



ORIGINAL RESEARCH ARTICLE

KNOWLEDGE OF HIV/AIDS AMONG ADOLESCENCE AT INTELLECTUAL
ACADEMY IN KUMARIGAL-7, TUSHAL, KATHMANDU, NEPAL
G RANA*

College of Nursing, Chitwan Medical College Teaching Hospital, Bharatpur, Chitwan

*Correspondence to: Ms. Gayatri Rana, College of Nursing, Chitwan Medical College Teaching Hospital, Bharatpur-10, Chitwan, Nepal.

Email: ga_yatrirana@yahoo.com

ABSTRACT

Introduction: Young people in Nepal are vulnerable to HIV/AIDS because of their poor knowledge of sexual health, unsafe sex practices, and limited use of condom. Adolescence should be targeted for prevention programs because it is possible to modify adolescents' behavior as they may not have developed unsafe practices or if developed, these behaviors are not deeply rooted. The objective of this study was to identify knowledge of HIV/AIDS among adolescence.

Methods: A descriptive design was used. A total of 50 adolescence were selected by using simple random sampling technique (lottery method) from Intellectual Academy, Kumarigal-7, Tushal, Kathmandu. Self administered structured questionnaire was used to collect the data from January 10, 2006 (2062-9-29) to April 8, 2006 (2062-12-26).

Results: Only 66% of adolescence had knowledge that HIV/AIDS is communicable disease. Regarding transmission of HIV/AIDS, 90% adolescence answered transmit through unprotected sexual contact, 84% through contaminated blood products, 90% through infected mother to child transmission, 52% through use of shared razors and 94% through use of contaminated needles and syringes. Regarding preventive measures, All the participants had knowledge of using condom, screening of blood before transfusion, and avoid sharing of needles and syringes as preventive measures while 92% as one faithful sex partner and 52% as avoid use of shared razors.

Conclusion: Most of adolescence had knowledge regarding mode of transmission of HIV/AIDS through unprotected sexual contact; infected mother to child transmission and use of contaminated needles and syringes. Likewise, on the context of signs of AIDS and preventive measures on HIV transmission, adolescence had knowledge.

Key Words: *Mode of transmission, symptoms, preventive measures of HIV/AIDS*

INTRODUCTION

Nepal, one of the developing countries, is in the midst of a "concentrated epidemic," and in the absence of effective interventions, AIDS will be the leading cause of death in the 15-49-year-old population over the coming years.¹

HIV/AIDS has reached alarming proportions in Southeast Asia.² HIV/AIDS is a complex phenomenon. The enemy was first detected in June 1981 in Los Angeles US and in 1986 it was named HIV. In Nepal, on July 1988, the first case of HIV/AIDS was reported. The major transmission route of HIV/AIDS in this country is through unprotected sex and injecting drug use. This problem is further compounded by poverty, low levels of education, gender inequalities, stigma, and discrimination.

Adolescents' vulnerability and susceptibility to sexually transmitted infections (STI) and Human Immune Deficiency Virus (HIV) is no longer a matter for debate, but calls for

concern and concerted efforts of various stakeholders in sexual and reproductive health. Adolescence is a period of life that has come to be regarded as a period of intense sexual interest. Evidence from Nigerian studies revealed high level of AIDS awareness among adolescents, although there was poor knowledge of carrier state of HIV infection.³

The major mode of transmission in Nepal is heterosexual, through unsafe sexual behaviours, intravenous drug users. Young Nepalese people are increasingly vulnerable to HIV because of changing values and group norms. Although traditional norms oppose premarital sex in Nepal, there are studies that indicate a growing trend toward premarital sexual activities among adolescents⁴

Major underlying factors that fuel the epidemic in Nepal (for that matter in south Asia) are poverty, serious deprivation, gender inequality, unawareness, low literacy rate, stigma and discrimination against infected and affected with HIV.

Therefore it is apparent that the issue of HIV/AIDS is no more a health issue alone. A national strategy 2002- 2005 has been adapted and has identified the priority areas- the most vulnerable groups, young people, etc. Nepal has committed to combat the goals as defined on millennium development goal by 2015. "Halt and begin the reverse of the spread of HIV/AIDS". The 10th plan has also endorsed HIV/AIDS as a cross cutting issue in the national development. Due to lack of HIV/AIDS awareness and prevention programmes, adolescence (10-19 years) is infected by HIV/AIDS- 393 in November 2005.⁵ On 2005 December 1 slogan is "stop AIDS, keep the promise". Through the slogan we must move forward to give the knowledge of AIDS to adolescence to prevent from low prevalence country to concentrated epidemic. Therefore, each and every adolescence should have knowledge of HIV/AIDS so that we can stop the country from this crisis. In an ideal world perhaps, HIV/AIDS prevention would need only consider the ABC approach- Abstinence, Be faithful, and Condom usage. AIDS education is recommended to be one of the major components of the general framework of adolescence education one is sex education and other is against drug abuse. Therefore, school personnel, health care providers, and government and nongovernment organizations should consider developing and implementing school-based HIV prevention programs such as the peer education program.

