

## MYTHS, FACTS, PRECAUTIONS AND TREATMENT BASED ON KNOWLEDGE QUESTIONNAIRE (KQ-18) REGARDING HIV/AIDS AMONG MARRIED AND NEVER MARRIED ADULTS (25-35 YEARS) IN MUMBAI & THANE

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### Abstract

*The lack of proper awareness and knowledge regarding HIV/AIDS may leave a large section of the population vulnerable to contract the disease. Correct knowledge and awareness regarding the disease is a general prerequisite for the prevention and control of HIV/AIDS. Inadequate knowledge, negative attitudes and risky practices are major hindrances to preventing the spread of HIV. The objective was to obtain the knowledge regarding HIV/AIDS on the basis of knowledge questionnaire (KQ-18) among married and never married men and women in Mumbai and Thane district of age 25-35 years. The sample consisted of 120 participants (30 married men, 30 married women, 30 never married men, and 30 never married women) ages 25-35 years. The tool was divided into 2 categories a) Proforma [18 introductory questions, such as gender family type] and b) Knowledge questionnaire [standardized tool of knowledge questionnaire (KQ-18) comprising of 18 items]. Results revealed that participants had high knowledge about symptoms i.e., having sex with more than one partner can increase person's chance of being affected with HIV; treatment i.e., there is a vaccine that can stop adults from getting HIV, precaution i.e., a person can get HIV by sitting in a hot tub or a swimming pool with a person who has HIV. Astonishingly, participants had a very low knowledge about women getting HIV if she has anal sex with a man, taking a test for HIV one week after having sex will tell a person if she or he has HIV and a natural skin condom works better against HIV than does a latex condom in terms of symptoms, treatment and precautions respectively. These research findings led us to believe that there is a need to impart knowledge in relation to HIV/AIDS.*



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### Introduction

Inadequate knowledge, negative attitudes and risky practices are major hindrances to preventing the spread of HIV. This study aimed to assess HIV-related knowledge, attitudes and practices of high school students in Lao People's Democratic Republic (PDR). The majority of students surveyed were aware that HIV can be transmitted by sexual intercourse, from mother to child and through sharing needles or syringes. Misconceptions about transmission of HIV were observed among 59.3% to 74.3% of respondents. Positive attitudes towards HIV/AIDS were observed among 55.7% of respondents. Nearly half of the surveyed

students (45.3%) said that they would be willing to continue studying in a school with HIV-positive friends, and 124 said they would continue attending a school with HIV-positive teachers. 94 students had a history of sexual intercourse, and 70.2% of these students had used a condom. However, only 43.9% said they used condoms consistently. Students with medium and high levels of knowledge were more likely to display positive attitudes towards people living with HIV. Similarly, safe practices related to safe sex were also observed among students with medium and high levels of knowledge. More than three-quarters of students mentioned television and radio as major sources of information on HIV/AIDS. (<http://www.jiasociety.org/index.php/jias/article/view/17387/2877>)

Agha (2002) examined the level of risk of acquiring sexually transmitted infections among truck drivers and their helpers in Pakistan. Quantitative, self-reported, sexual behaviour data were collected from 300 randomly selected long distance truck drivers and their helpers. Qualitative information was gathered through conversations with drivers. The findings show that multiple sexual partnerships with men and women were common among truckers. Awareness of AIDS and knowledge of sexual transmission of HIV was high. However, most truckers did not believe that AIDS existed in Pakistan. Nor were they aware that condoms were an effective way of preventing HIV transmission. Knowledge of the risks associated with unprotected sex was low among truckers, who considered themselves vulnerable to sexually transmitted infections because of their self-perception of being moral persons. The study suggested campaigns to increase risk awareness to emphasize the importance of condom use and interpersonal communication as STI/ HIV prevention methods.

