

A STUDY ON THE HIV/AIDS EDUCATION PROGRAM IN SCHOOLS IN CHENNAI

P. Jaiprakash¹, S. John Kaviarasu² & Arulraj Louis³

¹Assistant Professor, Department of Service Learning, Loyola College (Autonomous), Chennai, Tamil Nadu, India

²Assistant Professor, School of Human Excellence, Loyola College (Autonomous), Chennai, Tamil Nadu, India

³Chief Executive Officer, International Alliance for the Prevention of AIDS (IAPA), Chennai, Tamil Nadu India

Received: 29 Jan 2019

Accepted: 04 Feb 2019

Published: 09 Feb 2019

ABSTRACT

Background: HIV/AIDS was the biggest health and social crisis of the 20th century. Many preventive protocols were developed to control and reduce the infection; the chief among them was to create awareness on HIV/AIDS, among those who practiced highrisk behavior and those who were most vulnerable. Young people were found to be vulnerable as they were disproportionately affected by the virus. Hence, the International Alliance for the Prevention of AIDS (IAPA) began to spread awareness among school and college students, through its Summer Volunteer Program (SVP). For the past 11 years, the program has been going on and the organization wanted to study the efficacy of the same.

Methods and Materials: The study was conducted, adopting a descriptive design among private school students studying in the standards from IX to XII standards and primary data were collected through structured questionnaire, using quota sampling methodology. The data was analyzed to find the efficacy of the school education program and learn lessons to further improve the program.

Results and Conclusions: It was seen that the program greatly increased the knowledge levels of HIV/AIDS among the students, belonging to the five schools, who underwent the program, on HIV/AIDS, especially in the question areas of HIV transmission, prevention, testing, progression of HIV and care of the people living with HIV. While there was a universal increase in knowledge across all areas, in some question areas, such as dealing with blood to blood transmission, the number of years a person with HIV will live, without medication the knowledge between pre and post questionnaires remained same, emphasizing the need to revise the methodology and concentrate on some areas.

KEYWORDS: Using Quota Sampling Methodology, Teaching Groups, Participation of the Students

INTRODUCTION

One of the most significant programs in IAPA¹'s calendar is the Summer Volunteer Program (SVP) and in the SVP², the most important activity is the school education program. By this program, the American volunteers from two universities in the US and the Indian Counterparts, selected from the city colleges formed into teaching groups and started

¹ International Alliance for the Prevention of AIDS

² Summer Volunteer Program: Is the program of IAPA, in which students from American Universities come to Chennai and teach HIV/AIDS curriculum in schools and colleges

conducting HIV/AIDS education programs based on the HIV/AIDS curriculum developed by the organization. And IAPA decided to evaluate the effectiveness of the education program and so a study was undertaken amongst the school students who were covered under this education program. This is the report of the said study, which is being presented here.

Background

The SVP has been going on for the past eleven years, in Chennai schools and it is the earnest desire of IAPA to study the effectiveness of this HIV/AIDS education program. And hence this study was undertaken, through the participation of the students, who were the primary stakeholders of the program. The study also paved the way for learning lessons from the program and to improve it in the future.

Problem Statement

HIV/AIDS was first, officially, discovered in 1986³ in India, and to be precise in Tamil Nadu, but it spread like wildfire affecting 13 states, by 1990 and by another 5 years the prevalence rate among Ante Natal Clinic (ANC) mothers⁴ shot to 1.25%⁵, clearly declaring the disease to be an epidemic. In the meanwhile in the US, where it was first discovered in 1981, and in other western nations, the infection was comparatively subdued. This was due to the fact that awareness on HIV/AIDS, especially on safe sex behaviors⁶, reached the populations quickly there, as matters of sex were not a taboo there, unlike in conservative India and Tamil Nadu. Hence it had become the need of the hour to spread awareness on HIV/AIDS, in a war footing and IAPA decided to do just that, but the organization decided to start this work first with the youth of Chennai, as it was seen that young people in the age group of 15-49 are disproportionately affected by HIV/AIDS, as more than 65%⁷ of the infections are found to be in that age group.

