

HIV/AIDS and Sexuality Knowledge among High School Students of Chandel District, Manipur

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Abstract

This study describes the HIV/AIDS and sexuality knowledge of high school students of Chandel district, Manipur. Data was collected via self administered questionnaires from 80 students from four schools representing a central Govt. school, a faith based private school, a state Govt. school and a non faith based private school.

All the students had reportedly heard about HIV/AIDS. But majority of them could not provide the full forms of AIDS and HIV correctly. The knowledge levels of the students concerning different aspects of HIV/AIDS were generally high with the exception of some misconceptions such as transmission of HIV through mosquito bites and cough. Similarly, many of them were not aware about the fact that treatment for cure of AIDS was not available yet. Students' understanding about sexuality education was inadequate if not poor. Almost the entire students did not know the full forms of STDs and STIs. Knowledge regarding legal minimum age of marriage for boys was lower than the knowledge about the same for girls. Most students were of the view that sexuality education was not harmful for the school children. The attitude of students towards different aspects of sex education was favourable and positive. They felt the need for sex education and were willing to be taught in schools. However, most of them were of the view that sex education in school could create unnecessary curiosity and experimentation among the children about sex. Since schools are the most common sources of information on both HIV/AIDS and sexuality knowledge, school-based programmes on these two subjects should be sustained, improved and expanded. While students are imparted with effective HIV/AIDS and sexuality knowledge they must also be equipped with particular skills to deal effectively with any situations in their lives.

KEYWORDS: HIV/AIDS Knowledge, Sexuality Knowledge, Sex Education, High School Students, Chandel, Manipur.

Introduction and Background

According to the latest census report, India has a total population of about 1.2 billion people (Census 2011). And about 253 million adolescents; young people in the age group of 10-19 years comprise 21 per cent of the country's population. Adolescents not only represent rich human resource for the country but they are an important part of the development process and their good health will certainly help in raising the health status of the community. But adolescence is crucial period for development and during this period young people are vulnerable to experimentation and risk that includes early sexual debut, sexual coercion, violence, trafficking, and substance

abuse. Other factors such as the lack of knowledge about HIV/AIDS, inaccessibility to healthcare services and commodities, lack of education and life skills, and early marriage have increased young adolescents' vulnerability to HIV/AIDS. As per UNICEF 2012 Progress Report for Children, adolescents (15-19) who had sex before 15 years of age during the period between 2005 and 2010 year were 3 percent for male and 8 per cent for female. In the same age group for the same period adolescents who have comprehensive knowledge of HIV was 35 per cent for male and 19 per cent for female. Adolescents living with HIV in the year 2009 were estimated to be 49,000 and 46,000 for male and female respectively. This underlines the vulnerability of adolescents to HIV/AIDS. Findings from the National Family Health Survey 3 (NFHS 3, 2005-06) also show that young people are poorly informed on issues related to HIV prevention. Only 28 per cent of young women and 54 per cent of young men in the age group of 15-24 had comprehensive knowledge about HIV/AIDS. This is worrisome in the light of the fact that over 35 per cent of all reported AIDS cases in India occur among young people in the age group of 15-24 years and more than 50 per cent of the new HIV infections occur also among young people (NACO, 2005). Since primary prevention among young people remains the greatest hope to change the course of the HIV/AIDS epidemic in India the Adolescence Education Programme (AEP) was launched in 2005 by Ministry of Human Resource Development (MHRD) in collaboration with National AIDS Control Organisation (NACO) with an objective to develop life skills to empower young people to respond to the real life situations in positive and responsible ways. Since National AIDS Control Programme (NACP) II there has been a shift in strategy from raising awareness to changing behaviour emphasizing that HIV/AIDS related awareness is not just sufficient for preventing and controlling HIV epidemic but more so behavioural change is required. The fact that heterosexual accounts for 88.2 per cent of HIV (NACO, 2012) cases detected in the country has reinforced this shift in strategy and justified the need for a comprehensive sex education among the adolescents. Adolescents are integral part of HIV/AIDS control programmes of the country as their sexual behaviours will largely determine the future of the AIDS epidemic in the country. Thus, it is crucial to understand the HIV/AIDS and sexuality knowledge of this cohort who represents India's future and make adequate investment in terms of finances, research, developmental policies & effective interventions to improve their well being. It is in this context that the present study was undertaken to describe and understand the current HIV/AIDS and sexuality knowledge among the high school students of Chandel district, Manipur.

Review of Literature

A study on "Knowledge level of youth in India regarding human sexuality and AIDS" conducted by Minakshi Tikoo et al (1995) at a public school in New Delhi revealed that Indian adolescents had limited knowledge about human sexuality and AIDS. Even though the older adolescents scored higher than the younger adolescents, their knowledge was still limited. Males scored higher than the females on both knowledge and AIDS scales. Higher the grade level, the higher scores on both the scales. Another study conducted by Arora, S. (1997) also found that there was a considerable lack of awareness among the adolescents about AIDS and sexuality; especially among the female adolescents.

