
A STUDY OF HIV/AIDS AWARENESS AND ATTITUDE OF RURAL AND SLUM WOMEN OF FIROZABAD AND MAINPURI DISTRICT OF UTTAR PRADESH**DR. DOLLY RANI* PROFF. BHARTI SINGH******* UGC/PDF Scholar, Department of Extension, Communication and Management, Institute of Home Science, Dr. B. R. Ambedkar University, Agra******Director, Institute of Home Science, Dr. B. R. Ambedkar University, Agra****ABSTRACT**

HIV/AIDS still remains a threat to development of people of all age and Nationalities. It is pandemic, now at the beginning of its third decade, is one of the most devastating diseases, currently. It deprives families, communities and entire nations of people at their most productive ages. Globally, 36.9 million people were living with HIV/AIDS at the end of 2014.

HIV continues to profoundly affect women and girls across all regions. India was the second largest population infected with HIV/AIDS and over 29.23 percent of all reported AIDS cases were women (NACO 2012). The figures in India as well as all over the world show that HIV/AIDS victims amongst women will increase faster than the man

A rise in the infection of women with ignorance means an increase in the infection of infants born to them. This means greater impact of the disease on women and children in particular, and society as a whole. AIDS affects women not as single entities but their multiple roles as mothers, wives, educationists, income providers and health-care providers. It is felt by the health workers and experts that only factual knowledge and accurate attitude is the most powerful weapons to fight this problem.

In this context, the author made a scientific attempt to judge the level of awareness and attitude of women of rural and slum areas of Firozabad and Mainpuri district of Uttar Pradesh. This study was conducted on 120 women of rural and slum areas of Firozabad and Mainpuri district of Uttar Pradesh.

It is concluded from the study that the respondent's awareness regarding basic facts about HIV/AIDS, causes of HIV infection, prevention against HIV infection and government programme and policy against HIV/AIDS was high. While regarding to the sexually transmitted infections, symptoms of HIV/AIDS, progression stages of HIV/AIDS and medical tests and treatment for HIV/AIDS, the awareness level in most cases was low. Overall level of awareness regarding HIV/AIDS of most of the respondents was at medium level.

Data related to attitude regarding HIV/AIDS was collected under two sections:- section 1- Attitude regarding HIV/AIDS infection and section 2:- Attitude regarding PLWHA

The result shows that majority of the respondents (48.33 percent) had neutral attitude regarding HIV/AIDS infection, while 30 percent and 21.67 percent of the respondents had favourable and unfavourable attitude receptively regarding HIV/AIDS infection.

Findings about the attitude regarding people living with HIV/AIDS infection show that majority of the respondents (40.00 percent) had favourable attitude regarding PLWHA, while 36.67 percent and 23.33 percent of the respondents had neutral and unfavourable attitude receptively regarding PLWHA.

Overall attitude was obtained by pooling up the score of both sections. Findings regarding to the overall attitude show that majority of the respondents (43.33 percent) had neutral attitude while 33.34 percent of the respondents had favourable attitude. The data further shows that only 23.33 percent of the respondents had overall unfavourable attitude regarding HIV/AIDS.

Keywords: HIV/AIDS, Awareness, Attitude.

INTRODUCTION

Acquired Immune Deficiency Syndrome or AIDS, as it is popularly known as, is the new scourge of the last two decades of the twentieth century. AIDS is a disease caused by a virus named HIV (Human Immuno deficiency Virus). HIV weakens the immune system or the body's own defense system but this process is slow. It takes years after being infected for a person to notice that he/she has been infected. HIV+ve mean that the person has the virus and is harboring HIV infection. Specialists have identified four major mediums of HIV/AIDS transmission viz. intimate sexual contact, exposure of infected blood, shared uses of infected needles/syringes and transmission from an infected pregnant woman to her fetus.

HIV/AIDS still remains a threat to development of people of all age and Nationalities. It is pandemic, now at the beginning of its third decade, is one of the most devastating diseases, currently. It deprives families, communities and entire nations of people at their most productive ages. This epidemic is deepening poverty, affecting human development achievements, worsening gender inequalities, and eroding the ability of governments to maintain essential services, reducing labour productivity, supply, and hampering economics growth in the Countries worst affected for decades to come (UNAIDS, 2012).

Globally, 36.9 million people were living with HIV at the end of 2014. An estimated 0.8% of adults aged 15-49 years worldwide are living with HIV, although the burden of the epidemic continues to vary considerably between countries and regions. Sub-Saharan Africa remains most severely affected, with nearly 1 in every 20 adults (4.9%) living with HIV and accounting for 69% of the people living with HIV worldwide. After sub-Saharan Africa, the regions most heavily affected are the Caribbean and Eastern Europe and Central Asia, where 1.0% of adults were living with HIV in 2011(UNAIDS, 2012).

