

PERCEPTIONS OF ADOLESCENT STUDENTS REGARDING AIDS AND SEXUALITY AMONG SENIOR SECONDARY SCHOOLS IN AGRA

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ABSTRACT:

Research Problem: What is the perception of adolescent students regarding AIDS and sexuality?

Objective : To study the perceptions of adolescent students regarding AIDS and sexuality.

Study Design : Cross - sectional study by questionnaire method.

Setting and Participants: Students from stratified randomly selected schools of Agra.

Sample Size: 495 senior secondary school students.

Study Variables: Modes of transmission, unnatural sex, sources of information on sex.

Statistical Analysis: By proportions.

Results : Most students had adequate knowledge about the modes of transmission 16.7% believed AIDS to be peculiar to CSW and homosexuals. 1/4th believed they could never get AIDS. 3/5th of the students felt they would not disclose it to their partners if they had AIDS, especially females.

Recommendations: A multisectoral effort has to be undertaken on a war-footing to fight AIDS.

Key Words: Perceptions, AIDS, Sexuality.

INTRODUCTION:

The scourge of AIDS is perhaps one of the most formidable adversities for humanity in recent times. Its spread is perpetuated by other adversities, especially poverty and underdevelopment. Consequently, no other disease has generated so many phobias and so much funding as AIDS.

During the recent Yokohama AIDS Conference, experts noted with concern the enormous population of youth which has to be reached in

context of AIDS : a staggering proportion of one third of the world's population ! Besides, worldwide, more than half of the HIV - infected people are under 25 years and atleast 1 in 20 adolescents has been treated for a STD.

Such alarming statistics coupled with a rising trend of early initiation of sexual activity in the teens due to the practice of early and universal marriage make the youth in developing countries especially prone to bear the brunt of this disease.

Delay in the onset of sexual activities has no better repercussions. With the legal age of marriage having been increased to 18 years for girls and 21 years for boys, and with the expansion of education and employment opportunities especially for girls, the mean age at marriage is gradually increasing. Consequently, the gap between the onset of puberty and age at marriage - a period sometimes called as the "period of sexual unemployment" - is also increasing. This leads to increased chances of premarital relationships and out-of -wedlock pregnancies and a greater risk of acquiring HIV infection.

Young people often have limited information about sex and sexual development and no access to counselling, advice, treatment or sympathetic family planning services and STD clinics. Many sexually active young people lack the skills, knowledge and confidence to use contraception, or the money to buy condoms.

Some young people are more vulnerable than others - sexual abuse, gender inequalities, rapid changes in family and social structure as well as in their bodies have a considerable bearing on the health and development and susceptibility of adolescents to HIV/AIDS.

Even as state governments jostle with each other in promoting innovative AIDS aware

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ness schemes, they seem to have missed out on an important aspect: How to adopt IEC strategies, so as to reach the largest number of persons possible? And more importantly, to ensure that recipient of the information has actually grasped whatever is fed to him. Communicating about AIDS/HIV is extremely difficult as it is necessary to discuss sexual practices, a topic many cultures would rather leave alone. It is also imperative to bring the communication to a very personal level to be effective. Herein, the acid test for the executors of AIDS programme lies, in educating people to change their sexual behaviour. Only if each and every individual examines his/her behaviour, in the light of the AIDS epidemic and makes a positive behaviour change, can any breakthrough be made.

OBJECTIVES:

This study was undertaken to determine the knowledge, attitudes practices and behavioural patterns of school going adolescents towards AIDS and sexuality and to identify areas where future efforts can be directed to take on the challenge of AIDS education among students.

MATERIAL AND METHODS:

The study concentrated on Senior Secondary Schools in four different types of schools in Agra city. 495 students were included in the study by a stratified random sampling technique, who anonymously filled up a pre-tested, pre-designed questionnaire.

65.8% students were in the age group 15 - 16 years and 32.5% were between 17 - 18 years. 63.8% were from the higher castes, 22.1% from backward classes, SC and ST, and 14.1% from minorities. Males and females were represented nearly equally as were the socio-economic groups.

RESULTS:

Most students had adequate knowledge about the modes of transmission, especially the sexual route, through blood transfusions and sharing of contaminated needles. But many were not

aware of AIDS being transmitted through the sharing of contaminated razors, nose/ear pricking, homosexuality and organ and tissue transplantation. A few had the misconception that AIDS could be transmitted through nonpenetrative sex as well.

Grey areas where knowledge was found to be dismally low were regarding difference between HIV and AIDS (only 4 students were able to tell the difference), symptoms of AIDS, its vaccine or treatment and about HIV testing centres.

16.7% students believed AIDS to be peculiar to only commercial sex workers and homosexuals. Around 1/4th vehemently believed that they could never get AIDS. (Table - I)

3/5th of the students felt that they would not disclose it to their partners if they had AIDS, especially females. However, majority felt that an AIDS patient should be treated atleast normally by them and also by the society at large.

Attitudes towards blood donation practices and drug abuse were encouraging - majority were against drug abuse of any kind and would accept blood only from reliable sources in an emergency. The practices followed by them in this regard only corroborated the above findings. However, the practice of using disposable needles had still not caught on among the students on a large scale. Around 2/5th the students did not bother about the needles they were using for injections and around the same number used disposable needles. (Table - II)

Fundamental issues relating to sexuality depicted emerging new perplexities. Around half of the students, especially females, were not inclined to experiment with sex at their age but around 1/5th nursed a desire to do so. Non-penetrative and penetrative sex had the same number of takers among them (1/5).

