

ORIGINAL ARTICLE

Gender Wise HIV Disease Awareness among Primary School Teachers in Islamabad

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ABSTRACT

Objective: To assess the level of awareness and methods of primary prevention about HIV/AIDS among primary school teachers.

Study Design: A descriptive cross-sectional study of 60 male and female teachers, between 25-40 years of age, teaching for at least three years in public and private schools situated in suburb of Islamabad, was conducted using a structured questionnaire. A stratified random sampling design was used to collect data. Analysis was done on SPSS version 17.

Place and Duration of Study: The study was conducted at Golra Station suburb in Islamabad from October 2012 to December 2012.

Results: 77 percent respondents have heard about the AIDs, 40 percent believe that they should not quit good relations with the AIDs Patient, 88 percent believe it is our moral obligation to help the aids victims, 50 percent believe AIDS is a major issue, and same strength responded that it is not their problem. Most of the respondents believe that AIDS is a preventable disease. Majority of the respondents are of the opinion that Government is not solely responsible to control AIDS, all the stake holders must participate in the control of AIDS.

Conclusion: It is inspirational to know that majority has knowledge relating to HIV/AIDS. The study emphasizes the need to educate the teaching community about the prevention methods and to endow them with the crucial information and skills to facilitate them to inculcate knowledge to the younger generation at a younger age group as this can challenge the moral and ethical issue relating with the sexual spread of AIDS. However, taboos of public discussions of sexual illness remain a key limitation towards preventive activities.

Keywords: *Primary School Teachers, HIV/AIDs, Stake holder, Prevention.*

Introduction

HIV /AIDS is now more than a health problem it has become a security concern as virtually a large pool of the population is at risk specially in a countries where the demons of poverty ,hunger, unorganized infrastructure of health care, illiteracy and unstable political situation.

Pakistan is in the region where high risk countries like India, China and Afghanistan are in its neighbors, its age structure is of typical developing country with the young population of median age 0-14 around 40 %. Pakistan is further identified by the WHO as low prevalence but high risk country with the estimated cases around 100.000 and death around 5000 in year 2005.¹

Pakistan is now included among the countries where the threat of AIDS epidemic is of a major concern. According to UNAIDS estimates, the prevalence of HIV/AIDS among the population of men and women aged 15-24 in Pakistan is about 0.1 per cent. Surveillance data from the Sind provincial AIDS

control program indicate that the country has, however, entered the "concentrated epidemic" stage for HIV/AIDS², in the sense that the HIV prevalence in high-risk subpopulations is five per cent or higher.³ These high-risk subpopulations are injecting drug user communities and commercial sex networks in larger cities in Pakistan. This poses a serious threat of a generalized epidemic, especially among the younger population.⁴ Countries where the economic indicators are low the younger population specially females are more likely to indulge in a high risk behavior and the burden of sexually transmitted illness is high in this group. According to UNICEF in Africa the girls and young women age 15-25 are twice affected as compared to young men. This is a descriptive cross sectional designed to assess the level of knowledge and awareness of the HIV/AIDS epidemic among school teachers in suburbs of Islamabad focusing on the knowledge about the spread and preventive measures.

Materials and Methods

This is a cross-sectional descriptive study of school teachers aged 25-40 years was conducted in the schools of Golra Islamabad. Islamabad suburb Golra

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and nearby sectors have more than 30 schools with 4 public sector schools and 26 private sector. The total number of schools taken in the study is 10 with the total strength of the teachers in those schools is 150. The teachers teaching primary classes were included on the basis of stratified random sampling procedure. The sample size was 60 with 41 male teachers and 19 female teachers. Teachers were included on the basis of educational status (minimum graduates), and three years experience of teaching and age 25-40 years. Exclusion criteria were the age above 40 and teaching experience of less than 3 years. The data collection was carried out from October 2012 to December 2012. A questionnaire was designed having all the relevant based on socio demographic and psychosocial items with structures responses was used for males and females. The questionnaire was admitted to senior faculty of a medical school as a pretest. The data were collected by a team of male and female interviewers in order to facilitate communication. The interviews were conducted in schools of the concerned respondents. The study was given due ethical consideration and proper consent was obtained on the consent form from all the respondents.

Results

Fig 1 shows 77 percent of the male respondents have heard about the AIDS as compared to 82 percent of the females respondents, 60 percent of the male

teachers believe they can have relationship with the AIDS Patients but only 40 percent of the females are of the same view, 88 percent of the male teachers believed on the moral obligation to help the AIDS victims, 60 percent of the male respondents believe that the intensity of AIDS increases with the increase in the propaganda, almost 90 percent of both male and female teachers were of the view of big issue and almost 100 percent believe it is untreatable. Female teachers mostly believe since all the social stigmas are attached with the disease it should be hid, surprisingly 40 percent of the female teachers are of the view of imparting sex education regarding the prevention, while more than 90 percent male teachers are in favor of the deaths reported due to AIDs.

