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Dr. Dolly Rani
Research Associate, UGC/PDF,
Department of Extension,
Communication and
Management, Institute of Home
Science, Dr. B. R. Ambedkar
University, Agra, Uttar Pradesh,
India

Bharti Singh
Professor, Director, Institute of
Home Science, Dr. B. R.
Ambedkar University, Agra,
Uttar Pradesh, India

Manju Arora
Professor, Department of
Extension, Communication and
Management, Institute of Home
Science, Dr. B. R. Ambedkar
University, Agra, Uttar Pradesh,
India

Correspondence

Dr. Dolly Rani
Research associate, UGC/PDF,
Department of Extension,
Communication and
Management, Institute of Home
Science, Dr. B. R. Ambedkar
University, Agra, Uttar Pradesh,
India

HIV/AIDS awareness and socio-economic characteristics: A study on women of Agra slum

Dr. Dolly Rani, Bharti Singh and Manju Arora

Abstract

When AIDS first emerged no one could have predicted how the epidemic would spread across the world and how many life it would change. Since then the global HIV/AIDS epidemic has become one of the greatest threats to human health and development. At the same time, much has been learnt about the science of HIV and AIDS, as well as how to prevent and treat the disease. According to UNAIDS (2016), globally an estimated 35.3 million people were living with HIV in 2012.

The situation of AIDS in Asia is as a 'ticking bomb' with scarce statistics and perspectives. Considering the potential catastrophes of India and China, unfortunately, India falls within the high-risk region of South Asia and South East Asia, which is just next to sub-Saharan African region. As regards the number of HIV infected cases, are concerned India has the third largest number of people living with HIV/AIDS. The total number of people living with HIV/AIDS (PLHIV) in India was estimated at around 23.9 lakhs in 2011. Out of all HIV infections 9.26 lakhs were women.

A rise in the infection of women means an increase in the infection of infants. Ignorance and low level of awareness about the disease gave rise to the problem. Thus it is very important to know the level of awareness regarding HIV/AIDS among women and factors related to socio-economic characteristics which affect their awareness level. So the present study conducted to know the association between socio-economic characteristics and awareness level regarding HIV/AIDS among women.

It is concluded from the study that majority of the respondents have high level of awareness regarding HIV/AIDS. Out of all socio-economic variables (age, education, occupation, marital status, birth place, social participation, types of family, size of family, caste, media possession and family income) of the respondents only their educational status, occupational status and media possession were affected their level of awareness regarding HIV/AIDS. Their have a significant relationship between total socio-economics status and level of awareness regarding HIV/AIDS among women. Thus socio-economics status also affected their level of awareness.

Keywords: HIV/AIDS, awareness, reproductive age.

1. Introduction

The history of HIV and AIDS is a short one. As recently as the 1970s, no one was aware of this deadly illness. Recognized as an emerging disease only in the early 1980s, AIDS has rapidly established itself throughout the world, and is likely to endure and persist well into the 21st century.

When AIDS first emerged no one could have predicted how the epidemic would spread across the world and how many life it would change. Since then the global HIV/AIDS epidemic has become one of the greatest threats to human health and development. At the same time, much has been learnt about the science of HIV and AIDS, as well as how to prevent and treat the disease. According to UNAIDS (2016), globally an estimated 35.3 million people were living with HIV in 2012.

Thus, the HIV epidemic continues to spread rapidly. Sub-Saharan African remains the worst affected area, with close to 70% of the global total of HIV positive people. In the Asia Pacific region infection rates are low but the spread is rapid, especially in South and East Asia, proportionate growth rate is the highest in the world, especially in India and China.

India falls within the high-risk region of South Asia and South East Asia, which is just next to Sub-Saharan African region. As regards the number of HIV infected cases, are concerned India has the third largest number of people living with HIV/AIDS. The total number of people living with HIV/AIDS (PLHIV) in India was estimated at around 23.9 lakhs in 2011. Out of all HIV infections 9.26 lakhs were women.

The lower socio-economic and political status of female are assigned, including unequal access to education and employment, and fear or experience of violence compound women's greater physiological vulnerability to HIV. Because of social and economic power imbalances between men and women and the associated limitations in access to services, many women have little capacity to negotiate sex, insist on condom use or otherwise take steps to protect themselves from HIV.

Research have shown that the socio-economic status and various socio-economic variables viz. education, income, occupation etc. of the person plays important role for maintaining the attitude and level of awareness regarding HIV/AIDS. Below poverty line peoples won't have access to the methods used for safe practices. Several studies were carried out to know the association between the socio-economic status of an individual and its relationship with HIV/AIDS awareness.

Bhalge *et al.* (2012) [1] reported in their study that there was a significant association between knowledge of HIV/AIDS and the educational status of the respondents. The result revealed that 44% respondents with secondary education and above had good knowledge of HIV/AIDS ($\chi^2=14.15, p<0.05$). There was no significant association between knowledge of HIV/AIDS and the occupation of the respondents ($\chi^2=0.677, p>0.05$).

