RESEARCHERID
THOMSON REUTERS

ISSN: 2277-9655
[Panda *, 6(12): December, 2017] Impact Factor: 4.116
IC™ Value: 3.00 CODEN: IJESS7

IJESRT

INTERNATIONAL JOURNAL OF ENGINEERING SCIENCES & RESEARCH TECHNOLOGY

ADOLESCENT'S KNOWLEDGE REGARDING MYTHS AND MISCONCEPTIONS ASSOCIATED WITH HIV/AIDS

Dr Jyotsnarani Panda (Ph.D)*

*The guest faculty of the Department of Home Science, Rama Devi Women's University, Bhubaneswar (Odisha)India

DOI: 10.5281/zenodo.1130901

ABSTRACT

Aims/purpose: The present study was an attempt to assess need of knowledge based counseling among 13 to 17 year old adolescents.

Methodology of study: The total sample for the present study included 400 adolescents i e 200 from different girl's high schools and 200 from women's colleges which are the most of HIV prevalence blocks of the Ganjam district of Odisha state. By using exploratory and the descriptive study design, the researcher attempts to describe female adolescents' knowledge and understanding regarding HIV/AIDS, A scheduled questionnaire was used covering all aspects of HIV/ AIDS and observation methods were also used to collect the data from the adolescent girls. To analysis data the researcher used frequency percentages and the t- tests were computed.

Findings: The study found out that about 40% of adolescent girls have lacking with proper knowledge about the statement like sex with virgin girls and virgin boys can cure or will not cause HIV/AIDS and they also do not believe the religious prayer and leading a good life can protect from HIV infection and nearly 60% of them disagree with the statement and they also do not believe the religious prayer and leading a good life can protect from HIV infection.

Conclusion and. **Recommendations:** The present study will help to focuses of adolescent's level of knowledge about the myths and misconceptions associated with the society, adolescents should have proper knowledge about the disease and its transmission .They also need extra guide line to increase coping skills and need for adequate support system. Right knowledge right action right time can change the life of an individual as well as the society.

KEYWORDS: Knowledge of HIV/AIDS, myths and misconceptions.

I. INTRODUCTION

India thought to be currently having that greatest number of people living with HIV/AIDS and without considerable prevention and treatment efforts these numbers will continue to be change dramatically in the years to come. HIV infection in India is rapidly spreading from urban to rural areas and from marginalized, high risk populations, such as sex workers, truck drivers, injecting drug users and men who had sex with men into the main stream population. Women often became infected from their spouse or partner, who rarely acknowledge extra marital relationships, from which psychological stretch on individual with HIV in general is great it is especial difficult and painful for women who become infected by their spouse with HIV/AIDS. It is often compounded in vulnerable groups such as women and children especially adolescents the most aggressive group always try to experiment the world according to their wish. Certain populations are more vulnerable to the disease because of their high-risk behaviors. Also, it is true that certain vulnerable populations have remained either untouched or non-responsive to the ongoing prevention efforts.

Importance of HIV/AIDS and its prevalence: Adolescents are a rich human resource and an important part of the development process. Good health of adolescents will help in raising the health status of the community. Adolescents in India are highly vulnerable to human immunodeficiency virus (HIV) acquired immunodeficiency syndrome (AIDS) and other sexually transmitted infections (STIs). Health of adolescent girls has an intergenerational effect. Adolescents are distinct population group with particular needs and capacities. Sexuality is one of the most sensitive issues associated with adolescence. Despite 35 percent of the population being in the 10-24 age groups, the health needs of the adolescents have neither been researched nor addressed

ISSN: 2277-9655
Impact Factor: 4.116
CODEN: IJESS7

adequately; particularly their reproductive health needs are often misunderstood, unrecognized or underestimated. Limited research shows that adolescents are indulging in premarital sex more frequently at an early age, the incidence of pregnancies among them is rising and most of them face the risk of induced abortions under unsafe conditions, and contracting sexually transmitted infections including HIV.

