

**AWARENESS ON AIDS AMONG YOUTH IN  
KAMRUP DISTRICT, ASSAM STATE.**

By

**ANAMIKA DAS**

A THESIS SUBMITTED TO THE AVINASHILINGAM INSTITUTE FOR HOME SCIENCE AND  
HIGHER EDUCATION FOR WOMEN (DEEMED UNIVERSITY), COIMBATORE - 641 043  
IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF  
**MASTER OF SCIENCE**  
**IN HOMESCIENCE EXTENSION EDUCATION**

**MAY 1997**


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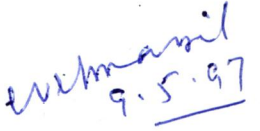
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(Certified as **Bonafide** Research Work)

  
Signature of the Head  
of the Department

  
Signature of the  
Guide

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# Introduction

## INTRODUCTION

"Health is not mainly an issue of doctors, social service and hospitals. It is an issue of social justice"

Health is a common theme in most cultures. In fact all communities have their concepts of health as part of their culture. Health is the absence of disease (Park, 1995). The enjoyment of highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief and economic or social condition. The health of all people is fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of individuals and states (WHO, 1959). Health is a state of complete physical, mental and social well being and not merely an absence of disease or infirmity (WHO, 1948 and Dalrymple, 1959).

The major health problems are due to communicable diseases. The communicable disease is an illness due to a specific infectious agent or its toxic products capable of being directly or indirectly transmitted from man to man, animal to animal or from the environment (through air, dust, soil, water, food, etc.) to man or animal. Communicable diseases may be transmitted from the reservoir or sources of infection to a susceptible individual in different ways

depending upon the infectious agent, portal of entry and the local ecological conditions. An infectious disease is transmitted by only one route, e.g., typhoid fever by vehicle transmission and common cold by direct contact. But there are others which may be transmitted by several routes, e.g. AIDS, salmonellosis, hepatitis B. etc. The multiple transmission routes enhance the survival of the infectious agent. AIDS is contracted by direct contact (Park, 1995).

As the name implies it is a condition caused by a deficiency in the body's immune system. Acquired means from the environment opposed to inherited. Immune deficiency implies poor body defence mechanism against infections. Syndrome means a collection of 70 or more symptoms, which results from damage that a particular virus does to the body's inbuilt ability to fight off various kinds of diseases. Thus AIDS is a viral disease (Jain, 1994 and Jaganathan, 1992).

AIDS is the scourge of the last two decades of the twentieth century. The WHO (World Health Organisation) has estimated that by 2000 A.D. nearly 40 million of the entire world population would be affected by the Human Immuno Deficiency Virus (HIV) infection, while the total number of full blown AIDS cases would be 12 million. Over 10 million children are likely to be affected. The AIDS virus destroys

the body's immune system against disease. Hence the person becomes susceptible to all kinds of diseases and slowly dies (Ajaz, 1994 and Health Action, 1994).

AIDS is caused by the virus called Human Immuno Deficiency Virus (HIV). It is not a single virus but a family of many viruses called retroviruses. When a person is infected with HIV nothing is visible on the exterior but it is possible for the person to still infect others. A person with HIV is said to be "having AIDS" only when his immune system is totally broken down and does not respond to treatment. The virus (HIV) enters and destroys the crucial white blood cells known as T4 lymphocytes that are capable of protecting the body from various diseases. With the collapse of the immune system, the AIDS patient develops a variety of infections, ordinarily checked by a normal system and ultimately succumbs to these so called opportunistic infections (William et al., 1996 and Bharat and Ajaz, 1994).

Once infected by HIV, a person remains infectious for the rest of his/her life. After being infected, a person may remain healthy for a very long time ranging from months even upto or over ten years before the AIDS develops. For a time ranging from few weeks upto six months, a person may be in 'Window period' which refers to the time when the antigens

indicating the presence of the virus are absent in the blood. Because the lack of these antigens in the blood, any HIV test will yield a negative result even though the virus is in the body. Usually the antigens are present after six months at which time a HIV test will be positive (Chitate, 1995 and Black, 1996).

There is no cure for AIDS and there is no vaccine that can prevent HIV infection. Once a person is infected with HIV, there is no antiviral drug which can rid the body of HIV. There is still no drug that can cure AIDS or even make a significant long term impact on the disease. In the absence of cure or vaccine, the only methods available to stem the spread of HIV are information, education and prevention activities to promote changes in behaviour (Latha, 1992; Francis, 1994 and Health Action, 1994). AIDS and HIV infections are not distributed randomly. HIV has affected different groups or subgroups around the world at different rates at different times (Gupta, 1996 and Chitate and Sengupta, 1995).

Assam is one of the north eastern states of the country, where intravenous drug addicts were found to be affected much along with sexual contacts and the studies with regard to this are scanty. Having realised that AIDS is a dangerous disease, it is needed to study that how far the

youth are aware of AIDS, as youth are the important potential groups to be cared of, in any country. Hence, this study was undertaken with the following objectives : To

1. assess the awareness on AIDS among youth in Kamrup District, Assam State and
2. suggest suitable measures to educate the youth on HIV/AIDS, based on the assessment.

# Review of Literature

## II. REVIEW OF LITERATURE

The review of literature pertaining to this study is discussed as under :

- A. HIV/AIDS : Facts
- B. Youth and AIDS
- C. Research Highlights in the Field

### A. HIV/AIDS : FACTS

The Acquired Immuno Deficiency Syndrome (AIDS) pandemic which is sweeping across the continents forebodes a grim future for the world. Millions of people are already living in the shadow of death, their lives cut short and blighted by the fear of impending doom. Thousands of mothers have given births to infected babies, thousands of children have become orphans to the scourage of AIDS. The world has witnessed such rapid and radical changes in the last few decades that it is impossible to distinguish Mumbai from Manhattan (Sharma, 1996).

In 1981, doctors in Los Angeles found themselves baffled by a strange disease. Apparently healthy young men were developing pneumonia caused by a micro-organism. *Pneumocystis carinii* does not usually cause the disease in healthy persons. This unusual infection had been found previously only in persons whose immunity systems had been weakened as a result of treatment with powerful medicines

(such as anti-cancer agents or immuno suppressor agents). At the sametime in New York came across another puzzling disease in young men. This was a rare skin cancer called Kaposi's Sarcoma that had also been previously only reported in people with damaged immune systems. Researchers found that these young men were all homosexuals, many of whom were also suffering from sexually transmitted diseases, such as gonorrhoea and syphilis (Hubley et al., 1995; Ali and Sharma, 1995 and Pavri, 1992).

By 1982 the Centre for Disease Control in Atlanta, United States, decided that enough was known about the disease to arrive at a provisional case definition. AIDS was defined as the presence of reliably defined diseases that are due to an underlying immune deficiency, eg., pneumocystis carinii pneumonia or Kaposi's Sarcoma. This immune deficiency is not due to other known causes such as congenital disease, immuno-suppressant drugs or cancer (Hubley et al., 1996).

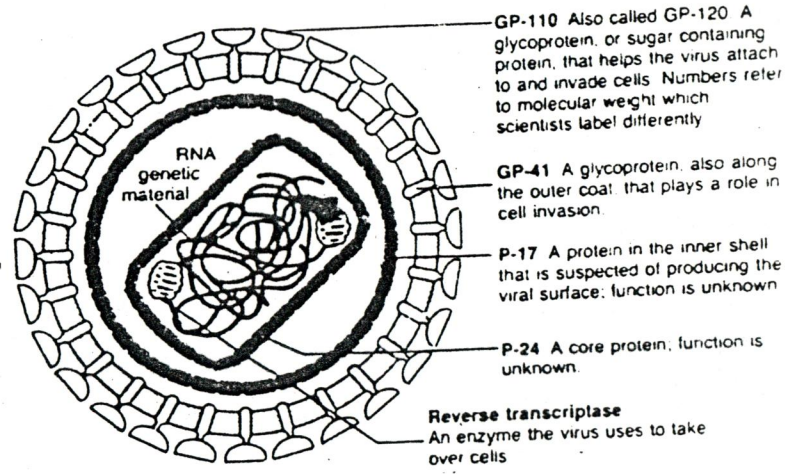
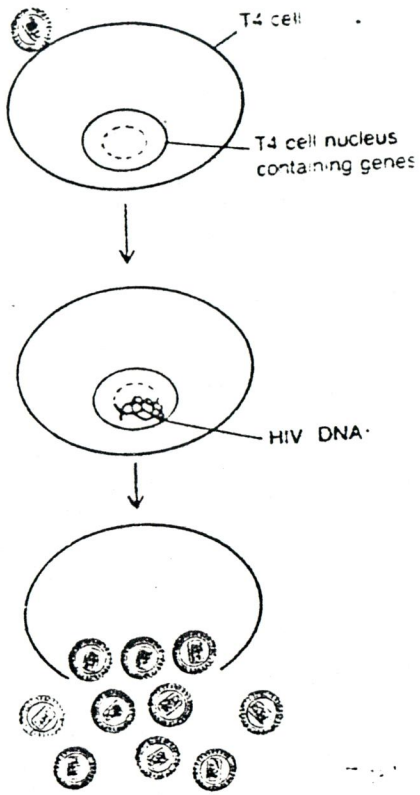
In Africa, doctors were also coming across patients with unusual symptoms. In Kigali, Ravanda and Kinshasha, Zaire there was an increase in the disease cryptococcal meningitis. In Rakai district in Uganda, a disease was found, where young people dramatically lost weight and died. This became known as 'slim disease'. In 1983, this same

wasting disease was reported in Zambia together with Kaposi's Sarcoma. It seemed likely that the diseases being found in Africa were the same as this new disease AIDS in USA (Hubley et al., 1996).

Luc Montagnier from the Pasteur Institute in France isolated a virus from the blood of AIDS patients which he called Lymphadenopathy Associated Virus or LAV. In 1984 Robert Gallo and his fellow workers at the National Cancer Institute in the United States isolated a virus that they called the Human T-cell Lymphotropic Virus or HTLV III. These two viruses were shown to be the same and in 1986 an international committee agreed to rename the virus as Human Immuno Deficiency Virus or HIV. Further work has shown that there is at least one other virus capable of producing the signs and symptoms of AIDS. The original virus has been called HIV-1 and second one HIV - 2 (Hubley et al., 1995).

HIV belongs to an unusual class of virus called 'retroviruses', where the genetic material is in the form of R.N.A. A virus such as HIV is 1/10,000 of a millimetre in diameter and can only be seen with an electron microscope. A diagram of HIV virus and its replications which causes AIDS is shown in Figure 1. It has a very simple structure (Hubley et al., 1995).

8a



REPLICATION OF THE HIV VIRUS.

STRUCTURE OF HUMAN IMMUNO DEFICIENCY VIRUS (HIV)

FIGURE - 1.

The virus is transmitted from person to person via body fluids such as semen and blood and through intravenous use of contaminated syringes and needles. It is also transmitted through sexual contact. New borns are infected at birth by infected mothers. Therefore AIDS is spread not only through homosexual but also through heterosexual contacts. It accounts for nearly 80 per cent of the AIDS cases transmitted through heterosexual contact. The blood distribution also continues to be highly unsafe and so is the manufacture of blood products. The rate of those infected with AIDS especially during surgery through contaminated blood or infected needles has also risen dramatically. AIDS is not spread by kissing, by mosquitoes, by sharing clothing or crockery or in swimming pools. The virus perishes immediately or at temperature above 56 degree centigrade (Bhopal, 1994).

The AIDS is silent at first but over months and years the person's immune defence diminishes. The infected individuals may experience diminished vision (weak eye sight), be easily fatigue, start losing weight, have unexplained sweating attacks and swollen glands, fever, depression and hallucination. Patients with full blown AIDS die from overwhelming infections, eg., pneumonia, meningitis, herps simplex, T.B. cancers, etc. At present no

specific treatment for AIDS has been developed apart from certain palliative drugs. All that can be done is to treat the 'opportunistic' infections which occur (Bhopal, 1994).

After a person has been infected with the virus, there is a period between 3 to 12 weeks before the body responds by the production of antibodies. During this period some people may experience a short bout of fever, that is believed to accompany the production of antibodies (Hubley et al., 1995).

No longer a disease of homosexuals only, every one of us is at risk though the risk is much greater for those indulging in sexually permissive life styles. They not only infect their sexual partners but through them innocent spouses and unborn children. The chances of infection through transmission of infected blood is infinitely greater (more than 90 per cent) than with a single sexual encounter. Similarly, the chances of getting infected due to contaminated syringes and needles are considerable. The risk of spreading infection is immeasurably increased by the fact that for a number of years after the initial infection, infected persons may apparently seem to be healthy (Thapar, 1996).

The virus of AIDS, called HIV, infects persons but does not produce illness for a very long time. The interval

between the exposure to virus (HIV infection) and the manifestation of the disease syndrome, i.e., AIDS, is called the incubation period. HIV infected persons generally remain overtly healthy during this period although they may harbour the virus in the blood. They, in fact, act as carriers of HIV and infect others (Moorjane, 1996 and Health Action, 1994).

The average incubation period is estimated to be around eight to ten years for adults. It is generally much shorter, around 18 to 24 months for children. It is estimated that about 50 per cent of infected adults develop AIDS within ten years of exposure to HIV. It is not possible to identify a person by looking at his/her face. Being clean or dressed properly does not mean that the person can not have HIV. AIDS is the last stage of the HIV disease spectrum (Pavri, 1992 and Aggarwal, 1995). HIV, how it affects the immune system is shown in Figure 2.