Mallesha *et al.* (2012) [2] reported that rural women's knowledge was poor when compared to men ($P<0.05$). Level of literacy of men & women was significantly associated with their knowledge of HIV/AIDS ($P<0.05$), showing that literates had better knowledge than illiterates. There were several misconceptions and false beliefs about cause & spread of the infection which were found to be more prevalent among illiterates. The respondents with less than secondary school education had a discriminatory attitude toward HIV positive people, which was found statistically significant.

Yadav *et al.* (2011) [4] reported in their study that knowledge of HIV/AIDS was higher among the group aged 20 to 24 than 15 to 19 years age group. The study further revealed that literate young people were more aware of HIV/AIDS than illiterate. Concerning occupation, it was observed that students and those who had businesses were more knowledgeable about HIV/AIDS compared to labourers.

Sogarwal *et al.* (2009) [3] reported in their study that socio-economic characteristics such as domicile, education and wealth index of household are found to be significantly associated with the level of HIV awareness and condom use at the last sexual intercourse especially among poorer, rural and uneducated women.

Thus the various study conducted in this regard showed that the level of awareness were low among poorer and uneducated and less educated people. It is necessary to evaluate and update the individual's knowledge about the same and to spread awareness. So the present study conducted to know the association between socio-economic characteristics and awareness level regarding HIV/AIDS among women.

2. Material and Method

Research design used for the present study was exploratory research design. The study was conducted in Agra district. There are 19 health posts functioning in Agra district for implementation of health programmes in slum areas, known as D-type health center.

For investigation purpose out of these 19 D-type health centers the researcher selected 2 D-type health centres on random bases, namely Lady Lyall and shahganj-I. Each D-type health center covers within it a number of slums. Accordingly the D-type health centers selected the following numbers of slums-Lady Lyall has 10 slums and shahganj-I has 20 slums.

For purpose of investigation from each selected D-type health center one slum was taken randomly. The selected slums were "Gokul pura" from Lady Lyall health center and "Ashok Nagar" from shahganj-I health centre.

Sample of 120 women who belonged to the reproductive age group (18-45) years from two slums namely "Gokul pura" and "Ashok Nagar" were selected randomly.

At the reproductive stage women are more vulnerable for getting HIV/AIDS because they face many problems related to health and sexual relations. During the reproductive age infection of women also means an increase in the infection of infants born to them. So it is important that the women in the reproductive age group should be made aware regarding HIV/AIDS.

The data was collected from primary as well as secondary sources. Secondary data was collected from different libraries, organization, agencies and internet etc. Primary data was collected through self-constructed interview schedule.

After the collection of data, it was tabulated and was subjected to statistical analysis i.e. class interval and percentage.

3. Result and Discussion

The results obtained were thoroughly examined, interpreted and discussed with all care. After statistical analysis the results have been presented under the following heads:

- Level of awareness regarding HIV/AIDS.
- Association between socio-economic characteristics and level of awareness regarding HIV/AIDS.

3.1 Level of awareness regarding HIV/AIDS

Table 1: level of awareness regarding HIV/AIDS N = 120

S. No.	Scores	Level of awareness	
		Number.	Percentage
1.	High (43 - 64)	66	55
2.	Medium (22 - 42)	22	18.33
3.	Low (0 - 21)	32	26.67
	Total	120	100

Table no. 1 shows that majority (55%) of the respondents had high level of awareness about HIV/AIDS and 26.67% had low level of awareness. while only 18.33% were found having medium level of awareness.

3.2 Association between socio-economic characteristics and level of awareness regarding HIV/AIDS

Results regarding to the association between socio-economic characteristics and level of awareness regarding HIV/AIDS have been presented under the following heads:

- Association between personal characteristics and level of awareness regarding HIV/AIDS
- Association between family characteristics and level of awareness regarding HIV/AIDS
- Association between socio-economic status and level of awareness regarding HIV/AIDS

Table 2: Association between personal characteristics and level of awareness regarding HIV/AIDS N = 120

S. No.	Personal characteristics		Awareness				χ^2	Df
	Variables	Categories	Above average	Below average	Total			
1.	Age	18-26 years	24	08	32	3.13	2	
		27-35 years	24	20	44			
		36-45 years	34	10	44			
		Total	82	38	120			
2.	Place of Birth	Rural	18	12	30	0.231	1	
		Urban	64	26	90			
		Total	82	38	120			
3.	Educational status	Literate	76	20	96	10.63**	1	
		Illiterate	6	18	24			
		Total	82	38	120			
4.	Occupation status	Working	12	18	30	5.78*	1	
		Not working	70	20	90			
		Total	82	38	120			
5.	Social participation	Membership in any organization	24	02	26	3.11	1	
		No membership	58	36	94			
		Total	82	38	120			
6.	Marital status	Married	60	36	96	2.55	1	
		Unmarried	22	2	24			
		Total	82	38	120			

* Significant at 5 percent level of significance
 ** Significant at 1 percent level of significance

Table no. 2 shows the association between personal characteristics and level of awareness regarding HIV/AIDS of the respondents. The result shows that educational status was highly associated with the level of awareness regarding HIV/AIDS of the respondents. Thus in the present study majority of the literate women awareness score were observed above average. In another words literate women were more aware of HIV/AIDS then illiterate.

