Basic awareness regarding HIV/AIDS among Bangladeshi school going adolescents: A descriptive assessment

A.H.M. Mahmudur Rahman¹, Toyeba Chowdhury²

¹Department of Pharmaceutical Sciences, North South University, Dhaka, Bangladesh.
²Department of Pharmaceutical Sciences, North South University, Dhaka, Bangladesh.

Abstract

Background: Bangladeshi adolescents are at more risk of HIV/AIDS than adults since their knowledge is very little in this aspect. This paper examined adolescents’ knowledge level and conceptions about HIV/AIDS.

Method: It was a cross-sectional survey study of school going adolescents from Bangladesh to find out their knowledge level regarding HIV/AIDS. A well-structured questionnaire was used to collect the data after testing on a few volunteer adolescents and data was collected by random sampling and there was no ethical issue. Analysis was done by using Microsoft Excel Spreadsheet 2010 (Microsoft Corp., USA) and SPSS version 16.

Results: In this study, total number of the adolescents was 479 and 316 (65.97%) were male and 163 (34.02%) were female and 147 (30.68%) were from rural area and 332 (69.31%) were from urban area. Most the adolescents of urban area had an above moderate level of overall HIV/AIDS knowledge than adolescents of rural area. Surprisingly there were no school was found having any HIV/AIDS awareness program and 98% of adolescents did not ever discuss about HIV/AIDS with their parents and most of them were not comfortable to discuss about HIV with others.

Conclusion: The findings will help the policymakers for expanding a culturally aware society and they need precise educational program especially for rural adolescents. There should be more budgets for training teachers and awareness based advertisements. Useful media campaigns are also needed to alert the adolescents concerning the health consequences of HIV/AIDS.

Key words: Awareness, HIV/AIDS, commencement, Bangladeshi, adolescents.
Introduction

HIV is becoming more tension rising issue day by day. During 2009, the World Health Organization (WHO) accounted that globally about 33.3 million people were presented with the Human Immunodeficiency Syndrome (HIV). And, stated that 2.6 million were latest contagions and the most threatening concern is almost 370,000 occurred in adolescents. How younger individuals recognize this disease is an additional significant facet. Particularly those are adolescents, who are to start their sexual being, STD and AIDS awareness varies from typical to good (Clark et al., 2002). Young community bears an unusual burden in the HIV/AIDS plague (Bagnall et al., 1996).

It is consequently, an imperative part to appreciate from the adolescents’ viewpoints. Because of lack of education on reproductive health issues, it is nearly impossible for the adolescents to defend themselves commencing HIV (Sikand et al., 1996). Still Bangladesh continues to include low HIV commonness combined with the highest predictable risk behaviors inside Asia but some international studies had originated that notwithstanding good HIV/AIDS knowledge, young people undervalue their own risk of fetching infected (Minichiello et al., 1996). Adolescents consider themselves to be less immoral than usual. Improper understanding and conception about HIV/AIDS can lead to carry out that influence the health of adolescents (Gubhaju et al., 2002). It was not evidently investigated adolescents’ knowledge about HIV/AIDS, its type of transmission and how to avoid them. Without knowing their knowledge level, we cannot go for further steps. In Bangladesh, these kinds of study were done before a few and did not compare with the knowledge level of rural adolescents and urban adolescents. The focus of this piece of writing is to analyze the knowledge and opinions of adolescents at the age of 10-19 years (verified age range of adolescents) about HIV infection and infected persons and other basic perceptions on this aspect. The aim of this study was to find out Bangladeshi school going adolescents’ knowledge intensity regarding HIV/AIDS as it poses a serious threat to the Bangladeshi adolescents. By accessing their basic knowledge regarding HIV, further policy should be implicated by Government and policy makers.

Methods

It was a cross-sectional study and was conducted among various school going adolescents in Bangladesh. A well-structured and self-administered questionnaire (see annexure 1) was created and then was tested on some adolescent volunteers for checking its eligibility (either they understood or not) and then was provided to the adolescents for conducting the study. The questionnaire required student responses regarding to basic knowledge about HIV/AIDS. Adolescents from Dhaka city were considered as urban adolescents as Dhaka is the capital of Bangladesh and on the other hand, adolescents from Gazipur district and Tangail district were selected for rural adolescents since Gazipur district and Tangail district were easy to communicate.