STDs (Sexually Transmitted Diseases) are those, that are mostly transmitted through sexual intercourse. AIDS is also a STD. Having other STD, increases the risk of getting or transmitting HIV. HIV is mostly sexually transmitted disease (75-80 per cent). STDs facilitate the acquisition and transmission of HIV infection. The same risk behaviours that predispose for STDs also predispose for HIV infection

# HOW HIV WEAKENS THE IMMUNE SYSTEM

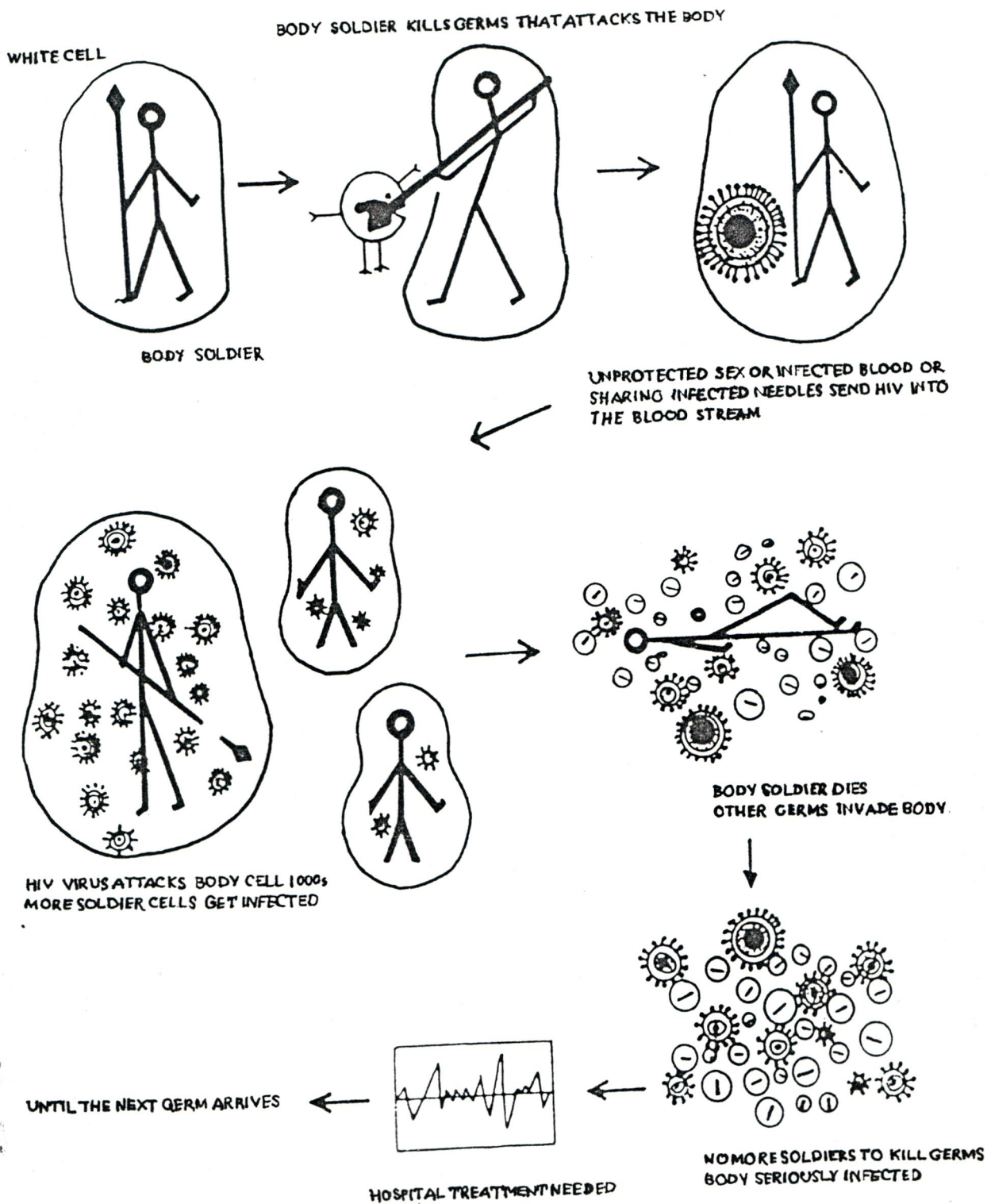


FIGURE - 2.

(that is unprotected sex with multiple partners). Prevention of STDs also prevents HIV/AIDS (University Talk AIDS, 1996).

Persons with HIV antibodies are not considered immune, but in contrast as carriers of HIV. Antibody tests are generally identified as 'indirect method' because they detect product of an immune reaction to the causative agent. Test to isolate (obtain) and/or detect the causative agent or its products (antigens) are included among the 'direct methods'. The first antibody test called 'Enzyme linked immunosorbant assay (ELISA or EIA)' was commercially available in industrialized countries in 1985. These have been employed since then in routine diagnosis, particularly for screening of blood donor. Western or (immuno) blot test is most widely applicable confirmatory test. HIV/AIDS has imparted to this last test an extraordinary importance. The test will tell whether antibodies to the virus are present in your body or not (Pavri, 1992).

The final generation antiviral drugs against HIV are known as 'nucleoside analogues' eg., AZT. These drugs work by blocking the action of an enzyme called reverse 'transcriptase', which the virus needs to replicate. Combinations of more than one drug against HIV are likely to be more effective than single drug, with many other diseases. No vaccine has yet been shown to protect against

infection with HIV, though several are undergoing trials (Newell, 1996; Francis, 1994 and Pavri, 1992).

HIV was first detected in India in 1986 when Pilot HIV surveillance activities were carried out among selected populations and in various locations to ascertain whether the virus was present in the country. Within six or seven years, it became evident that HIV infection was present in almost all parts of the country but was worst in the states of Maharashtra, Tamil Nadu and North Eastern states of Manipur, Nagaland and Mizoram. In the later three states, which border Myanmar, the main mode of the HIV transmission is through needle sharing by injecting drug users, where as in the rest of the country, most infections are transmitted through heterosexuals. The number of AIDS cases reported from all parts of the country is increasing (Lal and Thakur, 1996).

The health authorities of the government of India realising the threat and spread of HIV and AIDS organised in October 1985, through Indian Council of Medical Research (ICMR) screening of high risk groups with the aim of finding out whether HIV infection has reached India. Among the states Manipur stands first followed by Maharashtra and thirdly Tamil Nadu. India stands first in AIDS, as declared

in the 11th International AIDS Conference held at Vancouver, Canada on 12th July, 1996 (Indian Express, 1996) (Figure 3).

Table I clearly shows the state wise distribution of AIDS prevalence cases (as in 1995).

**TABLE I**  
**STATE WISE DISTRIBUTION OF HIV POSITIVE CASES IN INDIA**

S.No.	State	Cases screened	HIV + Ve
1.	Andhra Pradesh	29,690	96
2.	Assam	6,498	4
3.	Bihar	6,159	1
4.	Gujarat	1,18,517	237
5.	Goa	42,599	196
6.	Himachal Pradesh	9,668	11
7.	Haryana	65,586	39
8.	Jammu Kashmir	2,374	3
9.	Kerala	29,345	106
10.	Karnataka	1,49,665	208
11.	Manipur	13,398	1,734
12.	Maharashtra	1,67,584	5,034
13.	Mizoram	3,000	20
14.	Madhya Pradesh	36,046	44
15.	New Delhi	2,19,691	745
16.	Nagaland	1,239	112
17.	Orissa	13,789	1
18.	Pondichery	31,173	421
19.	Rajasthan	14,503	14
20.	Tamil Nadu	5,16,057	2,311
21.	Uttar Pradesh	43,536	265
23.	West Bengal	79,556	81

Source : Global AIDS News, 1995.

There were 27,43,913 samples screened for antibodies against HIV by the end of October 31, 1995. It was found that 21,131 cases were HIV seropositive including 2095 AIDS

### HIV Epidemic in India

1986 - HIV EPIDEMIC IN TAMIL NADU



THEREAFTER - HIV EPIDEMIC ALSO IN MAHARASHTRA AND MANIPUR



1994 - HIV EPIDEMIC IN ALL INDIAN STATES



### PROJECTIONS ON HIV PREVALENCE AND CUMULATIVE AIDS CASES IN INDIA (1991-1995)

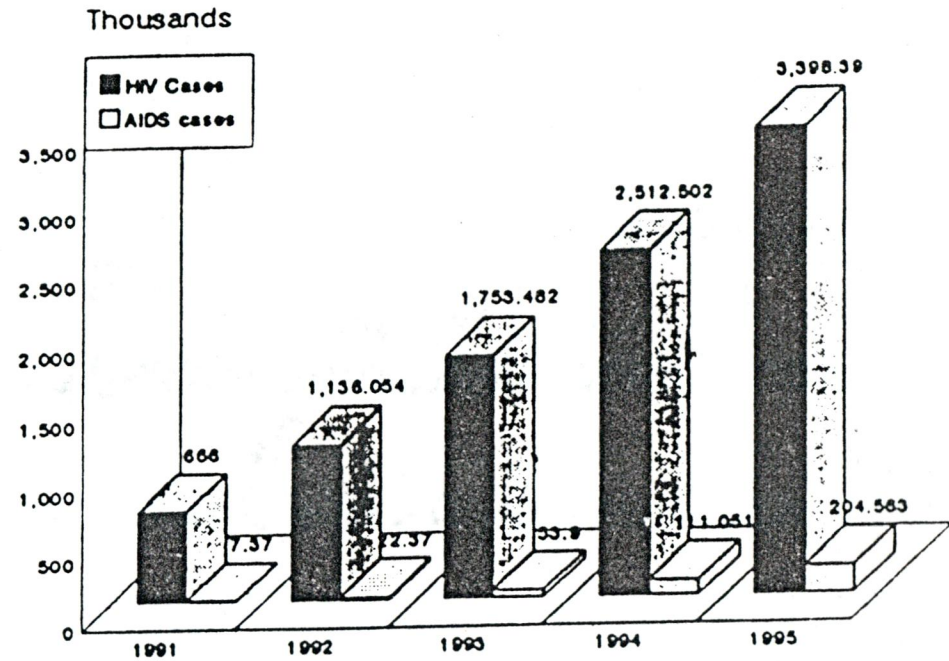


FIGURE - 3.

cases throughout India. Of the total reported AIDS cases there were 1569 males and 529 females (NACO, 1995).

Officially India has an HIV infected population of 17,124 and a roster of 1017 AIDS patients, 90 per cent of whom are dead. World Bank estimate of HIV carriers in the country number 2 million. In 1993 alone, 269 cases were reported and since the last update of country scenario the number of cases has increased to 849 cases (September, 1994). According to the available information the major concentration of infection remains in Bombay and Maharashtra state which may contain 5 per cent to 10 per cent of the country's infected individuals. The other known hot spots are Pune, Madras and Vellore (Rajkumar et al., 1996).

It is estimated that by the year 2000 as many as 8 million women and 10 million children could be infected with HIV. Clearly, there is a growing need for information and services aimed at preventing HIV transmission in women. From October 1983 to July 1993, a total of 18,13,870 people were screened for the AIDS virus by NACO, of them 12,510 were found to be sero positive for HIV. By July 1993, 444 cases of AIDS had been reported in India. And according to experts, the number would have increased to 50000 by 1995. According to WHO, by 1996 India will have 3 million HIV positive people and 170,000 cases of AIDS. Tamil Nadu

accounts for almost one third of the total HIV positive cases detected in the country. Of the 1032 AIDS cases detected so far, 345 are in Tamil Nadu (Rajkumar et al., 1996).

In North Eastern Region of India HIV virus occurs specially due to Intravenous Drug users. Manipur stands first in AIDS cases among the other states of North East. Till June 1990, 899 AIDS cases were found in Manipur and most of them were less than 30 years in age. Till December 1995, 3989 HIV positive cases were found in Manipur among them 99 persons were full blown AIDS victims (Ali and Sarmah, 1995).

The details of AIDS virus cases in north east are shown in Table II.

**TABLE II**  
**AIDS VIRUS CASES IN NORTH EAST**

State	Till Dec. 1994	Till Dec 1995
Manipur	2,138	3989
Nagaland	112	261
Assam	137	189
Mizoram	72	-
Meghalaya	45	53
Tripura	-	13
Arunachal Pradesh	1	2

In Assam also, HIV virus has spread all over the state. Till September 1995 the total HIV positive cases were 189, among them 11 persons were full blown AIDS victims. Among them seven persons had already died (Ali and Sharma, 1995).

Current data suggest that AIDS incidence may continue to increase during the next several years unless any dramatic progress is made both in the development of therapeutic interventions and in the improvement of access to medical care and therapy for HIV infected persons. Data show an increased burden of disease due to HIV infection among women and children, social, ethnic minorities and persons living in remote areas (Gupta, 1996).

#### **B. Youth and AIDS**

Youth is an important segment in India since time immemorial. In ancient days youth had special status. The ancient writers treated the youthhood as a stage of life with their own duties and obligations. Youth has been defined by the United Nations (1980) as being in the 15 to 24 age range (Simhadri, 1988; Flacks, 1989 and Kashyap, 1993).

United Nations Programme on AIDS (UNAIDS) says that sixty per cent of new HIV infections are among young people and this figure is steadily rising. The latest media reports

from world over about growing incidence of HIV positive cases among the young people in 15 to 24 age group (Ferguson, 1989, Barvazian, 1990 and Danziger, 1989).

"AIDS is the foremost disease of young", says the United Nations Children's Fund. Two thirds of those who get HIV will become infected before they turn 25. That the young people would be greater risk of contracting HIV was expected all along. It may shock the older generation to know that one in 20 adolescents world wide contract a sexually transmitted disease (STD) like gonorrhoea and chancroid, these days. This, naturally, increases the chances of younger people falling a prey to HIV transmission. Additionally, most young people are reluctant to seek treatment due to shame, embarrassment or fear that their parents will come to know about their being sexually active. Consequently, the spreading of HIV among young people mostly goes unreported till the very end (The Assam Tribune, 1997).

