Preference of Media for Imparting Aids Education among Adolescent Girls (16-18 Years)

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Abstract- "The present study was an effort to know the preference of media for imparting AIDS education among the adolescent girls (16-18 years). Sample was selected from the Government and Private institutions, two schools from each. The research was an attempt to identify their sources of information and their preference for media and the strategies adopted for imparting HIV/AIDS education programme. The sample comprised of 100 respondents from East Zone of the Jammu City. Systematic and random sampling technique was adopted. The tool used for obtaining the information was close-ended questionnaire. The findings revealed that T. V. news, Newspaper articles and conversation with friends / peers were found to be the most preferred media for receiving the information. Majority of the respondents, from both government and private schools emphasized on imparting AIDS education. 50% of the sample from both these categories preferred 'Group Approach' but in separate group for boys and girls. Majority of sample from both of the categories preferred safe sex for the prevention of AIDS, though not sure about their efficacy. A lot more still needs to be done for combating a campaign against this dreaded disease. Political parties, religious leaders and the NGOs should join hand for this humanitarian purpose. Besides, the psychologists are also of the view that mere classroom teaching alone will not solve the problem, unless the programmes are framed as per the situation for correcting viscious behaviors like injecting drugs, indulging in heterosexual activity, homo sexuality etc. which would help in reducing the infected number in the long run.

Index Terms- Preference, Media, AIDS, Education, Adolescent

I. INTRODUCTION

As the twentieth century drew to a close, and the mankind entered into a new millennium, the world witnessed a lot of spectacular events coupled with magnanimous enthusiasm and joy. Indeed, it was time to celebrate for the mankind had achieved a lot in terms of growth and development. But, for the families of a few million people, there were no celebrations at all because they had lost their dear and loved ones to the calamity of AIDS. Unfortunately, even today the AIDS still continues to take its heavy toll of human lives despite a target, proposed to eliminate it by 2015 (Mehta and Sodhi 2006) .No infectious disease in the modern era other than the HIV/AIDS has had such a debasing impact, on the world's youngest and the most vulnerable of them. The HIV/AIDS has become a human, social and economic disaster, with far reaching implications for the individual communities and countries (Mishra, 2005).

II. FACTORS DRIVING THE AIDS EPIDEMIC

In the recent times, there has been a growing awareness of the complex, biological, socio-cultural, economic, political and psychosocial forces shaping the face of the AIDS pandemic. Meaningful strategies to reduce HIV related risks among populations are not possible without a thorough understanding of these factors. Some of the major factors fueling the AIDS epidemic have been summarized:

1. **Biological factors** a) Age at the time of initial HIV infection (b) Sexual vulnerability (c) Presence of STD.

2. **Socio-Cultural factors** a) Sex and sexuality - A Taboo (b) Machismo Behaviour (c) Violence against women (d) Norms and Practices (e) Educational and HIV (f) Myths and Misconceptions 3. **Economic factors** (a) Migration (b) Prostitution

4. **Political factors** (a) War (b) Ethnic conflict (Mehta and Sodhi 2006).

III. WORLD SCENARIO

AIDS cases were first reported in the USA in the year 1981. Today, twenty five years later, AIDS has engulfed the entire globe by transforming itself into a pandemic. According to the new estimates from the Joint United Nations programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO) more than 70 million people have been infected with this virus, out of which over 30 million have already died. At the end of the year 2004, an estimated 40 million people globally were living with the HIV infection. The number of children presently alive with the HIV problem is 2.5 million and the women nearly 43%. Global estimates indicates that more than 95% of all HIV infected people live in the developing world and has also experienced 95% of AIDS deaths till date

(UNAIDS, 2004)

As the world enters the third decade of AIDS epidemic, the evidence of its impact is undeniable. Wherever the epidemic has spread unchecked, it is robbing countries of the resources and capacities on which human security and development depends. In some regions, the HIV in combination with similar diseases is driving even larger parts of nations towards destitution.

INDIAN SCENARIO

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India has the highest number of reported HIV/AIDS cases in the entire South Asia region. There are as many as 5.1 million people affected by the HIV/AIDS in India, about 85% of the South Asia as a whole, according to the recent World Bank report. In the world, India has the second highest number of reported cases of HIV/AIDS, just below South Africa's total of 5.3 million. What is alarming is that most of the HIV/AIDS affected people in India are between the age group of 15-49 (Sinha,2006).

IV. WOMEN ARE EPIDEMIOLOGICALLY MORE VULNERABLE THAN MEN

- They tend to marry or have sex with older men who may have had more sexual partners and hence be more likely to be infected.
- Women frequently require blood transfusions during child birth and abortions, as prevalence of anaemia amongst pregnant women in developing countries is usually very high (Singh,2005).