Consequence of HIV/AIDS: HIV **(**Human immunodeficiency virus) major public infection has now spread to every country in the world and continues to be a -health issue. Statistics show that approximately 40 million people currently living with HIV infection and an estimated 40 million have died from this disease since the beginning of the epidemic. A vast majority will die in the next 10 years or so due to the lack of awareness, lack of proper treatment due to infection and the existing poor socio-economic condition of that region till date 1459 patient have died in Odisha and 1276 died in Ganjam district due to HIV/AIDS (ICTC- REPORT-2017). The medications do not actually rid the body of the virus, which has the ability to elude medications by lying dormant in cells called CD4+ T cells, which signal another type of T cell, the CD8, to destroy HIV-infected cells. When a person with HIV stops treatment, the virus emerges and replicates in the body, weakening the immune system and raising the likelihood of opportunistic infections or cancers that can sicken or kill the patient.

Researchers have been looking for ways to eliminate the "reservoirs" where the virus hides, and researchers from UCLA, Stanford University and the National Institutes of Health may have developed a solution. Their approach involves sending an agent to "wake up" the dormant virus, which causes it to begin replicating so that either the immune system or the virus itself would kill the cell harboring HIV (July 2017).

Myth and Misconception about HIV/AIDS: The broad introduction on myths and misconceptions of HIV/AIDS/STDs deals effectively with the inaccurate information, which is quite often believed and passed on without the authenticity of the source In this light, you have to focus on the various routine activities that are done with the anticipation of getting infected by HIV/AIDS person out of shear fear, ignorance, anxiety etc.

Most people at work are safe because contact with blood is not the part of work .The virus is mainly transmitted through the transformer of blood or sexual fluids and is not transmitted through casual contact. There are no risks involved. HIV is not spread through routine contact in restaurants, workplace or schools. There is no harm in kissing, embracing or caressing an infected person provided it is a normal dry kiss or a gentle hold. Risk from a dry kiss is almost zero. However, the western practice of kissing (French kiss) where tongue and saliva enter another person's mouth carries higher risk, especially if one person has sores in the mouth, cracked lips or bleeding gums. So far, we have come across only one such case of 'mouth to mouth' spread.

Since there is no contact of blood or sexual fluids during a casual shake hand, there are no risks involved. Sharing the same telephone with other people in your office or working side by side in a crowded factory with other infected persons and even sharing the same cup of tea cannot transmit the infection. These acts will not expose a person to the risk of contracting the infection being in contact with the sweat. It is certain that no one will get HIV from a mosquito bite there are many "reasons to support this. Mosquito transmitted diseases are common in the world. All the organisms that are transmitting disease through the mosquito have a lifecycle in the mosquito. When the mosquito bites it ingest the blood and injects its saliva. HIV is not found in the saliva of the mosquito. Mosquito transmitted disease is more common in older children where as HIV is not common among older children. When an insect bites a person, it does not inject its own or a previously bitten person's or animal's blood into the next person bitten. Rather, it injects saliva, which acts as a lubricant so the insect can feed efficiently. Diseases such as dengue and malaria are transmitted through this manner. However, HIV lives for only a short time inside an insect and unlike organisms that are transmitted via insect bite HIV does not reproduce and does not survive in insects. Moreover; infected people do not have constantly high.

The chances of getting infection through the toilet seat are very remote. For this to happen there would have to be fresh infected blood on the toilet seat in contact with breaks in the skin or genitalia of the next user. Proper and clean use of the toilet can prevent this.

Saliva contains HIV virus in minute amounts. Saliva also contains an enzyme that inhibits the growth of the virus. A small amount of saliva is highly unlikely to transmit the virus. It has been shown that sharing of a toothbrush or a towel is unlikely to spread the virus. Antiseptics present in the toothpaste kill the virus. HIV is

ISSN: 2277-9655
Impact Factor: 4.116
CODEN: IJESS7

not transmitted through casual contact, mosquito bites, working together, sharing toilets, food, clothes, etc. as shown in the figure no -1.

