

Improving Awareness on HIV/AIDS among Adolescents of East

Godavari District, Andhra Pradesh

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ABSTRACT

Despite the efforts of the governments on HIV / AIDS awareness it has not been received aptly due to social factors and the stigma attached to the disease. More often the awareness programs are termed under reproductive health education and misunderstood. Most are reluctant to impart awareness due to embarrassment, discomfort with the issues or a lack of knowledge about sexuality. The objective of the present study is to contribute improvement of HIV / AIDS awareness among adolescents of East Godavari district in the context of sexual reproductive rights. A pre-post design has been adopted where in 250 adolescents (mean age 14.08; SD=0.68) from 8 Government High Schools of East Godavari district were assessed prior to and after the intervention. Information on HIV / AIDS education intervention was based on the works of Talking About HIV / AIDS Issues. Participants were assessed using questionnaire on level of awareness on HIV / AIDS issues like pubertal changes, STI/RTI and Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome (HIV/AIDS). Results show that mean scores in the pubertal changes pre-test was 5.11 and 8.13 in post-test, which increased significantly ($t = 35.68, p = 0.001$). The mean score in the awareness on STI/RTI pre-test was 3.12 and 6.33 in post-test, which increased significantly ($t = 32.53, p = 0.001$). The mean score in the awareness on HIV/AIDS pre-test was 4.95 and 7.45 in post-test, which increased significantly ($t = 21.79, p = 0.001$). The study findings suggest that the intervention improved the participants' awareness on HIV / AIDS issues.

Keywords: HIV/AIDS, Pubertal Changes, STI/RTI and HIV/AIDS

The adolescents of Andhra Pradesh, like young people everywhere, encounter many challenges to their sexual and reproductive health issues. According to the International Planned Parenthood Federation Framework for Comprehensive Sexuality Education, January 2010 (IPPF), "CSE seeks to equip young people with the knowledge, skills, attitudes and values they need to determine their sexuality- physically and emotionally, individually and in relationships. It views sexuality holistically and within the context of emotional and social development of the youth. It recognizes that information alone is not enough. Young people need to be given the opportunity to acquire essential life skills and develop positive attitudes and values.

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Adolescents in Andhra Pradesh are a major group at risk of HIV, sexual transmitted infections (STI), especially with regard to East Godavari and West Godavari districts. Andhra Pradesh (AP) it is considered as one of the country's high HIV/AIDS prevalence states (APSACS, 2009). Adolescent's responses to the risks can have lifelong consequences. Especially the negative physical effects, like poor sexual and HIV / AIDS make them prone to social threats and restrict them to limited educational and employment opportunities. Although recognized by policymakers as a serious public health problem like the NACP III and IV, the health and educational system have not succeeded in responding adequately.

While many adults feel that HIV / AIDS education is important, most are reluctant to take on the responsibility due to embarrassment, discomfort with the issues or a lack of knowledge about sexuality. Compounding to this adolescents being in a crisis stage they face pressures in relation to sex and sexuality from the society. The fear of addressing HIV / AIDS extends to the school as well. This is the place where adolescents spend most of their waking hours, but unfortunately hardly learn anything useful about developing values about sexual health issues.

Though schools have incorporated lessons on reproductive health they are often skipped by the academicians due to underlying discomfort to deal the topics. Another difficulty that adults face in providing HIV / AIDS education is how to impart information and to communicate values without being overly judgemental or forcing opinions. Recent international research conducted by MEMA kwa Vijana (2008) show that to reduce the health risks and avoid the negative outcomes—specifically unintended pregnancy and STIs and HIV— youth not only need accurate information, sexual health education and services, but also a favourable community environment, facilitating youth to make use of the acquired information, tools and services.

Overall objective of this study is to contribute to the improvement of HIV / AIDS awareness among adolescents of East Godavari district in the context of sexual reproductive rights. To provide two day comprehensive information on HIV / AIDS education based workshop. To examine changes in baseline and endline surveys that assess awareness regarding HIV / AIDS issues of adolescents. It is hypothesised that there shall be a significant changes in awareness on SRH issues after the intervention

METHOD

Design

A pre-post research design was conducted where adolescents were evaluated prior to and after the intervention. These scales were administered on day one of the workshop prior to the start of the intervention. The post-intervention assessment was done after completion of the two day workshop. The intervention was carried after obtaining written permission from the school authorities. Variables of the study include Intervention (Independent Variable): The intervention provides 3 day workshop on comprehensive information and skills based on reproductive health education. The activities will provide a framework which will facilitate them to learn about their sexual and reproductive rights. HIV/AIDS Awareness (Dependent Variable): Information acquired to dispel myths; Awareness on references to resources and services available in health and education. Awareness was assessed using questionnaire developed on TARSHI workbook model.

Sample

Stratified Random Sampling technique was considered for the study, with a sample size of 250 adolescents (mean age 14.08; SD=0.68) from 8 Government High Schools of East Godavari district. Of the 250 students 135 (54.4 %) were boys, and 115 (45.6%) were girls. The inclusion criteria were: schools that instruct in Telugu medium; school girls and boys of 14 to 16 years old. The reason for selecting these schools was that the students of it comprise of rural backdrop of East Godavari district.

