

KNOWLEDGE AND ATTITUDE OF ADOLESCENT BOYS TOWARDS HIV/AIDS

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ABSTRACT

In the life cycle of a Homosapiens, adolescence is a period of transition from childhood to adulthood. It is characterized by rapid physical, biological and hormonal changes resulting in to psychosocial, behavioral and sexual maturation between the ages of 10-19 years in an individual. Adolescence is often described as a phase of life that begins in biology and ends in society. It means that physical and biological changes are universal and take place due to maturation but the psychosocial and behavioral manifestations are determined by the meaning given to these changes within a cultural system. The experience of adolescents during teen years would vary considerably according to the cultural and social values of the network of social identities they grow in. (*ADOLESCENT IN INDIA: PROFILE 2003*) The problems of adolescents are multi-dimensional in nature and require holistic approach. A large number of adolescents in India are out of school, malnourished, get married early, are working in vulnerable situations and are sexually active. They are exposed to tobacco or alcohol abuse. This writing makes an attempt to find the answer to the question; What is the level of knowledge, and attitude of adolescent boys aged 10-19 years in relation to HIV/AIDS in Jannat nagar (Urban Slum)? This writing is based on both the primary and secondary data.

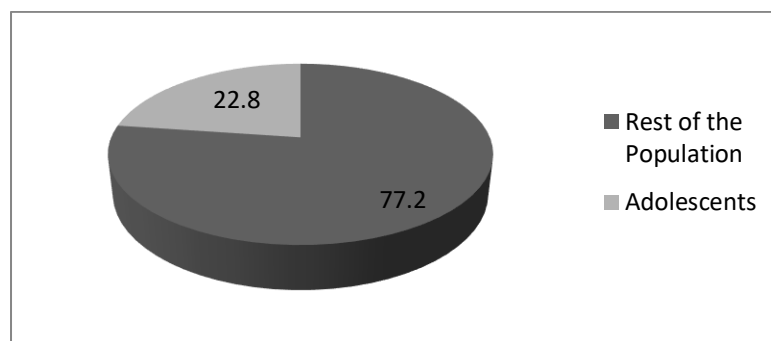
Key Words: Adolescence, Knowledge and Attitude, HIV/AIDS.

INTRODUCTION

The term adolescence is derived from the Latin word “*adolescere*” meaning *to grow, to mature*. It is considered as a period of transition from childhood to adulthood. They are no longer children yet not adults. It is characterized by rapid physical growth, significant physical, emotional, psychological and spiritual changes. Adolescents constituted 22.8% of population of India as on 2011. They are not only in large numbers but are the citizens and workers of tomorrow.

Figure: Proportion of Adolescents in Total Population of India

Age group	Male	Female	Total
10-14 yrs	53,977	51,229	105,206
15-19 yrs	58,664	56,420	115,085
10-19 yrs	112,641	107,649	220,291



Source: Census of India 2011

Traditional Indian Texts and Adolescence: In the traditional texts of the *Dharamashastra*- which prescribes the code of conduct for each stage of development, a crucial place has been assigned to adolescence in the process of enculturation. The terms *Kumara* and *Brahamchari* that refer to the stage of celibacy and apprenticeship/acquisition of knowledge especially describes period of adolescence for young males from upper class.

There was interestingly no mention of young girls in that text. However, in *Rasamangri* cited by Randawa (1959), an ancient text authored by Bhanu Datta a young girl has been referred to as *sviya* (the one who loves only her husband) and given three titles based on her age and experience. *Mugdha* (youthful and inexperienced), *madhya* (the adolescent) and *pragalbha* (the mature). This classification seems so close to three stages of contemporary Adolescent Psychology: (*ADOLESCENT IN INDIA: PROFILE 2003*)

- **Pubescence /early adolescence** (10–14)) is characterized by growth Spurt, beginning of sexual maturity and beginning of abstract thinking.
- **Puberty/mid adolescence** (14–15): Main physical changes are completed, develop stronger sense of identity, relate strongly to peer group, thinking becomes reflective.
- **Adolescence/ late adolescence** (16–19): Body takes adult form, has distinct identity and more settled ideas and opinions.

Varied Images of Indian Adolescents

Adolescents, include both boys and girls but in Indian context these two have very different experiences during growing years including adolescence, the cultural differences are vast with regard to their conduct and are based on traditional adult roles stereotypes. Growing as a female in India carries with it the connotation of inferior status, and lesser privileges as compared to a male child. It cuts across all social classes of the society and through entire lifespan. For a girl, the onset of puberty implies more restrictions on her movement, fewer interactions with boys and men, and more active participation in

household chores. Boys begin to exercise greater freedom to move about, expected to seek educational and vocational pursuits as a priority and to take adult roles.

Besides these distinctions, there are many variations in the current images of adolescent's in India. The variations arise from factors such as **urban,rural** and **tribal residence, Religion** and **socio economic** levels of the family. (*ADOLESCENT IN INDIA: PROFILE 2003*)

Only male adolescents were selected in this study because in the pre test researcher found various difficulties in asking questions to the female adolescent in the study area.

What are adolescent health problems?

