

SOURCE OF INFORMATION AND KNOWLEDGE REGARDING TO HIV/AIDS AMONG STUDENTS OF BALOCHISTAN UNIVERSITY OF INFORMATION TECHNOLOGY AND MANAGEMENT SCIENCE QUETTA, PAKISTAN

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ABSTRACT: A cross sectional descriptive was conducted among Bachelors of business administration (BBA) and Bio technology (Bio-Tec) students of Balochistan university of information technology and management sciences (BUTMS) Quetta, Pakistan. The objective of the study was to assess the knowledge and source of information. In Pakistan discussion about knowledge of HIV/ AIDS is taboo due to religious and socio-cultural influences. The results showed that 53% of 304 participants had low level of knowledge and only (3.9%) have high level of knowledge. Main source of information for the students were television (93.4%) followed by internet (80.3%) and newspaper (78.9%). Therefore the ministries of health and education should make arrangements for projects to educate the youth about HIV/AIDS of this university and city.

Keywords: HIV, AIDS, knowledge, adolescent

INTRODUCTION: HIV/AIDS now kills more people worldwide than any other infectious disease. Most of these deaths occur in young adults who will make up the economic backbone of their countries, and upon whom development depends. The epidemic is not only destroying millions of lives, but is also compromising the social, economic and political development of nations. In its consequences, the HIV/AIDS epidemic increases rural poverty and seriously undermines human capacity to ensure food security and nutrition, manage natural resources, and sustain the livelihoods of large numbers of people¹). As of December 2007, 33 million people were estimated to be living with HIV/AIDS, and more than 35 million had died since the beginning of the epidemic²). According to UNAIDS estimation there were about 96,000 people living with HIV in Pakistan at the end of 2007¹⁰). Officially reported cases are, however, much lower. As in many countries, underreporting is due mainly to the social stigma attached to HIV, limited surveillance and voluntary counseling and testing systems, and the lack of knowledge among the general population and health practitioners. Large part of Pakistan's population is under the age of 25 years and is

vulnerable to HIV, for the same reasons that youth are all over the world. Curiosity about sex and drugs, negative peer pressure, and economic frustration might all lead young people to engage in behaviors which could lead to HIV infection. This is one of the main reasons to conduct this research

Little has been written about knowledge assessment of HIV/AIDS among young in Pakistan. Studies from other part of the world have shown that more than 90% of the students had received satisfactory education on HIV/AIDS³). The source of knowledge ranged from television, teachers, pamphlets, newspapers, radio, health care workers, and friends and from their parents. Students were quite knowledgeable about transmission of HIV through semen, blood, and vaginal fluid⁴). Reports from Pakistan regarding knowledge of students showed that 85% had awareness about HIV/AIDS^{5,6}).

Pakistan is a moderate Islamic country with the majority of Muslim and small number of other religions living together with the freedom to practice their religion and observe other cultural practices. Like many Islamic societies, issues dealing with sex and sexually transmitted infections (STIs) are seen as taboo and sensitive, and therefore are not discussed

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openly. Despite the domination of conservative and traditional values in Pakistan, youth from age 18 to 22 years date and many engage in unsafe sexual intercourse.

As the youth are the high risk vulnerable groups for the transmission of HIV/AIDS. The purpose of this study was to assess the knowledge and source of information among students of University of province of Balochistan. The reason behind conducting this research was to understand

MATERIALS AND METHODS: A quantitative cross-sectional descriptive study was conducted among the students aged 18 or above of BBA and Bio-Tech at Jinah campus in BUITMS Quetta, Pakistan. Three hundred and four students were selected randomly. The variables assessed were their knowledge of disease (etiology, mode of transmission and prevention), General demography's of the subjects and source of information. A pretest self administered questionnaire was used from the non-studied faculty of ICT in Takatu campus. The questionnaire was a developed from reviewing past studies¹¹⁾. The study protocol was approved by the ethical review committee, Chulalongkorn University Bangkok (COA No. 113/2008), Thailand. Data was entered and analyzed in SPSS version 16. Socio demographic characteristics and knowledge were summarized by using descriptive statistics such as number, percentage and mean with standard deviation.