([http://shodhganga.inflibnet.ac.in/bitstream/10603/2721/10/10\\_chapter%202.pdf](http://shodhganga.inflibnet.ac.in/bitstream/10603/2721/10/10_chapter%202.pdf))

Gray, Devadas, Vijayalakshmi & Kamalanathan (1999) examined the knowledge, attitudes, beliefs of Hindu *students* from a government women's college of South India, towards people with AIDS. The sample consisted of four hundred female students at a government funded Women's University in Southern India who participated in an AIDS survey research project. Results indicated that a majority of the participants learned about HIV/AIDS from reading material while some learned about HIV/AIDS from school classes, and only a few learned from family members. Thirty-nine percent had never communicated to anyone about HIV/AIDS. The results indicated that the majority of Indian women in this

study did not know about explicit sexual behaviours which transmitted the virus. The study suggested the need to increase educational efforts at the university to address the multiple psychosocial issues related to

HIV/AIDS. ([http://shodhganga.inflibnet.ac.in/bitstream/10603/2721/10/10\\_chapter%202.pdf](http://shodhganga.inflibnet.ac.in/bitstream/10603/2721/10/10_chapter%202.pdf))

Nayar, Bhatnagar and Arora (2007) studied the knowledge and awareness of adolescents about issues related to sexuality and HIV/AIDS and found that 13-14 year olds living in metros like *Delhi* had a low level of information about issues related to sexuality and HIV/AIDS. On an average, less than half of them had correct information while more than half either did not know or were misinformed. Girls remained uninformed while boys remained misinformed. The study concluded by suggesting that sexuality education and HIV/AIDS prevention programme should be integrated in the school curriculum. ([http://shodhganga.inflibnet.ac.in/bitstream/10603/2721/10/10\\_chapter%202.pdf](http://shodhganga.inflibnet.ac.in/bitstream/10603/2721/10/10_chapter%202.pdf))

**HIV and AIDS in UK:** The United Kingdom (UK) has a relatively small HIV epidemic, with an estimated 103,700 people living with HIV in 2014. However, late diagnosis of HIV remains a key challenge in this country, despite declining rates. Moreover, evidence suggests that levels of HIV knowledge among the general population have fallen. This is due at least partly to a lack of public awareness campaigns and the absence of HIV from sexual and reproductive health education in schools. The epidemic in the UK mainly affects men who have sex with men and black Africans. It has combination of some myths and facts which needs to be identified by the individual. Researcher used face to face interview method as it allowed more clarification for the participants in order to give responses. Data collection was simultaneously followed by data entry. After data collection, data was analyzed using qualitative and quantitative statistical procedure.

**Prevention and Risk Reduction**

<b>Myths</b>	<b>Facts</b>	<b>Prevention of fact</b>	<b>References</b>
There is high risk of contracting HIV through casual contact.	There is no risk of contracting HIV through day-to-day interactions.	Observe routine against accidental contact with blood, semen, or vaginal secretions. Wash hands or skin with soap and water. Clean surfaces where blood or semen has been spilled. Do not share toothbrushes, razors, tweezers, or other instruments that might carry fresh blood.	( <a href="https://health.columbia.edu/system/files/content/healthpdfs/MS/GHAP_HIV_Aids_Handbook.pdf">https://health.columbia.edu/system/files/content/healthpdfs/MS/GHAP_HIV_Aids_Handbook.pdf</a> )
You can share needles with anyone you want. There is no risk for HIV injection.	You face high risk for HIV infection if you share needles, whether to inject or “skin-pop” heroin, cocaine, speed, or any other drug.	Clean your needles either with rubbing alcohol (available in drug stores), a household bleach solution (3 tablespoons of bleach in a cup of water), or boiling water.	( <a href="https://health.columbia.edu/system/files/content/healthpdfs/MS/GHAP_HIV_Aids_Handbook.pdf">https://health.columbia.edu/system/files/content/healthpdfs/MS/GHAP_HIV_Aids_Handbook.pdf</a> )
The risk of transmission from fellatio is very high.	It is a rare source of sexual transmission and the risk of transmission from fellatio is very much lower than the risk of unprotected intercourse.	Avoid ejaculation in the mouth. Do not engage in receptive fellatio if you have cuts or sores in the mouth or on the tongue, have just been to the dentist for cleaning or a surgical procedure, or if you have a sore throat.	( <a href="https://health.columbia.edu/system/files/content/healthpdfs/MS/GHAP_HIV_Aids_Handbook.pdf">https://health.columbia.edu/system/files/content/healthpdfs/MS/GHAP_HIV_Aids_Handbook.pdf</a> )
Condoms don't help in spreading HIV and AIDS injection.	Always use a condom for every episode of intercourse, both vaginal and Anal.	The receptive partner in vaginal or anal intercourse without a condom is at highest risk of becoming infected with HIV if his or her partner is infected.	( <a href="http://www.avert.org/hiv-transmission-prevention/myths">http://www.avert.org/hiv-transmission-prevention/myths</a> )
HIV can spread if one uses a condom.	HIV can only survive for a really short amount of time outside of the body. Even if the condom had sperm from an HIV-positive person in it, the HIV would	To be on save side, one should always use fresh condom.	( <a href="https://health.columbia.edu/system/files/content/healthpdfs/MS/GHAP_HIV_Aids_Handbook.pdf">https://health.columbia.edu/system/files/content/healthpdfs/MS/GHAP_HIV_Aids_Handbook.pdf</a> )

