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Assess the knowledge regarding HIV/AIDS among the adolescents in a selected urban community of New Delhi.

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Abstract: *HIV, the virus that causes AIDS, is one of the world's most serious public health challenges. But there a global commitment to stopping new HIV infections and ensuring that everyone living with HIV has access to HIV treatment. According to UNAIDS, 36.9 million people HIV worldwide currently living with HIV/AIDS in 2017. Approximately 75% of people living with HIV globally where aware of their HIV status in 2017. 1.8 million Children {< 15 years old} worldwide are living with HIV. Most of these children were infected by their HIV positive mother during pregnancy, childbirth or breast feeding.*

Therefore the present study was conducted to assess the knowledge of adolescents regarding HIV/AIDS in urban community of New Delhi. The main objectives of the study were to assess the knowledge regarding HIV/AIDS amongst adolescents in a selected urban community. & to find out an association between knowledge regarding HIV/AIDS in relation to selected socio-demographic variables.

Methodology *Descriptive Research Design was adopted in order to assess the knowledge regarding HIV/AIDS in selected urban community of New Delhi among the sample of 80 adolescents which were selected by using convenient sampling method. The knowledge of adolescents regarding HIV/AIDS was assess by structured questionnaire.*

Result *The finding of the study shows that a total of 80 adolescents participated in the study out of which 14 { 17.5% } have poor knowledge, 36 { 50%} have average knowledge, 26 {32.5%} Good knowledge ,Mean and Standard Deviation was calculated, it was found to be 10.47 and 4.491 respectively.*

The study concludes that most of the adolescents had average knowledge regarding HIV/AIDS.

Keywords: *HIV/AIDS, Adolescents.*

1. INTRODUCTION:

HIV or human immunodeficiency virus, is the virus that causes AIDS and can be transmitted through sexual intercourse; while sharing syringes; or from mother to child during pregnancy, childbirth or breastfeeding. First identified in 1981, HIV is the cause of one of humanity's deadliest and most persistent epidemics. Although significant progress has been made in the fight against new infections and death caused by AIDS.

About 36.9 million people in the world living with HIV/AIDS in 2018. Out of these, 1.8 million were children (<15 years old). An estimate of 1.8 million individuals worldwide became newly infected with HIV in 2017 –about 5000 new infections per day. Switzerland, country in Southern Africa has the highest rate of HIV/AIDS infection worldwide, with a total of 27.20% of the population living with HIV/AIDS in2018.

India has around 2.14 million people living with HIV in 2017, accounting for 0.22% of people in the 15-49 years age group in the country, according to prevalence estimates released by the National AIDS Control Organisation. Among the states, in 2017, Mizoram has shown the highest estimated adult HIV prevalence of 2.04% followed by Manipur (1.43%), followed by Nagaland (1.15%), Telangana (0.70%) and Andhra Pradesh (0.63%). Besides these states Karnataka (0.47%), Goa (0.42%), Maharashtra (0.33%) and Delhi (0.30%) have shown estimated adult HIV prevalence greater than the national prevalence (0.22%), while Tamil Nadu (0.22%) had a point prevalence like the national average. All other states have levels of adult HIV prevalence below 0.22%. India is estimated to have around 87.58 thousand new HIV infections in 2017, showing new HIV infection decline by 85% since the peak of 1995 and by 27% between 2010 to 2018. Cause of HIV/AIDS is the Human immune deficiency virus which interferes with the body's immune

system hence leading to AIDS. HIV is transmitted through body fluids that include blood, semen, vaginal and rectal fluid, breast milk. The virus does not spread through air, water or through casual contacts.

Globally, it is known that there is a lack of HIV knowledge among youth between the ages of 15–24. The WHO stated that youth are at the core of preventing the progression of the HIV/AIDS pandemic. It is estimated that youth aged 15–24 comprise 50% of all new HIV infections and consequently must be targeted for education in decreasing transmission and reducing the stigmatization of an HIV diagnosis WHO 2004.

The lack of cure and the long duration of infections are the main characteristics that distinguish HIV from other STDs. The duration of HIV infection increases the likelihood of an infected individual will pass the infection to others. HIV continues to be a major global public health issue.

Since the beginning of the epidemic, more than 70 million people have been infected with the HIV virus and about 35 million people have died of HIV. Globally, 36.9 million (31.1 – 43.9 million) people were living with HIV at the end of 2017. An estimated 0. 8% (0.6- 0.9%) of adults aged 15-49 year worldwide are living with HIV, all through the burden of the epidemic continues considerably between countries and regions (WHO 2017).

In 2017, 36.9 million people globally were living with HIV. 21.7 million People were accessing anti-retroviral therapy.1.8 million people became newly infected with HIV.

9.4 lakhs people died from HIV -related illnesses. 35.4 million People have died from AIDS related illness since the start of epidemic. [UNAIDS 2017] India has the third largest HIV epidemic in the world. In 2017, HIV prevalence among adults (aged 15-49) was an estimated 0.22%. This figure is small compared to most other middle-income countries but because of India's huge population (1.3 billion people) this equates to 2.14 million people living with HIV. Overall, India's HIV epidemic i slowing down. Between 2010 and 2017 new infections declined by 27% and AIDS-related deaths more than halved, falling by 56%. However, in 2017, new infections increased to 87,580 from 88,000 and AIDS-related deaths increased to 69,110 from 62,000. [NACO, 2017].

