

AIDS – Knowledge and Information needs of Adolescent Girls (16-18 yrs) of Jammu

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Abstract- The present study was an effort to know the AIDS knowledge and Information needs of the adolescent girls of Jammu. Sample was selected from the two Government and two Private institutions. The research was an attempt to study the knowledge level and information needs regarding HIV/AIDS among adolescent girls. The sample comprised of 100 respondents from the East Zone of Jammu City. Systematic random sampling technique was adopted. The tool used for obtaining information was close-ended questionnaire. The findings revealed that there was significant difference regarding knowledge level of HIV/AIDS between respondents of government and private school. Private school respondents had better knowledge as compare to their counter parts. Government School sample lack general knowledge regarding HIV/AIDS and related issues. Majority of the respondents from both the categories had knowledge about affected section and affected age group of society but were ignorant about the most vulnerable group and the level of risk for adolescents. A lot more still needs to be done for combating a campaign against this devastating disease. Political parties, religious leaders and NGOs should join hand for this purpose. The psychologists are also of the view that teaching alone will not solve the problem unless the programmes are framed according to the situation on correcting vicious behaviors like injecting drugs, indulging in heterosexual activity, homo sexuality etc. which would help in decreasing the number in the long run.

Index Terms- AIDS; Knowledge; Information; Adolescent.

I. INTRODUCTION

World is a beautiful place and so is the experience of living in it, it would be tragic if this beautiful experience of living life is shortened by HIV/AIDS, when its prevention is within one's control, though not the cure. AIDS is the Acquired Immune Deficiency Syndrome, where as HIV is the Human Immune Deficiency Virus HIV is the virus that causes the disease that is called 'AIDS'. AIDS has no cure and its effect is the ultimate death of the infected person (WHO, 1985)

HIV/AIDS in J&K

Jammu & Kashmir is a low prevalence state as far as AIDS and HIV positive cases are concerned (Wani. M.A. 2005). Jammu & Kashmir has recently recorded 95 cases of HIV/AIDS, while the state has so far confirmed 745 patients living with the illness (State times, March 13, 2006). Dr. Mohammad Amin Wani Director, J&K State AIDS control society said, thirty seven have died of AIDS in J&K from 2002 to Aug 2005. Low

prevalence state has below 5% HIV positive cases among the high risk groups and below one percent such cases among pregnant women The high risk groups include sex workers, intravenous drugs addicts, and males having sex with males.

ADOLESCENTS AND HIV/AIDS

Approximately one billion people-nearly one out of every six persons on the planet-are adolescents: 85% live in the countries. According to WHO estimates, half of the world's HIV infection is found in adolescents, and youth between 15 and 24 years of age. This is partly because a large part of world population i.e. about one- fifth (22-23%) is adolescents (UNFPA, 1997). Young women are sixteen times more likely to be living with HIV than young men. Amongst the people of 15-24 years old living with HIV, young women make up over 60% (Singh, 2005). Girls and young women are highly vulnerable to HIV/AIDS, and lack of education makes them so. Girls and women face heavier risks of HIV infection than men because their diminished economics and social status compromises their ability to choose safer and healthier life strategies (Mishra, 2005). Women forcibly exposed to HIV infection, for example rape, are being denied their right to life. Many socio, cultural and economic factors restrict women's right to health and right to access to health care facilities, further increasing their vulnerability to HIV (Singh, 2005).

Gaash, et al., (2003) conducted a study to assess the knowledge, attitude and belief on HIV/AIDS among the female senior secondary students in Srinagar district of Kashmir. It was interesting to note that approximately one fourth of the respondents have never heard of the disease. Those who were aware, 49.12% had no idea of the causative agent. Though the main source of information dissemination was electronic followed by print media, about 26% of the respondents had perception that the disease is yet to reach the state. Ignorance of various risk groups with in the society was also very much wide spread. A majority of the respondents (87.56%) believed that the presence and spread of HIV/AIDS in the society was due to degradation of moral values among people. The above findings, in general, indicates a poor awareness of HIV/AIDS among educated adolescents in the capital city.