Additional it may be stated in this context that after having previewed the heavy human toll caused by HIV/AIDS epidemics, it is a high time that a great rapport is formed between the health channels and the people. The present study partly has developed this rapport to invoke people's quest of ways that can arrest the spread and also prevent as best as possible the havoc created by this deadly problem. Verma and Pauri (1997) under took a study to assess and compare AIDS awareness among students or metropolitan city (Mumda) and the smaller city (pune). Finding revealed that the most important sources of information were foreign magazines (65%) followed by Indian newspapers/ magazines (43%), friends (32%), and T.V. (15%). Many students (59%) from Pune and (69%) from Mumbai expressed their willingness to join the campaign against AIDS. Bhatia, et aL, (2004) conducted an intervention study to enhance AIDS awareness among under privileged population in Chandigarh. The results revealed that, Television was the most used source of information, but school programmes on HIV/AIDS were considered the most useful source.

Ms. Sharmila Tagore, India's UNICEF Goodwill Ambassador said that we need to challenge ourselves by breaking taboos- acknowledging that children don't need myths and punishment but facts and support. And realizing that even more dangerous than HIV are complacency and neglect (UNAIDS, 2002) Keeping this in view, this study has been undertaken with the following objectives:

1. To identify the sources of information of adolescent girls regarding AIDS.

2. To assess their preference for media and strategies for an HIV/AIDS education programme for adolescent girls.

V. METHODOLOGY

The study was conducted on a sample of 100 girls (16-18 years), in the Jammu city. Two government and two private schools were selected purposively from the 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 subjected to quantitative as well as qualitative analysis. The data was analyzed by using appropriate statistical test (ttest).

VI. RESULTS AND DISCUSSION

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

1. Sources of information.

2. Preference of media and strategies for imparting AIDS education.

1. SOURCES OF INFORMATION

TABLE NO. 1.1% RESPONSES FOR SOURCE OF INFORMATION

Sources	Total (%)	Government m = 50 (%)	Private n ₂ = 50 (%)
Articles in newspaper	51	58	44
Conversation with health professionals	16	8	24
Conversation with friends	35	32	38
Radio Spots	15	18	12
Radio News	22	30	14
Longer radio Programmes other than news	12	8	16
TV Spots	24	28	20
TV News	40	34	46
Longer T.V Programmes other than news	30	28	32
Posters & billboards	23	34	12
Magazine Articles	31	32	30
Advertisements in magazines & newspaper	26	32	20

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School	41	38	44
Booklets, Pamphlets, or books	25	28	22
Community leader	6	4	8
Health education talks health professionals	32	34	30

Multiple responses.

"Table No. 1.1 shows the responses for the sources of information for the respondents of both types of institutions, Government and Private. Majority of respondents from Government (58%) and Private (44%) have learned about AIDS from Articles in newspaper. Majority of the households got newspaper in English or many other regional languages. Its make it easy for the youth to learn about AIDS from the newspapers. Another highest scored source of Information for respondents of both categories was Conversation with friends. Reason behind this may be, that the young people not only know the best, how to communicate with each other additionally they will also be trusted by their friends. Youngsters are often uniquely imaginative, using currently fashionable styles of music, theatre, and act as powerful vehicles for information. Other major source of information about HIV/AIDS was T.V. This could be due to the economic liberation and growth of Mass Media. The media, every now and then before and in between, the most popular and seen serials give their advertisements that related to HIV/AIDS. School was also among major source of information among both Private and Government school respondents. Since the topics likes physiology of AIDS are introduced in their curriculum and students often discuss these aspects with their teachers whom they trust. Study conducted by Mishra (2005) indicates same results that the T.V. was the most used source of information.

2. PREFERENCE FOR IMPARTING AIDS EDUCATION

TABLE NO.2.1 % RESPONSES FOR NEED OF AIDS EDUCATION N = 100

Question	Total (%)	Government n! = 50(%)	
It is important to impart AIDS * education to adolescent		94	92

Schools should teach sex education	& colleges about AIDS &	91	92	90

Table No. 2.1 shows that the girl respondents of Government and Private schools feel the need of AIDS education. Adolescents at this age want to discover and learn more about sex and AIDS education. Discussions can help them to prevent mistakes which can be very costly. Hence this indicates that education is vital in the fight against AIDS and that schools and colleges are recognized as the prime institution for implementing maximum number of the adolescence, who are perceived to be at greater risk of getting HIV/AIDS due to lack of knowledge and information about it. Study conducted by Bannerjee and Mattle (2000) reveal that the youth in India lack proper knowledge about HIV/AIDS and also have misconceptions about modalities of transmission, and many harbor negative attitudes towards those who test positive for HIV/AIDS. Education of course must be implemented in a culturally relevant manner.

