**Scholars Journal of Applied Medical Sciences (SJAMS)** **ISSN 2320-6691 (Online)**
**Sch. J. App. Med. Sci., 2013; 1(6):920-923** **ISSN 2347-954X (Print)**

(An International Publisher for Academic and Scientific Resources)
www.saspublishers.com DOI: 10.36347/sjams.2013.v01i06.0060

**Research Article**

# Assessment of Training Needs of School Going Adolescents on Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome(AIDS) and Sexually Transmitted Diseases (STDs) in a Rural Community of West Bengal

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**Abstract:** A cross sectional survey was conducted to assess the knowledge on HIV/AIDS & Sexually transmitted diseases(STDs)& to find out the training needs among 231 adolescents school children of Nasibpur & Naskarpur co-education high school in Singur Block of West Bengal between September & October, 2012.The analysis revealed that most of the students (43.5%) don't have appropriate & sufficient information on HIV/AIDS & STDs. 85% students responded that HIV/AIDS & STDs were found among people like commercial sex workers. It appears that Girls (6.08%) have a better knowledge than boys. Better responses (8.02%) were given by the higher class students. The fact that adequate knowledge, socio-cultural practices, sex, marriage, pregnancy are the major determinants of their health. So the student should acquire adequate knowledge & appropriate skills necessary to optimally deal with health concern & major health problems. Like the present study influence of literacy on transmission of HIV/AIDS and other STDs are well documented.
**Keywords:** Adolescents, training, HIV/AIDS & STDs, School health

## INTRODUCTION

The ones who are being most shamefully failed by the present world order are the million or more adolescents who are dying due to AIDS every years & the other million adolescent who survive in to half-life of STDS, teenage pregnancies, malnutrition's, menstrual abnormalities. In India several adolescent programs like school health programme (genesis from Reproductive and Child health (RCH), child-to-child programme. Integrated child development scheme (ICDS )program etc. are functioning but that are only health checkup& treatment of minor illness. Gradually those services are defruited & diluted due to lack of adequate resources, manpower & irregularity of the services [1].

After spending so many cores of dollar by the World Bank, we have got the truth that Information education and communication(ICE) are the only vaccines regarding prevention of the deadly killer disease AIDS. But implementations of those vaccines like knowledge, education & awareness are not easy. As each & every level this health education subject has been neglected [2].

The cumulative frequency chart & exponential rise of HIV cases in India at the end of 2004 indirectly support the furious news declared by the Bangkok seminar on 11th July, 04, that India will be number one country according to HIV/AIDS cases in the year of 2006 [3]. That means we are just lagging behind the initial stage & we did not distribute the awareness sufficiently across the country [4]. HIV prevalence in India is 0.98, 1% increase means >5 lacks population will be affected [5].

Several preventive indicators have already documented & examined those indicators of different organizations like World Health Organization (WHO), United Nations Development Programs(UNDP), United Nations Programs on HIV/AIDS (UNAIDS). Those parameters don't reflect their knowledge but will give an objective assessment on Knowledge attitude belief and Practice (KABP) about HIV/AIDS. However the gigantic task of adolescent education should attract attention of the traditional teacher parent based educational system. Once again HIV/AIDS & STDs have taught us the significance of health education that it is the only preventive aspect of STDS[6].

For better and worst Health influences education & Education influences health. And there is a synergism in between two which is the basic developmental component of young life [7].

The health crisis of growing children is diverse in nature. During the pre-school age nutrition is a major concern. But when to became school goers & enters & passes through transitional period that is adolescents they are with relative independence. They are exposed to several instances like strangers their own physical development including sex education, psychological maturation from childhood to motherhood and general intuitiveness regarding many things including sex [8]. Unless socially they feel themselves in an environment that is lack off difficulties like addictions, sex harassment so & so far, the unusual morbidity, STDS & different types of jurisdictions will flare up day by day. So they need freedom with supervised independence & care for cure independently with protection & exposure with encouragement. It is quite obvious in the school approach as it is the most acceptable activity places of adolescent. Last obviously not the least that education is the key to all processes of development especially, human development, material & spiritual [9].