MATERIALS AND METHODS

It was cross-sectional study. Intellectual Academy, Kumarigal-7, Tushal, Kathmandu was the study area. Study population was all the adolescence of the Intellectual Academy. Sample size was 50. Simple random sampling technique (lottery method) was used to collect the data from 2062-9-29 to 2062-12-26. Self-administered structured questionnaire was used.

RESULTS

Table 1: Respondents' Socio-Demographic Characteristics (n=50)

Variables	Frequency	Percent
Age (years)		
10 – 11	5	10.0
12 – 13	27	54.0
14 – 15	17	34.0
16 – 17	1	2.0
Sex		
Male	30	60.0
Female	20	40.0
Education (grade)		
6	32	64.0
7	5	10.0
8	10	20.0
9	3	6.0
Source of information regarding HIV/AIDS**		
Radio	3	6.0
Television	40	80.0

Friend	1	2.0
Health personnel	6	12.0

** Multiple response

Table 1 shows that 54% of respondents were 12-13 years of age followed by 17 (34%) 14-15 years, 5 (10%) 10-11 years and 1 (2%) was 16-17 years.

Regarding sex, 30 (60%) were male and 20 (40%) were female.

Likewise education, 32 (64%) respondents were studying in grade 6 followed by 10 (20%) grade 8, 5 (10%) grade 7 and 3 (6%) in grade 9.

Regarding source of information regarding HIV/AIDS, 40 (80%) had seemed from television followed by 6 (12%) health personnel, 3 (6%) radio, and 1 (2%) had heard from friend.

Table 2: Mode of Transmission and Major Signs of HIV/AIDS (n=50)

Variables	Frequency	Percentage
Mode of transmission of HIV/AIDS**		
Unprotected sexual contact*	45	90.0
Contaminated blood products*	42	84.0
Infected mother to child transmission*	45	90.0
Using common toilet	3	6.0
Use of contaminated needles and syringes*	47	94.0
Use of shared razors*	26	52.0
Mosquito bite	5	10.0
Major signs of AIDS**		
Weight loss \geq 10% of body weight*	50	100.0
Chronic diarrhea for more than 1 month*	35	70.0
Prolonged fever for more than 1 month*	40	80.0
Prolonged cough for more than 1 month	25	50.0

** Multiple response

*Correct response

Table 2 reveals that 47 (94%) had answered use of contaminated needles and syringes is the mode of transmission of HIV/AIDS. Forty five (90%) respondents of each had answered unprotected sexual contact, and infected mother to child transmission respectively. Forty two (84%) had answered contaminated blood products, 26 (52%) use of shared razors. Five (10%) and 3 (6%) respondents had incorrectly answered mosquito bite and use of common toilet respectively.

Regarding major signs of AIDS, cent percent respondents answered weight loss \geq 10% of body weight followed by 40 (80%) prolonged fever for more than 1 month, and 35 (70%) chronic diarrhea for more than 1 month. Twenty five (50%) had incorrectly answered prolonged cough for more than 1 month

Table 3: Preventive Measures on HIV Transmission (n=50)

Preventive measures**	Frequency	%
Use of condoms*	50	100.0
Screening of blood before transfusion*	50	100.0
Vaccination against HIV	25	50.0
One faithful sex partner*	46	92.0
Avoid use of shared razors*	26	52.0
Avoid sharing of needles and syringes*	50	100.0

** Multiple response

*Correct response

Table 3 shows that cent percent respondents had answered use of condoms, screening of blood before transfusion, and avoid sharing of needles and syringes is the preventive measures on HIV transmission followed by 46 (92%) one faithful sex partner and 26 (52%) avoid use of shared razors. Twenty five (50%) had incorrectly answered vaccination against HIV.

DISCUSSION

Data shows that regarding source of information regarding HIV/AIDS, 80% had seen information from television (12%) had heard from health personnel, (6%) radio and (2%) friend. The findings are contradicts with the study done by UNAIDS (2000) that teenagers (69%) had heard about HIV on the radio, (5%) had seen information about it on television, (42%) friends and classmates, (4%) teachers, (11%) had read in newspaper.⁶ Whereas similar with the finding of Okonta & Oseji (2006) that about 47% of respondents had good knowledge of HIV/AIDS. The electronic media were their main sources of information.⁷

Data shows that regarding mode of transmission of HIV/AIDS, 90% of students had knowledge regarding unprotected sex contact, (84%) contaminated blood products, (90%) infected mother to child transmission, (52%) use of shared razors, and (94%) contaminated needles and syringes. The findings are supported by the study of the UNICEF (2003) the adolescence and youth population had high knowledge regarding HIV mode of transmission. Likewise, the findings are supported by Wagbatsoma & Okojie⁹ (2006) that an overwhelming majority of the adolescents were aware of HIV/AIDS but only 16.2% knew the cause of the disease.⁸ Sexual intercourse was the predominant route of transmission mentioned by 60.0% while multiple sexual partners were prevalent among age group 13-15 years. The knowledge of the study population was poor.

CONCLUSION

Most of adolescence have knowledge regarding mode of transmission of HIV/AIDS through unprotected sexual contact; infected mother to child transmission and use of contaminated needles and syringes. But, they still had wrong knowledge i.e., using common toilet and mosquito bite can transmit HIV/AIDS. Likewise, on the context of signs of AIDS and preventive measures on HIV transmission, adolescence has knowledge.

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