The problems of adolescents are multi-dimensional in nature and require holistic approach. A large number of adolescents in India are out of school, malnourished, get married early, are working in vulnerable situations and are sexually active. They are exposed to tobacco or alcohol abuse. Some of the major problems plaguing our adolescents are as under,

- Young Adolescents
- Malnutrition
- General Health Problems
- Menstrual Problems
- Mental Health Problems
- Early and Unprotected Sex
- Addictive Behaviors
- Accidents and violence
- Sexual Abuse
- Depression and Suicide
- Eating Disorders. - (Dr Mukul Tiwari)

Challenges in adolescent development and health in India:

- 45% of adolescent girls are under nourished.
- 20% of adolescent boys are under nourished.
- 26% girls are married before 15yrs, 54% girls are married before 18yrs.
- **20–30% adolescent boys are sexually active.**
- **10% adolescent girls are sexually active.**
- **59% adolescents know about condoms.**
- **49% adolescents know about contraceptives.**
- 4.5% are having the problem of drug abuse.
- **50% of all HIV positive new infections are in the age group of 10–25yrs.**
- Adolescent abortions are 1– 4.4 million per year. -(Dr Mukul Tiwari)

Why there is need to pay attention to adolescents?

- To reduce death and disease in adolescents.
- To reduce the burden of disease in later life.
- To invest in health—today and tomorrow.
- To deliver on human rights.
- To protect human capital.

Reproductive Health Consequence	Contributing Factors
STIs/HIV/AIDS	• lack of Information on safer sex • Gender discrimination/lack of decision making power • Lack of access to methods of protection • Sexual abuse, violence and exploitation • Poverty (leads to transactional or intergenerational sex) • Multiple sexual partners

The HIV/AIDS epidemic continues to be a global tragedy. There is as yet no cure for AIDS but, the provision of appropriate and effective HIV/AIDS related health education is an important strategy in helping people at risk to protect themselves this in turn acts to limit the spread of the disease.

Issues of adolescent reproductive health have become a focus of concern in India in recent years. There have been a small number of studies exploring the reproductive health of adolescents, but these have been largely silent on the issue of adolescent sexuality and sexual health. (*Ha noi and Melbourne, January 2001*)

Several studies have indicated that parents rarely provide the desired support to growing adolescents regarding biological and physiological changes and also the meaning attached to these. Youth sexuality stands out as an important aspect which is inadequately understood; taboos to access information and lack of counseling services make youngsters turn to peers and other sources of information. We need to be aware that distorted information has consequences related to exploitation, abuse, mental health problems and risk of HIV/AIDS. Providing awareness services and strengthening capabilities of institutions like family, community and school to act as sources of correct information are thus important and need to be given attention.

Many works have been done in the area of **sexuality** and **reproductive health**. Much of this information relates to opinions taken from illiterate, as well as school and college populations. Increase in the sexual activity, incidence of STDs/HIV and clinical abortions among unmarried adolescents are reported.

In 1994, the **International Conference on Population and Development (ICPD)** Stressed the importance of adolescence to sexual and reproductive health through the life cycle. It also recognized that adolescents have particular health needs that differ in important ways from those of adults,

The aim of the present study is to provide a better understanding of HIV/AIDS-related knowledge, attitudes, and to provide baseline knowledge about the sexual and reproductive health of adolescents in Jannat nagar.

This report presents survey findings of Knowledge and Attitude of adolescent boys in relation to HIV/AIDS in the study area.

RESEARCH OBJECTIVES

The general objective of the study is to generate baseline information on knowledge and attitude of adolescent boys in relation to HIV/AIDS.

The specific objectives are,

- To assess the knowledge and awareness of adolescent boys in relation to HIV/AIDS.
- To examine the level misconceptions in relation to HIV/AIDS.
- To examine the level of stigma and discrimination towards HIV/AIDS and PLWHAs.

RESEARCH METHODOLOGY

A. The Study area

This study was conducted in an urban slum “Jannat nagar” of Dharwad town, Karnataka. Jannath Nagar (research area), is an urban slum that has grown rapidly, it is situated at Dharwad city, beside the Hubli-Dharwad Road, near toll naka, This urban slum was chosen for my study because, (hypothesis) most of the adolescent boys in the area lack proper healthcare knowledge, especially regarding HIV/AIDS. So the study was conducted to know the level of knowledge of adolescent boys pertaining to HIV/AIDS. There is 2700 household in the area with a total population of 14031.

B. Study Design.

Quantitative research method has been adopted to collect the information from the adolescent boy's age between 10 to 19 years. **Data collection instruments:** To collect

quantitative data, a structured questionnaire focusing on the various components of HIV/AIDS was employed; the questionnaire was translated and back-translated into the local language to ensure comprehension of the questions

C. Sample size and Sampling methods.

For the quantitative structured interview a total of 50 adolescent's boys aged 10-19 were interviewed, the sampling technique employed in this study was a systematic random sampling. Adolescents were selected from each home (randomly), and data analyzed with the help of SPSS 11.5v.

Variable Description

Following is the description of the independent variables (background characteristics) of the study. The independent variables are as follows:

Age: This variable includes the age of respondents (male adolescents) who are in the age of 10 to 19 years.