Intervention

With view of the project goals the intervention program was developed based on the works of TARSHI, Talking About reproductive health Issues, a registered NGO based in New Delhi. TARSHI has developed a highly successful approach using competitive workbook and assessment questionnaire on reproductive health education for adolescent population. The three day HIV / AIDS education program workshop includes interactive learning methods, discussion and reflection, instead of the paradigm of teaching and imposing knowledge and norms.

The activities provide adolescents a framework which will facilitate them to learn about their sexual and HIV / AIDS; acquire information to dispel myths; provide references to resources and services in East Godavari district; obtain skills in communication, negotiation, self development, decision-making; and develop a sense of self, confidence, assertiveness, capacity to take responsibility, seek help and a sense of responsibility. Among the activities are:

- Exercises on getting comfortable
- Harassment and abuse
- Self Esteem and decision making on reproductive rights
- Basic concepts of gender and sexuality
- Prejudice, Stereotypes and Stigma
- The ABC of Anatomy, Physiology, STI/RTI, HIV and AIDS

Tools

HIV / AIDS Questionnaire:

Participants were assessed using a questionnaire on level of awareness on reproductive health issues that include measure on three factors: Pubertal changes, STI/RTI and HIV/AIDS. The questionnaire consists of 10 questions for each factor making it a 30 items questionnaire with yes or no response items. The three factors consisted of items on anatomy and physiology of male/female reproductive system, physical changes during adolescence, menstrual cycle, contraception, STI/RTI and on HIV/AIDS transmission and preventions. The questionnaire was developed based on the study objectives. The questionnaire was translated into Telugu, the local language by using the back translation technique. The instrument was assessed for the content validity by university faculty of social work department. Scores ranged from 0 to 30 points. The higher the score the more awareness they have about HIV / AIDS issues. As mentioned earlier these scales were administered on day one of the workshop prior to the start of the intervention. The post-intervention assessment was done after completion of the two day workshop.

Statistical Analysis

The study analyzed the data using SPSS to assess the change from pre-test to post-test like paired sample t-test.

RESULTS

Table 1 Profile of the Sample

Variable		N	Mean	S.D.
Age		250	14.08	0.684
Gender	Male	135	14.81	0.693
	Female	115	14.86	0.674

Table 1 shows the profile of the sample with a sample size of 250 adolescents (mean age 14.08; SD=0.68) with age range 14 to 16 years from 8 Government High Schools of East Godavari district. Of the 250 students 135 (54.4 %) were boys, and 115 (45.6%) were girls. The inclusion criteria were: schools that instruct in Telugu medium; school girls and boys of 14 to 16 years old.

Table 2 Pre test Differences among Boys and Girls

Test	Dimensions	Gender	Mean	S.D	t-value
Pre-test	Pubertal Changes	Boys	5.111	.903	.033
		Girls	5.115	.951	
	STI/RTI	Boys	3.140	.534	.626
		Girls	3.097	.550	
	HIV/AIDS	Boys	4.918	1.133	.500
		Girls	4.991	1.145	
	Total Scores	Boys	13.148	1.200	.231
		Girls	13.185	1.346	

From Table 2 we can observe that there are no significant differences were found among boys and girls on HIV / AIDS awareness prior to the intervention. The mean score in the pubertal changes pre-test was 5.111 for boys and 5.115 in girls ($t = .033$). The mean score on awareness of STI/RTI shows no major changes in pre-test it was 3.140 for boys and 3.097 in girls ($t = .626$). The mean score in the HIV/AIDS pre-test was 4.918 for boys and 4.991 in girls ($t = .500$). Similarly no significant differences were found in the overall scores between the groups. Overall performance on the pre test shows that both the groups scored low reflecting their low awareness levels on HIV / AIDS issues. One can also observe that both the groups scored low on STI/RTI issues when compared to pubertal changes and HIV/AIDS.

Table 3 Post test Differences among Boys and Girls

Test	Dimensions	Gender	Mean	S.D	t-value
Post-test	Pubertal Changes	Boys	8.074	.982	.972
		Girls	8.203	1.095	
	STI/RTI	Boys	6.333	1.429	.016
		Girls	6.336	1.497	
	HIV/AIDS	Boys	7.496	1.303	.572
		Girls	7.398	1.379	
	Total Scores	Boys	21.903	3.049	.109
		Girls	21.946	3.170	

From Table 3 we can observe that there are no significant differences found among boys and girls on HIV / AIDS awareness after the two day intervention program. The mean score in the pubertal changes post-test was 8.074 for boys and 8.203 in girls ($t = .972$). The mean score on awareness of STI/RTI shows no major changes in post-test it was 6.333 for boys and 6.336 in girls ($t = .016$). The mean score in HIV/AIDS post-test was 7.496 for boys and 7.398 in girls ($t = .572$). Similarly, no significant differences were found in the overall scores between the groups. Overall performance on the post test shows that both the groups scored better reflecting the effectiveness of the intervention which was targeted to improve their basic levels of understanding on HIV / AIDS issues. One can observe that both the groups improved from their pre test scores in almost all the factors. Both table 2 and table 3 indicate that there are no significant gender differences exist with regard to awareness of HIV / AIDS issues.

