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EFFECTS OF SOURCES, INFORMATION, COMMUNICATION AND KNOWLEDGE IN HIV/AIDS AWARENESS PROGRAMME IN PUNJAB.

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ABSTRACT

India is one of the largest and most populated country in the world with more than one billion inhabitants with around half of whom are adults in the sexually active age group. The first AIDS case in India was detected in 1986; since then HIV infection has been reported in all states and union territories. A study was undertaken to know the level of awareness about HIV/ AIDS among the women of Punjab from 2006 to 2008. A self administered questionnaire was completed by 10000 randomly selected women. The finding shows that the majority of the respondents know about the major routes of transmission and each of the information source listed made some contribution to the general knowledge about HIV/ AIDS processed by the respondent. But media, education, friends and relatives and area of residence have a significant role in determining HIV/AIDS awareness level. Media, particularly T.V. and education plays a leading role regarding this. Finding always indicate that myths related to the transmission and infection persists but the knowledge gap is narrowing. Interventions should aim to stimulate discussions in young people's social network in order to increase overall AIDS information, communication and knowledge. Thus the information awareness should be selected according to the needs of social groups.

Key words: HIV/AIDS, sources, Information and Media

INTRODUCTION

India is one of the largest and most populated countries in the world with more than one billion inhabitants with around half of whom are adults in the sexually active age group. The first AIDS case in India was detected in 1986; since then HIV infection has been reported in all states and union territories (UNAIDS, 2007).The average HIV prevalence among women attending antenatal clinics in India is 0.60%. Much higher rates are found among people attending sexually transmitted disease clinics (3.74%),female sex workers (4.90%),injecting drug users (6.92%) and men who have sex with men (6.41%),(NACO, 2006).Today the epidemic affects all sectors of Indian society, not just the groups-such as sex workers and truck drivers-with which it was originally associated.

Unlike developed countries, India lacks the scientific laboratories, research facilities, equipment and medical personnel to deal with an AIDS epidemic .In addition, factors such as cultural taboos against discussion of sexual practices, poor coordination between local health authorities and their communities, widespread poverty and malnutrition, and a lack of capacity to test and store blood would severely hinder the ability of the Government to control AIDS if the disease did become widespread(Ghosh, 1986).

In terms of AIDS cases, the most recent estimate comes from August 2006, at which stage the total number of AIDS cases reported to NACO

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was 124,995. Of this number, 29% were women and 36% were under the age of 30. These figures are not accurate reflections of the actual situation though, as large numbers of AIDS cases go unreported (NACO, 2006).

Overall, around 0.36% of India's population is living with HIV. While this may seem a low rate, India's population is vast, so the actual number of people living with HIV is remarkably high(UNAIDS, 2007).

People living with HIV in India come from incredibly diverse backgrounds, cultures and lifestyles. The vast majority of infections occur through heterosexual sex, and most of those who become infected would not fall into the category of 'high-risk groups'-although members of such groups, including sex workers, men who have sex with men, truck drivers and migrant workers, do face a proportionately higher risk of infection. The absence of information infrastructures results in insufficient knowledge about the disease, a situation that has large implications both on the management and provision of care for the people who are infected, as well the exposing the healthy persons to the risk of contracting the disease (NACO, 2007).

Educating people about HIV/AIDS and how it can be prevented is complicated in India, as a number of major languages and hundreds of different dialects are spoken within its population. This means that, although some HIV/AIDS prevention and education can be done at the national level, many of the efforts are best carried out at the state and local level.

With no specific cure for HIV/AIDS, preventive measures based on information and education programs remain crucial for tackling HIV/AIDS and its associated problems(IIEP/ UNESCO, 2003). Thus, communication and intervention strategies play important On the AIDS awareness programme roles in educating the public, especially the young adult, on the prevention and control of HIV/AIDS. So the present survey was conducted to assess the knowledge. Attitude and risk behavior related to HIV/AIDS among the women and adolescent girls of Punjab.

MATERIAL & METHODS

Across-sectional study was designed in this survey based upon the literature review of other similar surveys conducted in the region as well as globally. A total of ten thousand women and adolescent girls were interviewed face-to-face by using a self styled questionnaire prepared in three languages (Hindi, English and Punjabi). The data collected then analyzed by using statistical analysis.

RESULTS

A total of ten thousand respondent responded in this survey, out of which 38% were from the urban and 62% were from the rural community. 55.4% of which were adolescent girls. The analysis of the collected data is done w.r.t. the questions in the questionnaire which is as follow:

Table 2. Source of Information:

Source of Information	Urban %	Rural %
TV	47.1	34.7
Radio	33.1	23.6
News Paper	21.4	14.5
Clinical Health Worker	20.8	16.9
Teacher	27.8	35.9
Friends/Relative	41.9	27.5
Magazine	17.6	8.74

Table 1. (Sample Break up and Area of Residence)

Urban	Women Raspondents	%	Adolescent Girls	%	Rural	Women Raspondents	%	Adolescent Girls	%
3763	1697	45	2066	55	6237	2763	44.4	3474	55.6

Table 3. Education of the Respondents

Education of the Respondent	Number of Respondent	Respondent who know about AIDS	%
No Education	2568	303	11.8
Primary	3245	976	30.1
Secondary	2245	1787	79.6
Higher	1942	1877	96.7

Awareness regarding HIV/AIDS was highest among higher educated women and

The percentages of awareness of AIDS by sources among the respondents are shown in Table 2. 47% of the urban women and adolescent girls reported that they have heard of AIDS from TV, 33.1% from radio and 41.8% from friends and relatives. In contrast, 34%, 23.2% and 27.5% of the rural women and adolescent girls have heard of AIDS from television, radio and friends and relatives. This result shows clearly that, although radio, television and friends and relatives constitute a great source of information about AIDS to the people, each of these sources serves the various groups differently. The role of Teachers, friends and relatives in AIDS awareness in the rural areas is very significant for the girls of rural community. It would appear that the women tend to learn more about HIV/AIDS when talking with others.