be dead.

Kissing leads to HIV and AIDs injection.	Kissing is not risky because HIV is either not present or present at very low levels in saliva	Cuts, sores, and irritation of the lining of the mouth make it easier for infected semen to enter the body. If you have an infection in your throat, white blood cells will be present, and they are good “targets” for HIV.	( <a href="https://health.columbia.edu/system/files/content/healthpdfs/MS/GHAP_HIV_Aids_Handbook.pdf">https://health.columbia.edu/system/files/content/healthpdfs/MS/GHAP_HIV_Aids_Handbook.pdf</a> )
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Myths	Facts	Prevention of fact	References
Oral sex is risky	As with kissing, the risk of HIV from oral sex is so small unless you or your partner has large open sores on the genital area or bleeding gums/sores in your mouth.		( <a href="http://www.avert.org/hiv-transmission-prevention/myths">http://www.avert.org/hiv-transmission-prevention/myths</a> )
Male and female condoms do not provide the same protection against HIV	Yes. Studies suggest that female condoms offer the same level of protection against HIV as male condoms and may be more effective against some STDs.	Always use condom during intercourse	( <a href="http://www.health.ny.gov/publications/0213.pdf">http://www.health.ny.gov/publications/0213.pdf</a> )
Douching after sex reduce the risk of HIV infection	Douching after sex does not provide protection against HIV transmission because semen enters the cervical canal almost immediately after ejaculation.	Using precautions like condoms can reduce the risk of HIV infection.	( <a href="http://www.health.ny.gov/publications/0213.pdf">http://www.health.ny.gov/publications/0213.pdf</a> )
Sex partners who both have HIV doesn't need to use condoms	People who have HIV still need protection from sexually transmitted diseases (STDs) and may want to prevent pregnancy.	Using precautions like condoms can reduce the risk of HIV infection.	( <a href="http://www.health.ny.gov/publications/0213.pdf">http://www.health.ny.gov/publications/0213.pdf</a> )

A pregnant woman with HIV will give birth to HIV positive infant.	A pregnant woman who has HIV can take medicines that can lower the risk of her baby being born with HIV to less than 1 chance in 12.	Medicine and good diet can lower the risk of the baby born with HIV.	( <a href="http://www.health.ny.gov/publications/0213.pdf">http://www.health.ny.gov/publications/0213.pdf</a> )
People with HIV should not tell health care providers that they have infection.	To provide the best medical care, health care providers need to know the HIV status of their patients. It is against the law for health care providers to deny care to people with HIV because of their HIV status.	People with HIV tell their doctor, dentist, physician assistant, nurse practitioner, and other health care providers	( <a href="http://www.health.ny.gov/publications/0213.pdf">http://www.health.ny.gov/publications/0213.pdf</a> ) <sup>i</sup>

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## OBJECTIVE OF THE STUDY

To obtain the knowledge regarding HIV/AIDS on the basis of knowledge questionnaire (HIV-K-Q18) in the age group of 25-35 years among a) married men; b) married women; c) never married men and d) never married women.