Need and Importance

When we say young people, our thoughts go to the schools and colleges, where the students studying in 9th to 12th standard are in the adolescent age, becoming sexually active. And since sex is a taboo subject, parents don't talk about it to the children and there is no curriculum that has sex or sexuality matters. Hence these young people are prone to peer-pressures to explore and experiment, hence run the risk of being vulnerable to HIV/AIDS. If they were to be given the knowledge about HIV/AIDS, without misconceptions, then they would be able to protect themselves from HIV, when actually they would be faced with risky situations. The Tamil Nadu State AIDS Control Society (TANSACS)⁸ has a program to provide education to the school students on HIV/AIDS, which is limited to only the government corporation schools and does not cover the private schools. Hence there was a great need to provide HIV/AIDS education to the students of private schools and colleges, where it was limited to having some occasional functions under the Red Ribbon Club (RRC)⁹, established at each educational institution and remains limited to being a club like any other that exists in

³ The year was the advent of one of the most feared public health problems in India, as HIV/AIDS was discovered in India

⁴ Infection among ANC mothers is considered as index for prevalence of disease in general population

⁵ UNAIDS/NACO

⁶ Having sex without the exchange of bodily fluids from one person to another

⁷ UNDAIDS 2009 AIDS epidemic update

⁸ The State government agency in-charge of preventing and controlling HIV in the state of Tamil Nadu

⁹ Red Ribbon Club is a movement started by the Government of India in Schools through which students will be making awareness of AIDS.

educational institutions. Considering all the above, providing HIV/AIDS education has become paramount, at the present juncture.

GOAL & OBJECTIVES

The Goal: Gauge the Effectiveness of School Education Program to enhance its Performance

The Objectives

- Study the existing knowledge on HIV/AIDS possessed by the students, in private educational institutions in Chennai
- Find out the levels of knowledge acquired by the students after they underwent the school teaching program, during the SVP

Channelize the youth to reduce stigma and discriminations and show love and affection to the people

METHODOLOGY

The descriptive design was used for this study to describe in detail about the level of knowledge of private school students in Chennai about HIV/AIDS subject. **Field of Study is the** students studying in private schools in Chennai. The universe of the study is the students studying in IX, X, XI and XII standards. The tools of data collections are the structured questionnaire. The questionnaire contained 15 questions. Only primary data collection was collected from 413 students in this study. Quota sampling method has been used in this study, wherein the student of every 5th school that was taught was administered the questionnaires. During the SVP, IAPA volunteers conducted educational sessions for 6331 students studying in secondary schools and university students in the Chennai area. Of these students, 413 were selected through a quota sampling method, from 5 schools to participate in the evaluation study.

The students that were selected to participate filled out a questionnaire prior to the beginning of the educational session(s) and an identical questionnaire at the end of the session(s). The questionnaires contained fifteen questions related to HIV transmission, prevention, stigma, positive living, HIV biology, and general HIV knowledge. The possible answers for each question were “True”, “False”, “I don’t know”, and “Decline”. Demographic information such as student’s age, standard, school, gender, and the teaching group were also collected.

Limitations of the Study

- Since some schools gave us less time for teaching, we were not able to collect more samples, as administering the questionnaires would eat into the teaching time.
- Some schools were unwilling to cooperate with us for administering the questionnaires to the students
- No mechanism to find out if the students randomly tick the answers
- There are much time and travel involved in the task
- The study only measures immediate short-term knowledge gain in these students.

Time Schedule

The time schedule was from June 20th July 31st, 2018, when the actual teaching sessions were undertaken by the American volunteers and Indian counterparts, during the SVP 2018.

Data Analysis & Interpretation

To analyze the data, the responses were coded according to the correct answers to each question. For example, when the student gave a correct answer, the response would be scored as a one. If an incorrect answer was given, the response would be scored as a zero. The in-attended questions were scored as zeros for the purpose of data analysis. SPSS 16.0 software was used to analyze differences in the pre and post questionnaire responses. For this, the frequency table was used as the percentage in the tabular form.

Table 1: Age of the Respondents

Age of the Respondents	No. of Respondents	Percentage
13 Yrs Old	49	12
14 Yrs Old	164	40
15 Yrs Old	124	30
16 Yrs Old	76	18
Total	413	100

The table 1 shows that the majority of the respondents (40%) are in the age group of 14 years old and the next age group is 15 years old under which falls 30% of the respondents.