P. V Bahulekar and B. S. Garg (1996) study on "AIDS Awareness in School Children" in Wardha revealed that 90.6 per cent students heard of AIDS. Many believed that AIDS is transmitted through physical contact in school or in house (40.6%) whereas 25.5 per cent believed that AIDS is insect borne. 49.6 per cent

students were unaware of preventive measures. The study recommended that more efforts are needed for educating school children.

A study of AIDS awareness and sexual behaviour among the youths in the age group of 15-24 years, undertaken as part of the National Family Health Survey-III (2005-06) stated that while 51.7 per cent of females and 84.5 per cent of males in the 15-24 age-groups knew a condom source, only 1.3 per cent females and 14.6 per cent males used a condom in their first sexual encounter. The report recommended that they be educated with accurate and full information about sex and sexuality, so that they can make informed and safe behaviour choices.

Anand G. Sathe and Shanta Sathe (2005) conducted a study on adolescent boys and girls aged between 16 to 19 years, from class IX and XII standards (Junior college) in Pune. The study reported that adolescents lack correct and scientific knowledge on sexuality education. Their fears and concerns related to their sexuality are not being addressed. The study further reported that 54 per cent boys and 42 per cent girls preferred older friends as source of information on matters related to sex. Mass media (print and electronic) are the next important source of information as reported by the study.

Panna Lal et al (2008) study on awareness about HIV/AIDS among senior secondary school children of Delhi observed that only 51.4 and 19.9 per cent per cent students were able to write the full form of AIDS and HIV respectively. Knowledge about different modes of HIV transmission was low (sexual route, 48.2%, syringes and needles 44.4%, blood transfusion 31.1% and mother to baby 23.4%.) Only 72 per cent of students were aware about HIV/AIDS as being preventable. Moreover, awareness about the different methods of prevention was rather low (condom, 14.9%). Only 28.6 per cent knew about the availability of drugs for HIV/AIDS.

Priyanka Dheerandra Joshi's (2010) study on 182 adolescents from the city of Mumbai in the age group of 17-21 years in order to examine their knowledge about crucial aspects of sexuality and their source of sex related information showed that sexual knowledge about physiology of sexual response, conception and pregnancy was less than other areas such as masturbation and contraception. Peers, books, and magazines were the most frequently used source of sex information.

Shashikumar Ramadugu et al (2011) study among school students of Pune concluded that adolescent school students are involved in sexual activity, but lack adequate knowledge in this regard. Students, teachers, and parents need to understand various aspects of sexuality to be able to help adolescents' healthy sexual development. The study also found that friends are the main source of information on matters related to sex among both boys and girls followed by books and media.

A study conducted by Jagadish Boraiah and Dr. Siddegowda Yeliyur (2013) in nine districts of Karnataka indicated that the students have less awareness pertaining to sexuality education. Thus, they are more prone towards HIV/AIDS. The study noted that they have the inclination to learn sexuality education. A comprehensive and age-appropriate sexuality education was suggested by the study.

Research Methodology

The study had used a descriptive research design as there was no literature available that described the HIV/AIDS and sexuality knowledge among high school students of Chandel district, Manipur, who are in the age group of 10-20 years. The universe of the present study included schools representing four different types of schools predominantly prevalent in Chandel district; namely central Govt. schools, faith based private schools, state Govt. schools and non faith based private schools of Chandel district. The sample of the study comprised of a total of 80 participants; 20 participants (10 male & 10 female) each drawn from the four participating schools representing four different types of schools predominantly prevalent in Chandel district. The study adopted a non-probability sampling method and a purposive sampling technique was employed. Data for the study were collected from both primary and secondary sources via self-administered questionnaires, focus group discussions (FGDs), review of literature, document analysis etc.

Aim of the Study

To assess the level of HIV/AIDS and Sexuality Knowledge among the High School Students

Result and Discussion

Knowledge about HIV/AIDS

The present study denotes that all the students (100%; n=80) have heard about HIV/AIDS. The study also found that most of the students had fair knowledge about different aspects of HIV/AIDS such as cause of AIDS, the ways in which HIV/AIDS is transmitted, misconception about HIV transmission, appearance of HIV positive person, transmission of HIV from an infected person with no sign and symptoms of the disease, measures required for prevention of HIV, safe sex, effectiveness of condom in preventing HIV transmission and main cause of HIV infection. However this study revealed that despite that fact that all the students have heard about HIV/AIDS only 21.25 per cent (n=17) and 27.5 per cent (n=22) knew the full forms of AIDS and HIV respectively. This knowledge was very low across the schools. None of the schools had half of its students knowing the full forms of AIDS and HIV. It reflects the tendency of awareness programmes that give excessive emphasis on transmission, prognosis and prevention of HIV/AIDS at the cost of other knowledge. Unlike other studies (Lal P et al. 2008 & S.K Wadhva et al. 1997) conducted across the country this study found school as the main source of knowledge about HIV/AIDS among the students apparently because mass media which is very common among students in other parts of the country remain relatively inaccessible in this region. Most of the students (57.5%; n=46) harboured a misconception that HIV is transmitted through mosquito bites and more than half of the students (51.25% =41) were not aware that treatment for cure of AIDS is not available. Majority of the students (78.75%; n=63) possessed a substantially positive attitude towards HIV students. There was mixed responses to the view that HIV/AIDS education can prevent HIV and other STDs, however majority (42.5%; n=34) of them agreed with the view. Most of the students (63.75%; n=51) reported that their schools had organised awareness programme on HIV/AIDS in the past. The study found that the performance of the students across the schools was erratic to conclude that respondents from one school had exceptionally high knowledge over the other. However, respondents from central Govt. school appeared to be little consistent than the other three schools in all aspects. There was no significant difference observed in

