



## HIV/AIDS Awareness Among IGNOU Learners: A Sample Study of Andhra Pradesh Learners

P. SIVASWAROOP and P. N. S. MADHURI  
IGNOU Regional Centre, NAGPUR, INDIA  
psivaswaroop@ignou.ac.in

### ABSTRACT :

HIV/AIDS – Gives a jerk in listener’s mind and body. It creates Tsunami waves for general Public. Prevention is the only way to be saved from this dreaded disease. Whether knowingly or unknowingly if any one is infected, the person has to sacrifice his/her life. There is no excuse or exemption. There can be a time difference between infection and death, but the death is confirmed. So, AWARENESS is very crucial in saving oneself from this tragic end. This awareness is also important among various sections of the Society especially to prevent “Social Killing” of People Living With HIV(PLWHA). It is said that PLWHAs get a death like situation twice. One is the physical death and the other is due to the ill treatment by the Society, because of stigma and apathy attached to the disease. So, to avoid this “Social killing”, there should be proper awareness on the routes of spread of the disease etc. Even though there were many reports on HIV awareness of different sections of the Society, including college students, but there are no such reports on HIV awareness of Distance Learners. This article reports the results of such study.

Keywords: HIV/AIDS, Basics, Spread, Awareness, Prevention, Learners

### I. INTRODUCTION

If there is a cancer patient, he/she gets all possible support and sympathy from then near and dear and neighbours. But if there is a HIV patient, he/she and their family is ostracized and will be socially boycotted. Even family members, some times hate the patient. Because, HIV is believed to be originated with an unethical or immoral behaviour.

But, there are infants born with HIV, then what unethical behaviour the just born Baby, might have committed! It means, there are misconceptions and myths in the public mind about HIV. So, assessing the awareness levels of different sections of the Society is essential, so that suitable strategies can be adopted to suit their requirements. Often a question arises that why HIV/AIDS given more prominence? It

has two possible reasons.

#### I.1. The Numbers:

The worst ever plague faced by Human race was stated to be during 14<sup>th</sup>/15<sup>th</sup> Century, killing around 65 million people in 150 years. It happened 700 years ago, when Science was not much advanced. Today Science has advanced so much and HIV/AIDS has claimed 3 million people and another 40 million are carrying the Virus, for whom the Death is delayed. In USA alone, by 2001, 4,38,795 Americans died, which is more than those who died during World War I and II combined. (Arvind & Everett, p.41, 2003).

#### I.2. The Spreading Method:

HIV is not an infectious disease of ordinary kind. Unlike Cholera, it is not

transmitted through contaminated water. Unlike plague, it can not be transmitted through insect. It is not transmitted through air, like influenza or TB, not through physical touch like fungal infection. Unlike all these, HIV transmission requires active participation of an individual in activities, in which bodily fluids are exchanged. That means, theoretically HIV's spread can be controlled. (Arvind & Everett, p.73, 2003).

The control is possible by creating awareness in the people during their active participation in activities which may lead to HIV.

The Global AIDS crisis began with a report of a cluster of rare pneumonias among gaymen, published in the bulletin "Morbidity and Mortality" weekly report on 5<sup>th</sup> June 1981. Now HIV/AIDS has become a Universal problem and is omnipresent. It attacks all people, irrespective of their caste, creed, religion or region. But certain behaviours encourage the virus transmission fast. These behaviours are associated with certain groups of people. Some such groups are Commercial Sex Workers (CSW), Injecting Drug Users (IDU), Truck Drivers (TD). These groups have a catalytic effect in the spread of the Virus. One of the effective ways to reduce the spread in general population is to reduce transmission among such groups, which are at higher risk. This is called "Targeted Intervention" Sivaswaroop (2004) made a study on the Targeted Intervention of Truck Drivers in Madhya Pradesh.

#### I.3. Epidemic Trends:

The latest Global Trend in HIV incidence rate appears to be stabilized, after a continuous rise over two decades. It is perhaps due to the changes in behaviour and prevention programmes, besides the mortality of AIDS patients. However the People Living with HIV/AIDS (PLWHA) is increasing due to population growth and the life prolonging effects of Anti Retroviral Drugs (ARV) (UNAIDS, 2007).

In 2007, UNAIDS released HIV/AIDS estimates, which are less than those published in December 2005. This is more striking when it is seen that this revised data includes all adults '15 years and older' as opposed to the earlier group of 15-49 years. Because with increased medical facilities, a substantial portion of people are living with HIV and live beyond 50 years. However most of the differences are due to increased availability of reliable data, including the growing number of population based HIV prevalence surveys in many countries.

