

AIDS AWARENESS, KNOWLEDGE AND ATTITUDE AMONGST THE SENIOR SECONDARY SCHOOL TEACHERS IN EAST DELHI SCHOOLS

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ABSTRACT:

Research Problem: What is the level of awareness about AIDS amongst senior secondary school teachers?

Objective: To study the level of awareness, knowledge and attitudes regarding HIV/AIDS amongst senior secondary school teachers.

Study Design: Cross-sectional study by questionnaire method.

Setting: 2 randomly selected government schools of East. Delhi.

Sample Size: 74 school teachers.

Study Variables: Mode of transmission, preventive measures, social outcasting, Family Life Style Education.

Statistical Analysis: By tests of significance.

Result: 25.6% respondents thought that HIV/AIDS was curable after IEC intervention. In general, the awareness level increased after the IEC intervention. 77% of the teachers recommended that Family Life Style Education should be started from middle school level onwards. 47.2% recommended doctors as the most suitable persons to impart the same.

Key Words: HIV/AIDS, Knowledge, IEC, Family Life Style Education.

INTRODUCTION:

Infection with the Human Immunodeficiency Virus (HIV) and the Acquired Immuno Deficiency Syndrome are urgent problems worldwide with broad

social, cultural, economic, political, ethical and legal implications¹. Sexual cohabitation is the predominant mode of transmission of HIV/AIDS infection. Because of the sensitivity of the issues associated with sexual behaviour, public health officials and educationists confront major problems in the prevention and control of HIV/AIDS.

Adolescent age group is an important segment of population and potential resource for prevention of HIV transmission. Today around 25% of the world's AIDS cases are in their twenties and its likely these people may have become infected with HIV during their adolescent period.¹

In many communities, the problem increases when preventive measures are specifically addressed to young people between 10-19 years. Nevertheless, these young people constitute an important target group and a potential resource for the prevention of HIV and AIDS infection¹. A large number of young people throughout the world attend schools or are in contact with those who do.¹

Till date there is no cure for HIV/AIDS and the only armour we have got against HIV/AIDS is prevention. This can be achieved by Primary Prevention through dissemination of information, health education and communication (IEC).

School teachers as a group come in close contact with the adolescent population. They are the ones who can instill correct values in the impressionable minds at this growing age. Correct values, once imbibed, go a long way in shaping the life of school children. Hence teacher's views and knowledge regarding HIV/AIDS are very important, so that they impart correct knowledge about this dreaded disease AIDS to the school children. These school children will ultimately serve as catalytic agents to spread right

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awareness and correct knowledge in the community in the long run.

OBJECTIVES:

Keeping the above mentioned points in mind, a study was conducted amongst the senior secondary school teachers with the following objectives:

- (a) To know the level of awareness and knowledge about HIV/AIDS amongst the school teachers;
- (b) To know the attitude of teachers towards HIV/AIDS patients;
- (c) To judge the impact of IEC on awareness, knowledge and attitude regarding HIV/AIDS;
- (d) To ascertain the level of formal learning at which Family Life Style Education should be imparted in school; and
- (e) To find out to whom do the teachers recommend to be the right person to impart Family Life Style Education at school level.

MATERIAL AND METHOD:

The study was done in two randomly selected government schools situated in East Delhi. The combined strength of students of both the schools was 3356. Nearly 74 teachers participated in this study. A suitably structured and pretested questionnaire containing questions on awareness, knowledge and attitude towards HIV/AIDS as a disease was distributed amongst the teachers. The respondents were also asked to give their recommendations pertaining to the starting of Family Life Style Education (FLSE) at school level. The second recommendation was related to the suitability of the person who could effectively impart FLSE to the school children.

This questionnaire revealed their initial level of awareness, knowledge and attitude towards HIV/AIDS as a disease. This was pre-IEC testing. This session was followed by an exhibition of posters and printed material on HIV/AIDS. Few handouts on HIV/AIDS were also distributed amongst the teachers. A couple of audiovisual tapes on HIV/AIDS were also shown to the group. Finally, there was an open discussion on HIV/AIDS with the group. During the discussion, misconceptions and apprehensions regarding HIV/AIDS were removed.

Post-IEC evaluation was done after a gap of

ten days on the same group of teachers. This gap of ten days was purposely kept to encourage interpersonal communications and discussions amongst themselves on the subject of AIDS. For post-IEC evaluation, the same questionnaire was distributed amongst the same group of teachers.

This was to judge their level of enhancement in knowledge and awareness about HIV/AIDS as well as the attitudinal changes towards HIV/AIDS patients. In the wake of this additional knowledge and subsequent concern, their recommendations were also elicited regarding FLSE for school children.