Table No. 2.2 % RESPONSES FOR MEDIA PREFERENCE AMONG ADOLESCENCE.

N = 100			
Question	Total (%)	Government nj = 50 (%)	Private n ₂ = 50 (%)
Interpersonal Channel	13	16	10
Mass Media	67	68	66
Little Media	5	10	0
Institution Network	15	6	24

Table No. 2.2 shows that the mass media is the most preferred one (67%) by adolescents. The possible reasons for this may be that they perceive mass media to be the more reliable than other information sources. The preference for other sources like friends, interpersonal channels, institutional channels etc was not scoring high. Reason being that they may not feel free to discuss the issue with others, hence mass media was rated high. It must however, be acknowledged that mass media was less reliable than the health professionals of institutional networks (Pruthi, 1995).

Table No. 2.3 % RESPONSES FOR PREFERRED STRATEGIES. N = 100

Question	Total	Government nj = 50	Private
	(%)	(%)	$(n_2 = 50)$
			(%)
Individual	17	20	14
Approach			
Group Approach	46	42	50
Mass Approach	37	38	36

Table No. 2.3 depicts that 46% of the respondents felt that group approach is the best strategy to follow for imparting AIDS education among the adolescents. Even today people have an inhibition and cannot talk freely about sex, a taboo ridden issue in our society. The parents and teachers in our society are not so free to discuss these issue individually to their children and students. Hence, the group approach is the best strategy to follow, where respondents can shed their inhibitions and feel at ease to talk with each other and discuss their queries related to the topic. Group education could facilitate wide interaction, variety of views and free discussion, contradictions and ultimately all such measures leading to a consensus.

Table No. 2.4 % RESPONSES FOR PREFERRED STRATEGY FOR AIDS AWARENESS PROGRAMME.

N = 100

Question	Total (%)	Government nj = 50 (%)	Private (n ₂ = 50) (%)
AIDS awareness programme should be held for			
* Boys and Girls separately	51	52	50
* Mixed Group	49	48	50

Table No. 2.4 shows that almost 50% of respondents preferred AIDS education in a mixed group and 50% preferred to receive AIDS education separately for different sexes. Observations regarding AIDS education among boys and girls put together is as yet not fully justified and uniformly agreed upon by the society. The reason being that the Jammu society in particular continues to be a taboo ridden society and the interaction among boys and girls is not appreciated in full. Hence, the curriculum planners can effectively use the resources, by having education for both the sexes together and also separately for each group as per the need and besides as the situation demands. By providing them sex education in mixed group the respondents would become more easy and develop relaxed social relationship between the two sexes. Mukhopadhyay et al., (2001) found that an active NGO involves both sexes for imparting sex education, and revealed that it tends to raise more awareness about sex and sexual matters.

Table No. 2.5 % RESPONSES FOR PREFERENCE FOR AIDS EDUCATION COUNSELORS.

N = 100

N = 100			
Question	Total (%)	Government $n_x = 50 (\%)$	$\begin{array}{l} \text{Private} \\ (n_2 \\ 50)(\%) \end{array} =$
" Teachers of School	22	18	26
Resource people from community	2	2	2
Both teacher and community resource people	10	6	14
Peers of the students	15	18	12
Combination of the above	51	56	46

Table No. 2.5 shows that majority (51%) of respondents want the combination of teachers, resourceful people, peers of the students to be the counselors for AIDS education. The trained peer educators to be used extensively in youth programmes possibly because, young people not only know the best, how to communicate with each other, additionally they will also be trusted by their peers. Youngsters are often uniquely imaginative, using currently fashionable styles of music, theatre, and act as powerful vehicles for information. As far as teachers are concerned, they are the role model of the students and can play a key role in the prevention of HIV/AIDS by imparting necessary education to the youth regarding sexual activity. Community resourceful people can also play an effective role in AIDS awareness programmes as they are trusted by the community. People listen to and follow them. Hence, it shows that they want to have combination of counselors to have better understanding about the disease. Hence the above preference could be successfully utilized by curriculum planners for imparting AIDS education to the youth. Mahajan and Sharma (2005) revealed that school teachers play a key role in bringing about desirable change and socially acceptable approaches to sex education.

Table 2.6 % RESPONSES FOR PREFERENCES OF AGE TO START AIDS EDUCATION.