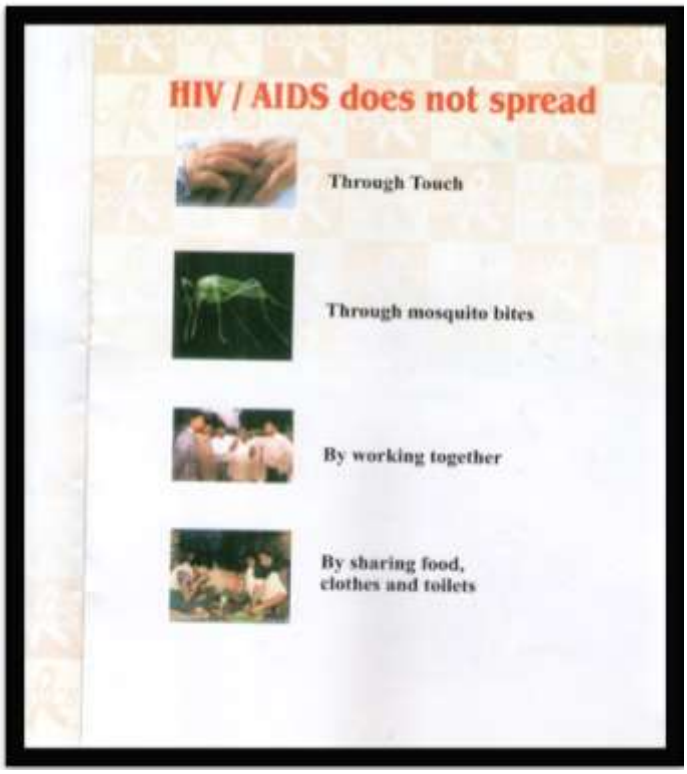

Fig 1: Misconceptions about HIV/AIDS

Global HIV/ AIDS an over views:

HIV, the views that comes AIDS is one of the world's most serious health and development challenges. According to UNAIDS ,there were approximately 37.7 million of people worldwide living with HIV/AIDS in the end of 2015. Currently 36.7% living in HIV/AIDS (july 2017). Currently only 60% of people with HIV knew their status. The remaining 40% (over 14 million people) still need to asses HIV testing centre. As of(june2016), 18.2 million people living with HIV were accessing anti retroviral therapy (ART) globally up from 15.8 million in june, 2015 UNAIDS has get global target will be reach by 2020 in the global response to HIV

Scenario of Odisha: About 3300 new AIDS and HIV patients are indentified in Odisha every year (July 2017) more than 15,00 hundred have been indentified , 4year back it was 13,218 official sources said the total number of AIDS and HIV patients has crossed 35,000 by now, but in official sources claim the number is over 80,000 in Gajam followed by cuttack with 4696 patients, Angul 1237,Balaswar 1119,Khordha 1705,Koraput 1927 and Sambalpur 1856 ,Boudh district has the least number of patient with only 34 .Till date 1149 patients have died of the disease, as per the survey by as intentional NGO, deadly disease is no more confined among the migrant works, gays, lesbians and sex workers as has been generally believed. The served has also said Odisha is among the five states there is every possibility of the easy spread the disease. The turn of the number of AIDS and HIV patients in odisha presently ranks 14th in the country. In the state, 87% (29372) have been affected due to unsafe sex while 2138 have been inherited the disease form their parents i.e by their HIV-positive mothers during pregnancy, child birth or breast feeding (OSACS .July, 2017).

II. RESEARCH METHODOLOGY

Objectives:

1. To assess knowledge pertaining to HIV/AIDS among adolescent girls,
2. To determine the adolescent's myth and misconceptions towards HIV/AIDS.

ISSN: 2277-9655
Impact Factor: 4.116
CODEN: IJESS7

Situational analysis of Ganjam District of Odisha State: Ganjam district tops the list of most HIV victims in the state of Odisha with 12,017 people: 35.9 per cent of the total cases. Cuttack is second with 13.2 per cent victims, followed by Koraput with 5.1 per cent, Sambalpur with 5.1 and Khurda at number four with 4.7 per cent of all HIV-infected people living in 30 districts, District AIDS Prevention and Control Unit (DAPCU, 2013).According to official reports, 3,427 AIDS patients were identified in Ganjam till November 2012. While Aska has highest number of AIDS patients of 456, Bhanjangar 349 and Chikiti the lowest 40.