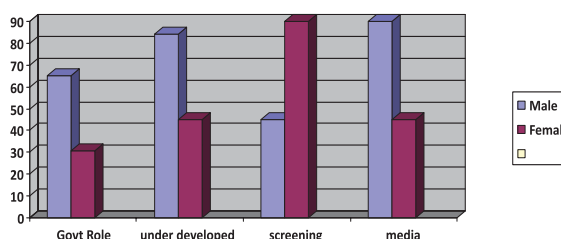


Fig 2: Role of the Stake Holders

The male teachers by and large assumed that it is now more than the disease of the developed world and all the necessary steps must be initiated to control the disease, 80 percent of the female teachers are of the view in early screening and helping the students through the education. Majority of the respondents say that Government is not solely responsible to control AIDS, all the stake holders must play their role in the control of this disease.

Discussion

This study reflects that most of the communities are now aware of the AIDS problem in our society but there are serious gaps in knowledge about the modes of spread and ways of primary and secondary preventions. Sizeable percentages of males and females consider HIV being an incurable disease but they are not thinking on the serious terms of preventing further spread. The study portrays that both the male and female teachers are well versed with the AIDS and its spread and female teachers are specially in favor of the preventive measures teaching at the primary level. In a survey conducted

Table I: Demographic Profile

		Educational Status		Total
Gender	Age Ranges	BA	MA	
Male	25-40	31	10	41
Female	25-40	10	9	19
Total		41	19	60

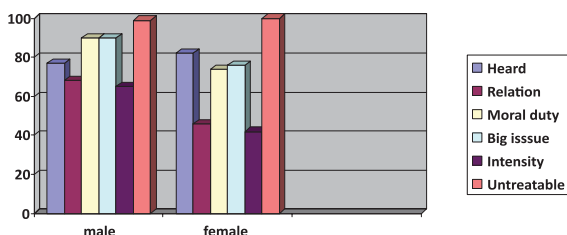


Fig 1: Percentage of respondent's responses about different issues

nation wise it was reported that about 91 per cent of young people of Pakistan had already heard of HIV/AIDS in an urban setting.⁵ In Chile a study about investigating knowledge of HIV/AIDS among 15-19 year old population there was no significant differences in health education cognition and application of preventive practices related to HIV/AIDS when compared with either gender or their educational level.⁶ A similar study from the United Arab Emirates about the HIV knowledge among the students of early classes (first year university students) establish serious misconception exist and women were less erudite than men.⁷ It was utmost surprising to notice more females responded in the assenting when they were asked about the AIDS disease and were favoring sex education. This could be explained by the fact that females are more now more exposed through the electronic and print media. Having a computer/ internet in the home did however contribute to improved knowledge among females. When considering the mode of spread and preventive strategies for HIV/AIDS, a significant percentage know about the cause through which the infection could spread, which is favoring the findings noticed in a national survey.⁸ In this study, significant females blamed sexual contact as the major mode of spread, while more males reported used syringes as the main cause. In some survey studies conducted in neighboring India, it was noticed female adolescents were less conversant about HIV/AIDS compared with male adolescents, while the males responded with high rate of exposure toward sex education measures compared with the females.⁹ This study favors the same finding. Moreover, few studies highlighted a sizeable gender gap in the knowledge and attitudes towards HIV/AIDS and other sexually transmitted diseases, males knowledge remain better than females.¹⁰ Nevertheless, having good knowledge about HIV/AIDS does not necessarily translate into healthy behaviors.¹¹ Our study revealed significant knowledge gap between male and female genders which can be seen while considering the high risk behavior.¹¹ It was further found that the risk factor profile differed somewhat between the males and the females. These differences are due to women and men living in different ways within the cities and across the Pakistan. Further gender disparities also

contributed towards this. In addition investment in primary education is higher for males than for females this is specifically evident in terms of access to education.¹² A recent demographic survey showed that education is positively related to knowledge of HIV/AIDS which supports the findings in this study.

Conclusion

Our findings suggest though necessary information is available but there is a huge need to educate young adults about the moral ethical and religious values, and organize them with common information's about primary prevention of HIV/AIDS and its problems and further give them psycho social support to adopt healthy behaviors. The teachers can contribute significantly towards educating the young people specially through morning assemblies, seminars and different social activities. At the same time Government should direct efforts towards these stake holders and both the education and health sectors should be consulted. There is sufficient evidence available that important health issues should be part of the curriculum in primary and high schools.

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