For the young person, girl or boy, growing up is also synonymous with risk taking, the later being a function of the environment in which he or she lives. For young people living in an economically and socially underprivileged environment or in broken families and for those living in and off the streets, the concept of risk taking may lack any meaning because risk taking is part of life itself. For such

young people, life may constitute a survival skill. In such conditions, even when they know the preventive measures they should take, they are in such a poor bargaining position that they are constantly forced into unprotected sexual intercourse with their partners/clients (Jha, 1994).

For the young, risk taking and experimentation is the order of the day and this includes experimenting not only with drugs, tobacco and alcohol, but also with sex. Heightened sexual urges in young people make them vulnerable to a whole host of problems, associated with sexuality - molestation and rape, teenage pregnancy, abortion and sexually transmitted disease (STD). The majority of STD infections that occur in the world are in the age group of fifteen to twenty four years. HIV infection also predominantly, affects the young. In fact, young people have been singled out, as a group in special need of health education about HIV and AIDS (Jha, 1994 and Yao, 1992).

It is becoming increasingly clear that if young people are vulnerable to pressure from their peers, they also learn a great deal from them. AIDS Prevention Programmes can and should positively exploit young people's gregarious nature and their susceptibility to peer pressure. Peer education perceived to be one of the most effective ways of creating

awareness among young people and of motivating them to adopt and maintain positive behaviour (Yao, 1992).

To protect youth from mental and physical health problems including HIV infection, the solution lies in changing their behaviour and attitude and this can be done through systematic knowledge dissemination related to HIV/AIDS/STDs and sexuality. Youth have in the past shown tremendous flexibility to adopt behaviour and take suitable action. Youth have a tremendous role in preventing the spread of HIV by protecting themselves as well as making more people aware about this epidemic (University Talk AIDS, 1996).

In India sex education at schools continues to be at the debating stage. Consequently, whatever young people learn about sex is picked up from the pornographic books and films. And this is not healthy sex at all. As far as access to condoms (both for males and females) goes the young people are too self-conscious to buy them across the counter. Naturally this puts them a greater risk of picking up HIV (The Assam Tribune, 1996).

The young people represent the workforce of the country and if they continue to contract HIV in increasing numbers, this is bound to hit our economic growth. Hence, the government should act boldly and initiate steps to save the

young from the dreaded AIDS. To bring with imparting of sex education to adolescents should be made a compulsory part of the curriculum in the schools. And this should include the imparting of information about HIV and its prevention (The Assam Tribune, 1996).

Among youth, it is the girls or women who are more at risk as far as HIV infection goes. World wide, upto 60 per cent of all HIV infections in females occur by the age of 20, says the World Health Organisation. While more behaviour tends to put them at greater risk of HIV infection, they are more likely to pay for sex, like injecting drugs, for example, it is women who are more vulnerable to HIV infection. The male : female ratio of HIV infection is changing dramatically. In 1990, women accounted only one quarter of adult cases, but in 1994, 40 per cent of the estimated 17 million HIV positive adults were women (The North - East Time, 1995).

Women are more vulnerable to HIV infection because of certain factors, such as biological factors, lack of proper knowledge about (and referral services for) problems relating to sex and sexuality and also to economic factors. Male to female transmission is 2-4 times more than female to male. The low status of women in society inhibits their ability to protect themselves from HIV infection (The Assam Tribune, 1997; The North-East Time, 1995 and Sarkar, 1995).

In the absence of a vaccine or cure the AIDS pandemic can only be controlled through a massive programme of public education. Each and every person can contribute to this process of education in different ways (Hubley et al., 1995; Nag, 1994; Pachauri, 1994 and Williams et al., 1996).

Awareness about HIV and AIDS is perhaps still superficial and alarmingly incomplete in all sections of the population (McDernott, 1991). All section implies rural, urban, educated, uneducated and it includes those who are in the medical field too (William et al., 1996).

The Non-Governmental Organisations have an important role to play by providing factual information in a more friendly way. The South India AIDS Action Programme based in Chennai is a Non-Governmental Organisation (NGO) working with truck drivers in many parts of Tamil Nadu. INSA India a Bangalore based NGO, has already initiated AIDS education in factories for the last few years (Hubley et al., 1995).

Radio has special advantages as a communication medium to disseminate message about AIDS. In India many people listen to radio even in remote rural areas, radio messages can reach people who are illiterate and education can be combined with entertainment. Television combines a spoken with a visual dimension. It is possible to show and demonstrate things visually (Hubley et al., 1995).

The UTA (University Talk AIDS) project is formed under the N.S.S. (National Service Scheme), to educate the student youth to control the spread of HIV/AIDS. The general AIDS Awareness Programmes may be enough for middle aged and older people but detail sexual education is essential to motivate the youth for a self disciplined life. We should ensure that every youth should get AIDS education before they leave the school, before they join an employment and before marriage. We may arrange AIDS education classes in sports clubs and in all other youth activity centres (U.G.C, 1996) (Figure 4).

The National AIDS Control Programme which has been operational since 1987, has been strengthened and consolidated since 1992 at an estimated cost of Rs. 222.60 crores for the period of 1992-97. A comprehensive strategic action plan for the prevention and control of HIV and AIDS in India has been drawn up by NACO, Ministry of Health and Family Welfare in collaboration with WHO (Rajkumar et al., 1996 and NACO, 1995).

### **C. Research Highlights in the Field**

A survey carried out by the National Family Health Survey (NFHS) (1992-1993) measured the knowledge about AIDS, among women in different population subgroups. It showed that only 23.4 and 18.6 per cent of them had heard about



AIDS in Tamil Nadu and Maharashtra respectively, where the infection of AIDS is high. In Arunachal Pradesh and Tripura, on the other hand, fewer than one in six women had heard of AIDS. More than four fifth of women had heard about AIDS in Delhi, Goa and Maharashtra through the television. Television is a source of knowledge for 60 to 70 per cent of women in Arunachal Pradesh, Assam, Tamil Nadu and Gujarat.

Vijayamalini (1993) conducted a study entitled, "Creating Awareness on AIDS Among Rural and Urban School Students". The areas selected for the study were Corporation Higher Secondary School (Ramakrishna Puram) and the Government Higher Secondary School (Sulur) in Coimbatore District. A sample consisting of 50 students were selected at random from each area, with a strength of 100. Seventy eight per cent of the sample were found to have known about HIV/AIDS through television. The other sources were radio broadcast, newspapers, books, magazines and family members. The knowledge gained by the sample with regard to awareness on HIV/AIDS mode of transmission, tests for HIV presence in the human body and prevention of AIDS were compared before and after the study. A significant increase in the level of knowledge by the sample with regard to the awareness on HIV/AIDS was observed.

Kubde et al. (1995) carried out a study entitled, 'AIDS Awareness among Nursing Students'. A Questionnaire was used to collect the data. The questionnaire comprised 28 factual and 10 attitudinal questions about AIDS. Nursing school attached to Government Medical College, Nagpur was chosen for the study. From the study, it is inferred that 80.9 per cent of the students had known that AIDS is life threatening disease; 31.9 per cent of the nursing students had said that AIDS is not at all serious, it is just like getting common cold. Only 42.2 per cent had considered, all areas susceptible to AIDS and 70 per cent have believed there is loss of immunity and it leads to opportunistic infections.

Dobe (1995) conducted a study entitled "Awareness on AIDS among health care professionals". It is being increasingly realised that doctors, nurses and other health personnel need proper orientation. In an attempt to examine this 'awareness', a survey of knowledge about HIV/AIDS was done among health care professionals. Fresh graduates, clinical students and pre-clinical students were also included along with nurses and technicians. Knowledge regarding testing procedures was quite poor among pre-clinical students. Relatively few students (20 %) and doctors (40 %) were aware of the availability of the test. Majority of the health professionals (80 % to 90 %) had poor

knowledge about proper decontamination and precautionary measures against exposures to contaminated blood and body fluids.

Ray et al. (1995) conducted a study entitled "An assessment of AIDS awareness programme for ICDS functionaries". An One Day AIDS Awareness Programme was organised in selected ICDS projects - Burdwan, 4 Parganas and Calcutta districts of West Bengal in 1994-95. The grass - root level ICDS functionaries participated in the workshop. The participants were subjected to pre and post assessment, using pretested written questionnaire, based on the knowledge imparted which probed their knowledge on different aspects of AIDS, namely, concept of causation, mode of transmission, salient signs and symptoms, prevention modalities and referrals. Pre assessment scores were observed to be 55.2 per cent, 39.3 per cent and 60.4 per cent of the total score, in 4 Parganas, Burdwan and Calcutta districts respectively. Post assessment scores were observed to be 91.9 per cent, 84.9 and 94.8 per cent in 4 Parganas, Burdwan and Calcutta districts respectively. It is justified that ICDS functionaries of all the districts were equally capable of understanding the basic aspects of AIDS through such type of awareness programme.

Kapali et al. (1995) carried out a study entitled 'The knowledge awareness of AIDS among students from selected colleges of Madras City'. The study relied on a survey with a structured questionnaire in English. A simple random sample of 25 male and 25 female students were taken from three colleges in Madras city. The study reveals a significant paucity in knowledge and awareness of AIDS/HIV. There is consensus of opinion on the view point that AIDS poses a serious threat to the future health status of the population of the world. Female students, possess relatively lower levels of knowledge and awareness. They exhibit resistance on being questioned and embarrassment seems to encourage and nurture ignorance. An intensive model of education is therefore a requisite for female students.

Kakoty (1995) carried out a study entitled "KABP study on HIV/AIDS on a cross section of people in Guwahati, Assam". This study was done on 496, by person to person interview in five different categories-daily wage earners, businessmen, teachers, house wives and officegoers and they found out that of the universe interviewed, 78.9 per cent had heard about conditions, only 57.7 per cent thought that HIV/AIDS is a problem in Guwahati, Assam and 36.3 per cent of the universe did not know, how one gets infected.

Williams et al. (1996) carried out a study entitled 'The HIV/AIDS awareness among the college students of North Arcot Ambedkar District of Tamil Nadu'. By using simple random sampling 40 students from each college were selected and the total number of students was 80. A structured questionnaire was used to collect the primary data. It can be stated that the students were not clear about whether the disease could be curable or not. Using condoms will prevent the spread of AIDS/HIV, is also not so clear to the students. From total responses for all the statements, it can be concluded that 43 per cent of the students had good knowledge about AIDS/HIV whereas 15 per cent have totally wrong notions of the facts. The rest 42 per cent said that they do not know about the facts of AIDS/HIV.

# Methodology

### III. METHODOLOGY

When we talk of research methodology we are not only talk of research methods but also consider the logic behind the methods are in use, in the context of our research study and explain why we are using a particular method or technique and why we are not using others so that the research results are capable of being evaluated either by the researcher himself or by others (Kothari, 1995).

The methodology of this study included the following :

- A. Topic
- B. Area
- C. Sample
- D. Tool
- E. Data Collection and
- F. Analysis

#### A. Topic

The topic for the study was titled as "Awareness on AIDS among Youth in Kamrup District, Assam State". This topic was selected for the following reasons :

1. AIDS, the Acquired Immuno Deficiency Syndrome is a newly described, usually fatal disease, which is a modern pandemic affecting both industrialised and developing countries. WHO (1995) estimated that there could be 10 to 15 lakh persons with HIV in India today,

which is a special case that needs used to be looked into and

2. Awareness of youth on AIDS is an important factor, as it is imperative to make the youth know the details of AIDS, so that the emotional elements in the situation can be charted out and taken into account, which can be a vital part of programme planning.

#### **B. Area**

The primary data utilised for the study were collected from one urban area and five rural areas (villages) of Kamrup district, Assam. The district is situated in South - West of Assam. Guwahati was selected as the urban area and its near by five villages, as rural areas which included Soalkuchi, Mirza, Monakuchi, Sonapur and Hajo, which are shown in Figure 5. Guwahati is the head quarters of Kamrup district and Dispur, the capital of Assam is a part of Guwahati City. The villages lie five to fifteen kilometres from Guwahati.

#### **C. Sample**

A sample is the part of universe which will be studied and which will make it possible to understand by extrapolation, the characteristics of the totality of the universe. The representative nature of the sample depends on its size but it is not proportional to it (Johari, 1988).