Mahajan and Sharma (2005) conducted a study to determine the "Knowledge level of adolescents towards HIV/AIDS." A comparative study has been conducted on 400 adolescent girls (200 adolescents girls were taken from rural areas and 200 girls were taken from urban areas of Jammu). It is revealed that there is a significant difference in the knowledge level of adolescent girls in urban and rural areas of Jammu, regarding HIV/AIDS. But urban adolescent girls have comparatively better knowledge regarding these issues than rural

adolescents girls. Adolescents need to be taught about the body functions since ignorance perpetuates myths and mis-belief. School teachers play a key role in bringing about this desirable change and serially acceptable approaches to sex education such as letterbox approach may be used for providing scientific knowledge about sex and related issues.

Rahman, et.al., (2009) conducted a study named as “Adolescent knowledge and awareness about AIDS/HIV and factors affecting them in Bangladesh. Adolescents are more vulnerable than adults of unplanned pregnancies, sexually transmitted diseases and HIV/AIDS. Among the adolescents, girls are more vulnerable to STDs including HIV/AIDS. Their knowledge about different diseases is very poor. This paper investigated adolescent’s knowledge about sexually transmitted diseases including HIV/AIDS, its mode of transmission and ways of its prevention. Cross sectional study design was adopted for this study. A multistage cluster sampling technique was used to select the sample. Data on 3362 female adolescents irrespective of their marital status was analyzed. The study found that a large proportion of adolescents were not aware about sexually transmitted diseases and AIDS. More than half (54.8%) of the adolescents ever heard about AIDS respectively. On an average, about one tenth of them had better knowledge on AIDS in terms of mode of transmission and prevention. The multivariate logistic regression analysis revealed that adolescent age, years of schooling and knowledge on STDs appeared to be important predictors of the awareness about AIDS

Although, concerted efforts backed by strong political leadership, efforts by government of India and high level of public commitment are being steeped up yet, knowledge, attitude, behaviour and practices (KABP) related to HI V/AIDS reflects an overall lack of awareness coupled with wide spread complacency amongst vast populations across the globe (Sharma, 2006). Keeping this in view, this study has been undertaken with the following objectives:

- To know about the knowledge level of adolescent girls (16-18 years) regarding HIV/AIDS.
- To find out the difference in the knowledge level and information needs of students from government and private schools.

II. METHODOLOGY

The study was conducted on a sample of 100 girls (16-18 years) in Jammu city. Two government and two private schools were selected purposively from Jammu East and 25 girls were drawn randomly from each school. A close ended questionnaire was used to elicit the required information. The data was analyzed by using appropriate statistical test (t-test).

III. RESULT AND DISCUSSION

The information was elicited as per the objectives of the study. The findings of the study have been reported following section:

1. Knowledge level regarding different aspects of AIDS.
2. Information needs.

1. KNOWLEDGE LEVEL REGARDING DIFFERENT ASPECTS OF AIDS .

TABLE NO. 1.1
RESPONDENT’S KNOWLEDGE LEVEL REGARDING
VARIOUS ASPECTS OF HIV/AIDS

N = 100

Aspect of AIDS (Acquired Immune Deficiency Syndrome)	% age Average score	Govt. (Avg. Score)	Private (Avg. Score)
Physiology	71.3	68.6	74
HIV	62.7	61.2	64.2
Transmission	69.3	54	66.5
STDs	57.6	60.3	55.2
Prevention	64.5	71	58
People at risk	56.7	53	60.5
Risk behavior	47.6	44.5	51
Cure	78	74	82
Total		61	64

Table 1.1

Table No. 1.1 depicts that percentage scores obtained by students had variations for different aspects of AIDS.