the knowledge between male and female students. The findings of the present study reiterate the need for HIV/AIDS education among the students. Since school remains the main source of HIV/AIDS knowledge for the students they must be targeted for HIV/AIDS intervention programmes. Due emphasis should be given to enhance students' knowledge about the full forms of HIV/AIDS and dispel the persistence of misconception regarding HIV transmission through mosquito bites. Teachers should lay emphasis on the fact that there is no treatment available for cure of AIDS. HIV/AIDS education in schools across the district should aim at inculcating prevention oriented behaviour and in developing a positive attitude towards AIDS and people living with HIV/AIDS (PLWHA).

Knowledge about Sexuality

The present study found that most students (68.75%; n=55) had a very limited understanding about sexuality education. Apparently because the sex education given to these students was confined to topics such as anatomy and reproduction which were integrated to science subject and taught to the students. This integration in a way helps to deal some aspects of sex education where sex education in toto is not part of the school curriculum. Among the major findings of the study 55 per cent (n=44) of the students did not know that all people are sexual whether or not they engage in sexual act or behavior and 52.5 per cent (n=42) did not know exploitation as one of the consequences of sexuality expressed negatively. The study observed that most of the students were aware about the fact that their friends were involved in some kinds of sexual activity. There is a possibility of some of them being involved in such activities. Because it has to be understood that during adolescence peer pressure is at an all time high and chances of succumbing to peer pressure cannot be ruled out completely. Most students in the study did not know the legal minimum age of marriage for boys (63.75%; n=51) than they know about the same for girls (32.5%; n=26). This gap in the knowledge is seen as the result of 'gender characterisation' prevailing in most of the society where male members often call the shots. The ignorance about legal minimum age of marriage might put adolescents in jeopardy of violating the law and make them vulnerable by exposing themselves to risky sexual activities very early in their lives. The study denoted that almost the entire students could not write the full forms of STDs (92.5%; n=74) and STIs (97.5%; n=78). Neither students from non faith based school nor state Govt. school knew the full form of STDs. Further, none from these schools along with central Govt. school knew the full form of STIs. The study also found that a higher proportion of students (46.25%; n=37) disagreed with the view that sexuality education is harmful for the school children (especially

from class VIII onwards). Judith Levine (2002) has also convincingly demonstrated that the harm – unwanted pregnancies, higher rates of STDs – comes from shielding children from sexual information, not exposing them to it (Michael S. Kimmel et al. 2004, pp. 438). Male students (26.25%; n=21) were found more open towards sexuality education than the female students (20%; n=16). Since school remained the main source of knowledge on sexuality for students in the study schools across the district should device plans to implement localised sex education that will benefit the students to take informed decision in any situation. Students had great faith in doctors to discuss their sexual problems with hence schools should tap the expertise of doctors to provide counselling to students and give health talks on routine basis.

Conclusion

Schools are central to HIV/AIDS and sex education intervention programmes as they provide opportunities for young people to develop life skills. Interventions linked with life-skills-based education have proved effective in delaying first sexual intercourse and, among sexually experienced young people, in increasing condom use and decreasing the number of sexual partners (Moya, 2002). There is strong evidence from around the world that learning about reproductive and sexual health does not increase the likelihood that young people will start having sex earlier (Kirby et al. 2005). Research shows that learning about HIV and sex before young people start sexual activity reduces their risk of contracting HIV. Therefore schools should play a critical role in preventing HIV/AIDS among young people and in mitigating the effects of HIV and AIDS on individuals, their families and communities by effectively educating their students on HIV/AIDS and sexuality knowledge. There is no denying the fact that school-based HIV/AIDS and sex education intervention programmes are very much required to enhance HIV-related knowledge and shape safer sexual behaviours among the young people. However the bigger question remains, who will impart this sensitive area of education to the children in the schools? The task of educating school students on HIV/AIDS and sexuality does not solely belong to school teachers. It could be effectively performed by professionals from diverse sectors (e.g. teachers, social workers, nurses, counsellors, medical students, etc.). However, social workers with their interdisciplinary knowledge, skills and approach might hold an edge over other professionals. The pressure to conform to the entrenched social and cultural construction of gender and sexuality may not facilitate discussions on sexuality openly and without biases. This places professional social worker in a better position to address these issues in a holistic manner as they possess unique interdisciplinary knowledge with total adherence to the core values and principles of social work profession which have no place for gender biases or anyforms of discrimination.

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