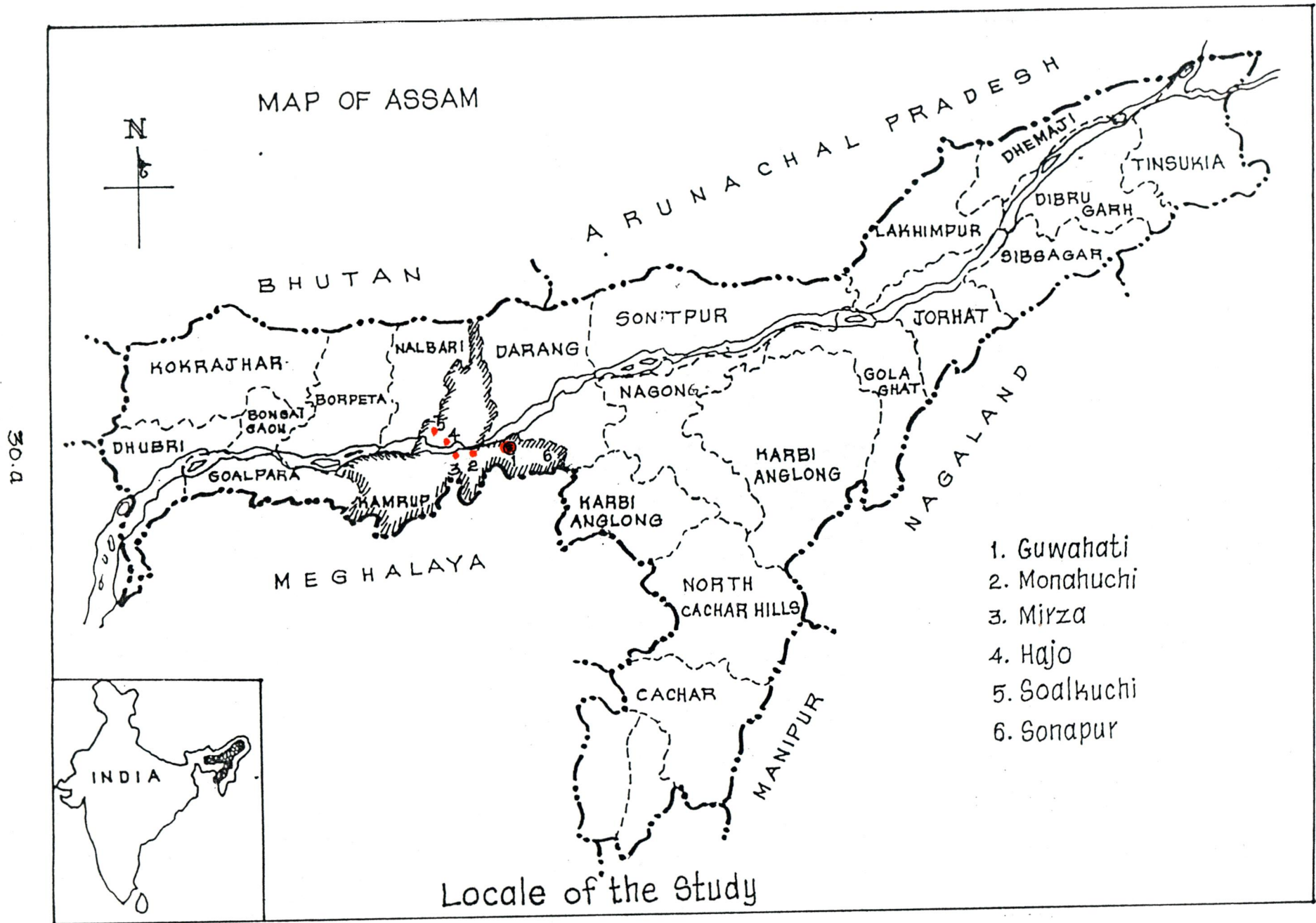
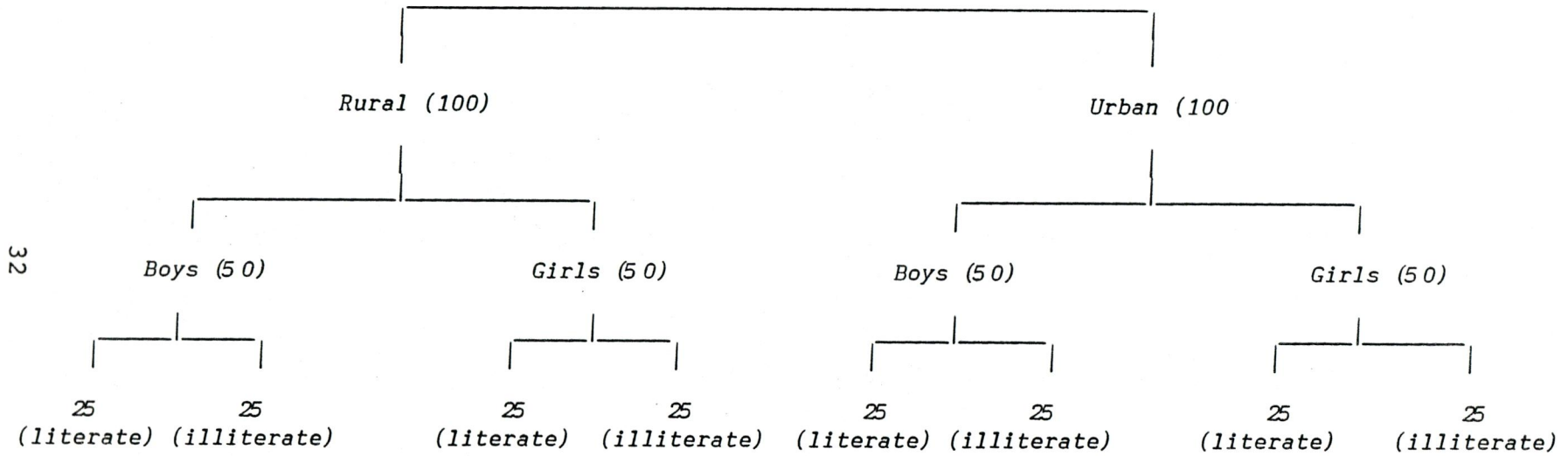


Figure. 5

A sample of 100 rural youth and 100 urban youth (100 literate and 100 illiterate) both boys and girls were selected from the considered urban and rural areas. Stratified random sampling was the method adopted to select the sample. In stratified random sampling the sampling is designed so that a designated number of items is chosen from each stratum (Gupta, 1995).

The sample thus selected was classified as given below:

Sample (200)



The sample are referred as 'respondents' here after.

#### D. Tool

The main tool constructed by the investigator for the study was an interview schedule. The primary data required were collected with the help of the schedule (Appendix I). A schedule is the name usually applied to a set of questions which are asked and filled in a face to face situation with another person (Gupta, 1995).

#### E. Data Collection

The investigator used interview method for data collection due to its various advantages as mentioned by Gupta (1995). The response was more encouraging as all the youth selected for the study were willing to supply information when approached personally. The information obtained by this method is likely to be more accurate because the interviewer can clear up doubts of the information and thus obtain correct information and it is also possible through personal interview schedule, to collect supplementary information about the informant's personal characteristics. Such information after proves very useful while interpreting results.

As the sample were 200, the interview schedule was found to be the best and suitable method to get reliable information and frank opinion regarding any issues of the survey on AIDS Awareness of Youth in this region.

## F. Analysis

Percentage analysis was used to analyse the data collected with the help of the schedule. The findings of the study are analysed and discussed under the following heads :

- i. Profile of the Respondents
- ii. Awareness on AIDS among Youth and
- iii. Suggestions of the respondents for AIDS Education

All these aspects are discussed in detail in the successive chapter.

## Results and Discussion

#### IV. RESULTS AND DISCUSSION

The primary empirical data collected for the study are presented and interpreted as under :

- A. Profile of the Respondents
- B. Awareness on AIDS Among Youth and
- C. Suggestions of the Respondents for AIDS Education

##### A. Profile of the Respondents

The profile of the selected respondents consists of

1. Age-wise distribution of the respondents
2. Educational level of the respondents
3. Marital status of the respondents
4. Occupational pattern of the parents
5. Monthly income of the families of the respondents  
and
6. Caste-wise distribution of the respondents

Though these have no direct relationship with the AIDS awareness of the respondents, as it is important to know their profile, the discussion on these aspects became essential.

##### 1. Age-wise distribution of the respondents

Table III presents the age-wise distribution of the respondents.

**TABLE III**  
**AGE-WISE DISTRIBUTION OF THE RESPONDENTS (IN PERCENTAGE)**

Group	Rural				Urban			
	Literate		Illiterate		Literate		Illiterate	
	16-20	21-24	16-20	21-24	16-20	21-24	16-20	21-24
Boys	56	44	56	44	76	24	52	48
Girls	72	28	60	40	52	48	68	32

The age groups between 16 and 20 years, among both literate and illiterate boys, were found to be 56 per cent which was highest in rural areas and among the literate boys, there were 76 per cent belonging to the same category which was highest in the urban area.

The age groups between 16 and 20 years were found 72 per cent among the literate girls which was highest in the rural areas and 68 per cent which was found to be highest in urban area among the illiterate girls.

In general it is understood that a majority of the respondents of both the sexes were between 16 and 20 years of age.

## 2. Educational level of the respondents

Table IV speaks for the educational level of the respondents.

**TABLE IV**  
**EDUCATIONAL LEVEL OF THE RESPONDENTS (IN PERCENTAGE)**

Group	Rural				Urban					
	Literate		Illiterate		Literate		Illiterate			
	HS	UG	PG	Proff.	HS	UG	PG	Proff.		
Boys	48	40	12	-	100	60	32	-	8	100
Girls	64	36	-	-	100	40	40	20	-	100

HS : Higher secondary ;      UG : Under graduate  
PG : Post graduate;          Proff.: Professional

About 48 per cent of the respondents (boys) had completed their higher secondary which was highest among the boys in rural areas and 60 per cent of the boys had completed their higher secondary in the urban area which was highest than the other levels of educational status.

Among the girls, 64 per cent of the respondents had completed their higher secondary which was highest in rural areas and 40 per cent of the girls were under graduates and a same percentage (40) had completed higher secondary which were highest in the urban area.

It is heartening to note that the respondents taken from rural areas in both the categories (boys and girls) were total illiterates, requiring attention to formulate suitable programmes for their literacy.

### 3. Marital status of the respondents

Table V explains the marital status of the respondents.

TABLE V

MARITAL STATUS OF THE RESPONDENTS (IN PERCENTAGE)

Group	Rural				Urban			
	Literate		Illiterate		Literate		Illiterate	
	Married	Unmarried	Married	Unmarried	Married	Unmarried	Married	Unmarried
Boys	-	100	12	88	-	100	8	92
Girls	12	88	-	100	4	96	36	64

Cent per cent of the boys belonging to both rural and urban areas irrespective of their educational and other backgrounds were unmarried and a majority of the rural and urban illiterate boys were also unmarried where as except the rural illiterate group, the other categories - rural literate, urban literate and urban illiterate girls were found to be married. This coincides with the national average age at marriage for girls (1991) which is 19.5 years that these girls were given in marriage at an early age. Perhaps this group seems to be the best group for AIDS education.

#### **14. Occupational pattern of the parents**

Table VI exhibits the occupational pattern of the parents of the respondents.

Table I: Infidelity

**TABLE VI**  
**OCCUPATIONAL PATTERN OF THE PARENTS (IN PERCENTAGE)**

Group	Rural										Urban									
	Literate					Illiterate					Literate					Illiterate				
	C	B	S	L	S.E.	C	B	S	L	S.E.	C	B	S	L	S.E.	C	B	S	L	S.E.
Boys	20	12	60	8	-	68	16	4	12	-	-	24	76	-	-	-	40	16	28	16
Girls	48	8	28	8	8	52	12	4	24	8	8	8	28	-	-	28	8	32	24	8

C - Cultivation  
 B - Business  
 S - Service  
 L - Labour  
 S.E. - Self-employed

Cultivation was the main occupation for 68 per cent of the parents of illiterate boys in rural areas which was the highest than the other types of occupations, where as service was the main occupation for 76 per cent of the parents of literate boys in the urban area, than the other types of occupations.

Cultivation was the main occupation for 52 per cent of the parents of illiterate girls in rural areas also which was the highest than the other types of occupations and service was the main occupation for 32 per cent of the parents of illiterate girls in the urban area.

Cultivation forms the major occupation for a majority of families of the respondents.

##### 5. Monthly income of the families

Table VII presents the monthly income of the families.

TABLE VII

## MONTHLY INCOME OF THE FAMILIES (in Rs.) (IN PERCENTAGE)

Group	Rural								Urban							
	Literate				Illiterate				Literate				Illiterate			
	Upto 2500	2501- 5000	5001- 7500	7501- 10000	Upto 2500	2501- 5000	5001- 7500	7501- 10000	Upto 2500	2501- 5000	5001- 7500	7501- 10000	Upto 2500	2501- 5000	5001- 7500	7501- 10000
Boys	20	64	12	4	52	44	4	-	-	52	20	28	16	44	24	16
Girls	48	40	12	-	28	64	8	-	4	32	24	40	40	48	-	12

Among the selected eight categories, the monthly income of the families for the literate boys was found to be between Rs. 2501 and 5000 per month, for the illiterate boys it was upto Rs. 2500 in rural areas and in the urban area the monthly income for literate and illiterate boys was found to be between Rs. 2501 and 5000 per month.

For the literate girls, the monthly income of their families was found to be upto 2500 per month and for illiterate girls it was found to be between Rs. 2501 and 5000 in rural areas and in the urban area for literate girls, the monthly income of these families was found to be between Rs. 7501 and 10000 per month and for illiterate girls it was found to be between Rs. 2501 and 5000.

The monthly income of the families poses a picture of these families belonging to middle income groups.

#### **6. Caste-wise distribution of the respondents**

Table VIII illustrates the caste-wise distribution of the respondents.

TABLE VIII

CASTE-WISE DISTRIBUTION OF THE RESPONDENTS (IN PERCENTAGE)

Group	Rural								Urban							
	Literate				Illiterate				Literate				Illiterate			
	S.C.	S.T.	Forward	Other	S.C.	S.T.	Forward	Other	S.C.	S.T.	Forward	Other	S.C.	S.T.	Forward	Other
Boys	24	4	68	4	56	12	28	4	28	4	64	4	8	40	52	-
Girls	8	-	88	4	40	24	28	8	12	-	80	4	20	8	72	-

S.C. - Scheduled Caste

S.T. - Scheduled Tribe

Others included Other Backward class and More other Backward Class

The above table gives a combination of different castes of the lower strata living in the selected areas. The selection had a somewhat even distribution of the major caste groups residing in these areas.

**B. Awareness on AIDS Among Youth**

This aspect is studied as under :

1. Perceptions of the youth on AIDS
2. Knowledge of the youth on AIDS and
3. Opinions of the youth towards AIDS

**1. Perceptions of the youth on AIDS**

The perceptions of the youth on AIDS are detailed in Table IX (Figure 6).

