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Youth Knowledge and Attitude about HIV/AIDS in District Layyah, Pakistan

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Abstract:

The present quantitative study was conducted to explore the youth knowledge and attitude about HIV/AIDS in District Layyah, Pakistan. The universe of the present study consisted of the all the youth able to reproduce. 150 people were selected from the different institutes of layyah through simple random sampling. Description of the data and analysis was done through SPSS. It was concluded that the high level of knowledge about HIV/AIDS leads to the negative attitude toward HIV/AIDS, university students who have attended any program regarding the awareness about HIV/AIDS, they were observed that they have low level of negative attitude about HIV infected people. The health programs about HIV can play a vital role for the changing of negative attitude of youth regarding HIV/AIDS. It was recommended that to improve the knowledge of the youth by HIV/AIDS awareness program, parents and teachers can change the negative attitude of the youth through awareness.

Keywords: HIV/AIDS Knowledge and Attitude, Youth, University Students, Layyah, Pakistan

1. Introduction

AIDS (Acquired immune deficiency syndrome) is a disease caused by a virus called HIV (Human Immunodeficiency Virus). The illness alters the immune system, making people much more vulnerable to infections and diseases. HIV is found in the semen and vaginal fluids, blood and breast milk of an infected person. The virus is passed from one person to another through blood-to-blood and sexual contact. In addition, infected pregnant women can pass HIV to their babies during pregnancy, delivering the baby during childbirth, and through breast feeding. HIV can be transmitted in many ways, such as vaginal, oral sex, anal sex, blood transfusion, and contaminated hypodermic needles. Both the virus and the disease are often referred to together as HIV/AIDS. People with HIV have what is called HIV infection. As a result, some will then develop AIDS. According to research, the origins of HIV date back to the late nineteenth or early twentieth century in west-central Africa. AIDS and its cause, HIV, were first identified and recognized in the early 1980s. There is currently no cure for HIV/AIDS. Treatments can slow the course of the disease - some infected people can live a long and relatively healthy life (UNAIDS, 2008).

Acquired Immune Deficiency Syndrome (AIDS) is known as the last stage of viral infection caused by Human Immune-deficiency Virus (HIV). In AIDS the Immune system of the body was collapse (Birchall & Murphy, 1992).

Fight against AIDS/HIV everywhere throughout the world has been centered on youth. The fundamental reason lies in the study of disease transmission of new HIV/AIDS cases which indicates more adolescent populaces are getting tainted for a long time. Regarding the matter of HIV/AIDS information youngsters everywhere throughout the world have been considered as high hazard bunch. Far and wide each one year, more than a large portion of all individuals recently infected with HIV are among youth (Hazlina, 2002).

HIV/AIDS become a global issue that has endangered the survival of human being. In the many countries of the world HIV/AIDS did not arise until 1980s. But now there is no one country without HIV positive cases (WHO1995).

The majority of HIV infected people lived in African countries. In a estimation that in 2007, in the world 33.0 million people alive with HIV/AIDS, 66.66% of them, 22.0 million belong to sub-Saharan Africa (UNAIDS, 2008).

These crevices and confusions need to be redressed for gatherings at dangers particularly for youth that is the building pieces of future for each country, can learn and the adaptability to change (Reid, 2004)

It also observed through researches that half part of HIV infected people are under the age of 25 years. Youth is more vulnerable than old age people because the number of youth people with HIV/AIDS increased day by day in all over the world (Morris, 2003).

Risky practices and high hazard behaviors, for example, unprotected sex and needle-offering stay pervasive among sex laborers and IV medication clients (Fauziah, 2003).

It is explored that more than 30% of people with HIV infection are under the age of 29 years old and some studies which are conducted in Africa, Asia and Latin America showed that health education programs may have change the negative attitude of people and helpful for them in prevention of the disease (CDC, 2008).

