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Knowledge on HIV/AIDS among the Students of a Selected College in Mymensingh District, Bangladesh

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Abstract:

This descriptive type of cross sectional study was conducted to explore the knowledge on HIV/AIDS among the college students in Mymensingh district with the sample size was 150. The study revealed that 43.3 % of the respondents was in age group 16-18 years and 56.7 % was in age group 19-22 years. Among them 80% were female and 20% were male all of them were unmarried. The study further revealed that 81.9% of the respondents mentioned the causes of HIV/AIDS was virus, 12.8% mentioned bacteria, 4% mentioned metabolic, 4% and 3.4% mentioned fungus, fast food, 3.4% and dirty water respectively but 12.4% didn't know about the causes of HIV/AIDS. It is found from the study that majority of the respondents (76%) had knowledge on vulnerable group for HIV/AIDS was drug addicted person, 75.3% said sex worker, 51.3% said affected person from sexual disease, 37.3% said foreign service holder, 33.3% said university student, 14.7% said travelers businessman, 12.0% said transport labor, 6.7% said armed force, 6.0% said doctor nurse in a hospital worker and 10.7% didn't have any knowledge about it. Study showed that 82.7% of respondents identified weight reduction as a symptom of AIDS, followed by was 71.3% repeated fever, 70% was loss of energy, 26.7% was remittent sneezing cough, 26% was long term diarrhea, 15.3% was skin diseases and 10.7% didn't know the symptoms of HIV/AIDS. Study showed that majority of the respondents (46.2%) stated sources of HIV/AIDS transmission was body fluid followed by 37.9% from semen, 18.6% from saliva, 11.7% from vaginal discharge, and 30.3% didn't know about the sources of HIV/AIDS transmission. It was found that majority of the respondents (75.3%) had knowledge on preventive measures of HIV/AIDS was to use condom during sexual activity, 58.2% told screening before blood transfusion, 42.5% stated the use of disposable syringe during injection, 35.6% stated living safe place from the affected person and only 10.3% of respondents didn't know anything about it. 58.8% of the respondents had knowledge on treatment facilities was medical college hospital and 53.4% mentioned district hospital, 39, 2% said Upazilla health complex, 40.5% said specialized hospital, 34.5% said private hospital and 18.2% said private clinic, among them only 20.9% of the respondents did not know about the treatment facilities about HIV/AIDS. The knowledge level of the respondents which was 35% had average knowledge, 33% had good knowledge, 18% had very good knowledge and 14% had poor knowledge regarding HIV/AIDS. Provision of HIV/AIDS information through mass media and health education programs among the college students should be regularly broadcast to reinforce the knowledge level about the prevention and control of HIV/AIDS.

Keywords: Students, Knowledge, HIV, AIDS, Mymensingh, Bangladesh

1. Introduction

Acquired immune deficiency syndrome or acquired immunodeficiency syndrome (AIDS) is a disease of the human immune system caused by the human immunodeficiency virus (HIV). The illness interferes with the immune system, making people with AIDS much more likely to get infections, including opportunistic infections and tumors that do not affect people with working immune systems.¹ Bangladesh is the seventh most populous country in the world with a population of about 161.3 million. The first case of HIV/AIDS in Bangladesh was detected in 1989 since then 2008 cases of HIV and cases of AIDS is 850, among them 241 died have been reported (December 2010).² World Health Organization (WHO) estimates that at least one third of the 333 million new cases of curable sexually transmitted infections (STIs) each year occur among people under age 25 years. It has been estimated that at the end of 2001, approximately 40 million people worldwide were living with HIV/AIDS. Of which, a total of 6.4 million people belonged to the Asian region. Young people bear a special burden in the HIV/AIDS pandemic. Adolescents are more vulnerable than adults of unplanned pregnancies, sexually transmitted diseases and HIV/AIDS.³ Efforts to prevent HIV from becoming widespread among the youth population 15-24 years in Bangladesh are in the early stages. However, conservative religious and cultural norms may curtail the dissemination of needed information about sexuality and condoms. The community-readiness stages model was adopted as a framework for assessing the level of preparedness of community leaders to facilitate planned HIV prevention efforts.⁴ Globally, an estimated 11.8 million young people aged 15-24 were living with HIV by mid-2002. About half of all new HIV infections worldwide, or approximately 6,000 per day, occur among young people. The United Nations General Assembly Special Session on HIV/AIDS (UNGASS) established the goal of reducing HIV prevalence among young men and women aged 15 to 24 by 25% in the most affected