TABLE IX

## PERCEPTIONS OF THE YOUTH ON AIDS (IN PERCENTAGE)\*

Perceptions	Rural				Urban			
	Boys		Girls		Boys		Girls	
	Literate	Illiterate	Literate	Illiterate	Literate	Illiterate	Literate	Illiterate
AIDS passes from mother to baby	88	8	72	-	92	36	92	8
Infected blood transfusion is a reason for AIDS	76	-	52	4	68	4	64	-
Using needle used by a person having AIDS causes AIDS	68	-	44	-	72	8	68	-
Having sex with AIDS patients causes AIDS	40	8	44	-	80	16	64	-
Being bitten by mosquito	36	16	12	12	-	12	-	32
Father to baby	12	-	-	-	-	-	-	-
Shaking hands with AIDS patients will bring AIDS	12	-	-	-	-	-	24	-
Being bitten by blood sucking insect	8	12	4	-	-	8	-	4
Sharing food, cloths and utensils	4	8	8	8	8	12	4	16
Touching the body will give AIDS	-	-	8	-	4	4	20	-
No idea	4	76	28	88	4	60	4	76

\* Multiple response.

# PERCEPTIONS OF THE YOUTH ON AIDS

(In Percentage)

46a

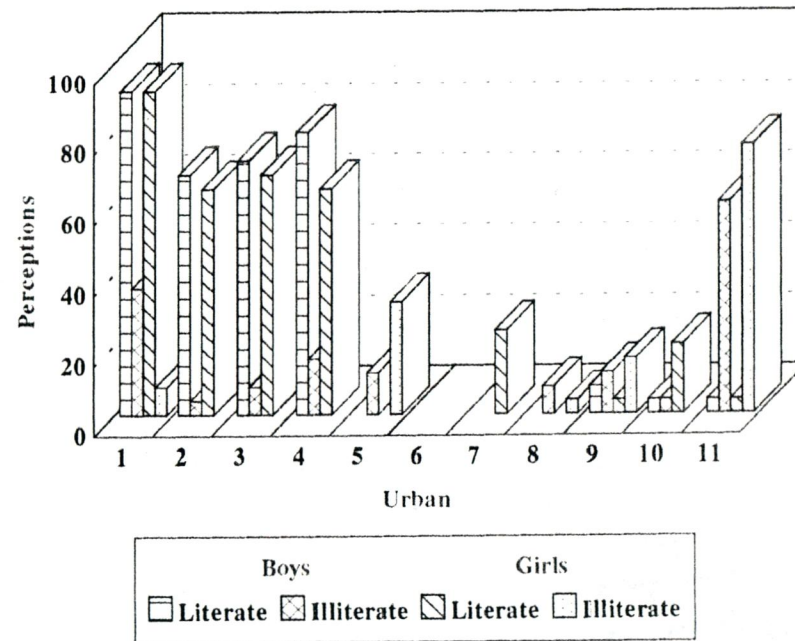
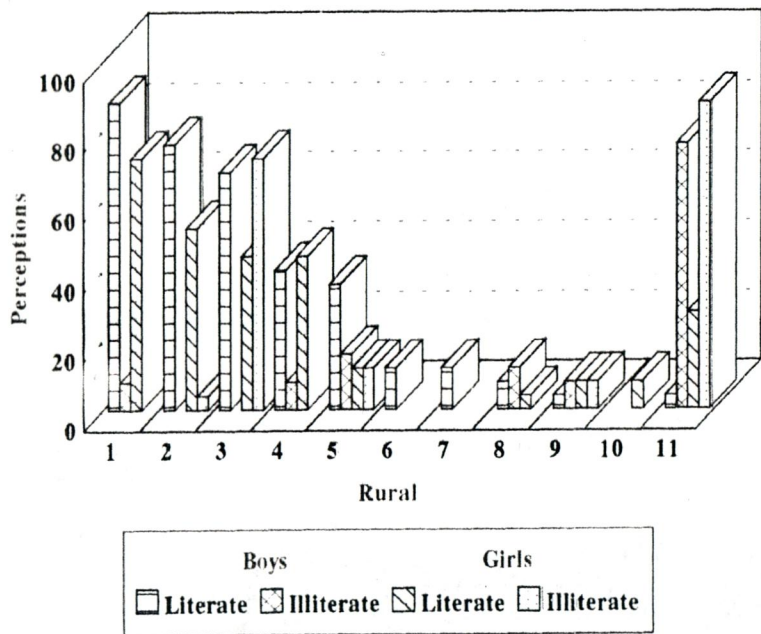


FIGURE - 6

With regard to the perceptions of the youth on AIDS, it is evident from the table that these youth exhibit some what right perceptions on AIDS. Boys, in general seem to be better informed, that it could be seen from the table that irrespective of their region whether rural or urban, they were aware of AIDS. Only girls that too illiterate girls lag behind indicating that they had least exposure to AIDS awareness. The literate girls both in urban and rural areas were found to be having right perceptions on AIDS.

AIDS passes from mother to baby, infected blood transfusion is a reason for AIDS, using the needle used by a person having AIDS causes AIDS and having sex with AIDS patients causes AIDS were some of the important perceptions of the youth here in the areas of the Kamrup district, Assam.

They also showed certain misconceptions like touching the AIDS patients, being bitten by mosquitoes and insects, sharing clothes and utensils, etc., also cause AIDS, which misconceptions, through, appropriate education can be changed.

## **2. Knowledge of the youth on AIDS**

The knowledge of the youth on AIDS is studied as per the following heads :

- a. Sources of information
- b. Time taken for HIV to develop AIDS
- c. Signs and symptoms of AIDS
- d. Persons communicating AIDS
- e. Identification of the persons affected by AIDS
- f. How to move with AIDS patients
- g. Protection from AIDS, and
- h. Prevention of AIDS

**a. Sources of information**

The sources of information on AIDS for the respondents are listed in Table X (Figure 7).

TABLE X  
SOURCES OF INFORMATION (IN PERCENTAGE)\*

Source	Rural				Urban			
	Boys		Girls		Boys		Girls	
	Literate	Illiterate	Literate	Illiterate	Literate	Illiterate	Literate	Illiterate
Television	96	36	80	20	88	48	84	40
News papers, books and magazines	88	-	52	-	72	-	72	-
Radio	80	12	44	8	48	4	40	4
College classes	12	-	-	-	28	-	16	-
Family members	12	-	16	-	44	-	28	4
Health professionals	8	-	-	-	28	4	12	-
Others	-	4	-	-	8	-	-	-

\* Multiple response

Some of the important sources of information on AIDS for these youth were television to a majority of rural and urban literate boys and girls and the literature including news papers, books and magazines, only to the literates alone. The college classes, family members and health professionals were some of the sources of information on AIDS for the literate groups of both the sexes.

No doubt, there is some lacunae in communicating the AIDS message to the illiterate boys and girls. A serious concern it is, which needs to be taken care of so that even the illiterate could be informed of the AIDS.

**b. Time taken for the HIV to develop AIDS**

The time taken for the HIV to develop AIDS is shown in Table XI (Figure 8).

**TABLE XI**  
**TIME TAKEN FOR THE HIV TO DEVELOP AIDS (IN PERCENTAGE)**

Particulars	Rural				Urban			
	Boys		Girls		Boys		Girls	
	Literate	Illiterate	Literate	Illiterate	Literate	Illiterate	Literate	Illiterate
10 years	8	-	8	-	24	-	20	-
10 months	4	-	12	-	20	-	24	-
10 days	4	-	-	-	8	-	4	-
No idea	84	100	80	100	48	100	52	100

## SOURCES OF INFORMATION (In Percentage)

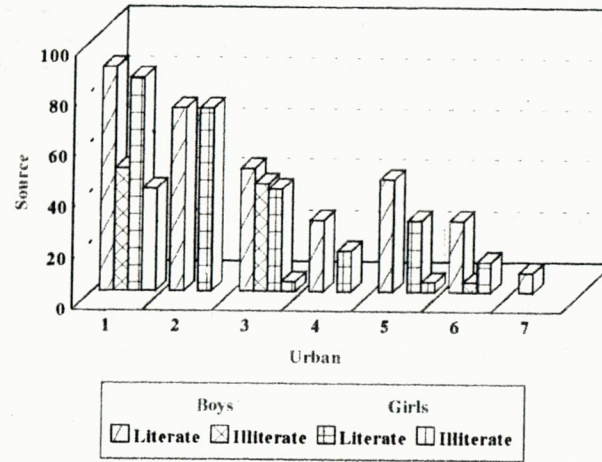
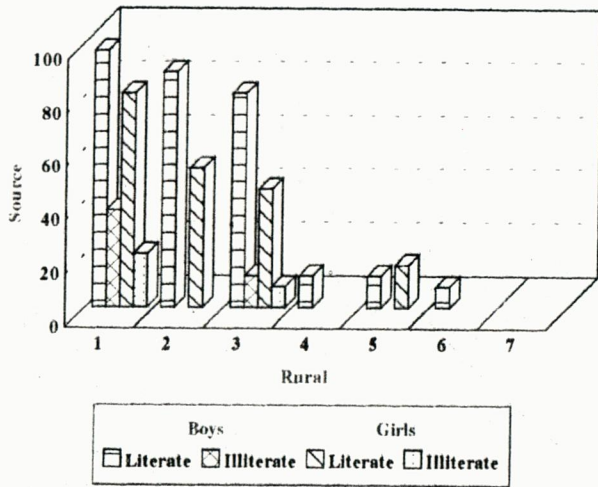


FIGURE - 7

## TIME TAKEN FOR THE HIV TO DEVELOP AIDS (In Percentage)

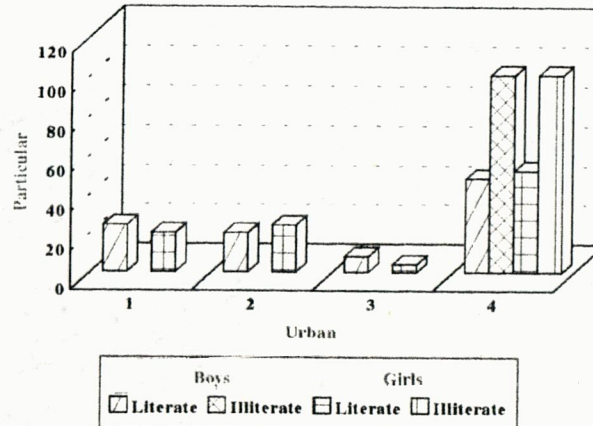
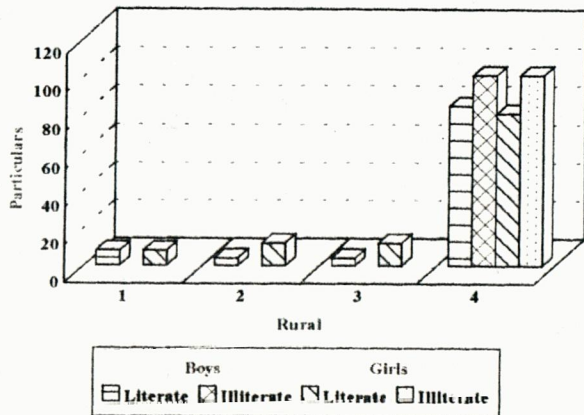


FIGURE - 8

AIDS AWARENESS CAMPAIGN



Public MEETING



CYCLE RALLY



CAMPAIGN



EXHIBITION



DISCUSSION



JATHA

PLATE I

Cent per cent of the illiterate boys and girls in both the urban and rural areas and a majority of the literate boys and girls in both the areas did not have any idea regarding the time taken for the HIV to develop AIDS in human. Only a meagre percentage hardly had an idea regarding this which ranged from 10 days to 10 years, which again substantiates the need for AIDS education to these youth.

**c. Signs and symptoms of AIDS**

Table XII presents the signs and symptoms of AIDS (Figure 9.

TABLE XII

## SIGNS AND SYMPTOMS OF AIDS (IN PERCENTAGE)

Particulars	Rural				Urban				
	Boys		Girls		Boys		Girls		
	Literate	Illiterate	Literate	Illiterate	Literate	Illiterate	Literate	Illiterate	
	Weightlose	72	8	40	4	8	56	8	76
Fever	64	8	24	-	4	56	4	36	-
Diarrhoea for more than one month	16	-	20	-	-	28	-	20	-
Cough for more than one month	12	-	4	-	-	12	-	12	-
Weight gain	4	4	4	-	-	-	-	4	-
Frequent vomiting	4	4	-	-	-	-	-	24	-
No idea	12	84	44	96	16	88	8	100	

\* Multiple response

Again the literates belonging to both the sexes expressed that weightlose and fever followed by diarrhoea and cough for more than one month as signs and symptoms of AIDS. For a majority of the illiterate groups, belonging to both the sexes, in both the regions, it is mysterious, as they could have only 'no idea' towards this. The youth in the selected regions particularly rural folk seem to be having little or 'nil' exposure to AIDS awareness, which is the call of the day for AIDS education.

**d. Persons communicating AIDS**

Table XIII accounts for the persons communicating AIDS (Figure 10).