## METHODOLOGY OF THE STUDY

The current study was exploratory researches it seeks to study relatively unexpected unexplored area that is knowledge of middle adults (25-35 years) regarding HIV/AIDS. This research has employed multi-method (Face-to-face interview and questionnaire) and agent-design (males and females). Overall, the sample consisted of 120 young adult participants of which 30 participants were never-married men, 30 never-married women, 30 married men and 30 married women in Mumbai and Thane district of the age group 25-35 years. Inclusion criteria: participants from the young adults ranging from 25 to 35 years; no gender and sexual orientation discrimination; married and never married participants; participants residing in Mumbai and Thane district; SSC passed participants were included in research, participants were not discriminated on the basis of community, caste, socio economic class and religion. The sampling technique to be used is snowball and judgemental/purposive sampling.

A total 120 participants who fulfill the criterions were given the Proforma and questionnaire. The Proforma was designed keeping in line with inclusion and exclusion criteria and also obtain the information from the young adults (25-35 years) namely name, age, sex, address,  
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type of family, marital status, religion, educational qualification, occupation/work details, designation, details of current income, etc. The Knowledge Questionnaire (KQ-18) is a Standardized questionnaire of 18 questions (HIV-KQ-18) by Carrey Smith in the year 1996. It consisted of 18 close ended questions which taps the knowledge of individuals about HIV/AIDS.

### RESULT OF THE STUDY

Higher level of awareness was observed by the married and non-married participants in most of the items. Such as, Coughing and sneezing DO NOT spread HIV (81.7%), A person can get HIV by sharing a glass of water with someone who has HIV (81.7%), Having sex with more than one partner can increase a person's chance of being infected with HIV (91.7%). Comparatively, lower awareness was indicated in the items, Pulling out the penis before a man climaxes/cuming keeps a woman from getting HIV during sex (40.8 %), People are likely to get HIV by deep kissing, putting their tongue in their partner's mouth, if their partner has HIV (41.7 %), A natural skin condom works better against HIV than does a latex condom (32.5%). However, it was observed that Never married participants were more aware than the Married participants in the following items, Pulling out the penis before a man climaxes/cuming keeps a woman from getting HIV during sex [NM (20.0%); NMW (36.7%); MM (15.4%); MW (28.2%)], . All pregnant women infected with HIV will have babies born with AIDS [NM (56.7%); NMW (60.0%); MM (40.0%); MW (30.0%)], a natural skin condom works better against HIV than does a latex condom [NM (43.3%); NMW (36.7%); MM (16.7%); MW (33.3%)]. (Refer to Table No. 1)

**Table No. 1 Frequency and percentage obtained from the Knowledge questionnaire (HIV KQ-18), among Never married men; Never married women; Married men; Married women.**

Item no.	NMM (n=30) <i>f</i> (%)	NMW (n=30) <i>f</i> (%)	Total (NMM) + (NMW) (n=60) <i>f</i> (%)	MM (n=30) <i>f</i> (%)	MW (n=30) <i>f</i> (%)	Total (MM) + (MW) (n=60) <i>f</i> (%)	(NMM)+ (NMW)+ (MM)+ (MW) (n=120) <i>f</i> (%)
<b>MYTHS REGARDING HIV/AIDS</b>							
A person can get HIV by sharing a glass of water with	25 (83.3)	22 (73.3)	47 (78.3)	24 (80.0)	27 (90.0)	51 (85.0)	<b>98 (81.7)</b>