Even in India, the estimates have come down to 2.5 million from 4.8 million (UNAIDS, 2007). The revised estimates have been possible largely due to three main factors:

- i) A new population based survey
- ii) Expanded sentinel surveillance
- iii) Revised methodology to make the best use of the new data sources

#### I.4. Prevention Methods:

Different countries follow different preventive methods depending on their socio, economic and cultural backgrounds. Uganda, followed a ABC strategy, which was successful in reducing the 20% prevalence in 1990s to 7% in 2005. The ABC stand for

- A – Abstinence (encouraging young people not to have sex)
  - B - Being faithful (persuading adults to limit their number of Sexual partners)
  - C - Condoms (for those who could not or would not follow either A or B)
- (Peter Gill, p.40).

In India, it was often felt that AIDS was a foreign disease and could never spread in its family centred Society. But the spread is being very high, next to South Africa only. Perhaps the illiteracy, the ignorance, the half knowledge also adds to this spread. So, awareness and basic, factual information is vital for reducing the spread and thereby reducing the risk to the individual and to the Society.

### I.5. Awareness Surveys:

There were different surveys conducted to assess the HIV/AIDS awareness among different sections of the Society.

UNFPA reports that only small sections of the youth have the knowledge to protect themselves from HIV/AIDS. It is 21% in Sub Saharan Africa, 13% in South East Asia (UNFPA Fact Sheet). Even in India, 73% of the Youth housed misconceptions about the method of transmission of HIV/AIDS. (<http://www.medindia.net/news/view-main-print.new2.asp?x=17249>). A Survey made in Aurangabad showed that even 44% Doctors felt they could contact HIV/AIDS from their infected patients. 40% general public felt HIV can be spread through mosquito bite. (<http://www.newkerala.com/july.php?action=fullnews&id=47777>).

Andhra Pradesh has large network of National Highways and large migrant population. Awareness levels have gone up due to efforts of AP State Aids Control Society (APSACS). It was 44% among urban women in 1998 (NFHS II) and 96 % in 2001 (BSS 2001).

In Hyderabad, the District Collector stated that out of 71,831 pregnant women tested from January to August 2007, 720 cases were tested positive.

There were different studies on awareness among different sections of the Society, but none on among Distance Learners. This study attempts in this direction.

### I. 6. Methodology & Sample:

Questionnaire method was followed for assessing the awareness.

Among the IGNOU programmes, in Andhra Pradesh, MCA, and BEd programmes are highly popular. So, the two programmes are chosen for sample. The eligibility for admission to these programmes is:

MCA: Any graduate with or without Computer and Mathematics background. They need not be employed.

BEd: Employed graduate teachers with minimum 2 years experience.

For a fair combination of Urban, Rural population, two centers were selected to represent this. One is in Hyderabad (Urban) and the other is in rural surroundings at Rajamundry (East Godavari district) of coastal Andhra Pradesh.

The MCA- I year students of Aurora's Degree College, Chikkadpally Hyderabad ( SC Code -0111 ) and the BEd Students of government IASE, Rajamundry ( PSC code -0131P ) were selected. The survey was conducted during May2007, when the BEd students were attending their workshop and MCA students were attending their lab sessions.

The questionnaires were given to the students and were given time to return the filled in forms. The data was analyzed using MS Excel.

The questionnaire consists of 35 questions. Initial 06 questions are to assess their socio- economic background and remaining were about assessing their HIV awareness.

## II. RESULTS AND DISCUSSION:

### II.1. Socio-Economic Data:

The total sample size is 176. Out of which 100 are MCA students and 76 are B Ed students. Their socio- economic details are given below.

Important points of Observation from this Table are:

- Among MCA students 2/3<sup>rd</sup> are under 25 years age, where as in BEd only 10% are in this age group. 86% of B Ed are in 26-40 age group.
- Similarly 78% B Ed respondents are married, where as in MCA 73% are unmarried.
- 30% of MCA are unemployed.
- Half of BEd respondents are with less than Rs.5, 000/- per month income; where as 50% of MCA respondents are with income between 5, 000 to 10, 000.

Table1: Socio-Economic Data of the Sample.

Parameter	Response		
	Total	MCA	B. Ed
Total	176	100	76
<b>Gender</b>			
Male	106(60)	62(62)	44(58)
Female	70(40)	38(38)	32(42)
<b>Age Group</b>			
20-25	72(41)	64(64)	08(10)
26-30	51(29)	19(19)	32(43)
31-40	49(28)	15(15)	34(45)
40+	05(02)	02(02)	03(02)
<b>Marital Status</b>			
Married	85(48)	26(26)	59(78)
Unmarried	88(50)	73(73)	15(20)
Window/ Divorce	03(02)	01(01)	02(02)
<b>Employment/Status</b>			
Employed	131(74)	66(66)	65(86)
Unemployed	38(22)	30(30)	08(10)
Retired	03(02)	02(02)	01(01)
Any other	04(02)	02(02)	02(02)
<b>Educational Qualification</b>			
BA/BCOM/BS C	99(56)	61(61)	38(50)
MA/MCOM/ MSC	41(23)	12(2)	29(38)
Professional Degree	04(02)	01(01)	03(04)
Others	32(19)	26(26)	06(08)
<b>Monthly Income</b>			
<5, 000	73(41)	34(34)	39(51)
5-10, 000	80(45)	47(47)	33(43)
10-15, 000	15(08)	13(13)	02(03)
>15, 000	08(06)	06(6)	02(03)

Figures in brackets represent the percentage of that particular category.

