KNOWLEDGE, ATTITUDE AND PRACTICE OF WOMEN REGARDING HIV/AIDS

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Abstract

HIV/AIDS is one of the most burning health problems in the world and Nepal is not an exception. It does not only affect individual's health but also socioeconomic condition. Its excessive prevalence is due to lack of literacy and awareness about it. It causes problems from womb to tomb. This study concludes that the majority of married women of child bearing age have inadequate knowledge and information about causes, mode of transmission, consequences and preventive measures of HIV/AIDS.

Key words

HIV/AIDS, behavior of women, reproductive age, child bearing age

Introduction

Acquired Immune Deficiency Syndrome (AIDS) is a fatal illness caused by retrovirus known as the Human Immune-deficiency Virus (HIV) which breaks down the body's immune system, leaving the victim vulnerable to a host of life threatening opportunistic infection, neurological disorder or unusual malignancy(Park,2010). The HIV/AIDS pandemic is one of the most serious health concerns in the world today because of its high case fatality rate and the lack of a curative treatment or vaccines. **Epidemiological** studies have identified sexual intercourse, intravenous injection, blood transfusions and

fetal transmission from infected mothers as the main routes of transmission of HIV. HIV cannot be transmitted through food, water, insect or casual contact (DHS, 2006).

The first recognized case of AIDS occurred in the USA in the early 1981. HIV/ AIDS is a major world-wide problem which was first found in 1984 by Robert Gallo (USA) Who isolated a retrovirus and antibodies that matched a Virus in People with AIDS(Mummy, 2000). AIDS, a pattern of devastating infection caused by virus, attacks and destroys certain white blood cells that are essentials to the body's immune system. As the virus attacks

causes destruction and weakening of the body's immune system which is known as Human Immuno Deficiency Virus (HIV). Initial infections with HIV are indicated by the presence of HIV.

The first case of AIDS in Nepal was detected in 1988. Sero-prevalence surveys indicates gradual increase in HIV prevalence among certain population, including people seeking treatment for sexually transmitted infection (STI), sex workers and their clients and injecting drug users (IDU). Nepal has unique situation with regard to the number and mobility of female sex workers (FSW) and young males who work in India. A large number of young girls/women are recruited to Indian cities and a large number of young men frequently visit FSW. It is due to high HIV risk behavior that has increased the number of HIV infections occurring among people (Redcross,2005).

Nepal has entered into the stage of a epidemic". "concentrated Concentrated epidemic refers to a stage in which some groups have an HIV prevalence rate of above five percent. In fact, the latest epidemiological data show that HIV is increasing more rapidly in certain subgroups. These subgroups include IDUs, sex workers in urban areas, sex workers returning from India and migrant workers who travel between India and Nepal (Shrestha, 2005). In Nepal 16138 persons were infected with HIV/AIDS (NCASC, July 2010). The HIV infection is common from 15-49 year age group.. Most of the people crossing the border in Birgunj are transport workers halting goods, migrant workers who come to Nepal looking for work each day, or tourists coming by land. These moving people make Birgani especially vulnerable to the risk of HIV/AIDS.

Women have pivotal role in the prevention of HIV/AIDS. Education is the key to HIV/AIDS prevention because HIV transmission can be prevented through informed and responsible behaviours. Women are the mother of

creation. An educated woman can be " safe and make children safe" as well as husband. Women can give preventive education to children about HIV/AIDS.

This report is based on the study carried out (Baral, 2006) in Birgunj Submetropolitan city.

Methods and materials

The main informants for this study were married women of reproductive age of Birgunj Ward No 6. Out of 481 total households in the selected study area, 48 houses were selected by adopting random sampling method. Of the total selected houses, altogether 100 married women of child bearing age (15-49 year) were selected as the main respondents of this study.

I developed and used a structured interview schedule on the basis of literature related to racial differences, social class, education genetic variation, and individual preferences in order to collect the required data for the completion of this research work. After collecting the necessary information they were analyzed quantitatively.

Results and discussions

Table 1: Knowledge about HIV/AIDS

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S.N.	Knowledge about HIV/ AIDS	No.	Percent- age	
1.	Ever heard about HIV/AIDS • Yes • No	83 17	83.00 17.00	
	Total	100	100.00	
2.	HIV/AIDS • Fatal disease • Communicable disease • Non- Communicable disease • Undecided • Others	43 35 3 1	51.80 42.10 3.60 1.20 1.20	
	Total	83	100.00	

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Table 1 shows that a large proportion of women (83%) had heard about HIV/AIDS and 51.8 percent were found to have knowledge of HIV/AIDS as a fatal disease. Similarly, 1.2 percent women said that AIDS was a disease. Because of literacy, access to different electronic and other media, majority of sample women had heard about the danger of HIV/AIDS and its communicable nature. There were very few women who had no knowledge about HIV/AIDS.