countries by 2005, and by 25% globally by 2010. Because many HIV-infected adolescents and young adults have not been tested for HIV and their HIV status is not known, and also because of the typically long latency period before development of clinical AIDS, many cases of HIV/AIDS that are identified among people in their 20s or even early 30s may have been acquired during their teen years or in their early 20s.⁵ Many factors put developing countries (like Iraq) at greater risk for developing HIV. Examples for these factors illiteracy, low per capita income, gender discrimination, poor knowledge about routes of transmission. Social stigma might disallow people with risky behaviors from seeking HIV testing or disclosing a positive status. Population growth, migration to urban areas, socio cultural barriers and poor prevention efforts might also contribute to the spread of HIV/AIDS. Immigration of different kinds of people, especially from low income countries, who come to the region to work in infrastructure development, now is very common. This might increase the possibility of spreading HIV between them, and thereby to the inhabitants.⁶ Improvement of existing academic health educational programs with introduction of sex education as well as utilizing the popular medias like TV are important avenues to make our adolescents aware and remain safe from the emerging dangers of AIDS.⁷ The aim of this study, therefore, was to assess the knowledge towards HIV/AIDS among college Students.

2. Method and Material

This descriptive type of cross sectional study used to find out the college students' knowledge about HIV/AIDS in a selected area of Mymensingh district in Bangladesh. The study was conducted at Annando Mohon College. The study was carried out from March 2014 to June 2014. 150 college students interviewed questionnaire with a response rate 100%. A pre-tested modified interviewer administered semi-structured questionnaire was used to collect the information. All the data were entered and analyzed by using statistical packages for social science (SPSS) software version 16.0 (Chicago).

3. Results and Discussion

3.1. Socio Demographic Information of the Students

Name of variable	Frequency	Percentage
Age in year		
16-18	65	43.3
19-22	85	56.7
Sex		
Male	30	20
Female	120	80
Monthly family income in Taka		
1000-5000	18	12.0
5001-10000	96	64.0
Above 10001	56	24.0

Table 1: Distribution of socio-economic status of the respondents (n=150)

The table 1 represents the respondent's age, sex, and monthly family income. Results showed that, 43.3 % of the respondents were in age group 16-18 years and 56.7 % was in age group 19-22 years. Results also showed that majority of the respondents (80%) were female and rest of them were male. It was found that respondent's family monthly income was between 1000-5000 taka 12.0% and 64.0%, 24.0% respondents were 5001-10000 taka, 10001-above taka respectively.

3.2. Knowledge Related Information of the Students

Causes of HIV/AIDS	Frequency	Percent of cases
Virus	122	81.9%
Fast food	5	3.4%
Bacteria	19	12.8%
Metabolic	6	4.0%
Fungus	6	4.0%
Dirty water	5	3.4%
Don't know	19	12.8%
Total	182	122.1%
*Multiple responses		

Table 2: Distribution of respondents by causes of HIV/AIDS (n=150)

Table 2 shows that majority of respondents (81.9%) mentioned the causes of HIV/AIDS was virus, 12.8% told bacteria, 4% told metabolic, 4% told fungus, 3.4% told fast food, 3.4% told dirty water and 12.4% don't know about the causes of HIV/AIDS