According to UNAIDS estimates 2008, about 96,000 people were living with HIV in Pakistan at the end of 2007. Officially reported cases are, however, much lower. As in many countries, underreporting is due mainly to the social stigma attached to HIV, limited surveillance and voluntary counseling and testing systems, and the lack of knowledge among the general population and health practitioners. Although overall HIV prevalence is low in Pakistan, there is growing evidence of local concentrated epidemics among IDUs in major cities across the country. The combination of high levels of risk behavior and limited knowledge about HIV among injecting drug users and sex workers could lead to the rapid spread of HIV and with an HIV prevalence rate of 0.1 percent, Pakistan faces a concentrated epidemic among some key populations, and the country is at high risk for an HIV/AIDS epidemic (USAIDS, 2008).

It is possible for an HIV-infected mother to pass the virus directly before or during birth, or through breast milk. Breast milk contains HIV, and while small amounts of breast milk do not pose significant threat of infection to adults, it is a viable means of transmission to infants (WHO, 2010).

1.1. Significance of the Study

HIV/AIDS epidemic is increasing day to day especially in youth, although there are the several reasons of this epidemic, so the researcher was very interested in the good health of youth. While, the world is making progress in the field of medicine and surgery, but the treatment of the HIV/AIDS is not satisfactory. It is purely related to the social aspect and the researcher want to explore this problem and want to control by the awareness of youth

1.2. Aim of the Research

The aim of the present study was to assess current status of knowledge, attitude and awareness about AIDS and HIV among the college and university students. As the youth is the high risk of vulnerable groups for the transmission of HIV/AIDS. Researcher's aim of the study is to assess the knowledge and attitude among one of the youth of district Layyah, Pakistan.

1.3. Objective of Study

Keeping in view the source of nature of the study object of study classified as following.

- To find out the youth awareness about HIV/AIDS in Pakistan.
- To explore the modes of transmission of HIV/AIDS in Pakistan.

2. Theoretical Framework

2.1. Social Learning Theory

According to Social learning Theory, person learns from his personal experiences as well as from the environment in which he is living. The past experiences and result are observed closely to determine and understand the new actions and behaviors and the strategies to analyze the new behavior (Bandura, A, 1977). People learn the behavior from the other by observation in this research students learn the knowledge about HIV/AIDS from the teachers experiences. If the teacher has the knowledge about HIV/AIDS then he shared his knowledge with his students and that students prevented themselves from the risky factors which are the causes of HIV/AIDS. It mean if the students had high level of knowledge and experiences of HIV/AIDS then the threats of HIV/AIDS decreased and students thinking also changed from negative to positive.

2.2. Symbolic Interactions Perspective

The fact is that people behave and act toward things on the base of those things carried meaning for them. Symbolic interaction occurs in the response of a smallest action or gesture (Blumer, 1969). In this interaction process teachers is sender who send his / her message and receiver (student) understand it. So through interaction the knowledge about HIV/AIDS reached from teacher to the students. In this process there are different symbols such as school building, black board, uniform, books, play ground assembly etc. according to integrationist each individual gets its own meanings which are different from that of others. On the other hand, teacher's performance depends on behavior, interaction pattern of principal, administration as well as students. If the teachers have to aware about HIV/AIDS then he provided the knowledge of HIV/AIDS and when the students got awareness then their attitude changed towards HIV/AIDS.

3. Research Methodology

Quantitative research design was used because the respondents of present research were easily available. The researchers were used the questionnaire as a tool because respondents were educated and they could read and filled the questionnaire easily. The population of the present research was the all the students of colleges and university campuses of the District Layyah and the target population

was Bahadur Campus Layyah, Degree College Layyah, Layyah Institute of commerce and Computer Sciences (LICCS), Govt. Degree College Chowk Azam. A sample of 150 respondents was taken by simple random sampling from the different college and B.Z.U Bahadur Sub Campus Layyah.

4. Analysis of the Data

Quantitative analysis is the process of presenting and interpreting the Numerical data.

