**Awareness And Attitude Of Youth Toward HIV/AIDS In Tribal Areas Of Vizianagaram, Andhra Pradesh**

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**Title**: Awareness and Attitude of Youth Toward HIV/AIDS In Tribal Areas Of Vizianagaram, Andhra Pradesh, India

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Title :Awareness and demeanor of youth toward HIV/AIDS in ancestral areas of vizianagaram

Statement of the issue :Level of education of men and ladies was altogether connected with their insight into HIV/AIDS , showing that literates would be advised to information than ignorant people.

There were a couple of disarrays and duplicities about cause and spread of the pollution which were seen as more unavoidable among uninformed individuals. Just around 12% of the respondents were all set through the HIV test. The respondents with not precisely discretionary school guidance had a one-sided demeanor toward HIV positive people, which was viewed as quantifiably basic. Only 46% of the juvenile addressed that it might be hindered and 20% understand that HIV could be accessible in clearly strong looking individuals.

This study suggests a prerequisite for innovative, expansive legitimate information particularly zeroing in on the commonplace youth to offer better data and sorting out on HIV/AIDS

Goals : Community-based cross sectional survey done to assess the care and disposition of country youthful colleagues and women toward HIV/AIDS.The focus on people recollected 850 youthful colleagues and people for the age get-together of 18-30 years, having a spot with Kurupam Mandal vizianagaram,Andhra Pradesh, using a two stage inspecting plan. Universe of study: hereditary people of kurupam mandal of vizianagaram district

Test :A social class - based, cross - sectional survey was coordinated in Kurupam Mandal including 850 rural youth throughout a period of 90 days (june 2017 - aug. 2017). The evaluated test size of 850 youthful colleagues and women in the age pack of 18-30years was heedlessly picked using a two - stage looking at plan.

Research gadgets :Data collection was done using a semi coordinated pre-attempted survey. The survey contained an amount of 60 requests, 40 concerning care about the explanation and techniques for transmission of HIV/AIDS, and 20 to assess the disposition toward people living with HIV/AIDS (PLHA).

Data assessment :In all, 18% of the women and 7% of men had not been aware of AIDS using any and all means. The revelations showed that the tribal women's data was sad when diverged from men . Show Introduction India has the third greatest number of people living with HIV/AIDS. Among the states, Andhra Pradesh has the second biggest number of HIV cases in the country, with an ordinariness of 0.90%; inescapability is high in the 15 - 49 age bundle (88.7% of all illnesses) showing that AIDS really subverts the cream of society, those in the prime of their working life. Brief evaluations place the amount of people living with HIV (PLHA) in India in 2008 at 22.7 lakhs. HIV-related disgrace and detachment remains a critical block in truly fighting the HIV and AIDS disease. Disgrace and partition can achieve people living with HIV/AIDS (PLHA) being dismissed by family and the neighborhood, therapy in clinical consideration and enlightening settings, a breaking down of opportunities, and mental damage. Derision would make people hesitant to complete the test, thus, more PLHA are clueless that they are encountering HIV/AIDS, and are as such putting his/her sexual accessories or potentially needle sharers at risk for getting polluted, as a result of nonattendance of cautious strides There are a couple of purposes behind the shame toward PLHA among everybody particularly youth in tribal districts, one of them could be lacking and mixed up information about the techniques for transmission of HIV in light of social or severe convictions or nonappearance of tutoring . There is a huge need to study the care levels of youthful colleagues and women in familial districts, towards HIV/AIDS and besides periodic evaluation of government's activities. In spite of the way that the domain of Andhra Pradesh has the second greatest number of uncovered HIV cases, there is nonappearance of information on care and attitude levels among youthful colleagues and women in common districts.