Religion: This variable is categorized in to five religions- Hindu, Muslim, Christian, Jain, and others. (*Other means except all above four religions*).

Caste: This variable includes General, SC, ST, and Others (*The others category includes sub castes of Muslim religion, people who belongs to the other category are considered as Muslims in this study.*)

Type of family: This variable is grouped in to four categories- nuclear family (husband wife and their children), extended family, joint family, and others.

Highest level of education: This variable is grouped in to four categories- Illiterates, primary (1 to 5), higher primary (5 to 6), high school (8 to 10), and College/diploma (10+) students.

Occupation: This variable is grouped in to seven categories- Student, Not working not a student, Salaried employed (*working outside for monthly salary*), Self employed (*doing skilled work e.g. carpenter etc*), Business related (*involved in business related work e.g. chicken shop etc*), Non agriculture work (*includes other jobs like construction of building etc*), others. This variable was constructed in order to find out its impact on the health seeking behavior.

Economic status: This approximate annual income of the respondent is categories in to five groups- less than 25,000, 25,000-50,000, 50,001-75,000, 75,001-100,000, and above 100,000.

Marital status: This variable is grouped in to seven categories- Currently married, Never married, and others (*includes, separated, widowed etc*).

DATA ANALYSIS /TABLES AND INTERPRETATION OF RESULTS

Background characteristics.

Selected background characteristics of the 50 male adolescent. Aged 10-19 years are presented in the Table 1. More number of the respondents belongs to the age group of 16 i.e. 28%, followed by the 17 (20%), 19 (18%), 18 (14%), 15 (10%), 12 and 13 (4%), 13 (2%). Predominant religion in the study area is Muslim (96.0%), other religion such as Hindu accounted for a tiny proportion (4.0%). Similarly large numbers of adolescents are belongs to the other category which means Muslims i.e. 96.0% followed by Hindu i.e. general 2.0% and Scheduled tribe 2.0%. Education level appeared Higher at High school (54.0%) level among adolescents compared to the others i.e. primary level 16.0%, college/diploma 14.0%, illiterates 10.0%, however, higher proportion of respondents have attained at least 7 years of schooling. The vast majority (100%) of adolescent respondents aged 10-19 years were never married. As the number is more in the schooling of respondents, most of the respondents are students 74.0%, followed by non agriculture workers 18.0%, and only 8.0% respondents are not doing anything. More number of respondents are belongs to nuclear family i.e. 76.0%, followed by the extended family 24.0%. And more respondents are from medium income family i.e. 50.001 to 75.000 (50.0%), Followed by 25.001 to 50.000 (40.0%), and only 10.0% are from low income family i.e. less than 25.000.

Table.1: Number and percent of adolescents by their Background characteristics.		
Age of the respondents	Number	Percent
12	2	4.0
13	2	4.0
14	1	2.0
15	5	10.0
16	14	28.0
17	10	20.0
18	7	14.0
19	9	18.0
Religion of the respondents		
Hindu	2	4.0
Muslim	48	96.0

Caste of the respondents		
General	1	2.0
ST	1	2.0
Others	48	96.0
Highest grade of education		
Illiterates	5	10.0
Primary	8	16.0
Higher primary	3	6.0
High school	27	54.0
College/diploma	7	14.0
Current marital status of respondents		
Never married	50	100.0
Occupation of the respondents		
Student	37	74.0
Not working not a student	4	8.0
Non agriculture work	9	18.0
Family type of the respondents		
Nuclear	38	76.0
Extended	12	24.0
Annual income of the family		
less than 25,000	5	10.0
25,000 to 50,000	20	40.0
50,001 to 75,000	25	50.0
Total	50	100.0

Ever
heard

d about HIV/AIDS and the correct knowledge of HIV/AIDS.

Table 2 shows the knowledge of respondents regarding HIV/AIDS. Overall, ever heard of HIV/AIDS appeared high (100%) in adolescents aged 14-19 years in the study area are heard of HIV/AIDS. And 50.0% in the age of 13, To assess the depth of knowledge (Correct Knowledge) about HIV/AIDS, respondents were asked to expand the term HIV/AIDS, only age group of 18, 19 and 17 are aware of this, other large group members are unknown to this matter. Respondents aged 12 to 16 years appeared to have lower knowledge regarding HIV/AIDS compared to the age group of 17, 18, and 19. By religion 50.0% of Hindus are heard of HIV/AIDS, whereas 95.8 % are from Muslim religion, only 10.9% of Muslim respondents are having the correct knowledge of HIV/AIDS. By education higher primary, High school, College/Diploma students are heard (100%) about HIV/AIDS. Followed by illiterates 80% and primary level respondents only 75.0%, But only College/diploma students are having the correct knowledge of it. By occupation large percent i.e. 97.3% respondents heard of HIV/AIDS are students, followed by the not working not a student category is 50%, and all working adolescents are heard of HIV/AIDS, but only 13.9% of respondents among students are having the correct

knowledge of HIV/AIDS. By the family type 100% of respondents are heard of HIV/AIDS belongs to extended family, followed by the nuclear type of family 92.1% but only 16.7% of extended family type and 8.6% of nuclear family type respondents are having the correct knowledge of HIV/AIDS. By the income of the family, economically well earning family (50.001to 75.000 categories) respondents are heard of HIV/AIDS i.e. 100%, followed be the category of 25.000 to 50.000 i.e. 90%, and 80% from the less income families. But only 50.001to 75.000 category family respondents are having the correct knowledge of HIV.AIDS i.e. only 20%.