RESULTS:

Socio - Demographic Information

The majority of the participants were male (66.1%). The age ranged from 18 to 27 years. The average age of the participants was 20 years with a standard deviation of 1.5. The results also shows that the majority of the respondents), unmarried (98.4%) and living with their families and (12%) lived with their friends (Table 1).

Table 1 Distribution of the respondents by socio-demographic characteristics

Characteristics	Number (n=403)	Percentage (%)
Gender		
Male	201	66.1
Female	103	33.9
Age (years)		
18	51	16.8
19	72	23.7
20	71	23.4
21	61	20.1
≥ 22	49	16.1
Mean ± SD = 20 ± 1.5 Range = 18 – 27		
Marital status		
Single	299	98.4
Other	5	1.6
Stay with		
Family	252	82.9
Friends	39	12.8
Relatives	6	2.0
Stay by myself	4	1.3
Other	3	1.0

Source of information regarding HIV/AIDS

Subjects were allowed to select more than one source to get information ever. Television was the most common source (93.4%) respondents got information followed by internet (80.3%) and news paper (78.9%). Only 55.6% ever got information from their teacher/instructor and even smaller number (41.4%) ever got information from their parents. Majority of the respondents (70.4%) never got information from their Girlfriend/ Boyfriend (table 2).

Knowledge about HIV/AIDS

All the students were asked about knowledge on HIV/AIDS. The statements were divided in yes, no or don't know. By using the criteria the score of knowledge high (32-39 scores), Moderate (25-31), low (0-24)¹¹⁾. Table 3 shows that 53.0% of the respondents have low level of knowledge, 43.1% have moderate level and only 3.9% have high level of knowledge.

Table 2 Number and percentages of the respondents for Source of information

Source of information on HIV/ AIDS	Frequency			
	Ever		Never	
	n	%	n	%
♦ Newspaper	240	78.9	64	21.1
♦ TV	284	93.4	20	6.6
♦ Radio	111	36.5	193	63.5
♦ Posters	191	62.8	113	37.2
♦ Teachers/Instructor	172	55.6	132	43.4
♦ Friends	225	74.0	79	26.0
♦ Books	231	76.0	73	24.0
♦ Girlfriend/ Boyfriend	90	29.6	214	70.4
♦ Parents	126	41.4	178	58.6
♦ Relatives	130	42.8	174	57.2
♦ Health Providers	185	60.9	119	39.1
♦ Internet	244	80.3	60	19.7
♦ Magazines	237	78.0	67	22.0

Table 3 Distribution of level of knowledge about HIV/AIDS

Knowledge level	Number (n=304)	Percentage (%)
High (32-39 scores)	12	3.9
Moderate (25-31 score)	131	43.1
Low (0-24 score)	161	53.0

Table 4 shows the percentage of distribution of knowledge concerning HIV/AIDS. About 99.0% knew that AIDS can be transmitted by having sex with infected person, 88.2% knew that first a person gets infected with HIV infects and later AIDS develops, 80.3% students knew that AIDS is a fatal disease. 97.4% knew that AIDS can be transmitted by transfusion of blood and its components, 96.7% knew that AIDS can be transmitted by sharing needles and 86.6% knew that Individuals are at higher risk for contracting HIV infection include needle sharing drug users. Only 53.9% answered that AIDS can be cured and 42.8% thought that vaccine is available for AIDS prevention. About 89% thought that HIV can be transmitted by shaking hands and only 29.6% believed that best way to prevent HIV is having no sexual intercourse. Regarding diagnosis 64.5% knew that AIDS can be diagnosed by blood and 39.6% thought that it can be diagnosed by urine.