Table 2: Sex of the Respondents

Sex	No. of Respondents	Percentage
Male	233	56
Female	180	44
Total	413	100

The table 2 reveals that more than half of the respondents (56%) are males and the rest (44%) are females, out of the respondents we had included in the study. In the education program, there were two all-girls schools which had made the difference between males and females ratio very slender.

Table 3: Class of the Respondents

Standard of the Respondent	No. of Respondents	Percentage
9 th Standard	84	20
10 th Standard	201	49
11 th Standard	128	31
Total	413	100

It is significant to note from the table 3 that almost half of the respondents (49%) are studying in the 10th standard. The 10th standard is when the students write their public examinations and most of them who do not wish to attend a college and get a bachelor's degree, but desire to take up some professional courses would leave the school. At this juncture, the knowledge gained through HIV/AIDS education program would be armor for them to protect themselves

from the virus, as they venture into new avenues in life.

Table 4: Schools of the Respondents

School of the Respondents	No. of Respondents	Percentage
Don Bosco Matriculation Higher Secondary school, Teachers Colony	77	19
Sethu Bhaskara, Mat. Hr. Sec. School.	209	51
St. Thomas Mat. Hr. Sec. School.	47	11
Vailankani Mat. Hr. Sec. School.	39	9
Don Bosco Mat. Hr. Sec. School., Erukenchery	41	10
Total	413	100

It is evident from the table above 4, that majority of the respondents (51%) hail from one particular school named Sethu Bhaskara Matriculation School. This had happened as the school was a big one, having more than 7 or 8 sections in one standard and they had offered double teaching also.

Table 5: Language of the Respondents

Language Surveyed	No. of Respondents	Percentage
English	246	60
Tamil	113	27
Mixed	54	13
Total	413	100

It is clear from the table 5 that 60% of the respondents have filled the questionnaire administered to them in English, while 27% of them have answered in Tamil. A small percentage (13%) of them has done so in both Tamil and English languages. All the schools covered in the SVP were English medium schools and where they were situated around slum areas, the respondents had recourse to the Tamil language, hence the use of Tamil and mixture of Tamil and English by some of the respondents.

Table 6

Question	Pre-Test percentage	Post-Test percentage
Q1. A person who is HIV positive will always look sick.	53	82
Q2. A person can be infected with HIV through sexual contact with an HIV positive person	75	91
Q3. A person can contract HIV through: Q3a) sharing needles with an HIV positive person	67	87
3b) exchange of blood or blood parts with an HIV positive person	70	88
Q4. An HIV positive mother can transmit HIV to her baby through: Q4a) childbirth	65	84
Q4b) breastfeeding	73	88
Q5. HIV makes a person sick by attacking and disabling their immune system	66	86
Q6. Being HIV positive is different than having AIDS	48	84
Q7. HIV can be transmitted through casual contacts, such as kissing and holding hands	71	87
Q8. You can prevent sexual transmission of HIV by either: Q8a) being abstinent	40	87
Q8 b) being faithful to a single partner	64	88

Q8c) by using a condom during <i>every</i> sexual act.	51	88
Q9. You can prevent blood to blood transmission of HIV by:		
Q9a) cleaning needles with bleach	41	78
Q9 b) avoiding sharing blood with HIV positive people	76	88
Q10. It is important for an HIV positive person to have emotional support from their family, friends, and community	74	89
Q11. When a person is HIV positive, it is important for their family and friends:		
Q11a) assist them with eating a healthy diet	68	89
Q11 b) assist them with cleanliness and avoiding getting sick	72	90
Q11 c) assist them with exercise and physical activity	63	91
Q12. People who contract HIV will get sick and die immediately	71	85
Q13. On average, people who are infected with HIV will live for 7-10 years without medication	32	53
Q14. HIV positive people who do not have symptoms cannot transmit HIV	46	90
Q15. The only way to know if a person has HIV is to test one's blood for HIV.	72	94

The study reveals that there was overall a pointed increase in the knowledge of the respondents -evaluated based on the comparison of post-test responses to pre-test responses, as seen in the above table. The average score on the pre-test questionnaire was 61.72% compared to 85.77%, in the post-test.

The table above also illustrates the changes incorrect responses from pre-test to post-test, which demonstrates that in every question, the students provided increased correct responses after the educational sessions took place in their schools. The percentage of correct answers is always in the increase while comparing from the pre-test and post-test groups for each question that was given.