## II.2. Basics of HIV/AIDS

It is strange to know that 6% of the total sample (and 11% of MCA) does not know full form of AIDS. It is further strange that all these are MCA students. It reflects the unawareness among youth and 3% could not recognize the full form of AIDS.

11% of the total sample does not know that HIV and AIDS represent different stages of HIV and 22% clearly said in negative. That means 33% (i.e.) 1/3<sup>rd</sup> of the sample (who are graduates) does not know that HIV and AIDS are different stages of the same disease.

42% are not aware that AIDS is the advanced stage of HIV. It is striking to note that even 32% (i.e.) 1/3<sup>rd</sup> of working teachers are also not aware of it.

## II. 3. Spreading of HIV

The following table reflects the responses of the MCA and BEd students on how the HIV virus spreads.

Table 2: Learner's Feedback :

Parameter	Response		
	Total	MCA	B.Ed
<b>Means of spreading</b>			
Unsafe sex	12(7)	07(07)	05(07)
Blood	05(3)	03(03)	02(02)
Injection	07(4)	06(06)	01(01)
Mother to child	00(0)	00(0)	00(0)
All the same	151(85)	83(83)	68(90)
<b>HIV spreads through</b>			
a) Hand shake:			
YES	03(02)	03(03)	00(0)
NO	169(96)	95(95)	74(98)
Don't know	04(02)	02(02)	00(02)
b) Taking food together			
YES	4(2)	4(4)	00(0)
NO	168(96)	92(92)	76(100)
Don't know	4(2)	4(4)	00(0)
c) Through mosquito bite			
YES	15(09)	11(11)	04(06)
NO	154(88)	83(83)	71(93)
Don't know	07(03)	06(06)	01(01)
<b>Healthy looking person can be affected with HIV?</b>			
YES	138(79)	76(76)	62(82)
NO	31(18)	21(21)	11(14)
Don't know	06(03)	03(03)	03(04)
<b>Do you know alcohol increases HIV?</b>			
YES	88(50)	36(36)	52(68)
NO	52(30)	36(36)	16(21)
Don't know	36(20)	28(28)	08(11)

Figures in brackets represent the percentage of that particular category.

## II 4. Important observations are:

- a) 15% of the total sample stated that anyone among unsafe sex, or blood or injection cause HIV spread, where as 85% felt all of them are the routes. 17% of MCA students have this partial knowledge only.

- b) Only 4% felt, it spreads through handshake and 14% felt, it spreads by taking food together.
- c) 12% felt, mosquito bite is also one of the means for HIV transmission. 17% of MCA respondents had this opinion.
- d) 21% opined that a healthy person cannot be infected with HIV.
- e) 1/2 of the sample are not aware that alcohol taking can increase HIV incidence. 2/3 rd of MCA students have this opinion.

#### II. 5. General Awareness:

- a) "Safe Sex" is the frequently used phrase in HIV/AIDS propaganda. When asked about safe sex meaning, around 22% respondents are not aware of what it means. It is striking to know that this is equal both in MCA and BEd students. That means for working teachers also it is not clear.
- b) When asked about which component is tested for HIV, 95% correctly stated as "Blood"
- c) When tested their knowledge on the names of the special HIV test (i.e.) ELISA, West Blot or both, 58% stated both, 35% stated only ELISA.
- d) 87% felt that HIV virus mostly present in reproductive organ secretion.
- e) 81% felt that there is no medicine or vaccine to cure HIV. Only 74% MCA students felt that there is no medicine. That means 26% either emphatically say medicine is there or does not know.
- f) 17% of the respondents are not aware that HIV has spread from high risk behavior group to general population. 24% or 1/4<sup>th</sup> of MCA students expressed this ignorance.

#### II. 6. Communication Methods:

- a) When asked about whether the present AIDS awareness programmes are enough, only 75% felt in affirmative. Where as it is 65% only in MCA students.
- b) 54% of the respondents opined that the present awareness programmes

- are concentrating on use of condom alone. It is 63% among BEd students.
- c) 74% felt TV is most effective medium for HIV/AIDS awareness programmes. Cinema, Radio and news papers are not much preferred. Some suggested pamphlets, door to door campaign etc.
- d) There are heated discussions going on about in which age group the HIV awareness be imparted. For the question, 60% of the present sample respondents felt it should be from 15-20 years. Where as 28% felt it should be in 10-15 years.