The situation of AIDS in Asia is as a "ticking bomb" with scarce statistics and perspectives, considering the potential catastrophes of India and China. Unfortunately, India fails within the high-risk region of South Asia and South-East Asia, which is just next to Sub-Sahara African region as regards the number of HIV infected cases, are concerned.

India's socio-economic status, traditional social ill, cultural myths on sex and sexuality and a huge population of marginalized people make it extremely vulnerable to the HIV epidemic. Thus the epidemic has become the most serious public health problem faced by the country since independence.

The first AIDS case in India was detected in 1986 and since then HIV infection has been reported in all states and union territories. Now India has the third largest number of people living with HIV/AIDS. As per the 2012-13 HIV estimates, there are an estimated 2.1 million people currently living with HIV/AIDS in India.(UNAIDS 2012-13).

HIV continues to profoundly affect women across all regions. For example, in sub-Saharan Africa, the region most severely affected by HIV, women represent 58% of the people living with HIV and bear the greatest burden of care (UNAIDS, 2012). India was the second largest population infected with HIV/AIDS and over 29.23 percent of all reported AIDS cases were women (NACO 2012). The figures in India as well as all over the world show that HIV/AIDS victims amongst women will increase faster than the man.

The lower socioeconomic and political status of female are assigned, including unequal access to education and employment, and fear or experience of violence compound women's greater physiological vulnerability to HIV. Because of social and economic power imbalances between men and women and the associated limitations in access to services, many women have little capacity to negotiate sex, insist on condom use or otherwise take steps to protect themselves from HIV.

Balk et al (1997) in their study they reported that only 17% of married women of reproductive age had heard of AIDS. Even among those who had heard of AIDS, only about one fourth had understanding of how the disease is transmitted. Despite low level of awareness and knowledge, the findings indicated a strong positive correlation between knowledge of AIDS and condom use.

Amardeep and Sharma (2002) conducted a study on "Media and communication for AIDS: A study on consciousness and awareness." in 2 metropolitan cities namely Lucknow and Kanpur of Uttar Pradesh. The result indicated that maximum respondents (43.50%) had medium level of awareness about AIDS and 29.50% respondents had low level of awareness. Only 24% were found highly aware about this epidemic.

A rise in the infection of women with ignorance means an increase in the infection of infants born to them. This means greater impact of the disease on women and children in particular, and society as a whole. AIDS affects women not as single entities but their multiple roles as mothers, wives, educationists, income providers and health-care providers. It is felt by the health workers and experts that only factual knowledge and accurate attitude is the most powerful weapons to fight this problem.

In this context, the author made a scientific attempt to judge the level of awareness and attitude regarding HIV/AIDS of rural and slum women of Firozabad and Mainpuri district of Uttar Pradesh. This study was conducted among 120 women of rural and slum areas of Firozabad and Mainpuri district of Uttar Pradesh.

RESEARCH METHODOLOGY

The design adopted for the study entitled "**A Study of HIV/AIDS Awareness and Attitude of Rural and Slum Women of Firozabad and Mainpuri District of Uttar Pradesh**" was "**Exploratory Research Design**".

A multistage random sampling technique was used to select the ultimate unit of the sample with a view to get a representative sample of the area. For the selection of sample two districts of Uttar Pradesh namely 'Firozabad district' and 'Mainpuri district' were selected. Out of these two districts 60 families from rural areas (30 families from rural areas of each selected district) and 60 families from urban areas (30 families from urban areas of each selected district) were selected on random basis. Thus the present study was conducted on total 120 families (60 from rural areas and 60 from urban areas) of Uttar Pradesh. From each selected family, woman head was selected for collection of data. Thus the present study was conducted on 120 women heads belonged to the age group of up to 45 years.

The data was collected from primary as well as secondary sources. Primary data was collected under two heads:-

- i. Awareness of respondents regarding HIV/AIDS
- ii. Attitude of respondents regarding HIV/AIDS

Primary data regarding the awareness of HIV/AIDS was collected with the help of self made questionnaire. For measuring the attitude of the women regarding HIV/AIDS, a separate scale was developed by using Likert technique under two sections:

- i. Attitude regarding HIV/AIDS infection and
- ii. Attitude regarding people living with HIV/AIDS infection.

Total 20 statements (10 statements in each section) were formulated to access the attitude of the people regarding HIV/AIDS infection.

RESULT AND DISCUSSION

The results obtained were thoroughly examined, interpreted and discussed with all care. After statistical analysis the results have been presented under the following heads according to the objectives of the study:

- Awareness regarding HIV/AIDS.
- Attitude regarding HIV/AIDS.