Subsequently this study was finished to assess the level of care among the provincial youth about HIV/AIDS close by their attitude toward PLHA. The audit was finished in 10 towns of Kurupam mandal in vizianagaram District, Andhra Pradesh. Considering the disclosures, we can prepare suitable frameworks to address the off track decisions by information, tutoring and correspondence (IEC)activities. Materials and Methods A social class - based, cross - sectional survey was driven in Kurupam Mandal including 850 commonplace youth throughout a period of 90 days (june 2017 - aug. 2017). The evaluated test size of 850 youthful colleagues and women in the age pack of18-30years was erratically picked using a two - stage looking at plan. In the fundamental stage a sporadic illustration of 10 towns of Kurupam Mandal was picked basedon the 2011 enlistment. In the ensuing stage, a direct unpredictable illustration of 75 families was browsed all of the picked towns. The information was accumulated using a semi-coordinated, pretested survey endorsed by National AIDS Control Organization (NACO) and got from Andhra Pradesh state AIDS control society (APSACS). The survey contained 60 requests out of which 40 requests to study the care levels of respondents about cause ,methods of transmission and aversion of HIV/AIDS and 20 requests to assess the attitude toward people living with HIV/AIDS (PLHA). During house visits the explanation and nature of the review was cleared up for people and informed consent was procured. On getting their consent, I guided an eye to eye interview to fill thequestionnaire.

Results

The fragment profile of the audit people is as shown in table 1. Around 34% of audit people had guidance level of discretionary regular timetable and about52% had preparing level of higher assistant everyday schedule.

Around 7% of folks and 18% of females yielded that they had never had some significant awareness of HIV/AIDS, however for about80% of respondents, the key wellspring of information was TV

The experience with the audit people about the techniques for transmission of HIV/AIDS is displayed in Table 3.

Around 69% of individuals reported risky sex as the technique for transmission, and blood holding (53%),sharing of needles (51%) are the other possible strategies for getting polluted.

Only 32% of study people knew about breastfeeding as one of the techniques for transmission. It is

vital for observe that around 17% of respondents erroneously communicated that the ailment spreads through mosquito snack, public restrooms (11%), sharing utensils(20%), kissing on the cheeks (20%).

Exactly when enquired whether HIV pollution could be hindered, around 46% of youth addressed that it might be prevented (Table4). The people who referred to that HIVcould be prevented, were also gotten some data about various ways by which HIV could be hindered. Having single associate, using condoms, avoiding business sexworkers and blood tests were the commonest methodologies referred to by a wide range of individuals

(Table 5).

Only 20% of respondents understand that HIV could be accessible in clearly sound looking individuals (Table 6).

Table 7 shows the attitude of rural youthful colleagues and women about HIV/AIDS and individuals living with HIV/AIDS (PLHA). Among the respondents around 93% were of theopinion that AIDS patients should not be restricted fromthe society, 26% felt smart toward PLHA; 70% ofparticipants addressed that they wouldn't keep down to sit near a PLHA in the vehicle. Around 23% communicated that theywould be awkward and restless accepting their child's partner had HIV/AIDS, however 13% idea that corrupted adolescents should go to standard schools. Just around 12% of the survey pack was all set through the test for HIV/AIDS. The respondents with an enlightening level not precisely discretionary school had a biased mindset toward HIV - positive people, with the evaluation that HIV people reserve the privilege to persevere, contemplating the decision about whether to sit near a HIV-Positive person in the vehicle, and enthusiasm to get pursued for HIV which was seen as truly

Table 1. Segment profile of study populace

Segment variable (n - 850) %

Segment variable (n - 850) %

Age bunch (years)

<20 124 14.5

20 - 25 467 54.9

26 - 30 259 30.4

Orientation

Males 456 53.6

Females 394 46.3

Material Status

Single 467 54.9

Married 352 41.4

Occupation

Student 323 38.0

Farming laborer 367 43.1

Business 26 3.0

Govt. Service 31 3.6

House wife 45 5.2

Others (including 58 6.8

Jobless)

Schooling

Illiterate 105 12.3

Higher secondary 346 40.7

Graduates 68 8.0

Post graduates 34 4.0

Table 2. Wellspring of information about conceptive wellbeing related data

Source Males Females Total

(n - 456) (n - 394) (n - 850)