Those teachers who did not attend pre-IEC sessions on HIV/AIDS, though present on post-IEC day, were not included in the study.

RESULT:

AWARENESS LEVEL ABOUT HIV/AIDS, PRE AND POST IEC INTERVENTION (Table-I)

The pre-IEC intervention level regarding awareness about HIV/AIDS was relatively high amongst the senior secondary school teachers. The increase in awareness levels after IEC interventions was encouragingly good, particularly for understanding of facts that no transmission of HIV/AIDS can occur due to casual contact, utensils, clothes and toilets (p values were significant for these questions). AIDS is a fatal disease, this fact was better understood at post-IEC level.

KNOWLEDGE REGARDING HIV/AIDS - PRE AND POST - IEC INTERVENTION (Table - II)

The IEC intervention shows a definite enhancement in their knowledge in general, and of vertical transmission of AIDS by pregnant mothers to their offsprings in particular (p being at 0.016 level). Role of homosexuals in transmission of HIV/AIDS was more clear at post-IEC intervention (p being 0.0001). The increasing emphasis on preventive measures like condom use was significantly better understood at post-IEC levels (p being 0.031). One third of the respondents (25.6%) thought that HIV/AIDS was curable. This fallacy was corrected during discussions as part of intervention methodology. After IEC intervention, it was quite clear that social outcasting of HIV/AIDS patients and their subsequent isolation was a

most unwarranted practice. However 5.4% of the teachers did not attempt the question of isolation of AIDS patients even after post-IEC session. This shows that a small minority of teachers had some reservations on this point.

ATTITUDE TOWARDS AIDS PATIENTS/DISEASE PRE AND POST-IEC SESSION (Table - III)

Despite the fact that AIDS is a social disease, 44% of the teachers maintained that AIDS as a disease does not bother them personally. Pre and post IEC difference was not statistically significant, since p value was at 1.000 level. As far as creation of awareness regarding HIV/AIDS amongst school students was concerned, the initial agreement was 93.2% amongst the teachers. But after IEC intervention, 100% agreement emerged amongst the teachers for the creation of awareness in the school students. Regarding the reaction of teachers to a specific question "if you meet an AIDS case, how will you react?", there was relative positivity, after IEC intervention particularly for questions like rendering help or showing sympathetic attitude towards HIV/AIDS patients (Fig. I)

RECOMMENDATIONS OF SCHOOL TEACHERS

As far as the recommendations of the school teachers for Family Life Style Education to be introduced in schools was concerned, there was 100% agreement, after IEC intervention, against 97.2% initially asking for it. Majority (77%) of the teachers recommended that Family Life Style Education should be started from middle school level onwards, whereas a small minority (20.2%) wanted it to start from primary school level onwards. This shows the concern of teachers towards the changing social value system in the society. Their final recommendation regarding who is in a better position to impart Family Life Style Education to school children, about 47.2% teachers recommended doctors as the most suitable person to impart Family Life Style Education to school children. (Fig. II) The second most suited person as per their opinion was the teacher (44.5%). Before IEC intervention, 28.2% teachers had recommended social worker as one of the suitable choices to give Family Life Style Education to the school children, but after the IEC intervention this figure came down to 6.7% level.

DISCUSSION:

Teachers as a category play an important role in not only creating awareness and knowledge amongst the students but are also viewed as role models. A study conducted by Srivastava et al² in Lucknow district regarding AIDS awareness amongst school teachers emphasized on special orientation programmes for school teachers with long term objectives of an AIDS education through schools which will go a long way in dissemination of health knowledge to the young people. These young people are the parents of future and hence their health and resourcefulness will be a major factor in determining the health of their families and future generations to come³.

Kipp W, Kwered, EM et. al. did a study in Kabarole district of Uganda among teachers and students in primary and secondary schools to know about the awareness levels of HIV/AIDS⁴. According to their study 86% of teachers understood that HIV/AIDS could be transmitted by unsafe blood. Regarding the use of safe sex methods, 78% of teachers advocated the use of condoms. 25% of the teachers thought that condoms protect only the male partner from HIV/AIDS⁴.

A study done by Oz on Israeli from Arab teachers' attitude towards the inclusion of Life Style Education programme in their schools also found high degree of support for this concept among the teachers⁵. Another study done by Oladepo and Akintayo at Ibadan, Nigeria on secondary school teachers regarding their attitudes towards inclusion of sex education in the school curriculum⁶, revealed that none of the respondents was able to define sex education adequately and 34.8% could not identify content areas of sex education, Surprisingly married female teachers and those aged 40 years and above were less favourably disposed to the introduction of sex education at school level⁶. There is an increasing need for urgent organized health education programme as desired by secondary school teachers of Alexandria, in Egypt⁷.