Awareness regarding HIV/AIDS

Data related to the awareness regarding HIV/AIDS has been presented under the following heads:-

- Awareness regarding different aspects of HIV/AIDS.
- Total level of awareness regarding HIV/AIDS.

Awareness regarding different aspects of HIV/AIDS

The following table gives a clear picture regarding awareness about different aspects of HIV/AIDS. The findings have been presented showing the comparative results between before intervention period and after intervention period. They clearly show the impact of intervention programme.

Table 1: Awareness regarding different aspects of HIV/AIDS

N=120

Different aspects of HIV/AIDS	Level of Awareness	Number	Percentage
Basic facts about HIV/AIDS	High	80	66.67
	Medium	35	29.17
	Low	05	04.16
	Total	120	100
Sexually Transmitted Infections	High	7	05.84
	Medium	34	28.33
	Low	79	65.83
	Total	120	100
Causes of HIV Infection	High	68	56.67
	Medium	38	31.67
	Low	14	11.66
	Total	120	100

Symptoms of HIV/AIDS	High	02	01.67
	Medium	20	16.66
	Low	98	81.67
	Total	120	100
Progression Stages of HIV/AIDS	High	01	00.83
	Medium	18	15.0
	Low	101	84.17
	Total	120	100
Prevention against HIV Infection	High	60	50.0
	Medium	41	34.17
	Low	19	15.83
	Total	120	100
Medical Tests and Treatment for HIV/AIDS	High	02	01.67
	Medium	11	09.17
	Low	107	89.16
	Total	120	100
Government Programme and Policies against HIV/AIDS	High	74	61.67
	Medium	34	28.33
	Low	12	10.0
	Total	120	100

Table 1. reveals the awareness regarding different aspects of HIV/AIDS. The results show that most of the respondents (66.67 percent) had high level of awareness regarding basic facts about HIV/AIDS, while only 29.17 percent and 4.16 percent of the respondents had medium level and low level of awareness respectively.

The data related to the awareness about sexually transmitted infections reported that majority of the respondents (65.83 percent) had low level of awareness, while only 28.33 percent and 5.84 percent of the respondents had medium level and high level of awareness respectively.

In reference to the awareness about causes of HIV infection, most of the respondents 56.67 percent had high level of awareness, while 31.67 percent and 11.66 percent of the respondents had medium level and low level of awareness respectively.

Regarding awareness about symptoms of HIV/AIDS maximum number of the respondents (81.67 percent) had low level of awareness. Only 16.66 percent and 1.67 percent of the respondents had medium level and high level of awareness respectively.

Related to the progression stages of HIV/AIDS, 84.17 percent of the respondents had low level of awareness, while 15.0 percent of the respondents had medium level of awareness. Only one respondent scored high level of awareness score.

Data related to the awareness about prevention against HIV infection show that high level of awareness reported by 50.00 percent of the respondents, while only 34.17 percent and 15.83 percent of the respondents had medium level and low level of awareness respectively.

Regarding to the awareness about medical tests and treatment for HIV/AIDS, it is clearly shows that most of the respondents (89.16 percent) reported low level of awareness, while 09.17 percent of the respondents had medium level of awareness. Only two respondent scored high level of awareness score.

As regards to the awareness about government programme and policies against HIV/AIDS the result indicates that 61.67 percent of the respondents had high level of awareness, while only 28.33 percent and 10.00 percent of the respondents had medium level and low level of awareness respectively.

After analyzing the data regarding to all the above aspects it has been clearly indicated that the respondent's awareness regarding basic facts about HIV/ AIDS, causes of HIV infection, prevention against HIV infection and government programme and policy against HIV/AIDS was high. While regarding to the sexually transmitted infections, symptoms of HIV/AIDS, progression stages of HIV/AIDS and medical tests and treatment for HIV/AIDS, the awareness level in most cases was low. It was observed by the researcher that for creating AIDS awareness several media like television, radio, newspapers, magazines and various types of other electronic and print media etc. have been presenting various messages through shows, advertisement and articles relating to this topic. These messages were basically related with basic concept about HIV/AIDS, causes and prevention of HIV/AIDS. The respondents did not listen/seeing any message through any media about symptoms, progression stages and medical tests and treatment for HIV/AIDS. So due to the above reasons their awareness scores were vary on various aspects of HIV/AIDS

Total Level of Awareness Regarding HIV/AIDS

The following table shows the total level of awareness (all aspects included) achieved by the respondents regarding HIV/AIDS.

Table 2: Total level of awareness regarding HIV/AIDS

N=120

Level of Awareness	Number	Percentage
High	04	03.34
Medium	76	63.33
Low	40	33.33
Total	120	100

The analysis carried out with the data obtained by respondents on total level of awareness regarding different aspects of HIV/AIDS presented in Table 2. appears to be quite interesting.