Over 1,400 people have lost their lives due to AIDS in Ganjam district in the last 14 years as per the latest figures released by Odisha State AIDS Control Society (OSACS), the State-level nodal agency for fighting the dreaded disease. By the end of October, 2014, 12,307 persons in the district were identified as HIV positive while 1,404 persons succumbed to AIDS between 2000 and 2014. Besides, HIV tests were conducted on 5-59,425 persons during the period (DAPCU, 2013) and as per the reports of 'ARUNA', 2013 (a social service non-governmental voluntary organization) working for prevention of AIDS, majority of PLWHAS (People Living with HIV/ AIDS) are from rural Ganjam. Large scale migration, ignorance, low female literacy, inadequate prevention activities, stigma and discrimination are the reasons behind the spread of AIDS.

III. RESEARCH DESIGN

For this study the researcher has adopted exploratory study and the design adopted to carry out this research is the descriptive design. By using this design, the researcher attempts to describe female adolescents' knowledge and understanding i, e problems and prevention and the impact of HIV/AIDS are described as reported by the respondents in a clear cut manner.

a) Universe of the study: The proposed investigation was carried out in the state of Odisha situated in the eastern part of India. It is basically an agricultural state and in spite of rise in levels of urbanization and industrialization, traditional and cultural values still exist.

Ganjam district alone contributes 38 percent of the state's PLHIV and 37 percent of AIDS deaths. Latest figures from Odisha State AIDS Society estimate HIV infections among 7637 people, of whom 281 are from ANC centers, and 531 are children, while AIDS related deaths are reported to be 461 till 2015. There is a huge proportion of males who migrate to Gujarat, Andhra Pradesh, Maharashtra, and Uttar Pradesh for work in shipyards, mills and diamond cutting industries, leaving behind their spouses/wives in Ganjam. Ten community health centers and 15 primary health centers are distributed across the district in different blocks. There are five ART centers in the state of Odisha, including one at the M.K.C.G. Medical College in Berhampur, the district's major city, and another four link centers in the district recently introduced by the state AIDS society. Ganjam district has 26 functional individual counseling and testing centers (ICTCs) (Das 2012). Which was conservative, backward and more prevalence of HIV/AIDS district of the state had special significance in this study.

b) Sampling Procedure: There is a total no 22 blocks in Ganjam district among them 12 blocks have reported HIV/AIDS cases. Aska reported the most prevalence of HIV/AIDS. The researcher decided to study 2 blocks under the age group 13-17years are available. They are Aska and Bhanjanagar. As per the latest reports, out of the 14 districts of the country most affected with the AIDS/HIV the Ganjam district is being placed eighth and has been graded `A` status as more than one percent people of the total population are infected with HIV. Bhanjanagar is the neighbor block of Aska, it is also reported one of the prevalence block of Ganjam district is having 152 positive cases and hot spots are available. While the main Anti Retroviral Treatment (ART) centre is functioning at MKCG Medical College and Hospital here are four link centers at Aska, Bhanjanagar, Khallikote and Polasara. "The move will help in the regular check-up and treatment of these children at the ART centers" the (District Collector, Ganjam, 2011)

Considering the fact that these geographical areas are occupied by people with lower level of literacy and also living below poverty, the risk associated with HIV/AIDS infection to significantly higher these two blocks have been chosen for this present study. Aska is the highest no. and Bhanjanagar is the 2nd highest blocks in the district as the prevalence status. The universe of the study comprises all female adolescents between the age group of 13 -17 years. They are students admitted for education in IX, X, XI and XII in Govt girl's high schools and +2 junior Colleges of Ganjam Dist. of Odisha state. There is a mix of students from tribal, rural, coastal villages, town or city; with a mixed culture components comprising this universe the names of Institutions and particulars of these universe and samples are clearly given in Table: 1

ISSN: 2277-9655
Impact Factor: 4.116
CODEN: IJESS7

Table: 1- Distribution of Universe and Sample

Dist	Blocks	Schools/ Colleges	Universe	Percentage	Sample
Ganjam	Aska	Govt. Girl's High School	250	40%	100
		Niranjan Women's College	250	40%	100
	Bhanjanagar	Govt. Girl's High School	250	40%	100
		Sabitri Devi Women's College	250	40%	100
			1000		400

The total number of units in the universe of this study comprises 1000 female adolescents. The population is further stratified in to different strata constituting the schools to which this adolescent belongs. A sample of 25% is drawn from different strata chosen from the universe. The size of the sample selected for this study is 400. Hence to sum up, this study adopts the proportionate stratified random sampling design. Respondents are true representations of the female adolescent population. Therefore, the results of this study can be generalized to a larger population of female adolescents.