- The highly scored aspects were cure (78%) and physiology (71%), which indicates that the respondents were aware about cure and physiology of AIDS. This could be possibly because the media has been emphasizing the fatality of the disease, if contracted. Still 22% of the respondents feel that there is a cure for AIDS, possibly lot of research and experimentation is going on in this direction. Moreover every other day in media, there is mention of one or the other research for curing AIDS. Regarding physiology of AIDS the respondents have highly scored, possibly the concept of AIDS has become clear to some extent among the student community. Since the topic has been introduced in the curriculum and the students often interact regarding these aspects with their teachers.
- The area concerning transmission also scored satisfactory (69.3%) and (65%) respectively which is not very high. The respondents are still confused about the preventive methods and are not confident whether these are foolproof.
- The poorly scored areas identified were the STDs (57.6%), people at risk (56.7%) and Risk behaviour (47.6%). The reason could be as these aspects are technical in nature require understanding. The media focuses only on broad aspects emphasizing on awareness, rather than in depth knowledge. The teachers even don't provide the students with detailed information. In Government institutions such topic are left for self-study. Hence the information remains as raw as anything. The educational programmes on sex and AIDS education also give scanty information moreover such programme are limited.

The respondents from Private school had comparatively better knowledge for all the aspects of HIV/AIDS except for the prevention of the disease and the STDs. The overall picture depicts that the knowledge level of all the students from the two categories for all the aspects was low expect with slight ray of hope in physiology, cure and transmission. This is possibly due

to the fact the respondents are associated with this concept at the school level besides, the media propagation in this field. The facts remain that the overall awareness is quite low, needs a dynamic and substantial advocacy.

TABLE NO. 1.2
KNOWLEDGE OF STUDENTS ABOUT PHYSIOLOGY OF ADS

N = 100

Institution	Physiology of AIDS (% Av. Score)				Total Average Score	Mean Score	Standard Deviation	t-value
	Abb.	Cause	Effect	Clinical conf.				
Government (n ₁ = 50)	72	53.2	74	75	68.55	6.7	1.5	0.53*
Private (n ₂ =50)	80	57	73	86	74	6.86	1.5	

*insignificant at 5% df= 98 tcrit = 1.99

Table No. 1.2 shows that there is insignificant difference in the knowledge level of Government and Private school girls related to AIDS. Satisfactory level of knowledge was found in areas of clinical Confirmation, Abbreviation and Effect of AIDS for both Government and Private school girls. This could be possibly due to the reason that such area are now included in their curriculum. The technical areas are still of concern. The

areas related to cause were poorly scored by both Government (53.2%) and Private (57%) school girls. Study conducted by **Gaash et.al (2003)** revealed same results that majority of female secondary student in Srinagar had no idea of the causative agent of AIDS.

TABLE NO. 1.3
KNOWLEDGE OF STUDENT ABOUT HIV

N= 100

Institution	Knowledge about HIV (% Average Score)			Total Average Score	Mean Score	Standard Deviation	t-value
	Abbreviation	Spread	Relationship with AIDS				
Government (n ₁ = 50)	50	83	50.5	61.16	4.24	1.59	0.63
Private (n ₂ =50)	56	87	49.5	64.16	4.04	59	

*insignificant at 5% df= 98 tcrit = 1.99

Table NO. 1.3 shows that there is a insignificant difference in the knowledge level about aspects of HIV among Government and Private School girls. No significant difference was found in the knowledge level of Government and Private institutions. Respondents from both the categories scored low (50%) and (56%) for abbreviations and (50.5%) and (49.5%) for its relationship with AIDS. Low scores for abbreviations could be due to the frequent use of acronyms like HIV and AIDS in their day today use. High scores for spread was due to the impact of media and the chapter included in their curriculum. However, relationship of HIV with AIDS was scored very low possibly they were not aware about low HIV infection leads to AIDS.

Anaath and Koopman, (2003) showed similar that majority of the respondets knew that HIV could be passed vertically from mother to child during delivery, and 54% were aware of that breast feeding was viable mode of transmission of HIV.