Table.2: Ever heard about HIV/AIDS and the correct knowledge of HIV/AIDS. By background characteristics'.			
Background characteristics.	Ever heard about the HIV/AIDS	Correct Knowledge of HIV	Correct Knowledge of AIDS
Age			
12	0.0	0.0	0.0
13	50.0	0.0	0.0
14	100.0	0.0	0.0
15	100.0	0.0	0.0
16	100.0	0.0	0.0
17	100.0	10.0	10.0
18	100.0	28.6	28.6
19	100.0	22.2	22.2
Religion			
Hindu	50.0	0.0	0.0
Muslim	95.8	10.9	10.9
Caste			
General	0.0	0.0	0.0
ST	100.0	0.0	0.0
Others	95.8	10.9	10.9
Education			
Illiterate	80.0	0.0	0.0
Primary	75.0	0.0	0.0
Higher primary	100.0	0.0	0.0
High school	100.0	3.7	3.7
College/diploma	100.0	57.1	57.1
Occupation			
Student	97.3	13.9	13.9
Not working not a student	50.0	0.0	0.0
Non agriculture work	100.0	0.0	0.0
Type of Family			
Nuclear	92.1	8.6	8.6
Extended	100.0	16.7	16.7
Annual income of the family			

less than 25,000	80.0	0.0	0.0
25,000 to 50,000	90.0	0.0	0.0
50,001 to 75,000	100.0	20.0	20.0
Total	47	47	47

Note: excluded missing cases.

Source of Knowledge about HIV/AIDS.

Table 3 addresses adolescents' sources of knowledge regarding HIV/AIDS and exposure, in the study area.

Among the adolescents boys who are in the 16 years of age 14% have said that they came to know about HIV/AIDS by TV, 35.5% by news paper, books, and magazine, 7.1% by Slogan posters, 35.7% by school teachers, and 7.1% by friends, similarly the adolescents who are in the age of 17 years 80.0% have reported that they came to know about HIV/AIDS by news paper, books, and magazine, 10% by Slogan posters, 10% by school teachers, 18 years adolescents reported that 42.9% by news paper, books, and magazine, 14.3% by relatives, 42.9% by friends. The 19 years of 33.3% by news paper, books, and magazine, 66.7% by friends, only 1 person reported in 13 years i.e. by school teacher, and 1 person in 14 years of age by slogan posters. Table also revealed that by religion Muslim respondents heard HIV/AIDS information by news paper, books, and magazines is 47.8% followed by school teacher 15.2% Slogan posters 6.5%, Friends 21.7% and by relatives 2.2 T.V 6.5. And in Hindu religion only one case is reported for news paper, books, and magazines i.e. 100% in the study area. By education level of the respondents, the main source for illiterates to heard HIV/AIDS information, is by friends 100%, for primary level children's by Friends 83.3% and by relatives 16.7% for higher primary respondents by news paper, books, and magazines is 33.3% followed by school teacher 33.3% and by T.V 33.3% for high school going respondents, news paper, books, and magazines is 59.3% followed by school teacher 22.2% by T.V 7.4% and by slogan posters 7.4%. By occupation of the respondents, the main source for students to heard HIV/AIDS information is by news paper, books, and magazines is 58.3%, followed by school teacher 19.4% by slogan posters 8.3%, by T.V 8.3%, relatives 2.8%, and by friends 2.8%. for non agricultural workers friends are the main source of information i.e. 88.9%. And by news paper, books, and magazines is 11.1%. By family type, adolescents

belongs to nuclear type of family got the knowledge by news paper, books, and magazines which is the main source of information i.e. 51.4% followed by school teacher 17.1% friend 14.3%, by T.V 8.6% and by slogan posters 8.6%. similarly adolescents belongs to extended family have reported that, 41.7% by news paper, books, and magazines, 41.7% by friends, 8.3% by school teacher, and 8.3% by relatives. By the income of the family, adolescents belongs to 50,001-75,000 earning families are got knowledge by, news paper, books, and magazines 40.0%, followed by school teacher 24.0%, by T.V 12.0%, by slogan posters 12.0%, by friends 8.0%, and 4.0% relatives, adolescents belongs to 25,000-50,000 earning families are got knowledge by, news paper, books, and magazines 66.7%, followed by friends 27.8%, by school teacher 5.6%, adolescents belongs to less than 25,000 earning families are got knowledge by, friends 75.0%, followed by news paper, books, and magazines 25.0%.