TABLE XIII

## PERSONS COMMUNICATING AIDS (IN PERCENTAGE)

Particulars	Rural				Urban			
	Boys		Girls		Boys		Girls	
	Literate	Illiterate	Literate	Illiterate	Literate	Illiterate	Literate	Illiterate
	Through infected blood transfusion	96	8	72	-	68	4	76
Commercial sex workers	80	8	52	-	92	12	72	4
(Sex with) AIDS patients	72	28	52	-	72	20	56	8
Intravenous drug users	48	-	44	-	56	12	52	12
Professional blood donors	40	-	32	4	48	-	36	8
Young people	32	8	36	16	32	24	20	20
Homosexuals	28	-	28	-	32	-	48	-
Others	-	60	8	84	8	60	-	64

\* Multiple response

## SIGNS AND SYMPTOMS OF AIDS (In Percentage)

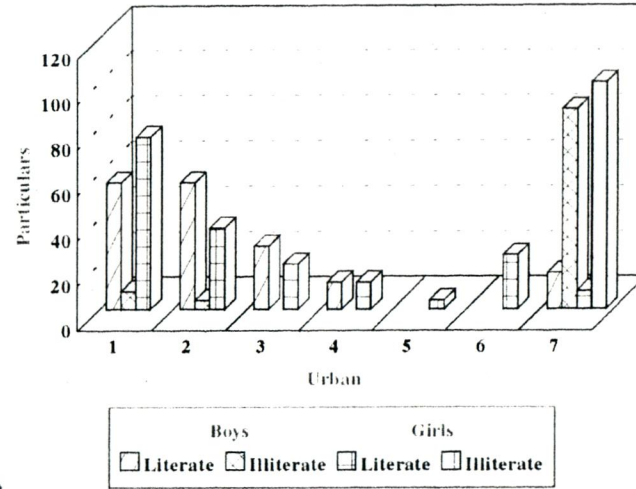
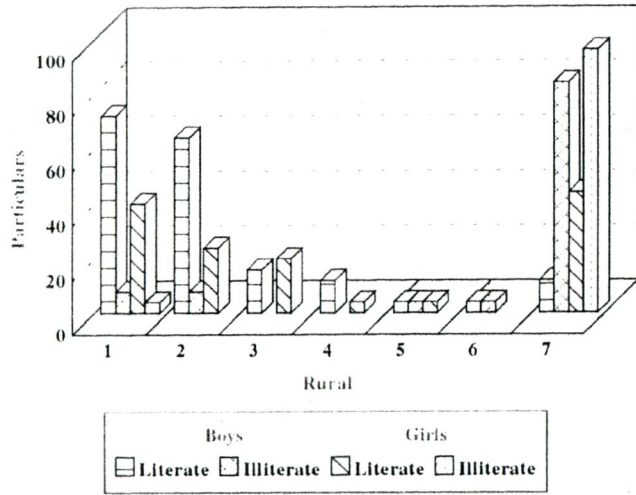


FIGURE -9

## PERSON COMMUNICATING AIDS (In Percentage)

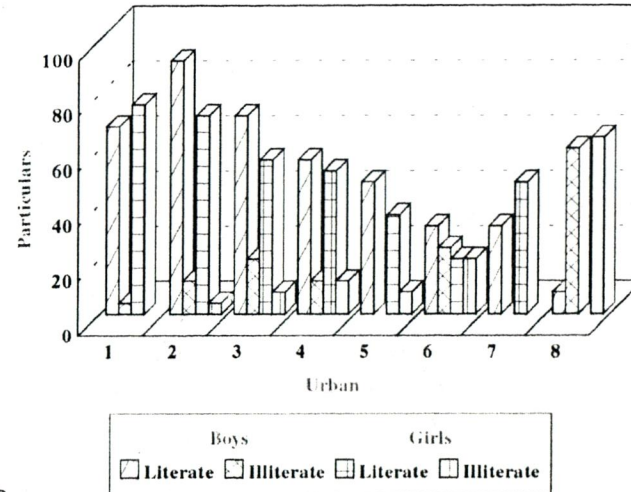
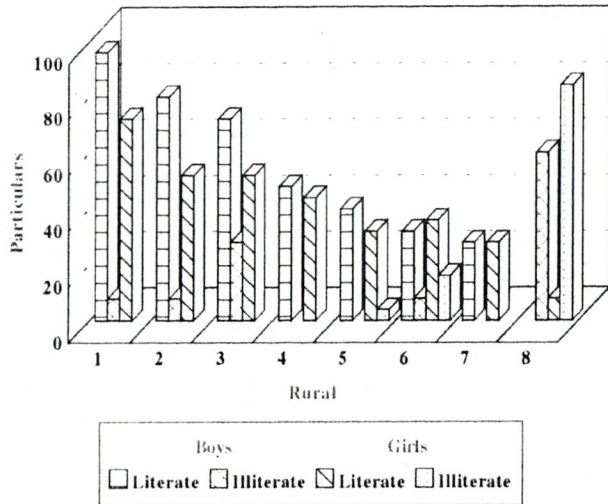


FIGURE -10

HIV infected persons, commercial sex workers, (sex with) AIDS patients, Intravenous drug users, professional blood donors, young people and homosexuals were the persons communicating AIDS, as identified by the literate respondents in both the regions. Illiteracy seems to be a major obstacle in knowing about AIDS. A careful attempt to educate the youth on AIDS, is essential to create awareness amongst this younger generation on AIDS.

When compared, the youth hailing from rural areas particularly girls exhibit a poor show regarding various aspects of the knowledge on AIDS. A comprehensive programme is the need of the day, as AIDS is a dreadful disease which can not be cured.

**e. Identification of persons affected by AIDS**

Table XIV speaks about the identification of persons affected with AIDS (Figure 11).

TABLE XIV

IDENTIFICATION OF PERSONS AFFECTED WITH AIDS (IN PERCENTAGE)

Particulars	Rural				Urban			
	Boys		Girls		Boys		Girls	
	Literate	Illiterate	Literate	Illiterate	Literate	Illiterate	Literate	Illiterate
	No	80	20	48	20	20	40	80
Yes	4	-	-	-	8	-	-	-
No idea	16	80	52	80	72	60	20	88

A majority 80 per cent of the rural literate boys and a same percentage of the urban literate girls had known about the identification of persons affected with AIDS, as AIDS is not an easily identifiable disease. Only four per cent of the literate boys in rural areas and eight percent of the literate boys in urban areas said AIDS is identifiable which is not correct. The rest did not have any idea regarding this aspect.

**f. How to move with AIDS patients**

Table XV suggests the ways of how to move with the AIDS patients (Figure 12).

TABLE XV

## HOW TO MOVE WITH AIDS PATIENTS (IN PERCENTAGE)\*

Particulars	Rural				Urban			
	Boys		Girls		Boys		Girls	
	Literate	Illiterate	Literate	Illiterate	Literate	Illiterate	Literate	Illiterate
Normal as usual	68	8	68	-	52	16	68	12
Medical treatment	32	8	28	20	64	28	40	32
Cut of any relationship with AIDS patients	12	12	8	-	8	20	8	16
No idea	-	72	12	80	-	40	12	40

\* Multiple response

## IDENTIFICATION OF THE PERSONS AFFECTED BY AIDS (In Percentage)

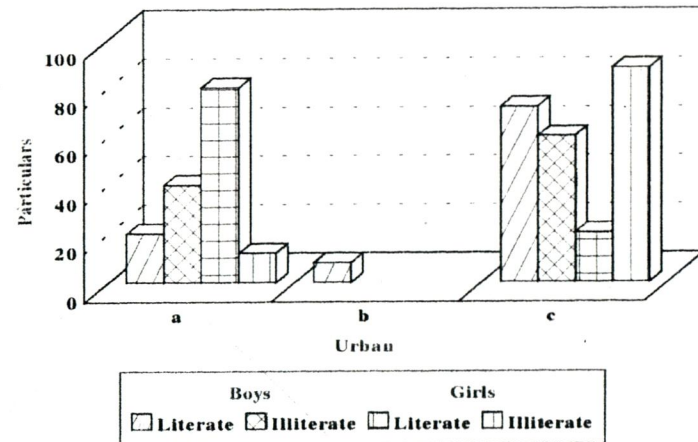
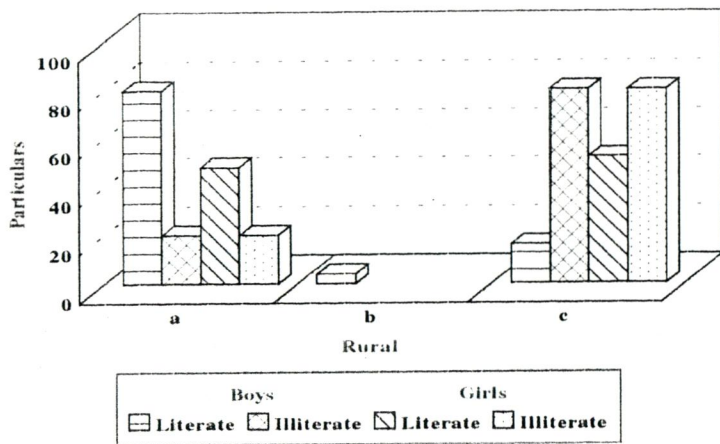


FIGURE - 11

## HOW TO MOVE WITH AIDS PATIENTS (In Percentage)

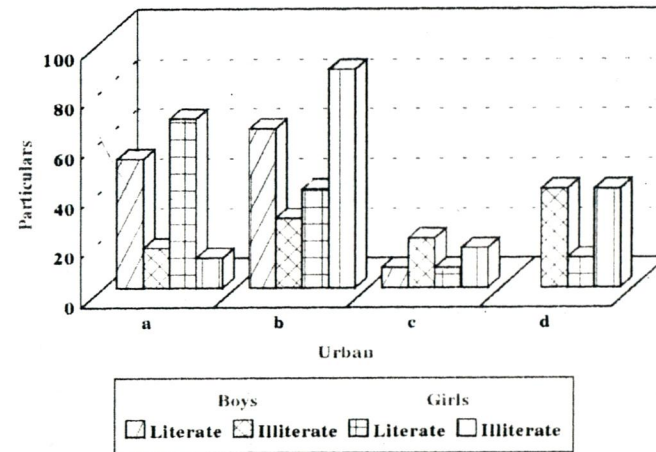
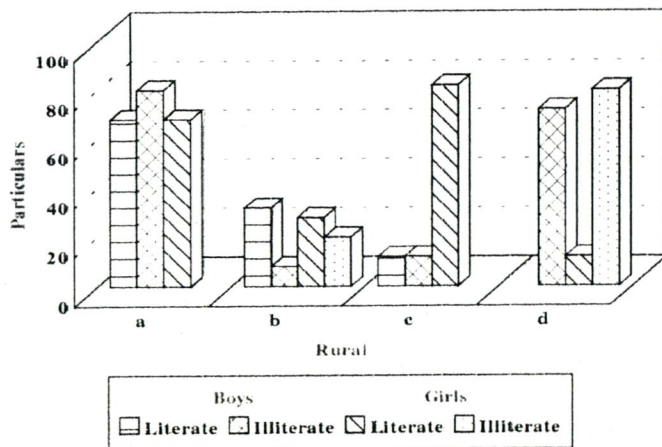


FIGURE - 12

While most of the literate boys (68 % in rural areas and 52 % in the urban area) and the literate girls (68 % in the rural and urban areas) expressed positively that a normal behaviour is appropriate, the other illiterate categories were ignorant and could not have a positive attitude towards this. They had different views on how to move with AIDS patients which included under going medical treatment and withdrawing the relationship with the AIDS patients. The fear that emerges due to rumours should be removed with proper AIDS awareness programmes.

**g. Protection from AIDS**

Table XVI mentions the ways of protection from AIDS as given by the respondents (Figure 13).

TABLE XVI  
PROTECTION FROM AIDS (IN PERCENTAGE)\*

Particulars	Rural				Urban			
	Boys		Girls		Boys		Girls	
	Literate	Illiterate	Literate	Illiterate	Literate	Illiterate	Literate	Illiterate
Safe blood transfusion	92	4	84	4	76	8	64	4
Using safe and disposable needle	76	-	60	4	72	-	64	44
Avoiding commercial sex workers	68	8	36	-	88	16	68	-
Sex with single partners	44	-	28	-	44	4	44	-
Avoiding the patients who have AIDS	40	12	16	8	28	20	20	56
No idea/others	12	80	20	82	4	68	4	-

Like other aspects, only the literate boys and girls in both the rural and urban areas suggested some means to protect from AIDS. More than 70 per cent and 60 per cent of boys and girls who were literates said that safe blood transfusion, using safe and disposable needles and avoiding commercial sex workers help to protect from AIDS.

A considerable 44 per cent of the literate boys in rural and urban areas and more than 28 per cent of the literate rural and urban girls agreed that sex with single partner helps to protect from AIDS.

A majority of the illiterate boys and girls in both the regions had no idea regarding this.

#### **h. Prevention of AIDS**

Table XVII posits the views of the respondents regarding the methods of preventing AIDS (Figure 14).