TABLE NO. 1.4
KNOWLEDGE OF STUDENTS ABOUT TRANSMISSION OF AIDS

N = 100

Institution	Knowledge about transmission of AIDS (% Average Score)		Total Average Score	Mean Score	Standard Deviation	t-value
	Major route of transmission	Mode of transmission Relationship				
Government (n ₁ = 50)	62	47.7	54	2.2	0.93	0.32*
Private (n ₂ =50)	82	51	66.5	2.14	0.93	

*insignificant at 5%

df = 98

t_{crit} = 1.99

Table No. 1.4 reveal no significant difference was found in the knowledge level of Government and Private school girls about Modes of transmission. Low scores from Government (47.7%) and Private (51%) were found regarding various modes of transmission. Private school respondents scored comparatively better than Government schools. The sample from Private institutions was aware about the major routes of transmission like shaking hands, caring for AIDS patients etc. Respondents on an

average scored poorly for modes of transmission, as these aspects being technical in nature require clarity and better understanding whereas masses have attached taboos to it and the clarity about the transmission of disease have still misconceptions. **Garg (1997)** among 15-20 yrs students showed that 59.8% knew nothing about signs & symptoms, most of them had misconceptions about the mode of transmission.

TABLE NO. 1.5
KNOWLEDGE OF STUDENTS ABOUT STDs

Institution	Knowledge about STDs (% Average Score)			Total Average Score	Mean Score	Standard Deviation	t-value
	Abbreviation	Relationship	Incubation period				
Government (n ₁ = 50)	82	46.7	52	60.23	2.58	1.30	0.54*
Private (n ₂ =50)	82	37.4	46	55.13	2.72	1.30	

*insignificant at 5%

df = 98

t_{crit} = 1.99

Table No. 1.5 depicts that the difference in the knowledge level of girls of Government and Private Schools was insignificant. No variations in the scores were found among Government and Private Schools with both scoring low i.e. 46.7% and 37.4% respectively for relationship with AIDS. Both institutions scored low for incubation period. The gray areas identified were relationship with AIDS and Incubation Period. The respondents had relatively good level of knowledge about Abbreviation of STDs with high scores (82%) for both Government and Private Schools girls. The low scores for incubation and relationship with AIDS show that confusion still

persists in the minds of respondents about the manifestation of the disease. Similar study conducted by Ghosh, et al., (1997) showed that knowledge about HIV/AIDS/STDs was poor among males and females. Majority of the girls preferred safe sex rather than abstinence as their preference for prevention of AIDS. This clearly shows that the attitude of students towards sex and sexual practices are changing. Safe sex to them means using preventing devices like use of condoms, still, they are not sure whether this is effective or a fool proof method.

TABLE NO. 1.6
KNOWLEDGE OF STUDENTS ABOUT PREVENTION OF HIV/AIDS

N = 100

Institution	Prevention of HIV/AIDS		Total Average Score	Mean Score	Standard Deviation	t-value
	Preventive devices	Effectiveness of condoms				
Government (n ₁ = 50)	84	58	71	1.02	0.6	3.5*
Private (n ₂ =50)	88	28	58	1.44	0.6	

*insignificant at 5%

df = 98

t_{crit} = 1.99

Table No. 1.6 deals with the preventive methods and devices for the prevention of AIDS. A significant difference was found in the knowledge level of Government and Private school girls. Students scored high among Government (84%) and Private school girls (88%), clearly indicating that they were aware, that the use of condoms prevents AIDS. The low scores for its effectiveness Government (58%) and Private (28%) show that the respondents were not sure about how effective condoms are and whether it will give total protection or not. Surprisingly,

they prefer safe sex over abstinence (Table No. 1.5) which involves the use of condoms, they are ignorant about the effectiveness of condoms hence are at risk for HIV infection. Study conducted by Pun, **et al., (2003)** showed similar results that 28% of students defined "Safe sex" as condom use. Many young people believe that AIDS is a threat only to members of particular "risk groups"; relatively few believed that could get AIDS (17%).