Results reveal that majority of the respondents (63.33percent) scored medium level of awareness score, while 33.33 percent of the respondents scored low level of awareness score. The data further shows that only 3.34 percent of the respondents scored high level of awareness score.

In this section level of awareness was obtained by summed up the scores of each respondent in reference to the various aspects of HIV/AIDS. According to these obtained scores very few (3.34 percent) respondent's awareness level was high as they had very clear concept and technical awareness about various aspects of HIV/AIDS. These respondents were fully aware about basic concept, causes and precautions of HIV/AIDS as well as they were also aware about technical concept of HIV/AIDS like medical test and treatment, antiretroviral therapy and progression stages of HIV/AIDS.

The data further show that majority of the respondents (63.33 percent) were scored medium level of awareness score as they were aware about basic concept, causes, precautions and government programme and policies for HIV/AIDS. But these respondents also had some misconceptions about HIV/AIDS and not aware about major and minor symptoms, medical test and treatment, antiretroviral therapy and progression stages of HIV/AIDS.

Respondents who belonged to low level of awareness were 33.33 percentages as they did not aware about basic concept as well as technical concept of HIV/AIDS. These respondents also had some misconceptions about HIV/AIDS. Out of these respondents (40 respondents) 8 respondents had never heard the word "HIV/AIDS" but they had little bit awareness about sexually transmitted infections and they responded that there have a disease which is incurable and can be transmitted by unprotected sexual contact, by needles, syringes and other body piercing instruments shared with an infected person or by transfusion of infected blood or blood products.

Attitude regarding HIV/AIDS

Table no.3. Attitude regarding HIV/AIDS

N = 120

Aspect Attitude	<u>Attitude regarding HIV/AIDS infection</u>		<u>Attitude regarding PLWHA</u>		<u>Overall attitude</u>	
	Number	Percentage	Number	Percentage	Number	Percentage
Unfavourable	26	21.67	28	23.33	28	23.33
Neutral	58	48.33	44	36.67	52	43.33
Favourable	36	30.00	48	40.00	40	33.34
Total	120	100	120	100	120	100

Table no.3. highlights the attitude of the respondents regarding HIV/AIDS infection, people living with HIV/AIDS infection (PLWHA) and overall attitude. The result shows that attitude regarding HIV/AIDS infection majority of the respondents (48.33 percent) had neutral attitude, while 30 percent and 21.67 percent of the respondents had favourable and unfavourable attitude receptively regarding HIV/AIDS infection.

Findings about the attitude regarding people living with HIV/AIDS infection show that majority of the respondents (40.00 percent) had favorable attitude regarding PLWHA, while 36.67 percent and 23.33 percent of the respondents had neutral and unfavorable attitude receptively regarding PLWHA.

Overall attitude was obtained by pooling up the score of both sections (section 1:- attitude regarding HIV/AIDS infection and section 2:- attitude regarding PLWHA). Findings regarding to the

overall attitude show that majority of the respondents (43.33 percent) had neutral attitude while 33.34 percent of the respondents had favorable attitude. The data further shows that only 23.33 percent of the respondents had overall unfavorable attitude regarding HIV/AIDS.

On the basis of various researches it can be concluded that attitude is depend upon knowledge and awareness. In the present study same as respondents who scored high and medium level of awareness score had favourable attitude. But in many cases respondents who scored medium level of awareness score had reported neutral attitude regarding HIV/AIDS because of uncertainty and some misconception about HIV/AIDS.

The researcher also observed in the present study that out of those respondents who scored low level of awareness about HIV/AIDS, majority of the respondents reported unfavourable attitude. While in some cases neutral attitude were reported by those respondents who belonged to the low level of awareness as they did not have clear concept of HIV/AIDS infection, so they were uncertain and reported their neutral attitude about HIV/AIDS.

SUMMARY AND CONCLUSION

It is concluded from the study that the respondent's awareness regarding basic facts about HIV/ AIDS, causes of HIV infection, prevention against HIV infection and government programme and policy against HIV/ AIDS was high, while regarding to the sexually transmitted infections, symptoms of HIV/ AIDS, progression stages of HIV/AIDS and medical tests and treatment for HIV/AIDS, the awareness level in most cases was low. Overall level of awareness regarding HIV/AIDS of the most of the respondents was at medium level.

In reference to the attitude regarding HIV/AIDS majority of the respondents had neutral attitude about HIV/AIDS infection and overall attitude about HIV/AIDS. While in reference to the attitude regarding people living with HIV/AIDS majority of the respondents has favorable attitude.

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