Variable	Frequency	Percentage
Age		(%)
Under 20 years	13	8.70
B/w 20-25 years	90	60.0
B/w 26-30 years	34	22.70
Older than 30 years	13	8.70
Total	150	100.00
Gender		
Male	96	64.00
Female	54	36.00
Total	150	100.00
Education		
Bachelor	27	18.00
Master	83	55.30
M.Phil.	21	14.00
Other	19	12.70
Total	150	100.00
Residence		
Rural	55	36.70
Urban	95	63.30
Total	150	100.00

Table 1

Table 1 shows that 8.70% respondents were under 20 years old, 60.0% of the respondents were the age of between 20-25 years, 22.70% respondents were the age of 26-30 years old and 8.70% were the older than 30 years. The researcher found that majority of the participants was the age between 20-25 years old. In this research 64.0% respondents were male and 36.0% were female. The majority of the respondents in this research were male and the education level was that 18.0% respondents were Bachelor, 53.30% respondents were Master, 14.0% respondents were M.Phil, and 12.50% respondents were in the other category like F.A, Matriculation. The majority of the respondents were passed their master degree. By the residence table shows that 36.70% respondents were lived in the rural area and 63.30% were lived in the urban area. The majority of the respondents, in this research were lived in the urban areas.

- **Percentage and distribution of the respondents regarding to respondent ever attend the awareness session about HIV/AIDS**

Categories	Frequency	Percent
Yes	99	66.0
No	51	34.0
Total	150	100.0

Table 2

Table 2 shows that 66% respondents were gave the response "YES" and 34.0% were gave the response "NO". The researcher found the majority of the respondents were attended the awareness session about HIV/AIDS.

- Percentage and distribution of the respondents regarding to response of the contributing factors of HIV/AIDS

Categories	Frequency	Percent
Unprotected sex	10	6.7
Blood transmission	9	6.0
Intravenous Drug users	4	2.7
All above	127	84.7
Total	150	100.0

Table 3

Table 3 shows that 6.7% respondents were gave only the unprotected sex is the factor of HIV/AIDS, 6.0 % respondents were disagree only that blood transmission is the factor of HIV/AIDS, 2.7% respondents were gave response only intravenous drug using is the factor of HIV/AIDS and 84.7% respondents were said that All above given factors are the cause of HIV/AIDS. The majority of respondents in this research were agreed that unprotected sex, blood transmission and intravenous drug using are the major factors which are the cause of transmission of HIV/AIDS from infected person to healthy person.

- Percentage and distribution of the respondents regarding to response of the Most of the HIV infections are because of the result of unprotected sexual intercourse

Categories	Frequency	Percent
Agree	94	62.7
Disagree	21	14.0
Don't know	35	23.3
Total	150	100.0

Table 4

Table 4 shows that 62.7% respondents were agree, 14.0% respondents were disagree and 23.3% respondents were gave response Don't know. Majority of the respondents were agreed that unprotected sexual intercourse is the major cause of HIV/ AIDS.

- Percentage and distribution of the respondents regarding to response of the Drug addicts, who share needles, are at the risk of being infected with HIV/AIDS

Categories	Frequency	Percent
Agree	132	88.0
Disagree	15	10.0
Don't know	3	2.0
Total	150	100.0

Table 5

Table 5 shows that 88 % respondents were agree , 10 % respondents were disagree and 2 % respondents were gave response Don't know. The majority of respondents were agreed that the people who shared needles are at the high risk of being infected with HIV/AIDS.

- Percentage and distribution of the respondents regarding to response of Children with HIV/AIDS should be allowed to attend the public school

Categories	Frequency	Percent
Agree	103	68.7
Disagree	27	18.0
Don't know	20	13.3
Total	150	100.0

Table 6

Table 6 shows that 68.7% respondents were agree , 18.0 % respondents were disagree and 13.3% respondents were gave response Don't know. The researcher found the majority of respondents in this research were agreed that the children with HIV/AIDS should be allowed to attend the public school.