#### II. 7. General Issues:

- a) When asked about which state in India has highest HIV infected people, 65% named Andhra Pradesh. The other states in decreasing response are Tamil Nadu, Karnataka and U.P
- b) 74% felt strong family relation will reduce occurrence of HIV/AIDS. But one third of MCA respondents felt not in that way.
- c) The students were asked their opinion on whether they think ethical, moral and religious behaviour will reduce occurrence of HIV/AIDS. Only 2/3<sup>rd</sup> felt in support of it. It is around 1/2 of MCA sample only.
- d) 60% of the students are aware that IGNOU is offering academic programmes on HIV/AIDS.
- e) Only 29% are aware correctly that IGNOU is offering both 6 month certificate and 1 year Diploma programmes. 57% replied only certificate programmes. This may be so, because all of them are in their I year of study and so their contact with IGNOU is shorter.

#### II. 8. Miscellaneous:

- a) When asked about, whether HIV symptoms are visible immediately after infection, 84% said no. But 22% of MCA students said either 'yes' or they are not aware.



- b) 28% of the respondents said they know a HIV/AIDS suffering person. 43% of B Ed students know such person.
- c) The main problem with HIV/AIDS is general society's stigma and anger towards infected people. So to gauge such behavior among the sample students, they were asked to state how they treat HIV infected person. It is glad to note that 89% replied they treat normally. But one peculiar observation is that the stigma is visible in more matured B Ed students, as 15% of them said they will treat with insult/anger/lookdown the HIV infected people. Where as only 6% MCA students felt so.

#### II. 9. General Comments:

Prevention is better than cure, especially for AIDS.

- i) Please give more ads on this HIV awareness programme.
- ii) AIDS is not a disease.
- iii) Don't treat the persons who are suffering from AIDS with insult. Make them happy.
- iv) More of spiritual messages will reduce spread of HIV.
- v) Still need more and more Ads on AIDS awareness.
- vi) We should take care of infected people and we should encourage them to be positive towards the activities of life.
- vii) Disease like AIDS remove only through awareness
- viii) No sex before marriage
- ix) Be Indian and follow Indian culture
- x) Knowledge of AIDS is prevention of AIDS.
- xi) Discuss with others and be safe.
- xii) We should treat infected people with good heart and should be kind to them.
- xiii) Being aware and careful will make India a better country, contributing to better world.
- xiv) Good on the part of IGNOU to

conduct these types of questionnaires. These type of questionnaires should not only be restricted to IGNOU, but to all students.

- xv) Every one should know and discuss about it.

#### III. CONCLUSIONS:

The major observations of this study are summarized as follows:

- 1) 11% of MCA students couldnot recognize the full form of AIDS.
- 2) 33% of the sample don't know that HIV and AIDS are different stages of same disease.
- 3) 42% are not aware that AIDS is the advanced stage of HIV.
- 4) 17% of MCA students have partial knowledge about spread of HIV and identify only one route among unsafe sex, blood, injection.
- 5) 17% of MCA students also felt it spreads though mosquito bite.
- 6) 66% of MCA students don't think that alcohol consumption increases vulnerability to HIV
- 7) 22% of total sample are not aware of the meaning of 'safe sex'.
- 8) 54% felt the present HIV awareness campaign is more concentrating on condom use only.
- 9) 60% respondents felt 15-20 years is the right age to introduce HIV awareness.
- 10) 74% felt strong family relations will reduce occurrence of HIV/ AIDS.
- 11) 66% felt moral behavior also reduce occurrence of HIV/ AIDS
- 12) 28% of sample know a person affected with HIV.
- 13) 89% replied they treat HIV infected person normally.

This first ever survey on HIV awareness among IGNOU learners show that more concerted efforts be taken to create more awareness. Short pamphlets or small booklets of HIV awareness be sent to all IGNOU registered learners.

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**Correspondence:** <sup>1</sup> Dr. P. Sivaswaroop, Regional Director, IGNOU Regional Centre, NAGPUR, INDIA. Dr. Sivaswaroop has been in the student support services of IGNOU for the last 16 years. His areas of interest are HIV/AIDS, Ethical and IPR Issues, especially related to ODL system, besides his own parent field of Chemistry. E.mail: [psivaswaroop@ignou.ac.in](mailto:psivaswaroop@ignou.ac.in). <sup>2</sup> P. N. S. MADHURI is a school teacher actively engaged in creating awareness among school children about HIV/AIDS and pursued Diploma in HIV/Family Education in IGNOU.

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