someone who has HIV.								
People who have been infected with HIV quickly show serious signs of being infected.	25 (83.3)	24 (80.0)	49 (81.7)	25 (83.3)	20 (66.7)	4 (75.0)	94 (78.3)	
A person can get HIV by sitting in a hot tub or a swimming pool with a person who has HIV.	23 (76.7)	22 (73.3)	45 (75)	21 (70)	19 (63.3)	40 (66.7)	85 (70.8)	
A person can get HIV from oral sex.	17 (56.7)	10 (33.3)	27 (45.0)	12 (40.0)	19 (63.3)	31 (51.7)	<u>58</u> <u>(48.3)</u>	

**FACTS REGARDING HIV/AIDS**

Coughing and sneezing DO NOT spread HIV.	22 (73.3)	22 (73.3)	44 (73.3)	26 (48.1)	28 (51.9)	54 (90.0)	98 (81.7)	
A women can get HIV if she has anal sex with a man.	20 (48.8)	21 (51.2)	41 (68.3)	22 (73.3)	22 (73.3)	44 (73.3)	85 (70.8)	
Showering, or washing one's genitals/private parts, after sex keeps a person from getting HIV.	23 (76.7)	16 (53.3)	39 (65.0)	10 (33.3)	20 (66.7)	30 (50.0)	69 (57.5)	
All pregnant women infected with HIV will have babies born with AIDS.	17 (56.7)	18 (60.0)	35 (58.3)	12 (40.0)	9 (30.0)	21 (35.0)	<u>56</u> <u>(46.7)</u>	

Having sex with more than one increase a person's chance of being infected with HIV.	26 (86.7)	25 (83.3)	51 (85)	29 (96.7)	30 (100)	59 (98.3)	<b>110</b> <b>(91.7)</b>
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**PRECAUTIONS REGARDING HIV/AIDS**

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Pulling out the penis before a man climaxes/cumin keeps a woman from getting HIV during sex.	21 (20.0)	11 (36.7)	32 (53.3)	6 (15.4)	11 (28.2)	17 (28.3)	49 (40.8)
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People are likely to get HIV by deep kissing, putting their tongue in their partner's mouth, if their partner has HIV.	10 (33.3)	16 (53.3)	26 (43.3)	14 (46.7)	10 (33.3)	24 (40.0)	50 (41.7)
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A woman cannot get HIV if she has sex during her period.	18 (54.5)	15 (45.5)	33 (55.0)	10 (33.3)	24 (80.0)	34 (56.7)	67 (55.8)
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There is a female condom that can help decrease a woman's chance of getting HIV.	17 (56.7)	10 (33.3)	27 (45.0)	19 (63.3)	19 (63.3)	38 (63.3)	65 (54.2)
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A natural skin condom works better against HIV than does a latex condom.	13 (43.3)	11 (36.7)	24 (40.0)	5 (16.7)	10 (33.3)	15 (25.0)	<u>39</u> <u>(32.5)</u>
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A person will NOT get HIV if she or he is	24 (80.0)	17 (56.7)	41 (68.3)	15 (50.0)	26 (86.7)	41 (68.3)	<b>82</b> <b>(68.3)</b>
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taking antibiotics.

Using Vaseline or baby oil with condoms lowers the chance of getting HIV.	22 (73.3)	12 (40.0)	34 (56.7)	13 (43.3)	23 (76.7)	36 (65.0)	70 (58.3)
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**TREATMENT REGARDING HIV/AIDS**

There is a vaccine that can stop adults from getting HIV.	21 (70.0)	18 (60.0)	39 (65.0)	12 (40.0)	15 (50.0)	27 (45.0)	<b>66</b> <b>(55.0)</b>
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Taking a test for HIV one week after having sex will tell a person if she or he has HIV.	12 (40.0)	14 (46.7)	26 (43.3)	10 (33.3)	20 (66.7)	30 (50.0)	<u>56</u> <u>(46.7)</u>
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**Note: Multiple responses were obtained**

