



The Level of Knowledge of Higher Educated Youth Regarding HIV/AIDS: An Analytical Study of C.C.S. University Campus, Meerut (U.P.)

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This article is based on data collected for a study carried out in Ch. Charan Singh University, Meerut Campus to understand the relation between awareness level and higher educated student and research scholar of University Campus and in higher educated people which living in hostel, own home and paying guest in Meerut. This article attempts to explore awareness level of HIV/AIDS among students of higher education and try to find out relation of awareness and other factor which effect to general awareness regarding to HIV/AIDS. It shows that HIV/AIDS awareness among youth (higher educated) is limited and the sources that address higher educated youth needs are few. The article to know status of awareness level among higher educated student and explore to the reasons for the low level of knowledge about HIV/AIDS. In this article briefly discussed on the source of information about HIV/AIDS and higher educated student and research scholars' suggestions present HIV/AIDS among society.

Keywords: - Risk behaviour, information, television, awareness, HIV/AIDS etc.

Introduction

The HIV/AIDS awareness campaigns in India, which began in the 1990s. The Human Immune Deficiency virus (HIV), which leads to AIDS, is a leading epidemic across the world. According to the UNAIDS estimates 40 million people across the world are living with HIV/AIDS of which 3.2 million are children. India has the lagged number of people living with HIV/AIDS nearly 5.1 million about 5.8 million new HIV infection were estimated in 2003. There is a need to get in depth understanding of the sexual behaviour of the population sub groups. Research students, on sexuality in India are grouped on the basis of the thrust area, into the following categories:

- Awareness level of youth amazing the population.

- Extra marital sexual behaviour
- Sexual behaviour of valnerable group.
- Homo sexuality
- Sex education on programme in curriculum

This article looks into the level of awareness in higher educated young people in both rural and urban areas and the student community staying in the hostels (in view of the greater levels of freedom they have). This article aims at understanding the

- Level of awareness of the any people male and female higher educated in University Campus, Meerut Uttar Pradesh.
- Source of information regarding HIV/AIDS among the higher educated youth in western Uttar Pradesh.
- To know level of misconception about HIV/AIDS in higher educated youth.
- To know the youth point of view regarding level of implementation of government policy at grass root level.
- To find out the important suggestion to prevent HIV/AIDS.

Methodology

This article is based on the data collected for a study carried out in Choudhary Charan Singh University Campus, Meerut Uttar Pradesh. The study use a questionnaire to collection of data about the level of awareness of HIV/AIDS in higher educated youth. The targeted groups covered in the study included.

- Adult males and female (above 20 years) from rural as well as urban areas.
- Higher educated male and female employee and unemployed staying in hostel and own home and paying guest.

Findings

Profile

The higher educated student & research scholars to the age group 20-35. Some of them are married. They have high aspirations. Their role models are by and large; ever father, mother and Swami Vivekananda visits to places of worship are common.

Sexual Practices

Sex with Commercial sex workers and girl friends was reported by the students. Master education was common among the students, especially among these living in the hostel. By and large students accepted paid sex contacts. According to the students 25 percent of the student living

in hostels had sex with men and low level of awareness about HIV and sexual transmitted disease. Nearly all of student reported awareness of condoms and few students knew that the use of condoms helped in preventing sexually transmitted disease (STDs) and HIV/AIDS. Most of student acquired knowledge of HIV/AIDS through mass media and newspaper. Most of student accepted the friend circle is important to find out the information on sexuality and HIV/AIDS. Many students did not fell the need to use condoms as they had sex with the same partner. However, many used other methods of contraception to avoid pregnancy. On the other hand student had a low level of awareness of STDs and their symptoms.

Some of them associated STDs with commercial sex. All the students who involve in group discussions reported to be aware of AIDS. The students considered that HIV/AIDS a fatal disease. The finding we find out that, commercial sex, sharing of needle and transfusion of contaminated blood were the major ways of transmission known to some student sex with a single partner a known girlfriend and use of condoms were method to prevent AIDS, according to the students.

Finding from the Study

Table-1 gives the socio-economic and demographic profile of the rural and urban higher educated student most of the respondent (46%) posts graduate. On an average the student are 20-35 years of age. Majority of the respondent (34%) belong to the age group (21-24) year and are few (24%) currently married with the proportion of such respondents being slightly higher in rural areas. In this study most of respondent about 96% were male only 4% were female. Only few female agree to fill the proper information regarding HIV/AIDS. Most of female student avoid filling the questionnaire of HIV/AIDS.

Table-1: Profile of the rural and urban respondents with their education status.

N = 100

Education	Rural (76)	Urban (24)	All of Respondents
Graduate	18	6	24
Post Graduate	32	14	46
Research Scholar	10	4	14
Post Doctoral	04	02	06
Other	7	03	10
Total	76	24	100

In above table 24% respondent belong to graduate level,46%respondent belongs to Post Graduate level 14%respondents belong to research scholar 06% of the respondent belongs to Post Doctoral research and 10% of respondents belongs to other areas

Table-2:-Nature of Education of respondents

S.No.	Nature of Education	Percentage of Students
1.	Professional	44
2.	Traditional	56
	Total	100

In all over study 46% respondents belongs professional education,56% respondents belongs to traditional level

Table-3:-Marital status of the respondent

S.No.	Marital Status of Respondents	Percentage of Students
1.	Married	24
2.	Unmarried	76
	Total	100

In above table 24% respondent married,76% of respondent unmarried's there were majority of unmarried youth

Table-4:-Residential status of respondent

S.No.	Residential Status of Respondents	Percentage of Students
1.	Rural	76
2.	Urban	24
	Total	100

In above table 76% respondent rural ,24% of respondent urban there were majority of rural background youth.