Vulnerable group for HIV/AIDS	Frequency	Percent of Cases
University student	50	33.3%
Addicted person	114	76.0%
Sex worker	113	75.3%
Transport labor	18	12.0%
Foreign service holder	56	37.3%
Travelers business of person	22	14.7%
Doctor, Nurse in a hospital worker	9	6.0%
Armed force department	10	6.7%
Affected Person from sexual Disease	77	51.3%
Don't Know	16	10.7%
* Multiple responses		

Table 3: Distribution of the respondents by knowledge on vulnerable group for HIV/AIDS (n-150)

Table 3 Shows that majority of the respondents (76%) had knowledge on vulnerable group for HIV? AIDS was drug addicted person, 75.3% said sex worker, 51.3% said affected person from sexual disease, 37.3% said foreign service holder, 33.3% said university student, 14.7% said traveler's businessman, 12.0% said transport labour, 6.7% said armed force, 6.0% said doctor nurse in a hospital worker and 10.7% didn't have any knowledge about it.

Symptoms	Frequency	Percent of cases
Repeated fever	107	71.3%
loss of body weight	124	82.7%
Remittent sneezing, cough	40	26.7%
Occur skin disease	23	15.3%
Persistent diarrhea	39	26.0%
Loss of energy	105	70.0%
Don't know	16	10.7%
* Multiple responses		

Table 4: Distribution of the respondents by symptoms of HIV/AIDS(n-150)

Table 4 shows that 82.7% of respondents identified weight reduction as a symptom of AIDS, followed by 71.3% repeated fever, 70% was loss of energy, 26.7% was remittent sneezing cough, 26% was long term diarrhea, 15.3% was skin diseases and 10.7% didn't know the symptoms of HIV/AIDS.

Sources of HIV/AIDS transmission	Frequency	Percent of cases
Saliva	27	18.6%
Body fluid	67	46.2%
Semen	55	37.9%
Skin	14	9.7%
Vaginal Discharge	17	11.7%
Don't Know	44	30.3%
*Multiple responses		

Table 5: Distribution of the respondents by sources of HIV/AIDS transmission(n-150)

Table 5 shows that majority of the respondents (46.2%) stated sources of HIV/AIDS transmission was body fluid followed by 37.9% from semen, 18.6% from saliva, 11.7% from vaginal discharge, and 30.3% didn't know about the sources of HIV/AIDS transmission.

Preventive measures of HIV/AIDS	Frequency	Percent of cases
Uses condom during sexual activity	110	75.3%
Use disposable syringe during injection	62	42.5%
Taking living safe place from the affected	52	35.6%
Screening HIV before blood transfusion	85	58.2%
Don't know	15	10.3%
* Multiple responses		

Table 6: Distribution of the respondents by knowledge on preventive measures of HIV/AIDS (n-150)

Table 6 shows that majority of the respondents (75.3%) had knowledge on preventive measures of HIV/AIDS was to use condom during sexual activity, 58.2% told screening before blood transfusion, 42.5% stated the use of disposable syringe during injection, 35.6% stated living safe place from the affected person and only 10.3% of respondents didn't know anything about it.

Treatment facilities	Frequency	Percent of cases
Upozilla health complex	58	39.2%
District hospital	79	53.4%
Medical college hospital	87	58.8%
Private clinic	27	18.2%
Specialized hospital	60	40.5%
Private hospital	51	34.5%
Don't know	31	20.9%
*Multiple responses		

Table 7: Distribution of the respondents by knowledge on treatment facilities (n-150)

Table 7 shows about 58.8% of the respondents had knowledge on treatment facilities was medical college hospital and 53.4% mentioned district hospital, 39.2% said Upazilla health complex, 40.5% said specialized hospital, 34.5% said private hospital and 18.2% said private clinic, among them only 20.9% of the respondents did not know about the treatment facilities about HIV/AIDS.