## MATERIALS AND METHODS

A cross sectional community based study was conducted in a rural area of Singur in the district of Hoogly, West Bengal between September & October, 2012. The rural hospital & training institute of Singur is the field practice area of All India institute of hygiene & public health, Kolkata. Out of 4 co-education school of Singur block 2 schools were selected using simple random sampling. The final protocol along with the consent form was submitted to the concerned authorities of the selected school for obtaining permission. For conducting the study students of class viii-xii were given permission. A predesigned & pretested questionnaire was developed. Then Informed consents were obtained of all the students assumed confidentiality. All the students who were present were enquired with the questionnaire & in the presence of the school teachers to avoid cross discussion. Students of the two schools were surveyed on two separate occasions with same questionnaire. It was found that out of 318 enrolled students of the selected schools of class viii-xii 231 were present. So the final analysis was on 231 students.

## RESULTS

In the present study it was seen that out of 231 adolescent students 32.46% were male & 56.5% were female respectively. Only 4 male Muslim students were noted in the age group of 14-16 yrs. 71% male &female pointed out the meaning of STDs& 85.8% reported the meaning of AIDS & 70% reported that AIDS is a fatal disease (Table 2).

**Table1: Distribution of students according to age, sex & religion.**

| Variables | Number | Percentage (%) |
|---|---|---|
| Age | | |
| 10-15 | 198 | 85.7 |
| 16-19 | 33 | 14.3 |
| Sex | | |
| Male | 75 | 32.5 |
| Female | 156 | 56.5 |
| Religion | | |
| Hindu | 227 | 98.2 |
| Muslim | 4 | 1.8 |

**N=231, n1-75, n2-156**

**Table 2: Distribution of adolescent a/c to their common knowledge on HIV/AIDS & STDs**

| Knowledge on | Correct | | | Incorrect | | | Not Known | | |
|---|---|---|---|---|---|---|---|---|---|
| | M | F | Total | M | F | Total | M | F | Total |
| STD means sexually transmitted disease. | 49<br>66.3% | 122<br>77.20% | 171<br>74.1% | 10<br>13.3% | 19<br>12.2% | 29<br>12.5% | 16<br>21.3% | 15<br>9.6% | 31<br>13.4% |
| HIV means human immune deficiency ds. | 31<br>41.3% | 81<br>51.9% | 112<br>48.4% | 24<br>32% | 31<br>19.8% | 55<br>23.8% | 20<br>26.6% | 44<br>28.2% | 64<br>27.7% |
| AIDS means acquired immune deficiency virus. | 64<br>85.3% | 135<br>86.3% | 199<br>86.1% | 6<br>8% | 9<br>5.7% | 15<br>6.4% | 5<br>6.6% | 12<br>7.6% | 17<br>7.3% |
| AIDS is a fatal ds. | 55<br>73.3% | 107<br>68.58% | 162<br>70.1% | 7<br>9.3% | 29<br>18.5% | 36<br>15.6% | 13<br>17.3% | 20<br>12.8% | 33<br>14.2% |
| AIDS is a contagious ds. | 56<br>74.6% | 120<br>76.9% | 176<br>76.1% | 6<br>8% | 18<br>11.5% | 24<br>10.3% | 13<br>17.3% | 18<br>11.5% | 31<br>13.4% |
| HIV is a cause of AIDS. | 48<br>64.1% | 111<br>71.1% | 159<br>68.8% | 17<br>22.6% | 25<br>16.1% | 42<br>18.2% | 10<br>13.3% | 20<br>12.8% | 30<br>12.9% |

**N=231, n1-75, n2=156,** Z=0.98, P>.05

85% subjects thought that HIV/AIDS,& STDS are transmitted by sexual contacts from an infected person, people with multiple sexual partners& it can be transmitted from infected mother to child. About 85.7% have misconception that shaking hands with an infected person can transmit the disease (Table3). Again they have very poor knowledge that kissing, using glass of an infected person & insect bites transmits the disease. About 30% have aware about the manifestation of the disease but more than ½ of the subjects knew that STDs are curable but HIV/AIDS is incurable. 53% reported that no vaccine is available for prevention of AIDS. About 83%, male and 91%, female have the knowledge about marriage & family planning. 82.6% reported that Television (TV) as their main source of information on AIDS & sex knowledge (Table4). Out of all subjects 31 males were addicted by pan/bidi/gutkha with variable patterns of intake. It was heartening to note the actual fact that 8 male& 3 female(14-19yrs) of the subjects did the sexual act within last 1 year as well as for the first time.