TABLE XVII

## PREVENTION OF AIDS (IN PERCENTAGE)\*

Particulars	Rural				Urban			
	Boys		Girls		Boys		Girls	
	Literate	Illiterate	Literate	Illiterate	Literate	Illiterate	Literate	Illiterate
Creating AIDS awareness	84	-	64	4	68	-	84	4
Using condom	72	32	36	76	76	24	44	8
Health education	64	12	68	12	64	52	68	24
Moral education	52	-	36	4	60	8	32	-
Abstinence	24	8	20	20	20	8	16	12
Delaying/ postponing first sexual encounter	12	-	24	32	32	-	20	4
Isolation of the patients	4	12	12	-	12	8	8	12
Others	-	60	12	4	4	72	-	76
No idea	4	76	12	80	12	44	-	64

\* Multiple response

## PROTECTION FROM AIDS (In Percentage)

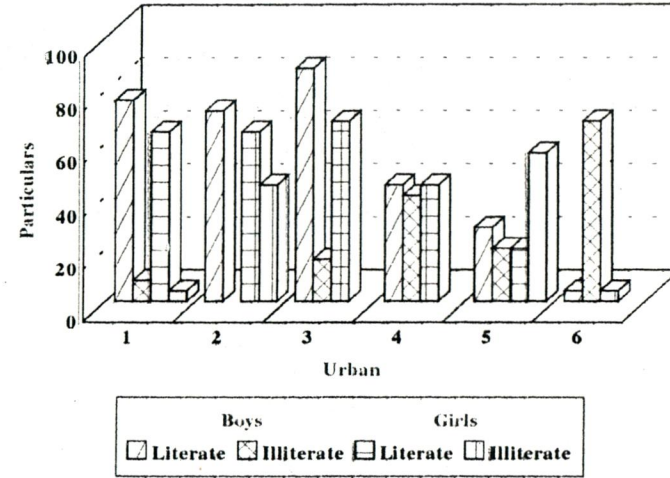
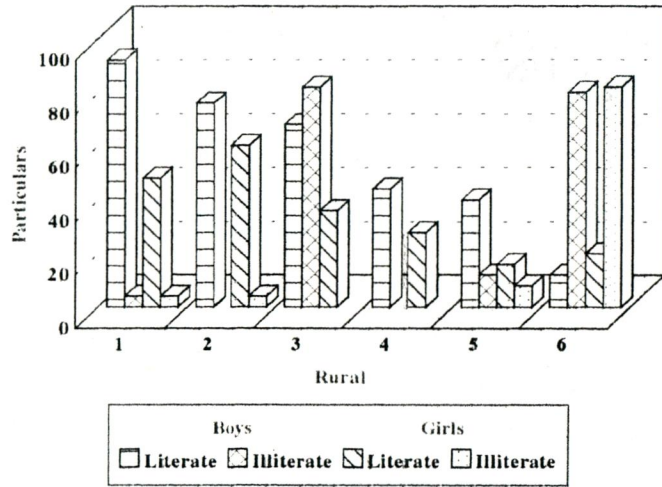


FIGURE-13

## PREVENTION OF AIDS (In Percentage)

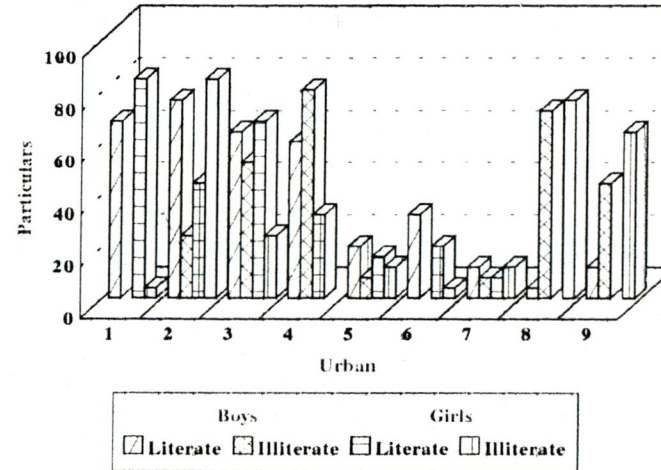
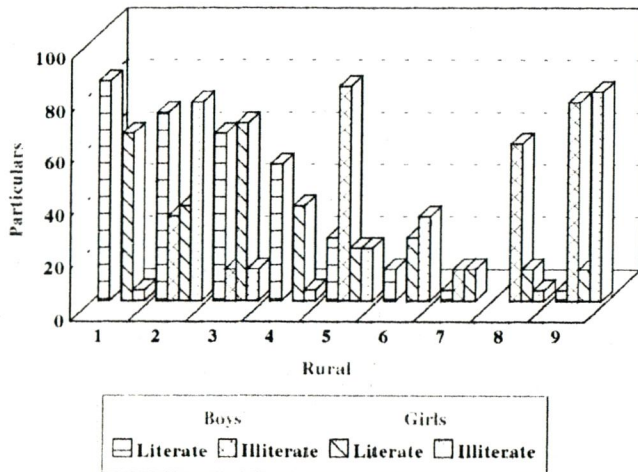


FIGURE-14

Prevention is better than cure. True, as this is agreed by a majority of the literate boys and girls in both the regions, viewing that for creating AIDS awareness, adopting precautionary measures such as condoms and moral and health education, as certain steps to prevent AIDS. Here again girls, particularly illiterates were found to be unaware of certain methods of preventing AIDS.

### 3. Opinions of the respondents towards AIDS.

The opinions of the respondents on AIDS are summarised in Table XVIII.

TABLE XVIII

## OPINIONS OF THE RESPONDENTS TOWARDS AIDS (IN PERCENTAGE)\*

Particulars	Rural				Urban				
	Boys		Girls		Boys		Girls		
	Literate	Illiterate	Literate	Illiterate	Literate	Illiterate	Literate	Illiterate	
Young people should be taught to protect themselves from AIDS									
Yes	100	88	88	92	96	100	96	84	
No	-	-	-	-	-	-	-	-	
No idea	-	12	12	8	4	-	4	16	
All right for girls to have sex before marriage									
Yes	-	-	4	-	28	4	-	-	
No	100	96	88	96	64	96	96	92	
No idea	-	4	8	4	8	-	4	8	
All right for boys to have sex before marriage									
Yes	-	4	4	-	40	4	-	-	
No	100	96	88	96	56	96	96	92	
No idea	-	-	8	4	4	-	4	8	
Can be friendly with some one who has AIDS									
Yes	76	4	56	8	76	12	84	-	
No	24	80	32	40	12	64	8	32	
No idea	-	16	12	52	12	24	8	68	

.Abstinence a sure way to avoiding HIV/AIDS

Yes	44	8	16	4	64	-	36	-
No	40	12	32	-	20	-	36	16
No idea	16	80	52	96	16	100	28	84

Has HIV/AIDS and can not defend from other disease

Yes	36	-	24	-	56	-	64	-
No	20	-	-	-	20	-	8	-
No idea	44	100	76	100	24	100	28	100

One can tell the person who has HIV virus by appearances

Yes	24	-	-	-	20	-	-	-
No	60	8	52	-	76	8	76	-
No idea	16	92	48	100	4	92	24	100

99

A person gets infection and not shows signs and symptoms

Yes	12	-	8	-	20	-	8	-
No	52	8	60	-	72	-	72	4
No idea	36	92	32	100	8	100	20	96

HIV/AIDS can be cured if detected early

Yes	12	-	8	-	20	-	8	-
No	32	8	60	-	72	-	72	4
No idea	56	92	32	100	8	100	20	96

AIDS can be avoided by changing and/or not changing some behaviours

Yes	-	-	-	-	36	-	20	-
No	36	-	20	-	44	-	28	-
No idea	64	100	80	100	20	100	52	100

A majority of the boys and girls irrespective of educational level and regional difference opined that the young people should be taught to protect themselves from AIDS and it is a welcoming note that youngsters none the less than themselves said 'no' to sex before marriage, which is a good sign and healthy symptom for better living. A mixed feeling (positive and negative) from the youth was observed in general for the statements, "can be friendly with some one who has AIDS and abstinence, a sure way to avoiding HIV/AIDS". The respondents had "no idea" regarding the statements. "Has HIV/AIDS and cannot defend from other diseases" and "one can tell the person who has HIV virus by appearance". For the rest of the statements, the respondents had 'no idea', which also needs to be considered for an effective AIDS awareness campaign here in these regions.

In general the youth of the Kamrup district, Assam pose the following for consideration.

1. Among the two sex groups, boys seem to be having some what better knowledge regarding AIDS than girls
2. The urban youth seem to be having heard of AIDS more than the rural youth, and
3. The literates were found to be more aware of AIDS than the illiterates.

**C. Suggestions of the Respondents for AIDS Education**

Table XIX suggests ways for AIDS education.

TABLE XIX

SUGGESTIONS OF THE RESPONDENTS FOR AIDS EDUCATION (IN PERCENTAGE)\*

Particulars	Rural				Urban			
	Boys		Girls		Boys		Girls	
	Literate	Illiterate	Literate	Illiterate	Literate	Illiterate	Literate	Illiterate
Education	96	92	92	96	76	88	80	94
Meetings of all kinds	84	56	44	48	52	36	40	16
Awareness campaigns	48	16	64	36	72	12	68	-
Use of mass media	36	32	12	24	68	8	28	8
NGOs can help	32	4	44	8	60	-	36	-
Others	-	-	-	-	8	4	8	12
No idea	-	40	8	72	-	36	-	36

\* Multiple response.

The suggestions given by the respondents are useful for planning effective programmes on AIDS awareness. More than 80 per cent of all the categories wanted education programmes on AIDS, not less than 36 per cent of them wanted meetings of all kinds (individual, group and mass), followed by awareness campaigns, use of mass media and NGOs can also help, ~~were~~ the other suggestions put forward by the respondents. As indicated before, a considerable percentage of the respondents did not have any idea regarding this.

## Summary and Conclusion

## V. SUMMARY AND CONCLUSION

A study on the "Awareness on AIDS Among Youth in Kamrup District, Assam State", was carried out in the selected areas which included one urban and five rural areas in Kamrup District, Assam. A sample consisting of 100 youth (50 boys and 50 girls) were selected from each area (urban and rural) thus having a strength of 200 in both the regions. The selected sample were both literate and illiterate youth and their age ranged from 16 to 24 years. The major findings of this study are summarised thus :

### A. Profile of the Respondents

1. The age group between 16 and 20 years, among both literate and illiterate boys were found to be 56 per cent in rural areas and in urban area, among the literate boys it was found to be 76 per cent in the same category.

Among the literate girls, the age group between 16 and 20 years was found to be 72 per cent in rural areas and 68 per cent in the urban area.

2. Among boys, 48 per cent had completed higher secondary in rural areas and 60 per cent of the boys had completed their higher secondary in the urban area.

About 64 per cent of the girls in rural areas had completed higher secondary and 40 per cent of the girls

had completed undergraduate and a same percentage had completed higher secondary.

3. Cent per cent of the literate boys were unmarried in rural areas and a same per cent of the literate boys were unmarried in the urban area also.

Cent per cent of the illiterate girls in rural areas and 96 per cent of the literate girls in the urban area were unmarried.

4. Cultivation was the main occupation for 68 per cent of the parents of illiterate boys in rural areas and service was the main occupation for 76 per cent of the parents of literate boys in the urban area.

Cultivation was the main occupation for 52 per cent of the parents of illiterate girls in rural areas and service was the main occupation for 32 per cent of the illiterate girls in the urban area.

5. Among literate boys, 64 per cent of the families were found to be earning an income between Rs. 2501 and 5000/month in the rural areas and 52 per cent of the families of the urban literate boys were found to be earning between Rs. 2501 and 5000/month.

Among the illiterate girls, 64 per cent of their families were found to be having an income of Rs. 2501 to 5000/- month in the rural areas and 48 per cent of the families were found to be having an income of Rs. 2501 to 5000/month in the urban area.

6. About 68 per cent of the sample were of forward caste among the literate boys and 56 per cent were of schedule caste among the illiterate boys in the rural areas and 64 per cent of them were found to be forward caste among the literate boys and 52 per cent of them belonged to forward caste in the urban area among illiterate boys.

Among the literate girls, 88 per cent of them belonged to forward caste and 40 per cent of them were of forward caste among the illiterate girls in the rural areas. In the urban area, among the literate girls, 80 per cent of them were of forward caste and 72 per cent, were of forward caste among the illiterate girls.

## **B. Awareness on AIDS Among Youth**

### **1. Perceptions**

Among the 200 respondents, 92 per cent of the literate boys and girls were found to be known that AIDS passes from mother to baby.

About 88 per cent of the illiterate boys and 72 per cent of the illiterate girls were found to be known that AIDS passes from mother to baby.

### **2. Knowledge of the youth on AIDS**

a. More than 80 per cent of the boys and girls from both the regions, irrespective of their literacy level had heard about AIDS through television.

- b. Cent per cent of the illiterate boys and girls in both the urban and rural areas and 84 per cent of the literate boys and 80 per cent of the literate girls in rural areas did not know about the time taken for HIV to develop AIDS in human.
- c. And 48 per cent of the literate boys and 52 per cent of the literate girls did not know about the time taken for HIV to develop AIDS in human in the urban area.
- d. Cent per cent of the illiterate girls did not have any idea about the signs and symptoms of AIDS in the urban area and 96 per cent of the illiterate girls did not have any idea about this aspect in the rural areas.
- e. Among the rural literate boys, 96 per cent of them said that through infected blood transfusion one can get AIDS. In the urban area 92 per cent of the literate boys said that commercial sex workers are responsible for communicating AIDS.
- f. About 72 per cent of the literate girls in the rural areas and 76 per cent in the urban area viewed that through infected blood transfusion one can get AIDS.
- g. About 88 per cent of the respondents had 'no idea' regarding the identification of persons affected by AIDS.
- h. The literate boys (68 % in rural areas and 52 % in the urban area) and literate girls (68 % in both the

areas) expressed that normal behaviour is appropriate in dealing with the AIDS patients.

- i. About 92 per cent of the literate boys opined that safe blood transfusion helps one to protect himself/herself from AIDS and 88 per cent of the literate boys suggested that avoiding commercial sex workers helps one to protect himself from AIDS.
- j. About 84 per cent of the literate girls viewed that safe blood transfusion helps one to protect himself/herself from AIDS.
- k. Among the literate girls and boys, 84 per cent of them agreed that creating AIDS awareness is a best preventive measure to avoid AIDS.

### **3. Opinions of the respondents towards AIDS**

Cent per cent of the youth opined that young people should be taught about AIDS and all others disagreed with the statements that it is all right for boys and girls to have sex before marriage and 84 per cent literate girls in the urban area opined that one can be friendly with some one who has AIDS. Cent per cent of them had 'no idea' towards abstinence - a sure way of avoiding AIDS and for other statements also all of them expressed 'no idea'.

### C. Suggestions of the Respondents for AIDS Education

About 96 per cent of the literate boys and illiterate girls suggested education as a best method for creating awareness on AIDS among youth and 94 per cent of the illiterate girls also suggested education on AIDS. Other suggestions were meetings of all kinds, awareness campaigns, use of mass media and NGOs can also help in creating awareness on AIDS to youth.