The threat of HIV/AIDS is very real in all developing countries including India⁸. Keeping this in view, efforts put in by NCERT (National Council of Education Research and Training) in preparing guidelines for introducing Family Life Style Education at school level is a progressive step in the right direction by the Government of India.

TABLE - I

Awareness regarding HIV/AIDS amongst the senior secondary school teachers pre and post IEC intervention.

S. No.	Question	No. of respondents	Pre - IEC			Post - IEC			P value	Significance
			Yes	No	Not attempted	Yes	No attempted	Not		
1.	Heard about AIDS	74	66 (89.1)	-	8 (10.8)	74 (100.0)	-	-	1.000	not significant
2.	Do HIV/AIDS cases occur in India	72	72 (97.2)	-	2 (2.7)	74	-	-	1.000	not significant
3.	HIV/AIDS occurs only	69	69 (93.2)	3*	2 (2.7)	74	-	-	0.90	not significant
4.	AIDS is fatal	46	46 (62.1)	23(31.0)	5 (6.4)	74	-	-	0.000	significant
5.	Can HIV/AIDS be transmitted by casual contact (shaking hands/hugging/kissing)	29	29 (39.1)	42(56.7)	3 (4.0)	-	74	-	0.000	significant
6.	Can HIV/AIDS be transmitted by utensils / clothes/toilet	11	11 (14.8)	59(79.7)	4 (5.4)	-	74	-	0.001	significant
7.	Can HIV/AIDS be transmitted by sneezing/coughing	8	8 (10.8)	65(87.8)	1 (1.3)	-	74	-	0.008	
8.	Can HIV / AIDS be transmitted by having sex with multiple partners	70	70 (94.5)	-	4 (5.4)	74	-	-	1.000	not significant

NOTE: * 3 respondents said that it occurs in females only.
 Figures in parentheses indicate percentage.
 Not attempted were excluded from the analysis
 n.s -

TABLE - II

Knowledge regarding HIV/AIDS amongst the senior secondary school teachers pre and post IEC intervention

S. No.	Question	No. of respondents	Pre - IEC			Post - IEC			P value	Significant
			Yes	No	Not attempted	Yes	No	Not attempted		
1.	Can HIV/AIDS be transmitted by the use of needles/syringes	74	69 (93.2)	4(5.4)	1 (1.3)	74 (100)	-	-	0.125	not significant
2.	Should all blood products for human consumption be tested for HIV/AIDS	69	69 (93.2)	-	5 (6.3)	74 (100)	-	-	1.000	not significant
3.	Can HIV/AIDS infected pregnant female transmit the infection to the newborn	61	61 (89.4)	7(9.4)	6 (8.1)	74 (100)	-	-	0.016	significant
4.	Can homosexuals transmit HIV/AIDS	53	53 (71.6)	13 (17.5)	8 (10.8)	70 (94.5)	-	4(5.4)	0.000	significant
5.	Can IV drug abusers transmit HIV/AIDS	68	68 (91.8)	4(5.4)	2 (2.7)	72 (97.2)	-	2(2.7)	0.125	not significant
6.	Is HIV/AIDS preventable	64	64 (86.4)	6(8.1)	4 (5.4)	73 (98.6)	-	1(1.3)	0.031	significant
7.	Is HIV/AIDS curable	19	19 (25.6)	54(72.9)	1 (1.3)	-	73(98.7)	1 (1.3)	0.000	significant
8.	Does condom prevent sexual transmission of HIV/AIDS	66	66 (89.1)	6(8.1)	2 (2.7)	74 (100)	-	-	0.031	significant
9.	Is vaccine available for HIV/AIDS prevention	17	17 (22.9)	48(64.8)	9 (12.1)	-	74 (100)	-	0.000	significant
10.	Should an AIDS patient be isolated	27	27 (36.9)	42(56.7)	5 (6.3)	-	70(94.5)	4 (5.4)	0.000	significant

NOTE: Figures in parentheses represent percentage. Not attempted were excluded from the analysis.

TABLE - III

Attitude regarding HIV/AIDS amongst the senior secondary school teachers (Pre and post IEC intervention)

S. No.	Question	No. of respondents	Pre - IEC			Post - IEC			P value	Significance
			Yes	No	Not attempted	Yes	No	Not attempted		
1.	Does HIV/AIDS concern you ?	74	40 (54.0)	33(44.5)	1 (1.3)	41(55.4)	33(44.5)	-	1.000	not significant
2.	Is it proper for us to speak about HIV/AIDS to school children.	74	69 (93.2)	-	5 (6.7)	74	-	-	1.000	not significant

NOTE: Figures in parentheses indicate percentage. Not attempted were excluded from the analysis