\* Never Married Women (NMW) \*\* Never Married

Men (NMM)

\*\*\* Married Women (MW)

\*\*\*\* Married Men (MM)

(High awareness – **In Bold,**

Low awareness – Underlined and italics)

## DISCUSSION

The results of current study mentioned a substantial majority stated that always use new, disposable needle, syringes and razor blades, almost the same number of participants indicated using contraceptives correctly and consistently; and avoid multiple sexual partners when asked about precautions to be taken to avoid HIV/AIDS. Similarly, the review also indicated the best way to prevent HIV is do not donate blood, semen or organs (kidney, cornea, etc.); inform sexual partners, Avoid penetration, otherwise always use a condom, do not share syringes or needles, inform any doctors or dentists consulted, consider pregnancy carefully, cover any cuts or scratches with a dressing until healed, do not share toothbrushes, razors or sharp instruments; seek early and correct treatment for STDs. De Cock et al., 2002 in his research stated that the best means of preventing HIV infection in infants and young children, including transmission through breast milk, is to prevent HIV infection of female adolescents and women of childbearing age

(<http://www.epidem.org/sites/default/files/content/resources/attachments/PMTCT%20report.pdf>). Also research by European Collaborative Study, 2001; indicated in industrialized countries, although most HIV-infected women have a history of injecting drug use or sexual partners who have such a history or are bisexual, heterosexual transmission has become an increasingly common route of infection (journals.lww.com › Home › June 15, 2001 - Volume 15 - Issue 9).

Astonishingly, in the recent study it was seen that only 8 people out of 120 participants only knew about breast feeding cannot be done by HIV positive woman. The review of literature states that transmission of HIV through breastfeeding has been well documented. The first reports indicating the possibility of HIV-1 transmission through breast milk were of breastfed infants of women who had been infected postnatally through blood transfusion or through heterosexual exposure (Palasanthiran et al., 1993; Van de Perre et al., 1991; Stiehm and Vink, 1991; Hira et al., 1990; Lepage et al., 1987; Ziegler et al., 1985). Other reports related to infants with no other known exposure to HIV, whose source of infection was wet-nursing or pooled breast milk (Nduati et al., 1994). In other research, seventy per cent had correct knowledge about vertical transmission, but only 32% had correct information about exclusive breast-feeding.

([www.who.int/nutrition/publications/HIV\\_IF\\_Transmission.pdf](http://www.who.int/nutrition/publications/HIV_IF_Transmission.pdf); [www.omicsonline.org/](http://www.omicsonline.org/);  
[http://www.who.int/nutrition/publications/HIV\\_IF\\_Transmission.pdf](http://www.who.int/nutrition/publications/HIV_IF_Transmission.pdf);  
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A large majority of the participants had knowledge on the reasons that causes/spreads HIV/AIDS such as unprotected sex with a person suffering from HIV/AIDS in any form of penetration (vagina, anal, oral) without condom causes HIV/AIDS, during blood transfusion, reused syringes/injections, blade/razor or any sharp thing, any way of infected blood transmitted in body, a woman with HIV can pass the virus to her unborn child; symptoms such as recurring fever, chills, and night sweats and sore throat (difficulty in swallowing or soreness); precautions such as always use new, disposable needle, syringes and razor blades, using contraceptives, such as condoms correctly and consistently, to avoid multiple sexual partners. About the role of media majority of them participants stated that it provides awareness, knowledge, education and information, there is a stigma or discrimination towards individual infected with HIV/AIDS.

Astonishingly, only a few of the participants knew about the cause of HIV that rashes, sores or cut in the mouth or nose, on the genitals or under the skin; precautions that HIV positive woman should not breast feed the baby, treatment or therapy as health care and exercise such as yoga, diet. From the above information, we see that there is a decrease in prevalence rate of HIV/AIDS infected individuals in past years. Also, there needs to be more and more knowledge in relation to HIV/AIDS.

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