Data collection for the study was started in June 2016 and ended in November 2016. It was a voluntary survey and data sample were collected randomly to avoid biasness. As there was no personal or institutional information was used, any ethical approval was not needed. Data were collected and transferred into the Microsoft Excel Spreadsheet 2010 (Microsoft Corp., USA) and the statistical analysis and graphical presentations were performed by SPSS version 16 (P ≤ 0.05 was considered significant) and demonstration of the data was performed as percentage, frequency, mean and ratio.

Results

In this study, the total number of the adolescents were 479 (n=479). Among the adolescents, 316 (65.97%) were male and 163 (34.02%) were female. Their age range was from ≥10 years to ≤19 years. it also found that most of the adolescents (n=314) belonged to 13 to 16 years and their mean age was 13.27 and if they were considered according to area where they lived, there would two division as 147 (30.68%) were from rural area and 332 (69.31%) were from urban area (Figure 1).

![Figure 1: Demographic Variables of adolescents](image-url)
Besides demographic information, it was also initiated that 31% of the adolescents heard first about HIV/AIDS from friends, 56% from television (which is more than half of the study population), and only 2% from newspaper, 8% from books and other sources were 3%. Only 2% of them had ever spoken to their parents about HIV while 98% had not ever tried. Surprisingly, there was no school found this study that had any education program on HIV/AIDS. Details are in figure 2.

All the adolescents were asked some conceptual questions (all the questions were titled as conceptual factors) and the answers was divided by two categories by the replies of rural adolescents and urban adolescents and alienated by yes, no and do not know. Details are in Table 1. In the first conceptual question, they were asked either coughing and sneezing spread HIV or not and it was found that 32% of rural adolescents replied as yes and 64% of them replied as no and 4% did not know the answer whereas 17% of urban adolescents replied yes and 81% replied as no as well as 2% did not know the answer.

### Table 1: Answers of conceptual questions from adolescents

<table>
<thead>
<tr>
<th>Conceptual Factors</th>
<th>Rural adolescents</th>
<th>Urban adolescents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do coughing and sneezing spread HIV?</td>
<td>Yes 32%</td>
<td>No 64%</td>
</tr>
<tr>
<td></td>
<td>Urban adolescents</td>
<td>Yes 17%</td>
</tr>
<tr>
<td>A person can get HIV by sharing a glass of water with someone who has HIV</td>
<td>Rural adolescents</td>
<td>Yes 27%</td>
</tr>
<tr>
<td></td>
<td>Urban adolescents</td>
<td>Yes 11%</td>
</tr>
<tr>
<td>People who have been infected with HIV fast show serious signs of being infected</td>
<td>Rural adolescents</td>
<td>Yes 64%</td>
</tr>
<tr>
<td></td>
<td>Urban adolescents</td>
<td>Yes 45%</td>
</tr>
<tr>
<td>There is a vaccine that can stop adults from getting HIV</td>
<td>Rural adolescents</td>
<td>Yes 24%</td>
</tr>
<tr>
<td></td>
<td>Urban adolescents</td>
<td>Yes 16%</td>
</tr>
<tr>
<td>Is there any cure for AIDS?</td>
<td>Rural adolescents</td>
<td>Yes 13%</td>
</tr>
<tr>
<td></td>
<td>Urban adolescents</td>
<td>Yes 7%</td>
</tr>
<tr>
<td>Does HIV/AIDS spread by mosquito bite?</td>
<td>Rural adolescents</td>
<td>Yes 6%</td>
</tr>
<tr>
<td></td>
<td>Urban adolescents</td>
<td>Yes 2%</td>
</tr>
</tbody>
</table>

### Conclusion

Along with the other wrong health believe and percepts this believes results in inappropriate response, attitude as well as inappropriate utilization of resources. Further extensive studies are the time demanded to address the problem scientifically and to rectify the inappropriate illness behavior.
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References