These clearly show that there was a universal increase in knowledge across all question areas, while some topics need to be given more stress while conducting educational sessions. The gaps between pre and post-tests were very significant with regard to questions about the non-existence of symptoms for HIV infected persons, the difference between HIV & AIDS and with regard to transmission through sex and blood transfusion and the care for the infected, where the knowledge was very low in the pre-test and it had increased very significantly in the post-test, after the educational sessions were given to the students.

Hence it becomes evident that the students did not possess knowledge about an HIV infected not being always sick, the difference between HIV and AIDS, the concepts of A, B, C and regarding blood to blood transmission and prevention, but after the educational sessions, they clearly understood them.

However, in some question areas, there was no much increase in knowledge levels, even after the teaching sessions were over. For example, with regard to the question on preventing HIV by washing the needles by bleach or soap and with regard to the number of years the HIV person would live without medication, even after teaching sessions the knowledge levels have been very low, as the difference between pre and post is only 41-78 and 32-53 respectively. The misconception in these question areas, especially around the duration of HIV infection has persisted in spite of the teaching.

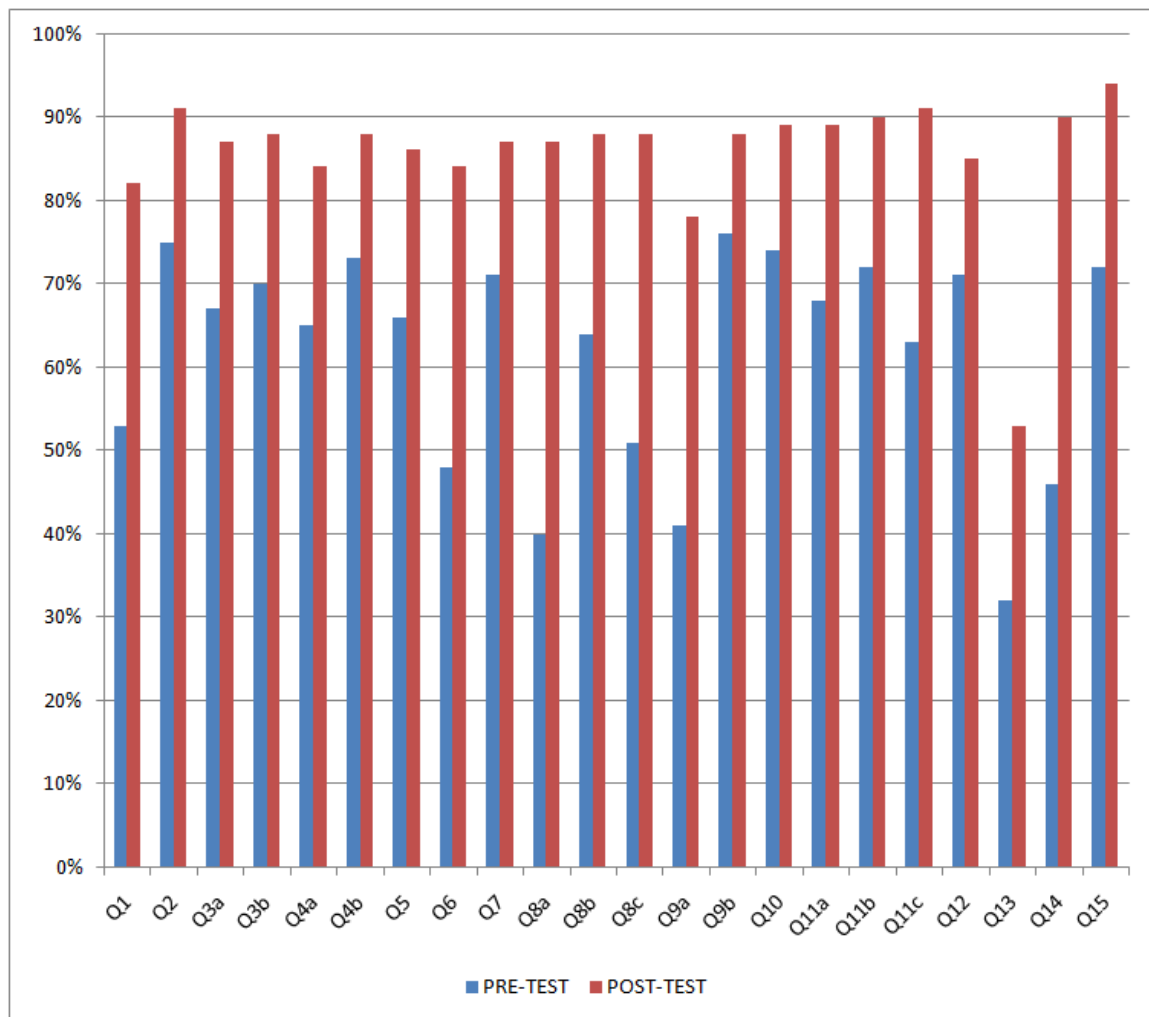


Figure 1

The result from the study also shows that the vast majority of the students (85%) have very well understood the progression of HIV and that there is a long incubation period for the virus, as well as about sexual transmission and prevention and blood to blood transmission & prevention. They were also very clearly understood that blood test was the only way to find out if a person has HIV or not. Even at pre-test, correct answers were consistently high across all questions with regard to these topics and the most important subjects of various modes of transmission and prevention. Hence it becomes all the more clear the educational sessions were very effective, as they have driven home the different modes of transmission prevention, the difference between HIV and AIDS, the progression of HIV and regarding the test for HIV, during the educational sessions.

Main Findings

- There was a universal increase in the knowledge of the respondents across all question areas.

The average score in pre-test question was 61.72% compared to that of post-test which being 85.77%, pointing out our increased understanding after the teaching sessions.

- The gaps between pre and post-tests were very significant, with regard to questions about an HIV person without any symptoms, the difference between HIV and AIDS, ways of preventing spread of HIV through sexual mode and blood to blood transmission.(40% -87%), and with regard to prevention through condom use and (64%-88%), 8c (51%-88%) and on questions about care of the HIV infected people.