Table 2 shows that 31.3 percent did not have any knowledge about the clinical features, 31.3 percent reported chronic diarrhea with weight loss, 15.7 percent reported loss of appetite and 7.2 percent had persistent cough. It may be interpreted that most of the women had knowledge about the clinical features of AIDS.

Table 2: Knowledge about general clinical feature of HIV/AIDS

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S.N.	Clinical features of	No.	Percent-	
	HIV/AIDS		age	
1.	Loss of appetite	13	15.7	
2.	Swelling	6	7.2	
3.	Persistent cough	6	7.2	
4	Chronic diarrhea with weight loss	26	31.3	
5	Others	6	7. 2	
6	Don't know	26	31.3	
	Total	83	100	

Table 3 presents that 78 percent had not heard about, read about or seen condom. Television (61.54%) was found as the main source of knowledge. Similarly, other sources of knowledge include radio (15.38%), other (15.38%). However, the health workers and volunteers (7.70%) were less effective source of knowledge about condoms.

Table 3: Knowledge about condom

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S.N.	Knowledge about condom	No.	Percent- age		
1.	I heard, read				
	or see about	78	78.00		
	condom	22	22.00		
	• Yes				
	• No				
		100	100.00		
2.	Sources of				
	Knowledge	12	15.38		
	about condom	48	61.54		
	• Radio	6	7.70		
	 Television 	12	15.38		
	• Health				
	worker /Vol-				
	unteers				
	• Other				
	Total	78	100.00		

As presented in Table 4, majority of the women (71%) were found to have positive attitude towards HIV/AIDS infected persons. They think that it is necessary to provide love and affection to HIV/AIDS infected persons as the part of treatment and rehabilitation.

Table 4: Attitude towards HIV/AIDS infected persons

S.N.	Respondents attitude	No	Percentage
1.	Necessary to love HIV/AIDS infected person Yes No Undecided	71 11 18	71 11 18
2.	As infected person are asset to our country Yes No Undecided	64 13 23	64 13 23

Similarly 64 percent reported the infected persons as the asset of country, 13 percent did not think as the asset where 23 percent couldn't decide whether the infected person is

the asset of the country or not, because of lack of education and awareness in the community.

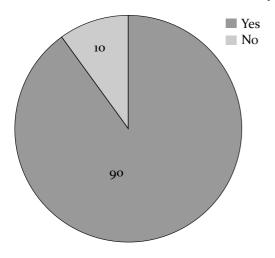


Figure 1: Practice regarding prevention and control of HIV/AIDS

Figure 1 shows that only 10 percent women use condom as their family planning needs as well as for the prevention of HIV/AIDS.

Conclusion

To sum up, majority of the married women of child-bearing age had inadequate knowledge and information about the causes, mode of transmission and consequence and preventive measures of sexually transmitted diseases and HIV/AIDS. Most of the women seem to have adequate knowledge about clinical features of HIV/AIDS. Similarly, the study also shows that most of the women did not use condom as they seemed to trust their husband blindly. Likewise, they were found to have positive attitude towards HIV infected persons. Thus, in order to equip women with the knowledge

and information about the causes, mode of transmission and consequence and preventive measures of sexually transmitted diseases and HIV/AIDS, awareness program focusing on HIV/AIDS, women empowerment and literacy program should be organized by concerned governmental and non-governmental agencies.

References

Baral,O.P. (2006). Knowledge, attitudes and practice regarding HIV/AIDS among the women of reproductive age in Birganj, Mini- research report, University Grants Commission, Bhaktapur.

DHS. (2006). *Nepal demographic health survey*. Kathmandu:MoHP.

Mummy, M. (2000). *HIV/AIDS Information and Prevention Project Proposal*. Birganj: Peace Corps Partnership Programme.

National Centre for AIDS and STD Control. (2010). *Cumulative HIV/AIDS situation in Nepal*. Kathmandu: Department of Health services.

Nepal Redcross Society. (2005). *HIV/AIDS Prevention and Reproductive Health Magazine*. Kathmandu: Author.

Park, K. (2010). Textbok of *Preventive and social medicine*. Jabalpur: MES Banarsi Das Bhanot.

Shrestha, S. M. (2005). Assessing Leadership for confronting the HIV/AIDS epidemic Across Asia, Focus on Nepal, Nepal: USAID

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