The subject of condom use also gave rise to a flurry of debates - the attitudes towards their use were alarmingly negative or indifferent. Hardly any student actually had a positive attitude towards using condoms. Insistence on using condoms with their partners generally evoked an aura of uncertainty among them - females felt more powerless sexually in this regard.

Around 2/5th of the students felt that they could not forfeit sex despite a risk of acquiring AIDS- attitudes of uncertainty again abounded in this respect, while only 5.7% felt they could opt for safe sex.

Sex with multiple partners had mercifully still not made a significant foray into these youngsters' routine lives.

This study also corroborated the fact that majority of young students (88.5%) desire and seek information relating to sex and sexuality. A strong need to dispel a number of sex related myths and misconceptions among school going children was particularly felt, especially in light of the fact that most students had no access to anykind of AIDS related information whatsoever.

AIDS Education in Schools - In the eye of a storm:

Though AIDS education cannot conceptually be accepted as a mainstream programme in school education, but the issues it raised are, in no way, of lesser importance.

Many government and non-government organizations seem to have adopted a favourite hobby of talking about AIDS. But all these efforts seem to have fallen by the way side and little headway has been made in this context in schools-this is probably due to the strongly held differences about what is and what is not morally accepted in educational policy.

Stating information clearly and disseminating it in a language or idiom that is understandable to the target student population is necessary. Students must be motivated to modify their behaviour and must have the skill to do so.

In India, the simultaneous advocacy of AIDS and Sex Education brings in the complex issues associated with both. Compounding this problem are the differing viewpoints held by the advocates of health and family welfare and those actively involved in the development of school curricula. In fact, they have come to epitomize two different, if not opposing, cultures. On the one hand, health advocates seem to be in a hurry to push their schemes and programmes into the education sector. On the other hand, however, educationists seem to have adopted a more rigid stance, trying

to incorporate these changes into the school education programme in phases gradually. Ultimately, a balance has to be struck between what is desirable and what is practical.

Classroom teaching in India is extremely formal. It has been found to be traditionally averse to rapid changes and leaves hardly any scope for innovation. In such a situation, a non-course or co-curricular approach is our best bet. It should be designed to include adequate incentives for conducting activities at different levels. This approach provides enough scope to bring in relatively more sensitive contents which may not find easy integration in the routine formal school curricula.

Perhaps the optimum time when AIDS Education needs to be included in the school curriculum is when our young generation becomes sexually active. This would ensure their gradual acclimitization to the subject, so that the precarious situation of sex related communication becoming titillating, would cease to become threatening any more. The novelty would gradually wear off as the youngsters would come to terms with their sexuality and a 'responsible' behaviour would probably find an ingress in its wake.

Studies conducted in 35 countries across the world also run in favour of sex education in schools. Such an education shall not result in increased promiscuity or early initiation of sexual activity, as is evidenced by the results.

CONCLUSION:

To combat the menace of this deadly disease which is slowly spreading its tentacles to threaten the very existence of mankind, a multisectoral effort has to be undertaken on a war footing. Government and non-government organizations, mass media, education sectors - all have to gear up to fight for our survival before the silence of AIDS burgeons into a deafening noise and our bubble of oblivion breaks.

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TABLE - I **ATTITUDES TOWARDS AIDS AND SEXUALITY (%)**

S.No.	Issues	Male	Female	Mean
1.	Only CSWs and homosexuals can get AIDS	21.5	11.9	16.7
2.	They can never get AIDS	23.3	23.7	23.5
3.	Would accept blood only from reliable source	69.5	71.2	70.3
4.	Would never try any drugs	83.6	94.9	89.2
5.	Would socially boycott an AIDS patient	7.7	5.1	6.4
6.	Friends would boycott them socially if they had AIDS	21.5	8.5	15.0
7.	Would not tell their partners if they had AIDS	48.5	69.5	59.0
8.	Would not make others aware about AIDS	14.1	23.7	18.9
9.	Would like to have non-penetrative sex	28.1	10.2	19.1
10.	Sex is justified at their age	25.4	10.3	17.8
11.	In favour of sex with multiple partners	7.5	3.4	5.4
12.	Negative attitude towards using condoms	26.8	10.2	18.5
13.	Would have sex despite a risk of acquiring AIDS	44.6	30.5	37.5
14.	Against sex education in schools	1.5	5.1	3.3
15.	Partner would break off the relation ship if they insist on condom use.	6.2	10.2	8.2
16.	Ignorance of terms related to unnatural sex	29.7	64.4	47.1

TABLE -II PRACTICES REGARDING AIDS AND SEXUALITY (%)

S.No.	Issues	Male	Female	Mean
1.	Blood Donation:			
	- Known source	68.8	69.3	69.1
	- Unknown source	31.2	30.7	30.9
2.	Drug intake:			
	- Never tried	97.0	93.2	95.1
	- Once/Twice only	1.5	5.1	3.3
	- More than once/twice	1.5	1.7	1.6
3.	Use of Needles and syringes:			
	- Disposable	53.1	20.3	36.7
	- Boiled/Hospital needles	23.4	25.3	24.4
	- Not bothered	23.5	54.4	38.9
4.	Talking about sex:			
	- No one	20.2	52.5	36.3
	- Best friend only	39.3	27.2	33.2
	- Many people	40.5	20.3	30.4
5.	Sexual activity:			
	- Non-penetrative	18.5	8.5	13.5
	- Penetrative	13.8	0.0	6.9
	- None	67.7	91.5	79.6

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