances. The average awareness of each village was plotted against distances and regression was done to analyse the

effect of distance from the main city on the level of awareness.

RESULTS AND DISCUSSION

In order to investigate the extent of awareness towards AIDS in the villages, the average awareness of each village was estimated on distance and multiple regression analyses was done. Figure 1 highlights the clear cut decreasing trend of AIDS consciousness away from the city in all the four directions, $y = -0.379x + 14.59$, $r = 0.9596$, $y = -0.403x + 14.28$, $r = 0.9610$, $y = -0.4187x + 15.14$, $r = 0.9671$ and $y = -0.4037x + 14.71$, $r = 0.9675$ for North, South, East and West respectively. Same trend of awareness was evident due to the negative regressions in all directions. Interestingly, slight increase of awareness can be seen at 40 kms (Filled circle) in North direction and the plausible reason for this might

be because of its nearness to the other city, Jalandhar. However our study does not permit us to infer this so it needs caution. This decreasing pattern of AIDS awareness away from the city may be attributable to the notion harboured by the villagers that this disease is associated to those persons only who are involved any way in the "Sexual chemistry" which further dilutes the locus of getting tested for AIDS. This is evident from the negative responses (166 out of 180) collected for their willingness to be tested for AIDS (data not shown). Crude responses about misapprehensions were also noted. The variation in the frequencies of misconceptions about AIDS are trivial (5-15%) in 0-20 kms range and were found to be non-significant at 5% level ($\chi^2 = 1.65$, d.f = 4) whereas these were found to be very high (35-60%) in 25-40 kms belt though found to be insignificant statistically ($\chi^2 = 1.4$, d.f = 3, $P < 0.05$). These myths even sojourn in

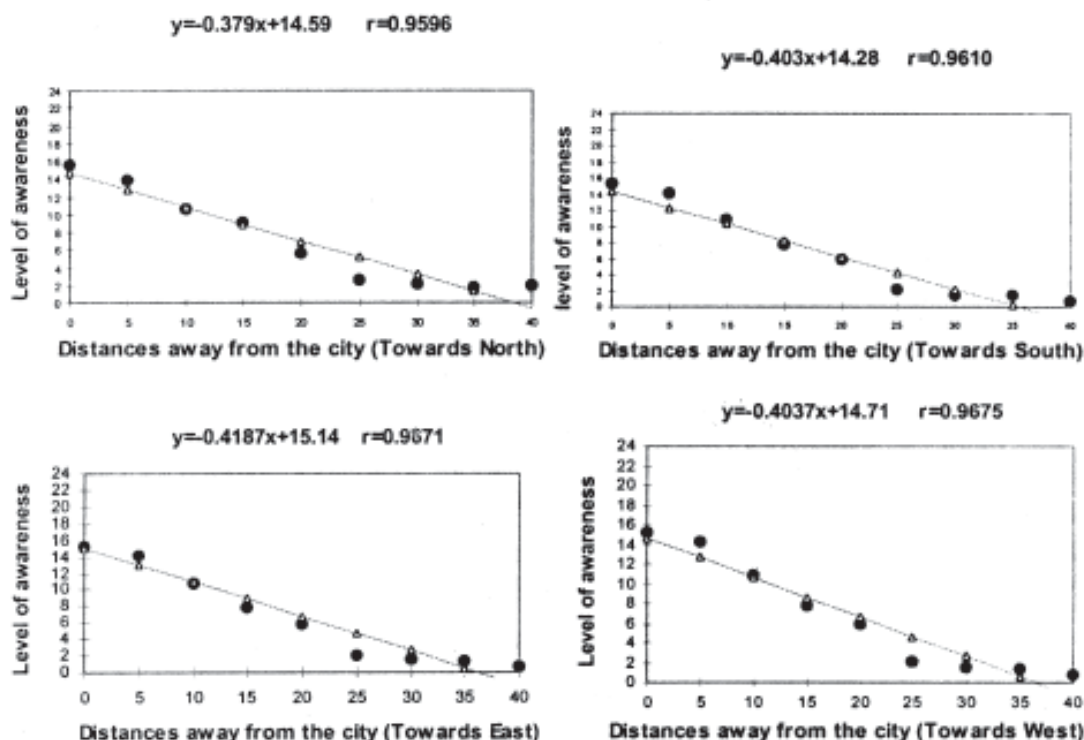


Fig. 1. Multiple regression analyses displaying the level of awareness of AIDS in four directions from the Ludhiana city of Punjab

the city dwellers however to a very smaller extent. But this does not detract from our over simplified conclusion that the villagers are devoid of getting AIDS awareness because of the operation of AIDS awareness programs in the main cities only.

As the theories regarding AIDS are changing drastically (Pioneer, 2000), it becomes the duty of the social anthropologists, health care professionals, non lab workers and academicians to gather pebbles of information regarding AIDS and provide it specially to villagers, particularly to the carriers and generally to the commoner, so that society should be freed from the clutches of such an endemic disease of global concern.

In conclusion, we find it reasonable to be-

lieve that AIDS awareness programs have no sound effect in the countryside so far, but our results do not imply, for instance, that such awareness programs should now be stopped in the cities.

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