- **Percentage and distribution of the respondents regarding to response of I would feel comfortable having the conversation with a person I know to have HIV/AIDS**

Categories	Frequency	Percent
Agree	85	56.7
Disagree	33	22.0
Don't know	32	21.3
Total	150	100.0

Table 7

Table 7 shows that 56.7% respondents were agree , 22.0 % respondents were disagree and 21.3% respondents were gave response Don't know. In this research the researcher found the majority of respondents in this research were agreed that we feel comfortable having the conversation with a person we know to have HIV/AIDS.

- **Null Hypothesis:** There is an association between youth's awareness about HIV/AIDS and negative attitude towards HIV/AIDS.
- **Alternate Hypothesis:** The higher level of knowledge of youth about HIV/AIDS has no effect upon the negative attitude towards HIV/AIDS

4.1. Hypothesis Testing I

Variables		I would feel comfortable having the conversation with person I know to have HIV/AIDS? (Attitude)			Total
		Agree	Disagree	Don't know	
Did you ever attend the awareness session about HIV/AIDS? (Awareness)	Yes	53	27	19	99
	No	32	6	13	51
Total		85	33	32	150

Table 8

Level of Significance = 0.05

Level of Confidence = 0.95

Chi-Square Test = Chi square test was applied to find out the relationship between independent variable and dependent variable.

$$X^2 = \sum \frac{(fo - fe)^2}{fe}$$

Chi-Square Testing	D.F	Asymp. Sig. (2-Sided)
Pearson Chi-Square	2	.090
Likelihood Ratio	2	.074
Linear-by-Linear Association	1	.835
No. of Valid Cases	150	

Table 9

The P- Value .90 is greater than .05, (P-value .090 > .05)

As “P” (the value of Chi-Square) is .090 which is more than the level of Significance that is .05, so the researchers accept the null hypothesis at the .05 level of significance. It means that there is an association between the higher levels of knowledge of youth about HIV/AIDS leads the lower level of negative attitude towards HIV/AIDS.

4.2. Hypothesis Testing 2

Variables		Children with HIV/AIDS should be allowed to attended the public school? (Attitude)			
		Agree	Disagree	Don't know	Total
Only blood products and semen are known to transmit the HIV? (Awareness)	Agree	59	18	15	92
	Disagree	31	9	1	41
	Don't know	14	0	3	17
Total		104	27	19	150

Table 10

Level of Significance = 0.05

Level of Confidence = 0.95

Chi-Square Test = Chi square test was applied to find out the relationship between independent variable and dependent variable.

$$X^2 = \sum \frac{(fo - fe)^2}{fe}$$

Chi-Square Testing	D.F	Asymp. Sig.(2-sided)
Pearson Chi-Square	4	.056
Likelihood Ratio	4	.008
Linear-by-Linear Association	1	.113
No. of Valid Cases	150	

Table 11

The P- Value .056 is greater than .05, (P-value .056 > .05)

As “P” (the value of Chi-Square) is .056 which is more than the level of Significance that is .05, so the researchers accept the null hypothesis at the .05 level of significance. It means that there is an association between the higher levels of Awareness of youth about HIV/AIDS leads the lower level of negative attitude towards HIV/AIDS.

5. Conclusion

This study attempted to investigate the factors associated with the knowledge and attitude of the youth towards HIV/AIDS. Data was collected from the different colleges of Layyah and BZU Bahadur sub campus Layyah. Statistics were used in this study were, number, percentage, mean and Chi- square test with significance level at under 0.05. The sample consisted of 150 college and university students, 96 were male and 54 female students. In this research 55.3% respondents were Master level students, 66% were attended any health program about HIV/AIDS and 76.7% were agreed that couple must be tested for HIV/AIDS before their marriage, 91.3% were agreed that parents and teachers can play an important role in HIV related education. Changing in negative attitude is the requirement of the current time and for this purpose health awareness programs conducted by government and NGOs in colleges and universities. Women have higher vulnerability; therefore gender sensitive approaches are keys when designing prevention programs.

Only prevention approaches are not sufficient until the global world respond to HIV. There is no protection and HIV can knock any door, therefore the time to act is now.

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