C) Tools and Techniques Used – Present study adopted multi method approaches to collect primary data from the respondents under study. Being an exploratory and fact finding study following tools were used for the purpose. Interview schedule, Primary data were collected with the help of detailed self structured interview schedule comprising both open ended and close ended questions that cover areas such as personal demographic profile, family demographic profile, knowledge about HIV/AIDS which containing abbreviation treatment and sources of information about HIV/AIDS etc and many more like: myths about HIV/AIDS, attitude towards HIV/AIDS and current practices towards HIV/AIDS. It contains 51 items of both quantitative and qualitative nature of questions.

IV. ANALYSIS OF DATA

All relevant collected data were tested and processed through the Statistical Package for Social Sciences (SPSS). Simple tables were made so as to make comparison between variables possible. Statistical tests such as t-test was applied so as to test the research hypothesis and thereby arrived at better conclusion. The analyzed data was presented in a scientific manner that gives better and easy to understanding to all concerned with this research.

Myths and Misconceptions associated with HIV/AIDS: The broad introduction on myths and misconceptions of HIV/AIDS and STDS deals effectively with the inaccurate information which is quite often believed and passed on without the authenticity of the source. In this light, you have to focus on the various routine activities that are done with the anticipation of getting infected by HIV/AIDS person out of their fear, ignorance, anxiety, etc .Myth and misconception prevailing about HIV/AIDS, sometimes brings about negative response to the extent of cases reported in the newspapers on disowning persons by their own family members.

Healthy and wealthy living style cannot be a criterion for awareness and cannot protect HIV/AIDS. They need proper knowledge and practice (AFE-1-2001). Adolescents are many times guided by their peer members and as a result of this myths stem out of them in many ways. The below given table shows respondents Knowledge about the statement ‘sex with virgin girl can cure HIV’.

ISSN: 2277-9655
Impact Factor: 4.116
CODEN: IJESS7

Table No – 2: Myths and Misconception associated with HIV/AIDS

S. No	Variables	Frequency (N=400)	Percentage (%)	't' Test
1	**Sex with virgin girl cure HIV :**			
	• Agree	48	12.0	2.33*
	• Disagree	241	60.3	
	• No idea	110	27.5	
2	**Sex with Young Boy Will Not Cause HIV:**			
	• Agree	45	11.3	2.34*
	• Disagree	239	59.8	
	• No idea	115	28.8	
3.	**No need to know HIV if you are leading a good life?**			
	• Agree	156	39.0	2.42*
	• Disagree	215	54.0	
	• Not sure	29	7.3	
4	**Faithful observance of religious prayer protect HIV infection**			
	• Agree	106	26.5	
	• Disagree	232	58.0	2.61*
	• Not sure	62	15.5	