Table.3: Source of Knowledge about HIV/AIDS, By background characteristics.							
<i>Source of knowledge</i>							
Background characteristics	T.V	News paper, books, magazines	Slogans, posters	School teacher	Relatives	Friends	Number of Cases
Age							
13	0.0	0.0	0.0	100.0	0.0	0.0	1
14	0.0	0.0	100.0	0.0	0.0	0.0	1
15	20.0	80.0	0.0	0.0	0.0	0.0	5
16	14.3	35.7	7.1	35.7	0.0	7.1	14
17	0.0	80.0	10.0	10.0	0.0	0.0	10
18	0.0	42.9	0.0	0.0	14.3	42.9	7
19	0.0	33.3	0.0	0.0	0.0	66.7	9
Religion							
Hindu	0.0	100.0	0.0	0.0	0.0	0.0	1
Muslim	6.5	47.8	6.5	15.2	2.2	21.7	46
Caste							
ST	0.0	100.0	0.0	0.0	0.0	0.0	1
Others	6.5	47.8	6.5	15.2	2.2	21.7	46
Education							
Illiterates	0.0	0.0	0.0	0.0	0.0	100.0	4
Primary	0.0	0.0	0.0	0.0	16.7	83.3	6
Higher primary	33.3	33.3	0.0	33.3	0.0	0.0	3
High school	7.4	59.3	11.1	22.2	0.0	0.0	27
College/Diploma	0.0	85.7	0.0	0.0	0.0	14.3	7
Occupation							
Student	8.3	58.3	8.3	19.4	2.8	2.8	36
Not working not a Student	0.0	50.0	0.0	0.0	0.0	50.0	2
Non agriculture work	0.0	11.1	0.0	0.0	0.0	88.9	9

Type of Family							
Nuclear	8.6	51.4	8.6	17.1	0.0	14.3	35
Extended	0.0	41.7	0.0	8.3	8.3	41.7	12
Annual income of the family							
less than 25,000	0.0	25.0	0.0	0.0	0.0	75.0	4
25,001 to 50,000	0.0	66.7	0.0	5.6	0.0	27.8	18
50,001 to 75,000	12.0	40.0	12.0	24.0	4.0	8.0	25

Note: Multiple responses not add to 100 percentages.

Knowledge about mode of transmission of HIV/AIDS infection.

To assess the depth of knowledge about HIV/AIDS, respondents were asked to mention the various routes by which HIV is transmitted. The percent of responses for the ways of transmission of HIV infection according to the age of the respondents is, Through unprotected sexual intercourse; adolescents age group belongs to 16 (71.4%), 17(90.0%) 18 (85.7%) 19 (88.9%) From infected mother to baby; 19(11.1%) By unsterilized syringe/needles; 16 (60.0%), 17(60.0%) 18 (71.4%) 19 (33.3%) Infected blood transfusions; 16 (10%), 17(10%), 18(42.9%) 19 (33.3%). Table also revealed that by religion Muslim respondents mention the various routes by which HIV is transmitted. The percent of responses for the modes of transmission of HIV infection according to the modes; through unprotected sexual intercourse; (73.9%) From infected mother to baby; (2.2%) By unsterilized syringe/needles; (52.2%) Infected blood transfusions; (17.4%) and only one case is found in Hindu religion who responded only for unprotected sexual intercourse. By education level of the respondents, illiterates reported 100% through unprotected sexual intercourse and 25% from unsterilized syringe/needles. the primary level children's reported that, 66.7% Through unprotected sexual intercourse, 33.3% by unsterilized syringe/needles, 16.7% by Infected blood transfusions, for high school respondents Through unprotected sexual intercourse 74.1% unsterilized syringe/needles 55.6%, Infected blood transfusions 7.4%, for college going respondents, Through unprotected sexual intercourse 100% from infected mother to baby; 14.3%, by unsterilized syringe/needles; 85.7%, infected blood transfusions 71.4%, By occupation of the respondents, students reported that, through unprotected sexual intercourse 69.4%, from infected mother to baby; 2.8%, 55.6% from unsterilized syringe/needles. And 19.4% from infected blood transfusions, similarly, non working respondents' reported that, through unprotected sexual intercourse 50.0%, and 50.0% from unsterilized syringe/needles. Respondents belongs to non agricultural work reported that, Through

unprotected sexual intercourse 100%, from unsterilized syringe/needles; 33.3%, and 11.1% by Infected blood transfusions. By family type, adolescents belongs to nuclear type of family reported that, through unprotected sexual intercourse 74.5%, from infected mother to baby; 2.9%, 57.1% from unsterilized syringe/needles. And 14.3% from infected blood transfusions, adolescents belongs to extended type of family reported that through unprotected sexual intercourse 75.0%, 33.3% from unsterilized syringe/needles. And 25.0% from infected blood transfusions. By the income of the family, adolescents belongs to 50,001-75,000 earning families reported through unprotected sexual intercourse 68.0%, from infected mother to baby; 4.0%, 60.0% from unsterilized syringe/needles. And 24.0% from infected blood transfusions, adolescents belongs to 25,001-50,000 earning families reported that, through unprotected sexual intercourse 77.8%, 50.0% from unsterilized syringe/needles. And 5.6% from infected blood transfusions, adolescents belongs to less than 25,000 earning families reported that, through unprotected sexual intercourse 100%, and 25.0% from infected blood transfusions.