No. % No. % No. %

Not heard about 31 7 70 18 101 11.8

HIV/AIDS (noinformation)

Media (TV, Filmsetc) 383 83.9 297 75.3 680 80.0

School Books 216 47.3 169 42.8 385 80.0

Family 184 40.3 204 51.7 388 45.6

Peer Group 125 27.4 142 36.0 267 31.4

Medical care

professionals 68 14.9 57 14.4 125 14.7

Others 6 1.3 0 0 0 0.7

Table-3. Consciousness of provincial youth about method of spread of HIV/AIDS

<optional school >Secondary school Total

Method of Spread (n - 402) (n - 448) ( n - 850)

No. % No. % No. %

Dangerous sex 156 38.8 433 96.6 589 69.2

Mosquito bite 39 9.7 106 23.6 145 17.0

Blood transfusion 43 10.6 412 91.9 455 53.5

Sharing of

needles/blades 28 6.9 410 91.5 438 51.5

kissing on cheek 27 6.7 143 31.9 170 20.0

bosom feeding 13 3.2 267 59.5 280 32.9

public toilets 07 1.7 94 20.9 101 11.8

sharing utensils 16 3.9 155 34.5 171 20.1

Table 4. Assessment of provincial youth about HIV counteraction

Can HIV be Males Females Total

Prevented (n - 456) (n - 394) ( n - 850)

No. % No. % No. %

Don't know 31 7.0 70 18.0 101 11.8

Yes 246 53.9 145 36.7 391 46.1

No 179 39.1 179 45.3 358 42.1

Table 5. Information on HIV avoidance among provincial youth

Security Transmision of Males Females Total

AIDS (n - 456) (n - 394)

No. % No. % No. %

Single partner 312 68.4 294 74.6 606 71.2

Use condom 243 53.2 186 47.2 429 50.4

Blood check ups 283 62.0 191 48.4 474 55.7

Needle/needle sterilization 157 34.4 105 26.6 262 30.8

Keep away from business sex workers 208 45.6 249 63.1 457 53.7

Keep away from pregnancy 116 25.4 85 21.5 201 23.6

Abstinence 168 36.8 107 27.1 275 32.3

Don't know 31 7.0 70 18.0 101 11.8

Table-6.. Information about HIV among evidently solid looking people

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Is it possible for Healthy looking | | | | | | | | | |  |  |  | Males |  |  |  |  |  |  |  | Females | | | | |  |  |  |  | Total | | |
| People to have HIV? | | | | |  |  |  |  |  |  |  |  | (n-456) |  |  |  |  |  |  |  | (n-394) | | | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  | No. | % | | |  |  |  |  | No. | | | | | % |  |  |  | No. | |
|  | | | | |  |  |  |  |  |  |  |  |  |  | | |  |  |  |  |  |  |  |  |  |  | |  | |  | |
| Yes | | | | |  |  |  |  |  |  | 96 | | | 21.0 | | |  |  |  |  | 75 |  |  |  |  | 19.0 | | 171 | | | |
| No | | | | |  |  |  |  |  |  | 329 | | | 72.1 | | |  |  |  |  | 249 |  |  |  |  | 63.1 | | 578 | | | |
| Do not know | | | | |  |  |  |  |  |  | 31 | | | 7.0 | | |  |  |  |  | 70 |  |  |  |  | 18.0 | | 101 | | | |

Table 7. Disposition of rustic youth towards HIV/AIDS and PLHA

< secondary >secondary Total

Situation School school (n-850)

(n-402) (n - 448)

No. % No. % N0. %

People who have AIDSShould be disconnected from 46 11.4 21 4.6 67 7.8

the family and society

Individuals from the city just will get infected; 57 14.1 19 4.2 76 8.9

not from the towns

Helps is a genetic Disease 95 23.6 46 10.2 141 16.5

Feel thoughtful to PLHA 42 10.4 183 40.8 225 26.4

Would you wonder whether or not to sit close to a HIV 64 15.9 196 43.7 260 30.5

positive individual?