Fig. I: How will you react if you meet HIV/AIDS patient - Pre and post intervention results

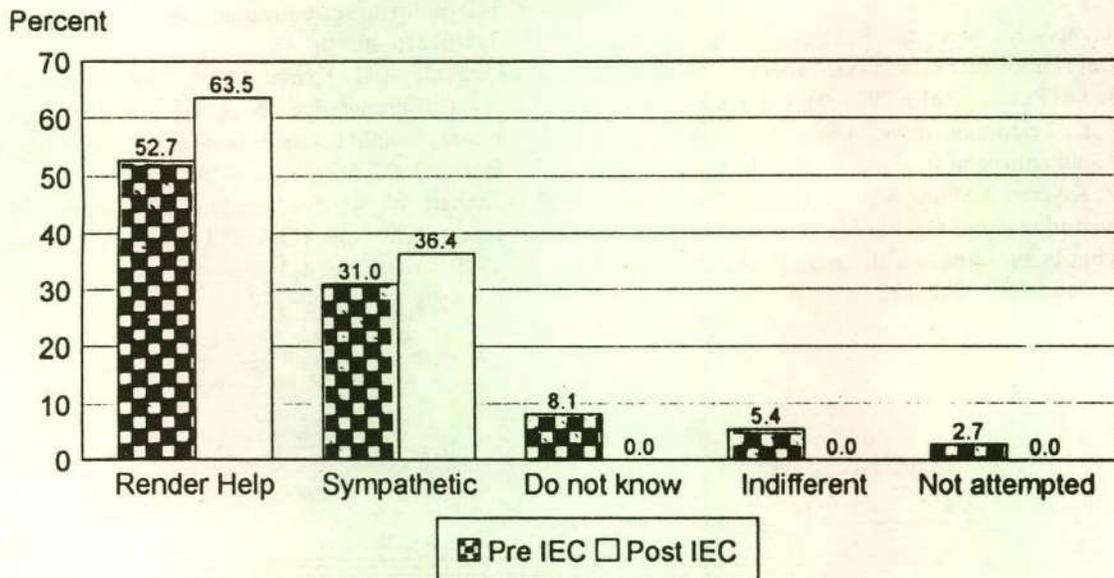
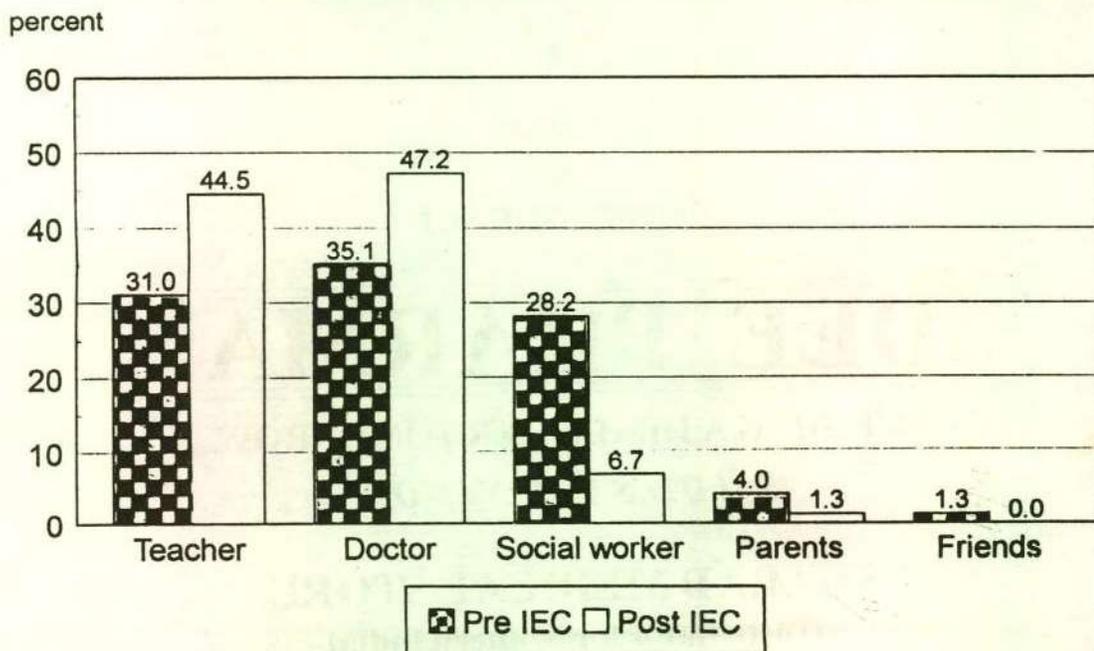


Fig. II: Whom do you think is in a better position to give Family Life Style Education to school children - Pre and post intervention results



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