Table.4: Knowledge about mode of transmission of HIV/AIDS infection, by background characteristics.					
Background characteristics	Through unprotected sexual intercourse	From infected mother to baby	By unsterilized syringe/needles	Infected blood transfusions	Number of Cases
Age					
13	0.0	0.0	0.0	0.0	1
14	0.0	0.0	100.0	0.0	1
15	40.0	0.0	40.0	0.0	5
16	71.4	0.0	50.0	7.1	14
17	90.0	0.0	60.0	10.0	10
18	85.7	0.0	71.4	42.9	7
19	88.9	11.1	33.3	33.3	9
Religion					
Hindu	100.0	0.0	0.0	0.0	1
Muslim	73.9	2.2	52.2	17.4	46
Caste					
ST	100.0	0.0	0.0	0.0	1
Others	73.9	2.2	52.2	17.4	46
Grade of education					
Illiterates	100.0	0.0	25.0	0.0	4
Primary	66.7	0.0	33.3	16.7	6
Higher primary	0.0	0.0	0.0	0.0	3
High school	74.1	0.0	55.6	7.4	27
College/Diploma	100.0	14.3	85.7	71.4	7
Occupation					
Student	69.4	2.8	55.6	19.4	36

Not working not a student	50.0	0.0	50.0	0.0	2
Non agriculture work	100.0	0.0	33.3	11.1	9
Family type					
Nuclear	74.3	2.9	57.1	14.3	35
Extended	75.0	0.0	33.3	25.0	12
Annual income of the family					
less than 25,000	100.0	0.0	0.0	25.0	4
25,001 to 50,000	77.8	0.0	50.0	5.6	18
50,001 to 75,000	68.0	4.0	60.0	24.0	25

Note: Multiple responses not add to 100 percentages.

Prevention of HIV infection.

To assess the depth of knowledge about HIV/AIDS, respondents were asked to mention the prevention methods to avoid HIV infection. The percent of responses for the prevention methods to avoid HIV infection according to the age of the respondents is, Abstinence from sex; adolescents age group belongs to 15 (100%), 16(66.7%) 17(50%) 18 (50%). By Using condom; 16(11.1%) 17(37.5%) 18(83.3%) 19(87.5%). By Avoiding blood transfusions; 15 (50%), 16(22.2%) 17(12.5%) 18(33.3%) 19(25.0%). Avoiding used syringe/needles; 15 (50%), 16(66.7%) 17(37.5%) 18 (50%) 19(25.0%). Table also revealed that by religion, The percent of responses of Muslim respondents for the prevention methods to avoid HIV infection is; Abstinence from sex; 46.9%, Using condom; 46.9%, By Avoiding blood transfusions; 25.0% Avoiding used syringe/needles; 46.9%. By education level of the respondents, illiterates reported 66.7% from using condom; the primary level children's reported that, 100% from using condom. And 25% from Avoiding blood transfusions, for high school respondents 63.2% by Abstinence from sex and 21.1% from using condom. 21.1% from avoiding blood transfusions, and 57.9% from Avoiding used syringe/needles. For college going respondents, 42.9% by Abstinence from sex and 85.7% from using condom. 42.9% from avoiding blood transfusions, and 57.1% from Avoiding used syringe/needles. By occupation of the respondents, students reported that, 62.5% by Abstinence from sex and 33.3% from using condom. 29.2% from avoiding blood transfusions, and 58.3% from Avoiding used syringe/needles. Similarly, non working respondents' reported that, 100% by using condom. And 100% from Avoiding used syringe/needles. Respondents belongs to non agricultural work reported that, 87.5% from Using condom. 12.5% from Avoiding blood transfusions. By family type, adolescents belongs to nuclear type of family reported that, 46.2% by Abstinence from sex and 42.3% from using condom. 26.9% from avoiding blood transfusions, and 25.0% from Avoiding used syringe/needles. Adolescents belongs to extended type of family reported that, 42.9% by Abstinence from sex and 71.4% from using condom. 14.3% from avoiding blood transfusions, and 28.6% from Avoiding used syringe/needles. By the income of the family, adolescents belong to 50,001-75,000 earning families reported 50.0% by Abstinence from sex and 50.0% from using condom.

31.3% from avoiding blood transfusions, and 62.5% from Avoiding used syringe/needles. Adolescents belong to 25,001-50,000 earning families reported that 46.2% by Abstinence from sex and 46.2% from using condom. 15.4% from avoiding blood transfusions, and 30.8% from Avoiding used syringe/needles. Adolescents belong to less than 25,000 earning families reported that, 25.0% by Abstinence from sex and 50.0% from using condom. 25.0% from avoiding blood transfusions, and 25.0% from Avoiding used syringe/needles.