DISCUSSION: In Pakistan, the social cultural and religion has a big influence daily life. Sex,

alcohol and related things are strictly prohibited. That's one of the major reason that HIV/AIDS in considered a taboo. In 2007 a study conducted in Pakistan (Peshawar city) the average mean age for the students of different departments was 22±1 years and the male female ratio was 2:1⁷. Most of the students lived with their parents at their family house, this may be due to the reason that the Jinah campus has no hostel accommodation facility.

In the study main source of information was television 93.4%, followed by internet 80.3%, news paper, magazines and friends. In a previous study in Pakistan neighboring country, television and radio were the main source of information followed by news paper and magazines⁸).

Beside, teachers/instructors were the source of information only for 55.6%. These figures indicate that media is the main source of information for the youth in the communities, because of the social cultural values parents and instructors avoid to discuss about these matters.

In this study the students revealed a variable lack of knowledge about HIV/AIDS among students. In statements like HIV/AIDS is a fatal disease only 80.3% of the students answered correctly and only 62.5 of the students agreed that AIDS is a communicable disease. This shows the lack of information regarding basic question on HIV/AIDS. There were also many misconception about transmission of HIV/AIDS,

Table 4 General information towards HIV/AIDS

Items	Number (n=304)	Percentage (%)
1. AIDS is a fatal disease.	244	80.3
2. AIDS is a communicable disease.	190	62.5
3. HIV infection will decrease your Immunity	240	78.9
4. AIDS is caused by virus named HIV. First you get infected with	268	88.2
5. HIV virus and then AIDS develops		
6. HIV/AIDS can be prevented.	209	68.8
7. HIV/AIDS can be cured.*	164	53.9
Currently, vaccine for AIDS prevention is available.*	130	42.8
8. TB is the most common disease in AIDS patient.	73	24.0
9. A healthy looking man can be infected with AIDS	221	72.7
10. AIDS can be transmitted by having sexual intercourse with HIV/AIDS infected person.	301	99.0
11. AIDS can be transmitted by transfusion of blood and blood component.	296	97.4
12. AIDS can be transmitted by sharing syringes /needle with infected person.	294	96.7
13. AIDS can be transmitted by tattoo making.	157	51.6
14. AIDS can be transmitted by sharing toilet with infected people.*	146	48.0
15. AIDS can be transmitted by kissing with infected person.*	143	47.0
16. AIDS can be transmitted from mother to child.	199	65.5
17. AIDS can be transmitted by mosquito.*	176	57.9
18. AIDS can be transmitted by sharing food with infected person.*	230	75.7
19. AIDS can be transmitted by sneezing or coughing.*	195	64.1
20. AIDS can be transmitted by handshakes.*	272	89.5
21. AIDS can be transmitted by dysentery.	107	35.2
22. Individuals at higher risk for contracting HIV infection include needle sharing drug users.	264	86.8
23. Individuals at higher risk for contracting HIV infection include bisexual and heterosexual.	227	74.7
24. Individuals at higher risk for contracting HIV infection include who have multi partners in sex.	250	82.2
25. Individual at higher risk for contracting HIV infection include people who buy sexual services.	191	62.8
26. Is Antiviral therapy the most commonly used for HIV/AIDS?	60	19.7
27. AIDS is diagnosed by blood	196	64.5
28. AIDS is diagnosed by urine	93	30.6

* Negative statement

89% of the students believed that HIV/AIDS can be transmitted by handshake this again shows the lack of knowledge among the participants. These findings are consistent with a study conducted in Iran⁸. In this study, when asked about high risk group such as Intravenous drug users (86.8%) had correct knowledge. The previous studies from Peshawar university students also revealed 68 and 70.2% knowledge respectively for injections use and blood transfusion of blood products⁷.

CONCLUSION: In conclusion there were still a lot of deficiency in the knowledge of HIV/AIDS

among the university students because of misconception, lack of understanding, open discussions and no source of information for the youth in our community by health workers, instructors in education system and parents at their homes. Health education and promotion programs emphasizing on knowledge should be conducted in university with collaboration between ministry of public health and ministry of education and increase programming on mass media for HIV/AIDS. The elders are also advised to have open discussion with their children.

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