**Table3: Distribution of adolescent a/c to their common knowledge regarding HIV/AIDS & STD transmission**

| **Knowledge on HIV/AIDS Transmission** | **Correct Responses** | | |
|---|---|---|---|
| | **Male** | **Female** | **Total** |
| By shaking hands with an infected person. | 58(77.3%) | 140(89.7%) | 198(85.7%) |
| By kissing/hugging of an infected person. | 32(42.6%) | 120(76.9%) | 152(65.8%) |
| Sexual relationship with an HIV/AIDS person. | 65(86.6%) | 146(93.5%) | 211(91.3%) |
| Multiple sexual relationships without using condom. | 70(93.3%) | 125(80.1%) | 195(84.4%) |
| From infected mother to new born baby. | 60(80%) | 138(88.4%) | 198(85.7%) |
| Using same cup, glass etc by an HIV infected person. | 40(53.3%) | 60(38.4%) | 100(43.29%) |
| By infected blood. | 70(93.3%) | 132(84.6%) | 202(87.4%) |
| By using unsterilized syringe. | 32(42.6%) | 98(62.8%) | 130(56.2%) |
| By donating blood using unsterilized equipments. | 30(40%) | 152(97.4%) | 182(78.7%) |
| By the bite of the insect. | 23(30.6%) | 70(44.8%) | 93(40.2%) |
| Using unsterilized blade for shaving. | 25(33.3%) | 67(42.9%) | 92(39.8%) |

***N=231, n1-75, n2-156,*** *Z=2, P=0.05*

**Table 4: Distribution of student's a/c to most important source of knowledge on HIV/AIDS & STDs**

| **Source of Knowledge** | **Male** | **Female** | **Total☺** |
|---|---|---|---|
| discussion with: | | | |
| Friends | 42(56%) | 79(50.6%) | 121(52.3%) |
| Neighbors | 3(4%) | 9(5.7%) | 12(5.1%) |
| Parents | 17(22.6%) | 34(21.7%) | 51(22.1%) |
| Brothers | 7(9.3%) | 11(7%) | 18(7.7%) |
| Sisters | 0 | 22(14.1%) | 22(9.5%) |
| health workers | 37(49.3%) | 64(41%) | 101(44.1%) |
| Media | | | |
| Television | 65(86.6%) | 126(80.7%) | 191(82.6%) |
| Radio | 47(62.6%) | 106(67.9%) | 153(66.2%) |
| Cinema | 52(69.3%) | 97(62%) | 149(64.5%) |
| Video | 27(36%) | 41(26.2%) | 68(30.1%) |
| Newspaper | 54(72%) | 102(65.3%) | 156(67.5%) |
| Magazine | 34(45.3%) | 66(42.3%) | 100(43.2%) |
| Leaflet | 27(36%) | 44(28.2%) | 71(30.7%) |
| Poster | 40(53.3%) | 78(50%) | 118(51.1%) |

**N=231, n1-75, n2-156**, ☺- Multiple responses.

## CONCLUSION

The present study has revealed that some absolute gap remain persists in the knowledge of the study subjects. So the intervention should be educational in nature & sex education should be launched immediately to generate more awareness among them. At the same time more research work should be carried out about the matter. Which should provide the clue for examination Oriented curricular education. But the curricular education should not be optional along with other type of health education. Keeping in mind the possibility of different types of risks like-menstrual irregularity, teenage pregnancy, STDS, this aspect would be given attention. In order to develop curriculum, it is suitable for the school education system in relation to the course. The training needs should highlights- adequacy, appropriateness, correctness & measures taken.

The results of the training need assessment highlighted the curriculum needs of the children & for curriculum content. In absent of any standard education, shifting of traditional component of school health particularly adolescent care in the form of sex education should be considered. The training needs assessments are really a problem. Simply because of stigma; personal sensitization & often the teacher have tactfully ignored the chapter, as they feel uncomfortable. Lots of experiments have done in different country & they get fruitful results. Now the next question is when to start, and it is obviously puzzling. Answer is immediately. To conclude certain specific measures that should help in assessing the training need effectively like" Peer group discussions & Indebts interview."

**Acknowledgement:**

We are very grateful to Late Professor Ranadeb Biswas, Former Head of the Department, Department of PSM, AIIH&PH, Kolkata and Professor Aparajita Dasgupta, Professor Department of PSM, AIIH&PH, Kolkata for their kind Guidance and co-operation to carry out the work.

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