Table 4 Changes from Pre-test to Post-test

Dimensions		Pre	Post	t-value
Pubertal Changes	Mean	5.125	7.145	35.780**
	S.D.	.823	1.035	
STI / RTI	Mean	3.122	5.356	32.436**
	S.D.	.541	1.458	
HIV / AIDS	Mean	4.861	6.451	20.856**
	S.D.	1.143	1.336	
Total Scores	Mean	14.165	20.923	36.566**
	S.D.	1.268	3.098	

** $p < .001$

From Table 4 we can observe that there are significant differences found from pre-test assessment to post-test assessment on HIV / AIDS awareness after the two day intervention program. The mean score in the pubertal changes pre-test was 5.11 and 8.13 in post-test, which increased significantly ($t = 35.780$, $p = 0.001$). The mean score in the awareness on STI/RTI pre-test was 3.12 and 6.33 in post-test, which increased significantly ($t = 32.436$, $p = 0.001$). The mean score in the awareness on HIV/AIDS pre-test was 4.95 and 7.45 in post-test, which increased significantly ($t = 20.856$, $p = 0.001$). Overall performance on the post test showed that the adolescents scored high on all dimensions where the mean scores in pre test are 13.165 and 21.923 in post test ($t = 36.566$, $p = 0.001$). Though gender differences were not found the overall effectiveness of the intervention was found to be encouraging for the researchers.

DISCUSSION

The findings of the study clearly showed that the two day intervention on HIV / AIDS awareness was effective in imparting awareness among the adolescents of East Godavari district of Andhra Pradesh. The study is unique to the region as life skills education programs on HIV / AIDS issues are carried very rarely, even if they claim, there are no authentic published literature that concerns the needs of adolescents of this region. The present study has introduced a two day intervention program on HIV / AIDS issues awareness to adolescents who are of the age group 14 to 16 years.

The study has revealed some interesting results, one can observe that there are no significant changes on awareness of HIV / AIDS issues between boys and girls. One can assume from the previous literature that there would be gender differences existing due to existing social norms

on gender roles and, since girls in general face more problems with regard menarche issues etc., and would receive information from their mothers or significant others (Kotecha, Sangita, Baxi, Mazumdar, Shoba, Ekta and Mansi, 2009). It was observed that there are no such significant differences found. One possible explanation could be that a significantly large proportion of girls were not aware of menstruation when they first experienced it. Mothers, sisters and friends were found to be the major source of information. Much of this information imparted to a young girl is in the form of restrictions on her movements and behaviour (Anoop, Goyal and Rahul, 2005). One can further explain that both males and females go through the transition from childhood to young adulthood (physical and social). Lack of information and education regarding RH and sexuality is more or less common for both the groups especially adolescents hailing from rural back drop.

It is observed from the study that both the groups has scored very low on STI/RTI issues when compared to other dimensions of the study. Issues in this dimension generally covered sexual infection, including abnormal discharges from genitals, ulcers and sores in the genital region and pelvic infections. Though RTIs can occur both in groups, they are more common in women, because their body structure and functions make it easier for germs to enter. Of concern, however, is that approximately 12–25 percent of all STI cases are among teenage boys (Ramasubban, 1995). Since young and growing children have poor knowledge and lack of awareness about these issues, and parents, who could—or should—be the major source of information and preparation for the transition into adulthood, have largely been uninvolved with educating their children (Gupta, 2003).

Finally the study hypothesised that there would be significant changes on the awareness on HIV / AIDS issues from pre to post test assessment. The findings were in accordance to the research objective. There is significant improvement in all the dimensions under study. As stated by World Health Organisation a complete adolescent HIV / AIDS programme that provide information through didactic education methods like discussions, films, charts, and through participatory methods can influence adolescents behaviour and improve their understanding on HIV / AIDS issues. It has to be noted a program of this nature was never initiated in this region which has high prevalence of HIV/ AIDS. These kind of interventions will not only benefit the direct beneficiaries, but also the communities as a whole, supporting a healthier growing-up of new generations and indirectly benefit the East Godavari region.

CONCLUSION

Certainly the results are encouraging to carry forward such interventions in large scales around these regions as they encourage adolescents in increased utilization of reproductive health services like approaching counsellors, diagnosis and treatment of STIs and pregnancy testing at Government hospitals and area hospitals. This in turn increases the educational and health institutes to be more responsive to adolescent needs. However the present study has certain limitations these include, one the results may not be generalizable to all school adolescents in East Godavari District as only 8 schools were selected. Second this study evaluated the outcomes immediately after the program, it is not certain what the knowledge retention is and for how long it will be retained.

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