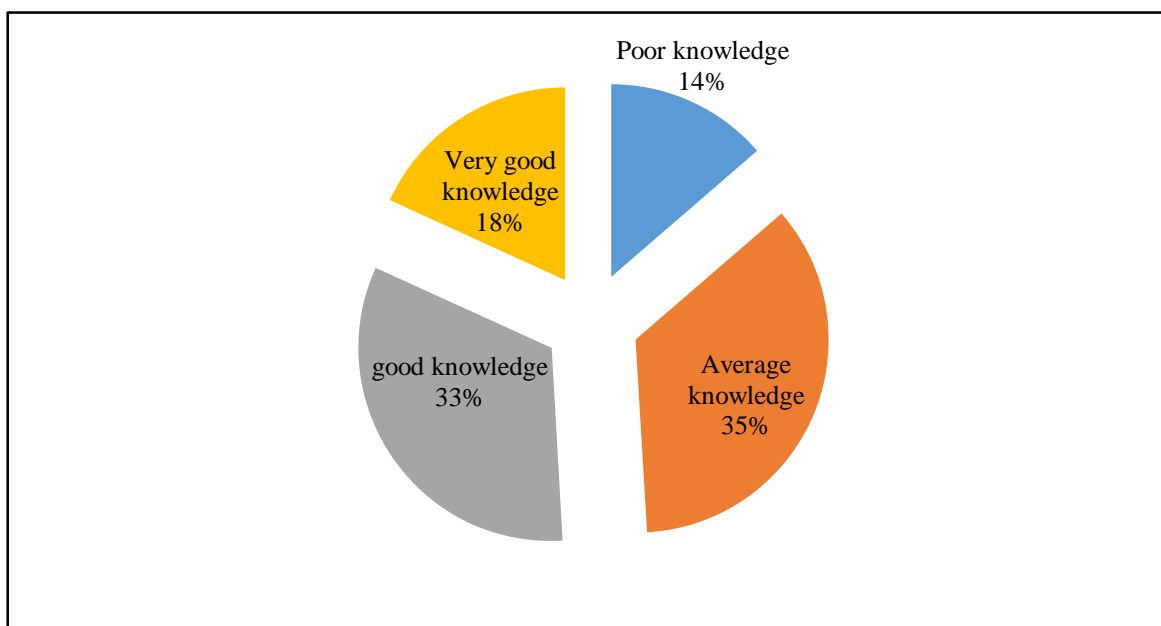


Figure 1: Distribution of respondents the level of knowledge on HIV/AIDS (n-150)
Level of Knowledge of HIV/AIDS among respondent

Figure 1 showed that 35% of respondents had average knowledge regarding HIV/AIDS followed by 18% had very good knowledge, 33% had good knowledge whereas 14% had poor knowledge.

(Each correct answer was scored 1 mark and a total 45 correct answer equals to 100%. Poor knowledge: Respondents who could mention 1-12 correct answer was scoring as having poor knowledge. Average knowledge: Respondents who could mention 13 - 24 correct answer regarded as average knowledge. Good knowledge: Respondents who could answer 25- 30 thought to be having good knowledge. Very good knowledge: Respondents who could give >35 correct answer was regard as very good knowledge).

4. Conclusion

Bangladesh is vulnerable with HIV/AIDS because of border belt zone have increased trend to incidence of HIV/AIDS at an alarming state. College students especially in the urban community are more vulnerable to HIV/AIDS because in this age group many unknown things happen to their life. This cross-sectional study was carried out among the College student aged 16-22 years in an urban community to assess the level of knowledge on HIV/AIDS. From the study finding it was found that majority of the respondents have knowledge about HIV/AIDS and only few respondents don't know about HIV/AIDS. The findings of this study can help the health care providers in successful implementation of existing activities of HIV/AIDS programmers and in formulating appropriate techniques to improve awareness for the prevention of HIV/AIDS among the college students in Bangladesh. Appropriate health educational intervention program can play important role to improve the knowledge among the college students about risk factors, spread, preventive measures and consequences of HIV/AIDS. Therefore, it is the time to give more emphasize on education, mass media exposure, workshops and campaign.

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