TABLE NO. 1.7
KNOWLEDGE OF STUDENTS ABOUT PEOPLE AT RISK

N = 100

Institution	People Risk (% Average Score)				Total Average Score	Mean Score	Standard Deviation	t-value
	Affected Section	Affected age-group	Most vulnerable group	Level of risk for adolescents				
Government (n ₁ = 50)	70	82	34	26	53	2.12	0.94	2.13*
Private (n ₂ =50)	74	90	54	24	60.5	1.72	0.94	

*insignificant at 5%

df = 98

t_{crit} = 1.99

Table No. 1.7 shows a significant difference in the knowledge level was found in the two categories. It is evident from the data that the girls have a clear understanding of Affected section of society and affected age group since such information is available from their curriculum and through channels of media. Low scores of knowledge about the most vulnerable group and level of risk for adolescents show that the subject is of technical nature and required in depth knowledge and better understanding. Consequently this section of the people

are exposed to risk of carrying the HIV infection and results thereof. **Mehta (1998)** revealed that young have been recognized as a high risk group both for high risk behaviour and for susceptibility to STD infections. It is estimated that 50% of HIV among people aged 15-24 yrs.

TABLE NO. 1.8
KNOWLEDGE OF STUDENTS ABOUT RISK BEHAVIOUR

N = 100

Institution	Risk behaviour (% Average score)			Total Average Score	Mean Score	Standard Deviation	t-value
	Sex related risk behaviour	Medical					
Government (n ₁ = 50)							
Private (n ₂ =50)							

*insignificant at 5% df = 98 t_{crit} = 1.99

Table No. 1.8 deals with the section on behaviours of people which put them at risk for HIV infection. It included three aspects (a) Sex related behaviour (anal sex, oral, sex, unsafe sex) (b) Medical care related risk behaviours (sterilized needles, blood donation) (c) Social behaviour related (using a public latrine, caring for an AIDS patient). A significant difference in knowledge level of Government and Private Schools was found. Government schools scored poorly (46.8%, 41.5% and 45%) in all the three aspects related to risk behaviour in comparison to the Private school respondents who scored just average. Surprisingly, the girls were aware that sex is the major route of

transmission. They were not able to associate those sex behaviours which are risky for HIV transmission. The larger number of respondents were not even aware about the options given for medical care and social behaviour. This shows that they have confusions about the routes of transmission in their mind. A study conducted by **Sharma, et.al (2001)** revealed that a small number of people believed that they would be at risk of getting the disease and majority were confident that they would never get HIV.

TABLE NO. 1.9
KNOWLEDGE OF STUDENT ABOUT CURE OF AIDS

N = 100

Institution	No cure % average scores	Total Average Score	Mean Score	Standard Deviation	t-value
Government (n ₁ = 50)	74	74	0.74	0.57	2.63*
Private (n ₂ =50)	82	82	0.44	0.57	

Table No. 1.9 shows that there is a significant difference in the knowledge level of Government and Private school girls. Among Government school girls (74%) and (82%) Private schools believed that there is no cure for AIDS. Still 26% of Government and (18%) of Private school girls feel that there is a cure for AIDS, possibly because of research and experimentation often in this area. Moreover every other day in media, there is a mention of some or the other progress in the direction. Those we are aware of the facts that till date there is No Cure for AIDS only prevention can restrict. Study conducted by **Agarwal, et al., (1999)** indicated different results that 27% of pupils thought that there was a vaccine available for HIV. In one particular school studied, 47% of students thought that there was a cure for AIDS.

2. INFORMATION NEEDS IDENTIFIED

After assessing the knowledge level of students regarding AIDS, certain gaps in the knowledge level of information of students have emerged. These gaps clearly indicated a partial knowledge of students about AIDS. Since the various aspects of AIDS are inter related and inter dependent. It means that a clear understanding of their disease does not exist. Their knowledge is superficial and incomplete. With a vaccine in sight for immunization against the AIDS transmitting virus, the only method of controlling the spread of the disease is through knowledge, education and behavioral prevention (Nag, 1994).

Thus identifying the information to these will go a long way in the control of the pandemic.

The different sections are being discussed here in the order of their priority and the urgency of attention they demand:-

1. Risk Behaviour: has low score of knowledge level. All the three aspects of risk behaviours related to sex, medical care and social behaviour need urgent attention. Students were confused and not clear about the preventive risk behaviour related to sex.

2. STDs: Majority of the respondents do not clearly relates STDs relates with AIDS and hence have confusion about the manifestation of the disease.