Note: * 0.01 level of significant

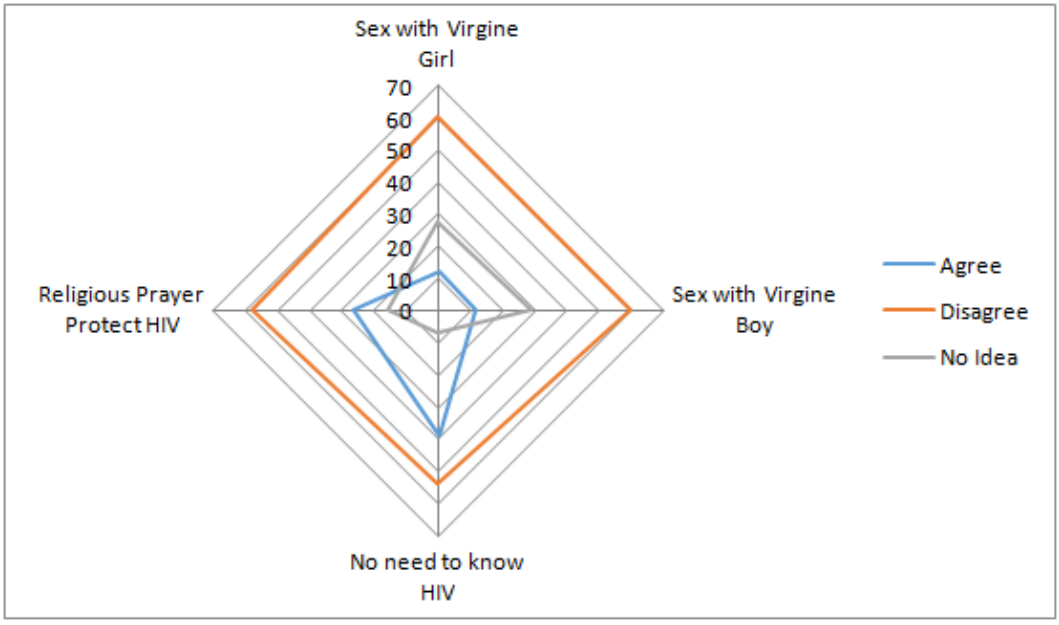

Fig. 2: Myth on HIV/AIDs

It is observed from the above table that more than half of the respondents (60.3%) disagree to this statement and had the correct knowledge that having sex with a virgin girl cannot cure HIV, while 27.8 percent of them reported of having no idea and 12 percent of the respondents agreed that sex with a virgin can cure HIV. This reveals that respondents' who disagreed and had no idea does carry myths about sex which may be out of their poor knowledge. Adolescents are many times guided by their peer members and as a result of this myths stem out of them in many ways. The below given table shows respondents Knowledge about the statement 'sex with a young boy does not cause HIV. It is seen from the above table that more than half of the respondents (59.8%) disagreed to the statement that sex with a young boy will not cause HIV and 28% of them had no knowledge about it and this reveals that still there is an imbalance prevailing to their knowledge base. Adolescent girls' knowledge about HIV infected person leading a normal life can help in reduction of stigma and myths. The

below table shows the respondents knowledge about HIV infected person leading normal life. It is observed from the above table that more than half of the respondents 52 percent reported that a HIV infected person cannot lead a normal life while 38.8 percent of the respondents reported that HIV infected person can lead a normal life and the remaining 9.3% of the respondents did not have any knowledge about HIV infected person leading normal life. This reveals that a considerable majority did not agree to the statement and few of them had no idea about HIV infected person leading a normal life. This can lead to increased stigma and discrimination among respondents.

V. CONCLUSIONS

The study revealed that knowledge about the knowledge of myth and misconception is very poor among the adolescent girls continuing their education in the Ganjam District. Adolescent girls of this district especially in the rural area have unlimited exposures to the various means of mass communication. The information on reproductive and sexual health is generally obtained from peer groups. They gained knowledge lacks scientific validity which may in turn lead to the development of myths and confusions

There are some myths and misconceptions associated with HIV/AIDS thus nearly 40% of respondents do believe that sex with virgin boys or girls cure HIV and also they believe religious prayer can protect people from HIV infection and also if a person leading good life can save from the infection.

Most of the efforts have done whether by the government or by voluntary organizations, are made to increase the level of awareness and knowledge. However, the issue of sexuality and reproductive health requires going beyond that. Most appropriate interventions at the educational institutes and community level should be designed keeping in view the socio-cultural context.

VI. RECOMMODATION

The adolescent girls in schools or out of schools do not have access to sex education which sometimes leads them towards risky behavior. The teachers are also not so comfortable and competent enough to provide sex education to the students, and especially to adolescent girls. Sexual health being a sensitive issue in the traditional society; it is neither the parents nor the teachers who feel comfortable in providing education to the adolescent girls on sexual and reproductive health. Thus the knowledge could be imparted in different community setting with the help of the peer educators.

Government should be single handedly committed to tackle the stigma and discrimination associated with HIV/AIDS at the highest level by promotion and propagation of strong political will.