Table.5: Knowledge of HIV prevention methods by background characteristics.						
Background characteristics	Abstinence from sex	Using condom	Avoiding blood transfusions	Avoiding used syringe/needles	Faithfulness to partner	Total
Age						
15	100.0	0.0	50.0	50.0	0.0	2
16	66.7	11.1	22.2	66.7	0.0	9
17	50.0	37.5	12.5	37.5	0.0	8
18	50.0	83.3	33.3	50.0	0.0	6
19	0.0	87.5	25.0	25.0	0.0	8
Religion						
Hindu	0.0	100.0	0.0	0.0	0.0	1
Muslim	46.9	46.9	25.0	46.9	0.0	32
Caste						
ST	0.0	100.0	0.0	0.0	0.0	1
Others	46.9	46.9	25.0	46.9	0.0	32
Highest grade of education						
Illiterates	0.0	66.7	0.0	0.0	0.0	3
Primary	0.0	100.0	25.0	0.0	0.0	4
High school	63.2	21.1	21.1	57.9	0.0	19
College/diploma	42.9	85.7	42.9	57.1	0.0	7
Occupation						
Student	62.5	33.3	29.2	58.3	0.0	24
Not working not a student	0.0	100.0	0.0	100.0	0.0	1
Non agriculture work	0.0	87.5	12.5	0.0	0.0	8
Family type						
Nuclear	46.2	42.3	26.9	50.0	0.0	26
Extended	42.9	71.4	14.3	28.6	0.0	7
Annual income of the family						
less than 25,000	25.0	50.0	25.0	25.0	0.0	4
25,000 to 50,000	46.2	46.2	15.4	30.8	0.0	13
50,001 to 75,000	50.0	50.0	31.3	62.5	0.0	16

Note: Multiple responses not add to 100 percentages.

Knowledge and Misconceptions regarding spread of HIV/AIDS.

When the questions were asked to check the knowledge and misconception about HIV/AIDS, 34% said it spreads from cough and sneezing, 48.9% said no, and 17% said

don't know. 59.6% said that man can get HIV by having sex with a man, 8.5% said no, and 31.9% said don't know. When it is asked that can a pregnant women spreads HIV to her baby 55.3% said yes, 6.4% said no, 38.3% said don't know. 59.6% said that condoms can protecta person from HIV infection, 40.4% said don't know. When it is asked that do you know about ICTC? 2.1% said yes, 51.1% said no, 46.8% said don't know. 34%. 19.1% said that, the contraceptive Pill can protect woman from HIV, 8.5% said no, and 72.3% said don't know. When it is asked thatHIV/AIDS is punishment from god for the sins committed 14.9% said yes, 17.0% said no, 68.1% said don't know. All respondents (100%) said No to the question, have you ever discussed with your family about HIV/AIDS. 21.3% said yes to have you approached/discussed HIV/AIDS issues in school/community, and 78.7 said no. when it is asked that, is there necessity of sex education in the school? More number of respondents said yes i.e. 92.2%. Only 2% said no, and 6% said don't know.

Table 6: Knowledge and Misconceptions of respondents regarding spread of HIV/AIDS.		
	Percent	Number of Cases
Spread of HIV/AIDS by cough and sneezes		
Yes	34.0	16
No	48.9	23
Don't know	17.0	8
Could a man get HIV by having sex with a man		
Yes	59.6	28
No	8.5	4
Don't know	31.9	15
Can a pregnant women spreads HIV to her baby		
Yes	55.3	26
No	6.4	3
Don't know	38.3	18
Can condoms protect a person from HIV infection		
Yes	59.6	28
Don't know	40.4	19
Do you know about ICTC?		
Yes	2.1	1
No	51.1	24
Don't know	46.8	22
Does the contraceptive Pill can protect woman from HIV		
Yes	19.1	9
No	8.5	4
Don't know	72.3	34
HIV/AIDS is punishment from god for the sins committed		
Yes	14.9	7
No	17.0	8
Don't know	68.1	32
Have you ever discussed with your family about HIV/AIDS		
No	100.0	47

Approached /Discussed HIV/AIDS issues in school/community?		
Yes	21.3	10
No	78.7	37
Is there necessity of sex education in the school?		
Yes	92.0	46
No	2.0	1
Don't know	6.0	3
Total	100.0	47

Attitudes towards HIV/AIDS, and PLWHA.

To assess the attitude of respondents, they were asked many questions related to the attitude of respondents towards HIV/AIDS, and PLWHA,

When it is asked that Can HIV/AIDS transmit through eating/drinking together with PLWHA 44.7% said yes, and 55.3% said that no. 8.5% said yes, when it is asked that Can HIV/AIDS transmit through shaking hands of PLWHA and 91.5% said no. 6.4% said yes, to share their meal with PLWHA. 68.1% said no, and 25.2% said don't know. When it is asked that if your family member became ill with HIV, would you want it to remain secret, 6.4% said yes, 10.6% said no, and 83.0% said don't know. 19.1% said yes to, if your relative became ill with AIDS, would you be willing to care for him, 2.1% said no, 78.7% said don't know. When it is asked that, If you know that a shopkeeper had the AIDS would you buy food from them, 27.7% said yes, 63.8% said no, and 8.5% said don't know. 17.0% said yes to, Can you stop being friends with someone if that person got HIV, 48.9% said no, 34.0% said don't know. 42.6% said yes, when it is asked that 'Young people who have HIV should be allowed to stay in school' 12.8% said no. and 44.7% said don't know. When it is asked that, People who have HIV should be allowed to work with young people, 17.0% said yes, 6.4% said no, and 76.6% said don't know. 6.4% said yes; when it is asked that People with HIV have only to blame themselves, 12.8% said no. and 80.9% said don't know. When it is asked that, Peoples with HIV/AIDS Should have separate hospital, 29.8% said yes, 8.5% said no, and 61.7% said don't know.