3. People at Risk: Majority of the respondent scored low for the most vulnerable group and the level of risk for youth and were exposed to risk of carrying the HIV infection and the results thereof.

IV. SUMMARY AND CONCLUSION

Acquired Immune Deficiency Syndrome (AIDS) is recognized as the most devastating disease humankind has ever faced. The epidemic began in 1981 and by the end of the year 2004, nearly 40 million people across the globe were affected by it. Today, AIDS is rapidly wiping to the hard earned gains of human development in terms of regressing life expectancy, rising child mortality rates and killing the most productive and reproductive population in the prime of the youth. It is seen that the infection is rapidly spilling from populations with high risk behaviour to the general population and also from urban to rural areas. Since there is no cure for the disease, its prevention becomes paramount. The present study AIDS-knowledge and Information Needs among Adolescent Girls (16-18 years) of Jammu is a comparative study conducted to assess the existing level of knowledge about HIV/AIDS, and to find out the difference in the knowledge level and information needs of students from Government and Private schools. A close ended questionnaire was used as a tool for data collection, which has been adjudged by NACO Delhi. The data was subjected to quantitative analysis by using appropriate statistics test (t-test). The results were shown in table and figures. The study revealed that there was difference regarding knowledge level of HIV/AIDS between Government and Private school respondents. The difference in the knowledge level of girls of Government and Private school regarding Physiology of AIDS was found to be insignificant. Satisfactory level of knowledge was found in the areas or clinical confirmation, abbreviation and effect of AIDS for both Government and Private school girls. But the area related to cause is of still concern knowledge level about of HIV among Government and Private school girls shows insignificant difference. Both the categories scored low for abbreviations and relationship of HIV with AIDS. Private school scored comparatively higher level of knowledge about spread of HIV than Government schools. No significant difference was found in the knowledge level of Government and Private sample about transmission of AIDS. Low scores were found regarding various modes of transmission among both the categories. Private schools scored high when compared to Government about major route of transmission. Government school girls

scored high for STDS when compared to Private school girls. Both type of institutions scored low for relationship with AIDS and incubation period. The equal number of respondents of both Government and Private schools scored high for abbreviation of STDs. Majority of respondents of both categories preferred safe sex rather than abstinence as their preference for prevention of AIDS. Students of both categories scored high in the prevention of AIDS clearly indicating that they were not sure about the effectiveness of condoms. A significant difference knowledge level of Government and Private girls was found about People at Risk. Both schools scored high for affected section of society and affected age group. The areas of concern are the most vulnerable group and level of risk for adolescence. Government schools scored poorly in all the three aspects related to risk behaviour as compared to the Private schools. Private schools scored high as for as cure of AIDS was concerned.

Thus it is clear from the above findings that an overall knowledge level of respondents was low. Through Private school girls were more knowledge than Government school girls but confusion could be seen in certain areas regarding AIDS awareness and were not able to give scientific explanation about the same.

This HIV/AIDS is not a health problem alone, but a problem of such magnitude that every fact of human life is affected. So the need of the hour is to impart the right kind of information at the right time. Adolescence should be provided unbiased, moralistic information so that they are better informed and better adjusted to their changing Physical, biological and emotional needs. It is my firm belief that openness of minds clean and clear are prerequisite for awareness of the problem to arrest and prevent the havocs of the deadly disease.

V. SUGGESTIONS

- Parents especially mothers should not feel any kind of hesitation in talking to their children about sensitive issues such as sexual activity and precautions and try to impart sex education and satisfy all their queries at appropriate age.
- Teachers should encourage their students to clear their doubts related to HIV/AIDS and related topics. They should not leave such topics for self study.
- Media especially T.V. and Radio can play a key role and provide awareness about the AIDS and related issues.
- Advertisements of HIV/AIDS should be telecast at peak hours and also in the mid of the popular serials to catch the attention of the viewers.
- AIDS awareness programme targeting people in the age-group of 15-49 years could be organized at the national level on parallel lines such as the pulse polio campaign and telecast from different T.V. Channels.

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