- With regard to the possibility of spreading HIV by the infected persons only if he/she has symptoms, the gap between pre and post was 46%-90%, showing that the students' misconception was cleared.
- The students did not possess knowledge about an HIV infected not being always sick, the difference between HIV and AIDS, the concepts of A, B, C and regarding blood to blood transmission and prevention, before the educational sessions but after the sessions they clearly understood them.
- In some question areas, (dealing with prevention of blood to blood transmission and the number of years a person with HIV will live, without medication) there was no much increase in knowledge levels, even after the teaching sessions were over. (41%-78%, 32%-53%), pointing out the fact that either the students did not follow the teaching or they did not understand the questions.

CONCLUSIONS AND RECOMMENDATIONS

Based on the study done on the HIV/AIDS educational sessions during SVP 2011, it can be concluded that the SVP's educational sessions greatly increased the knowledge on HIV/AIDS, of the five school students in the areas of HIV transmission, prevention, testing, the progression of HIV and general knowledge.

While there was a universal increase in knowledge across all areas, some areas demonstrated greater increases in knowledge than others, such as HIV transmission and prevention, while specific areas need to be given more concentration, while conducting educational sessions in the future.

In order to know how our educational sessions were able to enhance the retention power of the students, a clear follow-up strategy needs to be developed by IAPA, by which students could be contacted again after some months and information gathered on students' knowledge.

The questionnaire needs to be revised/modified to enhance clarity, especially with regard to questions dealing with the years an HIV infected persons will live, without treatment, with mutual discussions between all concerned.

A discussion needs to be generated between IAPA staff and American volunteers, as to how improvements could be done in the next year teachings, with regard to changes in the curriculum, teaching methodology and in the teaching groups' dynamics.

IAPA should explore the methodologies of disseminating the efficacy and the results of the SVP's educational program to the government or other NGOs¹⁰/CBOs¹¹

¹⁰ Non-Governmental Organizations

¹¹ Community Based Organizations

REFERENCES

1. http://wiki.answers.com/Q/What_is_red_ribbon_club#ixzz1Wob6GvJD
2. www.iapaindia.org
3. www.tansacs.in
4. <http://www.unaids.org/en/dataanalysis/>
5. *Sharma, G. A Critical Study Of The Biology Curriculum At Senior Secondary Stage With Respect To Life Skills Education And The Hiv/Aids Education.*
6. <http://www.unaids.org/globalreport/>