N = 100

N = 100			
Question	Total	Government	Private
	(%)	nj = 50 (%)	$(n_2 = 50)$
			(%)
Primary (uptil 5 th class)	2	2	2
Middle School (5 th -8 th class)	5	6	4
the the			
Secondary (9 th -10 th class)	28	24	22
	5.4	5.4	5 4
Senior Secondary (1.1 th -12 th	54	54	54
class)			
College level	11	14	8
(Graduate & Post Graduate)	11	14	0
(Graduate & Fost Graduate)			

Table No. 2.6 shows that majority of respondents (54%) feel that AIDS education should be imparted from the senior secondary level $(11^{\text{th}} - 12^{\text{th}} \text{ class})$. However there are also respondents to the tune 28% who indicate a lesser age group as the basic unit where from the sex education is warranted. But it would be feasible and quite befitting to start AIDS education latest by reaching puberty age. Also studies have shown that sex education at an early age does not initiate sexual activity of any kind among children. Shilpa and Ratna Kumari (1999) showed that students expressed interest in including HIV/AIDS as one of the topics at the high school level.

VII. SUMMARY AND CONCLUSION

World is a beautiful place and so is the experience of living in it. It would be tragic if this beautiful experience of a living life is shortened by HIV/AIDS, even 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 what is called "AIDS". AIDS has no cure and its ultimate effect is the death of an infected person (WHO, 1985)The present study Preference of media for imparting AIDS education among Adolescent Girls (16-18 years) of Jammu region is a study conducted to identify the sources of information and preference for sources of imparting AIDS education. A close ended questionnaire was used as a tool for data collection. The data was subjected to quantitative and qualitative analysis by using the appropriate statistics test (t-test). The results were shown in tables and figures. The study revealed that majority of the respondents from both government and private schools preferred mass media and its allied sources of information about AIDS and other related topics. Besides, a section from private institution preferred institutional networks whereas, the respondents from government schools laid emphasis on interpersonal channels. The variation in views is primarily due to the fact that the respondents show a little of hesitation and reservation to discuss such sensitive and personal issues in public. It would be, therefore, feasible and befitting to start the AIDS education, latest by the puberty age. The need to impart AIDS education was felt by a maximum number of respondents and the majority preferred the school as an important medium to do the needful at senior secondary (11-12th class) level. To make the project effective and practical all such agencies should put in their efforts individually and collectively in this behalf. Majority of the girls of both categories showed preference for counseling through teachers, community resource persons and peers of the students. For the AIDS study a strategy of Group approach was preferred by both of the categories. 50% of girls from both government and private schools preferred that AIDS education should be imparted in separate groups of boys and girls; where as 50% preferred a mixed one. Those advocating a mixed group justify that process would help in better and broader understanding of the problems. Another section equally comprising (50%) prefer separate grouping for boys and girls, for reasons of hesitancy and reservation. They stated during informal discussions they hardly got any 'information regarding HIV/AIDS in their schools and topics like reproduction were sometime left for self study. Even their parents don't share such information with them. This shows that both teachers and parents usually feel hesitant discussing such issues with their children. As a consequence, they turn to their peers for related information which is often inadequate, imperfect and not fool proof. Thus, the information imparted remains raw. Hence they go in for self-experimentation.

Psychologists equally are concerned about the tragic consequences of the AIDS epidemic. However, besides its other aspects like spread, protection and prevention, they lay stress only upon the behavioral instinct of the people. Most effective programme would be the system of a campaigning program that would focus on changing the behaviours that place people most "at the risk" of acquiring HIV. Behaviours such as injecting drugs, using infective needles, engaging in un-protective sex, and having sex with multiple partners. They do agree the task is quite complicated, yet the combat against the risks of the infection on all fronts should be on. One may sum up that besides the academic implication of the problem, an effective campaign challenging the issue is to start from the home itself. Multiply the campaign to carry it further, on a war footing. Parents,

teachers, social activists health professionals, family welfare centre's press, radio, T.V etc and even Yogi's including the religious centers should come forward and shed their hesitation and serve as preachers, defenders and protectors to save the vast multitude of the "human population from trie riorrors and riavoc caused \>y me dreaded AIDS.

VIII. SUGGESTIONS

Parents should develop healthy relationships with their children.

- Parents should not snub their children on asking question related to sex and HIV/AIDS.
- Teachers are the role model of the students and can play a key role in imparting sex education before young people initiate sexual activity.
- To make students aware about HIV/AIDS and myths and misconceptions related to it, group discussions, question box, role play, case study, debate, painting/ poster competition and quiz contest should be held in the educational institution for time to time.
- 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. Channel.
- 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.
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