From this study the following findings are clear :

1. Urban youth (boys and girls) seem to be having more knowledge on AIDS than rural youth.
2. Boys were more aware of AIDS than girls in both the regions, and
3. Literate youth were found to be more aware of AIDS than the illiterate youth, in both the regions.

### Recommendations/Suggestions

Based on the findings, the investigator wants to recommend the following :

- A. Young people should be taught on HIV/AIDS. It is the most important stage in their life to learn something. Effective programmes on HIV/AIDS need to be organised for them.
- B. The government and non-governmental organisations should take important steps to improve the knowledge of

youth on AIDS through meetings, workshops, campaigns and education programmes.

- C. Mass media like news papers and television can play an important role in creating awareness about AIDS among the literate and through television among the illiterate youth. It should give proper attention to publish the details about HIV/AIDS pandemic, and
- D. For illiterate youth, there should be some programmes to teach them literacy also along with AIDS education in general and for girls in particular.

### Conclusion

HIV/AIDS is a most important health problem which is posing a threat to mankind. There is no cure for AIDS. Prevention of spread or reduction in the rate of spread of the HIV infection and thus control of AIDS requires mostly a change in behaviour. Educating the young students regarding the various issues related to HIV and AIDS can help in minimising the spread of HIV infection by developing appropriate attitudes and values in them. Prevention could be achieved through education. It is imperative to have AIDS education even at an early age to have a better understanding on AIDS and its prevention. The investigator hopes that her findings would be of much help for further study and also for planning effective programmes on AIDS. She wishes a healthy life for all.

## Bibliography

## BIBLIOGRAPHY

### Books

- Ali, Ilias and Sarmah, Jaydev, 1995. Kuri Shatkar Mohabyadhi, Adhunik Prakashan, Guwahati, pp. 1, 12, 13, 22, 23.
- Country Paper, 1994. 4th World Conference on Women, Beijing, 1995, (A Draft), Department of Women and Child Development, Government of India, p. 13.
- Dalrymple, Willard, 1959. Foundation of Health, Allyan and Bacon, Inc., pp. 9, 10.
- Flacks, Richard, 1979. Youth and Social Change, Rank McNally College Publishing Company, Chicago, p. 9.
- Gupta, S.P. 1995. Statistical Methods, Sultan Chand and Sons Publishers, New Delhi, pp. 3, 7, 8.
- Hubble, John, Chawdhary, Shankar and Chandramouli, V. 1995. 'The Aids Hand Book', Popular Prakashan, pp. 1, 2, 5, 6, 22, 23, 101, 104.
- Kothari, C.R. 1995. Research Methodology, Wishwa Prakashan, New Delhi, pp. 11.
- Pavri, M. Khorshed, 1992. Challenges of AIDS, National Book Trust, India, pp. 1, 2, 8, 9, 30.
- Park, K. 1995. Preventive and Social Medicine, M/s. Banarsidas Bhanot Publishers, Jabalpur, pp. 139, 140.
- Simhadri, C., Yelda, 1992. 'Gobal Youth, Peace and Development, Ajanta Publications, p. 8.
- University Talk AIDS (UTA), 1995. 'AIDS Education for Student Youth', A Training Mannual, N.S.S., Department of youth Affairs and Sports, Ministry of Human Resource Development, Government of india, pp. 20, 27, 28, 168, 169.
- University Grants Commission (U.G.C.), 1996. Report of the Refresher Course in Home Science, In Service Teachers in Colleges/Universities, (Sept. 3rd to Sept. 30th, 1996), Human Development, Extension Education, Family Resource Management, Textile and Clothing, pp. 11-12.
- Williams, M.Dorothea, 1959. Building Health, J.B.Lippineott Company, New York, pp. 1, 2, 12.

### **Journals/Magazines/Booklets/Newspapers**

- Ajaz, S.M. 1994. 'AIDS Junior Science Refresher', pp. 1,2,3.
- Aggrawal, K.K. 1995. 'Inviting AIDS', Rashtriya Sahara, Bombay, p. 112.
- Bharat, Shalini, 1995. 'HIV/AIDS and the family : Issues in Care and Support', Indian Journal of Social Work, Vol. XVI, No. 2, p. 117.
- Black, Dorothy, 1996. 'AIDS', A Refuge in Ignorance', Science Reporter, Vol. 33, No. 4, pp. 48.
- Bhopal, C.S. 1994. 'Any-way, Any-where' Social Welfare, Vol. 41, No. 9, pp. 12-14.
- Barvazian, Petros, Angele, 1990. 'Women and AIDS' a challenge for Humanity, World Health, p. 2.
- Chitate, David, 1995. 'Ten Techniques to Reduce HIV Infection', Herald of Health, August, p. 18.
- Chitate, David, 1995. 'Ten Techniques to Reduce AIDS', Herald of Health, September, p. 19.
- Dobe, M. 1995. "Awareness on AIDS Among Health Care Professionals", Indian Journal of Public Health, Vol. XXXIX, No. 3, pp. 105-107.
- Dauyer, M. John, 1995. 'Biochemical Aspects of HIV and AIDS', Current Science, Vol. 96, No. 10, pp. 823-827.
- Danziger, Rance, 1989. 'Women and AIDS', World Health, pp. 14-16.
- Ferguson, Jone, 1989. 'AIDS and Young People", World Health, pp. 12-13.
- Francis, C.M. 1994. 'AIDS - No Cure in Sight', Health Action, Vol. 7, No. 10, p. 30.
- Gupta, Anil, 1996. 'Global AIDS Scenario', Social Welfare, Vol. 43, No. 14, pp. 6, 7, 15.
- Health Action, 1994. 'AIDS : Behaviour Change', Vol. 7, No. 11, p. 37.
- Health Action, 1994. 'AIDS : The Second Decade', Vol. 8, No. 8, p. 23.

- Jain, R.K. 1994. 'Counselling Helps', Social Welfare, Vol. 41, No. 9, pp. 26-29.
- Jha, S.Saroj, 1994. 'Life Style Related Problems of Youth', Indian Journal of Social Work, Vol. L.V. No. 1, p. 7.
- Jaganathan, Latha, 1992. 'AIDS', Health Action, Vol. 5, No. 8, pp. 29, 30.
- Kubde, S.S., Zodpy, S.D. and Vasudeo, N.D. 1995. 'AIDS Awareness Among Nursing Students', Indian Journal of Public Health, Vol. XXXIX, No. 3, p. 109.
- Kapali, N.V.R. and Booz, M.S. Asha, 1995. 'A study of the Knowledge, Awareness of AIDS/HIV Among Students from Selected Colleges of Madras City", Journal of Educational Research Extension, Vol. 31, No. 3, pp. 150-153.
- Kakoty, Chiranjeeb, 1995. 'Report on the KABP Study on HIV/AIDS on a Cross Section of People in Guwahati, Assam, SPYM, pp. 4, 11, 16.
- Kashyap, D. Lina, 1993. 'Adolescents/Youth and Family Dynamics and Development Programmes', Indian Journal of Social Work, Vol. LIV, No. 1, p. 93.
- Kapali, N.V.R. and Booz, Asha, 1994. 'Awareness Vs AIDS', Social Welfare, Vol. 41, No. 9, pp. 21-23.
- Lal, Shiv and Thakur, B.B. 1995. 'The problem of HIV/AIDS in India', Current Science, Vol. 69, No. 10, pp. 833-834.
- Lal, Shiv. 1992. 'AIDS - Curbing the Killer Diseases', Yojana, Vol. 39, No. 1 and 2, pp. 47-49.
- Moni, Nag, 1994. 'Sexual Behaviour and AIDS in India', Indian Journal of Social Work, Vol. LV, No. 4, p. 4.
- Moorjane, Kikoo, 1996. 'Contagious Disease, How to Stay Safe', Women's Era, p. 19.
- NACO, 1995. 'No To AIDS Education In Schools?', Health Action, Vol. 8, No. 12, pp. 7-8.
- Pachuri, 1994. 'Editorial', Indian Journal of Social Work, Vol. LV, No. 4, p. 15.

- Ray, S.K., Saha, Indrajit, Mandal, Kumar, Asok, Biswas, Biswajit, Dasgupta, Samir, Biswas, Bandhu, Akhil and Kuamr, Satish, 1993. 'An Assessment of, AIDS Awareness Programme - For I.C.D.S. Functionaries, Indian Journal of Public Health, Vol.XXXIX, No. 3, pp. 100-103.
- Ramesh, B.M., Arnol, Fred, Roy, T.K., Tarakanbikar, Govindasamy and Rather ford, D.Rober, 1995. 'Knowledge, of AIDS', National Family Health Survey (1992-93), pp. 290-294.
- Rajkumar, R., Balasundram, Chellam and Ravichandra, M. 1996. 'Awareness and Action Needed', Social Welfare, Vol. 42, No. 12, pp. 12-14.
- Sharma, Poonam, 1996. 'Editorial', Social Welfare, Vol. 43, No. 9, p. 2.
- Sengupta, D. 1995. 'AIDS and Its Management', Yojana, Vol. 38, No. 24, pp. 11-17.
- Sarkar, Subrata, 1995. 'AIDS - No Cure in Singt', Health Action, Vol. 7, No. 10, p. 30.
- Thapar, G.D. 1996. 'AIDS for You', Femina, June, 23, Bombay, pp. 57-58.
- The Assam Tribune, 1996. AIDS Awareness Rally at Sonapur, October, 1996, p. 6.
- The Assam Tribune, 1996. AIDS Awareness, September, 1996, p. 4.
- The Assam Tribune, 1997. Youth rally on AIDS Awareness, February, 1997, p. 2.
- The Assam Tribune, 1997. Seminar on AIDS, January, 1997, p. 2.
- The Assam Tribune, 1997. AIDS, Awareness Camp Near Rangia, January, 1997, p. 6.
- The Assam Tribune, 1997. Training Programme on AIDS, January, 1997, p. 3.
- The Assam Tribune, 1997. 'AIDS Hits Young People in a Big Way', January, 1997, p. 4.
- The North - East Time, 1995. 'Women and AIDS', November, 1995, p. 3.

William, T., Thomas, Christopher, A.J. and Saravanan, C.  
1996. 'Awareness is the Shield, Education is the  
Sword', Social Welfare, Vol. 43, No. 9, pp. 3-10, 33,  
34.

Yao, K. Faustin, 1992. 'Youth and AIDS', : A Priority for  
Prevention Education', AIDS Health Promotion Exchange,  
No. 2, p. 1, 2.

Yojana, 1996. 'AIDS : Looming Danger", Vol. 40, No. 11,  
pp. 26-28.

# Appendices



a. Television

b. Radio

c. Newspapers, Books and Magazines

d. College classes

e. Health professionals

f. Family members

g. Friends and classmates

h. Others (specify)

2. Can you tell by looking a person he/she has AIDS ?

a. Yes

b. No

c. No idea

3. After HIV, how long a person takes to show signs and symptoms ?

a. 10 days

b. 10 month

c. 10 years

d. No idea

4. What are the signs and symptoms of AIDS ?

a. Fever

b. Weight lose

c. Weight gain

d. Diarrhoea for more than one month

e. Cough for more than one month

f. Frequent vomitting

g. No idea

h. Others (specify)

5. Is 'AIDS' a Communicable disease ?

Yes  No  No idea

If yes, how is it communicated ?

- a. Blood donation by those having AIDS
- b. Touching the body of a person who has AIDS
- c. Shaking hand with a person who is having AIDS
- d. Using needles used by a person who is having AIDS
- e. Having sex with a person who is having AIDS
- f. Being bitten by mosquito
- g. Being bitten by other blood sucking insect
- h. Sharing foods, cloths, utensils who is having AIDS
- i. Mother to baby
- j. Father to baby
- k. No idea

6. Who are the people at risk of getting AIDS

- a. Commercial sex workers
- b. Young people
- c. Professional blood donor
- d. Through HIV present blood transfusion
- e. Intravenous drug users
- f. Homo sexuals
- g. Sex with AIDS patients
- h. Others (specify)

7. How can you protect yourself from 'AIDS' ?
- a. Avoid commercial sex workers
  - b. Sex with single partner
  - c. Safe blood transfusion
  - d. Using safe needle or disposable needle
  - e. Avoid the patient who has AIDS
  - F. No idea/other
8. How will you interect<sup>a</sup> with a person who is having AIDS?
- a. Normal
  - b. Cut off the relation with the patients
  - c. Medical treatment
  - d. No idea
  - e. Other
9. What can be done to minimise AIDS in India ?
- a. Create AIDS awareness
  - b. Moral education
  - c. Health education
  - d. Isolation of the patient
  - e. Delaying/postponing first sexual encounter
  - f. Using condom
  - g. Abstinence
  - h. No idea

10. What are your suggestions for AIDS awareness programme ?

- a. Education
- b. Awareness camp
- c. All types of meeting
- d. Use of mass media
- e. Exhibition
- f. Non-governmental organisation's responsibility
- g. Others (specify)

11. There are some statements given below, give you opinion

- | Statement   | Yes | No | No idea |
|---|-----|----|---------|
| a. A person can get infection with HIV and not show signs of the disease                  |     |    |         |
| b. HIV/AIDS can be cured if detected early  |     |    |         |
| c. When a person has HIV/AIDS his or her body can not defend itself from certain diseases |     |    |         |
| d. One can tell if the person has the HIV virus by his/her appearance.                    |     |    |         |
| e. Young people should be taught to protect themselves against HIV infection.             |     |    |         |
| f. It is all right for girls to have sex before marriage.                                 |     |    |         |

- g. It is all right for boys to have sex before marriage
- h. I can be friendly with some one who has HIV/AIDS
- i. I consider abstinence a sure way of avoiding AIDS
- j. Can a person avoid getting AIDS by changing his/her behaviour and not changing behaviour