Table.7: Attitudes of adolescents towards HIV/AIDS, and PLWHA.		
	Percent	Number of Cases
Can HIV/AIDS transmit through eating/drinking together with PLWHA		
Yes	44.7	21
No	55.3	26
Can HIV/AIDS transmit through shaking hands of PLWHA		
Yes	8.5	4
No	91.5	43
Would you be willing to share a meal with a PLWHA		
Yes	6.4	3
No	68.1	32
Don't know	25.5	12
If your family member became ill with HIV, would you want it to remain secret		
Yes	6.4	3
No	10.6	5
Don't know	83.0	39
If your relative became ill with AIDS, would you be willing to care for him		
Yes	19.1	9
No	2.1	1
Don't know	78.7	37
If you know that a shopkeeper had the AIDS would you buy food from them		
Yes	27.7	13
No	63.8	30
Don't know	8.5	4
Can you stop being friends with someone if that person got HIV		
Yes	17.0	8
No	48.9	23
Don't know	34.0	16
'Young people who have HIV should be allowed to stay in school'		
Yes	42.6	20
No	12.8	6
Don't know	44.7	21
'People who have HIV should be allowed to work with young people'		
Yes	17.0	8
No	6.4	3
Don't know	76.6	36
'People with HIV have only to blame themselves'		
Yes	6.4	3
No	12.8	6
Don't know	80.9	38
'Peoples with HIV/AIDS Should have separate hospital'		
Yes	29.8	14
No	8.5	4
Don't know	61.7	29
Total	100.0	47

Conclusion/ Discussion and Recommendations:

There is ample evidence to suggest that creation of awareness and motivational activities are very important in the fight against HIV/AIDS. The finding of this study suggests that most adolescent boys in the study area are not sufficiently aware of HIV/AIDS. Despite the fact that most adolescents in the study area have heard of HIV/AIDS, but not having the correct knowledge if it, HIV/AIDS was widely known in the study area (more than 95%) but less than 10% are having the correct knowledge of it, the respondents belongs to the age group of 18 and 19, are having the correct knowledge, but a large number of respondents belongs to the age group 13 to 17 years are lack in their correct knowledge. More number of respondents received the HIV/AIDS related information by Print media, illiterates are however aware of HIV/AIDs by discussing with their friends about sexual matters, on other hand schools, relatives, radio, are failed to give correct information to adolescents relating to HIV/AIDS in the study area.

When I attempted to assess the knowledge of adolescent's knowledge on various modes of HIV transmission more number of respondents reported at least 3 modes, but not all four methods. The various ways of avoiding HIV infection is quite incomplete. When it comes to the preventive measures more number of respondents even illiterates know about condoms, except illiterates, in school students (High school and college) are know at least 2 preventive measures. The table number 7 attempted to elicit the respondent's attitude towards HIV/AIDS and PLWHAs; it was also revealed that these adolescent boys have more stigmatizing and discriminatory attitudes towards PLWHAs. (*See: Data analysis/tables and interpretation of results*) These situations undoubtedly create an environment that fuels the HIV epidemic as well as complicates. Level of awareness and behavior change among adolescents should be bringing up in the study area. As revealed by findings of the Knowledge and Attitude survey, several interrelated factors may be responsible for lacking in knowledge/awareness situation viz, lack of quality education in schools, negligence of parents, and non exposure to the mass media and problem to cope-up with fast moving society, traditional believes. And mainly the lack of adolescent focused HIV/AIDS prevention activities in the study area.

The vast majority of respondents (about 90%) in this study expressed their keen interest and willingness to involve sex education in their schools/colleges. in this regard government should facilitate the need.

Recommendations:

(Findings of this study can be used as the basis for several recommendations).

This study found that most adolescents in the study area have heard of HIV/AIDS, but not having the correct knowledge if it, the knowledge on the various routes of HIV transmission and on the various ways of avoiding HIV infection is quite incomplete therefore The following recommendations are put forwarded;

Improving knowledge and awareness in relation to HIV/AIDS.

- The study also documents several recommendations that emerged during the interviews of respondents, in the study area.
- The role of contamination (e.g. sharing of needles) in the transmission of HIV should be communicated to adolescents, in the study area.
- Adolescents should be taught regarding the possibility of mother-to-child transmission of HIV.
- This study found that communication and discussion regarding HIV/AIDS between adolescents and as well as between family, can be consider non-existent in the study area. Therefore, program should focus on improving capacity for adolescent -to-adolescent, parent-to-child and peer-to-peer communication and discussion regarding HIV/AIDS.
- About how HIV is and is not transmitted, with particular emphasis to the fact that HIV is not transmitted via casual contact such as eating with PLWHAs, shaking hands with someone Who has AIDS, for greeting, etc?
- The finding that more number of the adolescents in the study area having the stigmatized and discriminatory attitude towards PLWHAs, this calls for intervention programs aimed at increasing in-depth understanding of HIV/AIDS and promoting more tolerant attitudes towards PLWHAs.
- Adolescents need to be educated to be compassionate to PLWHAs and need to be taught on how to care for and support PLWHAs.

- As much as possible IEC messages about HIV/AIDS in the study area should be tell by service provider.

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