Table-5:- Age (years) of the respondent in years

S.No.	Age in Year	Percentage of Students
1.	20-24	34
2.	24-27	28
3.	27-30	24
4.	30-33	8
5.	33 Above	6
	Total	100

Table-6:-Family situation of the respondents

S.No.	Family Situation	Percentage of Students
1.	Joint Family	70
2.	Nuclear Family	30
	Total	100

In above table 70% respondent belongs to joint family only 30 % respondents belongs nuclear family

Table-7:-Income status of the respondents

S.No.	Income (Per Annum)	Percentage of Students
1.	Below One Lack	44
2.	1-2 Lack	20
3.	2-3 Lack	12
4.	3-4 Lack	8
5.	Above 4 Lack	16
	Total	100

Table-8:-Employment status of the respondents

S.No.	Employment Situation	Percentage of Students
1.	Unemployed	80
2.	Employed	20
	Total	100

Table-9:-Sources of information of the respondent

	Source of Information	Rural	Urban	All
1	By the family members	03	05	8
2	By the teachers	16	20	36
3	By the neighbours	07	11	18
4	By the friend circle	28	32	60
5	Other	20	16	36
	Total			158

Table-10:-Sources of information of respondents

	Source of Information	Rural	Urban	All
1	By Newspaper or TV	30	58	88
2	By the radio	22	04	26
3	By the news channel	08	32	40
4	By the nukkad natak	10	12	20
5	By the hand bill and poster	06	08	14
6	By the friend circle	12	28	40

Source of Information about HIV/AIDS

The entire rural and urban respondents in viewed were asked a few questions in order to understand source of information about HIV/AIDS. The result presented in table 2 indicate major source of information mass media, news channels and group discussion with friend. Very few respondents give the response that discussion about HIV/AIDS with family member because of rural background and hesitation in family about his HIV/AIDS.

Perception about transmission of HIV/AIDS in Society

Perceptions of the some mission of HIV shown in table 3. Higher prevalence of HIV by unprotected sexual practice (69%) few respondent are not aware very well about the transmission of HIV/AIDS. Some of them (9%) selected the barbers' instrument and living with infected people. HIV/AIDS can be transmitted. Lack of knowledge regarding transmission through infected questions and contaminated blood.

Table-11

Respondents perceptions about pattern of transmission of HIV

	Pattern of transmission	Rural	Urban	All
1	Multiple sexual partner	40	34	74
2	Unnatural sexual practice	18	22	40
3	Infected needles	08	66	72
4	Contaminated blood	22	50	72
5	Infected mother to their child	24	40	64
6	Barber instrument (infected)	38	06	44
7	Living with infected people	04	02	08

Further probing of the mode of transmission of AIDS revealed that nearly all the respondent were aware of the nature of sexual transmission of AIDS. Some of respondent also aware that SWs and their clients carried high risk of AIDS. They also knew AIDS could be prevented by confining themselves to single partner sex table-4 indicate the knowledge to prevent HIV/AIDS.

Most of respondent which belong urban area. Throw why well about the pattern of transmission and suggested to avoid sex. With multiple sexual partner and CSWs and give

suggestion to use condom to prevent HIV/AIDS in comparison of urban respondent rural respondent are not aware very well to use of condoms.

Table-12**Respondent perception regarding prevention of HIV/AIDS**

S.No.	Prevention of HIV/AIDS	Rural	Urban	All
1.	To avoid multiple sex partner	34	20	54
2.	To avoid unnatural sex	18	24	44
3.	Use new syringes	08	58	66
4.	Use pure and confied blood	12	62	74
5.	Treatment to infected pregnant woman	18	40	58
6.	Avoid to barber instrument	26	16	40
7.	Avoid to living with infected people	08	02	10
8.	Use Condom	10	66	76

Table-13 :-Respondent perception about level of prevention programme

	Level of Prevention Programme	Rural	Urban	All
1	Personal	20	32	52
2	Social	28	32	60
3	Impact of Government policy	10	28	38
4	To increase education	34	40	74
5	Formation of Effect policy	20	26	46

Most of respondent agree with prevention programmed shorter be government level by formation and implementations of effect employs which effect at grass root level of society. Policy should by make in paint of view social requirement which applied all section of society.

Table-14: Policy runs by government to prevent HIV/AIDS

S.No.	Response	Rural	Urban	All
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1.	Yes	34	40	74
2.	No	16	10	26

In above table show that when we asked the question about government policy effect the situation of AIDS 74% respondent agree and 26% respondent gives the negative answer about that

Table-15: -Effect of Low Policy at Grass Root Level

S.No.	Response	Rural	Urban	All
1.	Yes	20	38	58
2.	No	30	12	42

When we asked question about the effective implementation of government policy at grass root level only 58% respondent agree with effective implementation of government policy although 42% respondents not satisfied about effective implementation government policy

Table-16: In your point of view any relation between education and awareness level of HIV/AIDS

S.No.	Response	Rural	Urban	All
1.	Yes	40	50	90
2.	No	09	01	10

Most of the respondent gives negative answer about the implications of government policy at grass root level few respondent give positive respondent which belong urban seething.

Conclusion

The target group covered higher educated student of university campus male and female the urban higher educated respondent more awareness and knowledge regarding HIV/AIDS. Rural higher educated respondent not have too much knowledge regarding HIV/AIDS. They also hesitate on AIDS discussion create fear factor among the rural youth

In this study low level of awareness/knowledge about STDs and HIV/AIDS safe sex (including use of condoms, as not common among the rural background respondents. There is need to increase awareness at the level of higher education and HIV/AIDS most of rural

respondent are not highly aware. Some effective policy required which also important are rural areas by which rural areas awareness level go up high.

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