Finally, the finding shows that only a few sources of information are actually effective in addressing the issue of disseminating HIV/AIDS information to various stakeholder communities. lowest among the illiterate women. Women with no education only 11.8% ever heard AIDS. As the education level increases the percent of the respondents who aware about AIDS also increases. Women with primary education, secondary and more have 30.1%, 79.6% and 96.7% of awareness respectively. The survey found that 11.8% of respondents had never heard of HIV/ AIDS and most of these individuals were from rural areas. Of those that had heard of HIV/AIDS when further asked to define HIV and AIDS, many were unable to correctly differentiate HIV from AIDS. Misconceptions were still noted relating to HIV/AIDS.

On questions about mode of transmission, most of the respondents knew that HIV is transmitted via having sexual intercourse with an infected person (93.5%), receiving blood from an infected person (84.3%), sharing injecting needles with an infected person (73%), and from an infected mother to her fetus (78.4%). Most were also aware that HIV infection is not transmitted by casual contacts (71.2%). However, some myth and conceptions related with the mode of transmission still persist.

Table 4. Modes of Transmission

Mode of transmission	No of respondents with correct answers	%
Sexual Contacts	9351	93.5
Infected blood transfusion	8433	84.3
Mother to child transmission	7842	78.4
Sharing needles, blades, and syringes	7304	73.0
Kissing and casual contacts	7129	71.2
Mosquito bite	5957	59.5

Table 5. Preventive measures

Preventive measure	No of respondents with correct answers	%
Use of condom	8723	87.2
Avoid Drugs	7517	75.1
Faithful to your Partner	9143	91.4
No sharing of Blades/needles/ syringes	8376	83.7

In response to the question asking how HIV infection could be prevented, 84.3% of the respondents believed that it could. As shown in the Table 5, the most well-known modes of prevention were: (1) Use of condom, (2) avoid taking drugs, and (3) to not share injecting needles and syringes and (4) to be faithful to your partner. Some misconceptions were noted; with among respondents believing that avoiding touching HIV positive people could prevent the HIV infection.

DISCUSSION

Information is power and has been recognized worldwide as being effective in changing, behavior and attitudes essential in health situations such as HIV/AIDS where there is as yet no known cure. Therefore, the future trend of the HIV/AIDS pandemic to a large extent depends on the level of HIV/AIDS awareness and the knowledge possessed by the people. Awareness of HIV/AIDS is necessary for people to protect themselves from HIV acquired through sexual and other relations and to protect their children from the risk of mother-to –child transmission (Boer and Emons, 2004).

Women and girls are generally believed to be at a disadvantage regarding accessing and using information and other resources because of social and cultural factors which make them predominantly poorer and less empowered than other members of the society. In the rural areas, this problem is very intractable; cultural observances join poor infrastructure to complicate information delivery, access and use to the rural women and girls (Nwagwu, 2008).

It had been identified that the factors exposure of electronic media, education of the respondent, area of residence, occupation, were associated with the level of awareness about HIV/ AIDS. Broadcast media like TV, radio have tremendous reach and influence and play a vital role to build up awareness against HIV/AIDS in the community (Das, 2003). There is an increasing trend in proportion of women identified media (both TV and radio) as their main source of information about AIDS. This indicates that media organizations have an enormous influence in educating and empowering individuals to avoid contracting HIV/AIDS. This study also shows that the electronic media like radio and TV, particularly TV, play leading role in building awareness about AIDS (WHO/ROEM, 2001; Agha, 2003 and Rahman and Rahman, 2007). Therefore, now is the time to emphasize more on education, alleviation of poverty, ensuring electronic media exposure, head to head communication program, institutional based sex education and necessary information to learn about HIV/HIDS for the young, adult and adolescents all over the country. All possible venues such as workplace, schools/ churches/temples, etc should be targeted to intensify health promotion and education activities. Social and religious values and attitudes should be maximized for creating more supportive environments for HIV/HIDS prevention.

It was observed in this study that although the large majority of the study population had correct knowledge of the most common modes of transmission, such as sharing injecting needles and sexual transmission, misconceptions were still held regarding nonsexual routes of transmission(Sarkar *et al,* 2005). Belief that HIV could be transmitted by mosquito bites, sharing meals, casual contact, still prevalent (Zulkifli and Wong, 2002 and Wong *et al,* 2008).

It is usual to have awareness among the people who retain themselves in close contact to mass media /electronic media like radio, TV 52.1% in awareness. It is usual to expect that urban people are more alert than their rural counterparts. Urban people enjoy more amenities like TV, telephone, radio, newspaper, magazine etc. than rural people.

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