VII. IMPLICATIONS

It has been noticed that most of the adolescents tend to be largely unaware of their sexual health and reproductive system. One of the reasons for lack of awareness is poor exposure to mass media or other means of information. The meager accessibility and total inaccessibility to the effective means of mass communication, especially television and news paper; adolescents are most likely to depend on the information obtained from peer group but the information obtained from peer groups or other such sources may not necessary be correct, and can create confusion and misconceptions

According to the health and family welfare minister Atanu Sabyasachi Nayak, the State Government has taken a number of steps for the welfare of the AIDS and HIV patients but due to the fear of being ostracized and haltered by the society ,the patient are unwilling to avail these programmes, (OSB,July 27.2017).

VIII. REFERENCES

1. IndiraGandhi National Open University, (IGNOU) (2011).Certificate in Adolescents Health Programme.
2. M Rajamanickam, (2006). “Psychological Perspective of HIV/AIDS.
3. Thomas Grecious, (2001). “Basic Facts of HIV/AIDS”.
4. Arati Dhar, (2011). Half of HIV patents in Asia live in India. The Hindu, Thursday, December.
5. United States Department of Health and Human Services. (2011). “Fluids of transmission” AIDS.gov. Retrieved 14 September.
6. Aska – Ganjam – Souvenir; (2007). Centenary Celebration.
7. Health Action, January and March 2010,2011,2012,2014 & 2015.

ISSN: 2277-9655
Impact Factor: 4.116
CODEN: IJESS7

8. Hemalata *et al.*, (2011). Prevalence of knowledge, attitude and practices towards HIV and sexually transmitted infections (STIS) among female sex workers (FSWS) in Andhra Pradesh. Indian Journal, Med. Res. 134, October, pp. 470-475.
9. Hrusikesh Mohanty, (2011). Little flowers and the big bad world, Times of India, Friday, Dec.
10. S. Prabakar and G. Ramathirtham, (2009). Adolescence and Sexual Risk Behaviour, International Research Journal of Social Sciences, Puducherry, Volume 2, No.1, pp.217
11. Puspalatha.C. and Sasikala,S. (2015) Counseling need among adolescent students. Indian J.Appl.Res.5(12):1-3
12. Satyasundarm, (2010).Curbing the child abuse , Social welfare, January.
13. Social Welfare: Vol. 56 No.10, April 2010, Vol. 57 No.1, 2010, Vol. 57 No.5, 2015.
14. Tudu Parbati, (2014). 'Role of women support centre in Bhanjanagar Tahsil of Ganjam district in Odisha', International Research Journal, Lab to Land, Vol-6, No.-22.
15. Note on HIV Sentinel Surveillance and HIV Estimation (2008). NACO, Government of India.
16. Report from a study undertaken by the population council with support of the United Nations Development Program (UNDP) and in collaboration with the National AIDS Control Organization (NACO) (2011).
17. Technical Report India HIV Estimates (2012) NACO & NIMS.
18. Technical Report on HIV Estimation, (2006). NACO, Government of India.
19. US Department of Health and Human Services (2011) "Fluids of transmission" AIDS.gov. Retrieved14September.
20. Tom Embru-Dennis (2017)"New antibody attacks 99% of HIV strain". The Times of India September 26, 2017.

WWW.TEEMRESOULTIONS.ORG
http:/ganjam.nic.in/ www.unicef.org.india
Odisha Sun time Bareau (OSB) (2015) Gnjam Top
Joshi (2015) Indian adolescents living with HIV /AIDS scenario Vol. 65-July, 2017
WWW.HIV Positive care .com
WWW.HIV Naturally.com
www.teengerstoday.com
www.teenresolutions.org
Journals of associate physicians of India vol-65 July 2017.

CITE AN ARTICLE

Panda , J., Dr. (n.d.). ADOLESCENT'S KNOWLEDGE REGARDING MYTHS AND MISCONCEPTIONS ASSOCIATED WITH HIV/AIDS. *INTERNATIONAL JOURNAL OF ENGINEERING SCIENCES & RESEARCH TECHNOLOGY*, *6*(12), 576-583.