Would you feel awkward if your child's 106 26.3 95 21.2 201 23.6

colleague is HIV positive

Are you ready to get tried for HIV? 14 3.4 88 19.6 102 12.0

Should names of HIV patients made public? 93 23.1 14 32.8 240 28.2

Should tainted youngsters be allowed 34 8.4 81 18.0 115 13.5

in standard schools

Should HIV positive individuals be allowed 23 5.7 74 16.5 97 11.4

to go to social capabilities

Discussion

This study showed that around 18% of females and 7% of folks had not been aware of AIDS using any and all means. Exactly as expected, level of capability was seen as solidly associated with their knowledge into HIV/AIDS, as youth with preparing level of discretionary school or more were found having ideal care over those with tutoring level not precisely helper school and besides uninformed individuals, particularly in the areas like explanation, spread and nature of the disease. Misinformed decisions and wrong convictions related with HIV/AIDS were seen as more normal among youthful colleagues and women who were untalented individuals. It was similarly seen that the huge wellspring of their care was TV.

Anyway 69% of respondents understand that HIV could spread through perilous sex, blood holding (53%), a little assembling of respondents (20%) communicated that HIV spreads by essentially reaching a sullied individual. This shows that data with respect to how HIV/AIDS isn't spread, isn't the very data about how it spreads. In like manner, there was a uniqueness in the care with respect to spread by chest dealing with between the two preparation get-togethers. It implies a lot to observe that around 17% of respondents erroneously communicated that the contamination spreads through mosquito snack, public restrooms (11%),

It is seen that % of individuals felt that AIDS patients should be separated from the overall population, while around 26% of the respondents felt insightful towards PLHA. Just around 12% of respondents had the option to go through a test for HIV; when it was differentiated and the guidance levels, it was seen as quantifiably enormous. This could be credited to the fear about being outcast from society at whatever point found as HIV positive.

It is fascinating to see that but 23% of the respondents communicated that they would be awkward and restless expecting their young person's accomplice had HIV/AIDS, around 13% of the individuals felt that corrupted children should go to ordinary schools. The possible explanation for this finding could be that notwithstanding the way that they are insightful toward HIV defiled adolescents, concerning this present reality and to their own children, they wouldn't confront the test. In any case, a reasonable legitimization to such a disposition could be that the parent is stressed over the security of his/her child, regarding wounds or occurrences that can occur during school hours. This gets a handle on the qualification that exists between expecting to redreduce shame and practicing an elevating point of view to PLHA in one's ordinary daily schedule. In another Indian survey, 57% felt that people living with HIV/AIDS (PLHA) should be disengaged when diverged from 7% in our audit (5).

Despite the acceptably inspiring viewpoint of the common youth toward PLHA and reasonably incredible levels of care as for the techniques for transmission, they in like manner yielded explicit disarrays about the strategies for transmission of HIV/AIDS. Regardless of the staggering exertion programs did by government close by NGOs, the misinterpretations and biased attitudes toward PLHA are the huge deterrents in improving care about HIV/AIDS.

As a huge piece of the Indian people in country districts is oblivious and as it was seen from our survey that care was more among the literates, there is a need to design and execute new procedures of showing youthful colleagues and women particularly in rural locales who are at the lower preparing levels, about HIV/AIDS, techniques for transmission. All the while more focus should be given for changing the observations and attitudes toward PLHA. Close by new action methods, thought should similarly be given to better execution of the ongoing tasks to reduce disgrace, and ingrain a seriously inspiring viewpoint toward PLHA. These, close by the undertakings of the clinical consideration specialists should give a colossal progression in the overall fight against AIDS. significantly impacting their viewpoints toward PLHA on a squeezing premise. Since HIV illness is a special cycle and could change as a part of time, a steadily expanding number of practically identical assessments zeroed in on at in general populace particularly in provincial locales are expected at standard stretches to test the outcomes of the preventive measures and reasonability of the ongoing techniques.

End

The survey has brought into light a part of the huge issues about care levels among youthful colleagues and women in natural districts and the action procedures expected for making them careful .

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