Regarding to the occupation of the respondents the result shows that occupation of the respondents was significantly associated to the awareness regarding HIV/AIDS. Thus in this regard the conducted study shows that majority of those women who were housewives and not involve any income generation activity were secured above average awareness score and were more aware of HIV/AIDS then working women.

In the present study most of the working women were housemaid, labour and worked in non-organized sector. They did not have time to watch television and using any other media and they did not get any opportunity and media exposure also for getting information in this aspect. Because of that working women awareness score regarding HIV/AIDS were observed below average.

Similar findings were reported by Bhalge *et al.* (2012) [1], Malleshappa *et al.* (2012) [2], Yadav *et al.* (2011) [4] and Sogarwal *et al.* (2009) [3] that socio-economic characteristics such as education, occupation and wealth index of household are found to be significantly associated with the level of HIV awareness

The study further shows that there was no significant association between level of awareness about HIV/AIDS and age, marital status, birth place and social participation.

Table 3: Association between family characteristics and level of awareness regarding HIV/AIDS N = 120

S. No	Family characteristics		Awareness			χ^2	Df
	Variables	Categories	Above average	Below average	Total		
1.	Caste	General	58	24	82	0.344	1
		Backward & Schedule	24	14	38		
		Total	82	38	120		
2.	Types of family	Nuclear	68	38	102	0.074	1
		Joint	14	4	18		
		Total	82	38	120		
3.	Size of family	Large	8	2	10	0.343	2
		Medium	12	10	22		
		Small	62	26	88		
		Total	82	38	120		
4.	Family income (Range)	High	4	0	4	1.18	2
		Medium	6	0	6		
		Low	72	38	110		
		Total	82	38	120		
5.	Media possession	Upto 3 media sources	32	32	64	10.65**	1
		More than 3 media Sources	50	6	56		
		Total	82	38	120		

* - Significant at 5 percent level of significance
 ** - Significant at 1 percent level of significance

Table no. 3 shows the association between family characteristics and level of awareness regarding HIV/AIDS of the respondents. The result shows that there was no significant association between level of awareness about HIV/AIDS and type of family, size of family, caste of family and family income.

Media possession of the respondents was highly associated with level of awareness regarding HIV/AIDS. Thus in the present study women who possessed more media were secured above average awareness score regarding HIV/AIDS.

Table 4: Association between socio-economic status and level of awareness regarding HIV/AIDS: N = 120

Socio-economic status	Awareness			χ^2	df
	Above average	Below average	Total		
Above average	42	4	46	9,10**	1
Below average	40	34	74		
Total	82	38	120		

** Significant at 1 percent level of significance.

Table no. 4 shows the association between socio-economic status and level of awareness regarding HIV/AIDS of the respondents. Total socio-economic status was calculated on the basis of the sum of the score of personal and family characteristics possessed by respondents. The result shows that there was high degree of significant association between level of awareness regarding HIV/AIDS and socio-economic status of the respondents.

4. Conclusion

Careful observations of the data regarding to the association between socio-economic characteristics and awareness regarding HIV/AIDS among women shows that majority of the respondents have high level of awareness regarding HIV/AIDS. Out of all socio-economic variables (age, education, occupation, marital status, birth place, social participation, types of family, size of family, caste, media possession and family income) of the respondents only their educational status, occupational status and media possession were affected their level of awareness regarding HIV/AIDS. There have a significant association between total socio-economic status and level of awareness regarding HIV/AIDS among women. Thus socio-economic status also affected their level of awareness.

5. References

1. Bhalge UU, Khakse GM, Brahmapurkar KP, Thorat R, Shrote VK. Awareness regarding HIV/AIDS in ANC client in tribal district of Central India. IOSR Journal of Dental and Medical Sciences (JDMS). 2012; 2(4):44-49. Extract from: <http://www.iostjournals.org>
2. Malleshappa K, Krishna S, Shashikumar. Awareness and attitude of youth towards HIV/AIDS in rural Southern India Biomedical Research, 2012; 23(2):241-246.
3. Sogarwal R, Bachani D. Awareness of Women about STDs, HIV/AIDS and CONDOM use in India: Lessons for Preventive Programmes. Health and Population: Perspectives and Issues. 2009; 32(3):148-158.
4. Yadav SB, Makwana NR, Vadera BN, Dhaduk KM, Gandha KM. Awareness of HIV/AIDS among rural youth in India: A community based cross-sectional study J Infect Dev Ctries. 2011; 5(10):711-716.