2. LITERATURE REVIEW

(**Santosh wb,et al 2019)** conducted a cross-sectional study regarding HIV incidence during breast feeding and mother to child transmission in Jharkhand, Delhi. They measured HIV incidence in a prospective cohort of 413 peripartum and breastfeeding women who tested HIV negative during pregnancy.377 women's -years accrued postpartum. There were 7 women infected after delivery with transmission to 2/7(28%) infants.
(Dr. Upreti et al 2017) conducted a descriptive study to assess the knowledge, attitude and behaviour on HIV/AIDS in the context of young people of Nepal. This study was conducted on randomly selected hundred people. The young people had general knowledge about this infection and knowledge ranging from 54%-93%. Knowledge about conducted from january2017 to April 2017 involving our one t condoms was also very high but practice of correct and consistent use in pre-marital and extramarital were comparatively less.

3. STATEMENT OF THE PROBLEM

To assess the knowledge regarding HIV/AIDS amongst the adolescents in a selected urban community of New Delhi.

3.1 OBJECTIVES OF THE STUDY

- To assess the knowledge regarding HIV/AIDS amongst adolescents in a selected urban community.
- To find out an association between knowledge regarding HIV/AIDS in relation to selected socio-demographic variables.

4. METHODOLOGY

Descriptive Research design was adopted in order to assess the knowledge regardingHIV/AIDS adolescents in a selected urban community. The study was conducted at Ali Gaon 'of New Delhi was selected as the setting for the study. The reason for selecting this area was the easy availability of adolescents in this setting. The sample size consisted of 80 Adolescents (who fulfil the inclusion and exclusion criteria) selected by convenient sampling technique. The tool consists of two parts

A) Data collection tool
B) Knowledge Questionnaire

Data collection tool
The data collection tool was self- structured Questionnaire. Demographic variables which includes 10 items: - Age, Gender, Religion, Type of Family, Educational status, Marital status, Occupation of the father, Occupation of the mother, Monthly family income, Previous knowledge regarding HIV/AIDS.

Knowledge Questionnaire
It consist 25 questions.
Scoring key
Correct answer 1
Wrong answer 0
Scoring of knowledge questionnaire:

SCORE	INTERPRETATION
0 – 5	Poor
6 – 10	Average
11- 15	Good
16 – 20	Very Good
21 – 25	Excellent

5. Ethical Consideration Permission was taken from Holy Family Hospital, New Delhi to conduct the research study and ethical clearance was done. Written consent was also taken from participants and their parents in Ali Gaon. Anonymity and confidentiality of the subject was maintained while carrying out this study. The researcher has followed the fundamental ethical principle like the right to freedom from the harm and discomfort, respect to human dignity. The researcher gave freedom to all the participants to decide voluntarily whether to participate in the study or withdraw from the study and rights to ask questions at any-time during the study period. The investigator has maintained the study participant privacy throughput the study.

Statistical Analysis
Demographic variables were described by using descriptive statistics one way ANOVA / Unpaired t test was Used to analyse the knowledge regarding HIV/AIDS

6. DISCUSSION :

Age of adolescents data revealed that, number of people from age group 16-18 years are 31(38.75%), 13-15 years are 24(30%), 18 and above are 16(20%) and 10-12 years are 9(11.25%).

The gender of adolescents: it was found that out of 80 adolescents 41(51.25%) are females and 39(48.75%) are males. In the religion, among 80 adolescents it is found that 71(88.75%) were Hindu, 9(11.25%) were Muslims.
The type of family, data revealed that, 49(61.25%) were joint family, 18(22.5%) were nuclear family, 10(12.5%) had single parent and 3(6.25%) were extended family.
The educational status of adolescents, the data revealed that 40(50%) have primary education, 24(30%) have secondary education, 13(16.25%) are graduates and others and 3(3.75%) were illiterate.
The marital status of the adolescents, the data revealed 74(92.5%) were unmarried and 6(7.5%) were married .The occupation of the father: 36(45%) had private job, 22(27.5%) were self-employed, 12(15%) had government job, and 10(12.5%) were unemployed.
The occupation of mother: 54(67.5%) were homemaker, 11(13.75) had private job, 10(12.5%) were self-employed and 5(6.25%) had government job. The family income the data showed: 41(51.25%) had income <10000; 28(35%) had income between 10001-20000; 6(7.5%) had income >30000and 5(6.25%) had income between 20001-30000.
The previous knowledge about HIV/AIDS among the 80 adolescents: 60(75%) had previous knowledge; 20(25%) did not have previous knowledge. The source of information: 36(60%) had information from television, 18(30%) had information from others, 5(8.33%) had information from newspaper, and 1(1.66%) had information from radio.

no.	KNOWLEDGE INTERPRETATION	FREQUENCY	PERCENTAGE
1.	EXCELLENT	0	0%
2.	VERY GOOD	6	7.5%
3.	GOOD	30	37.5%
4.	AVERAGE	36	45%
5.	POOR	8	10%

The result shows that: 45% adolescents have average knowledge, 37.5% adolescents have good knowledge, 7.5% adolescents have very good knowledge, 10% adolescents have poor knowledge and 0% adolescents have excellent knowledge. There is no association between knowledge of HIV/AIDS in relation to socio demographic variables.

7. DISCUSSION

In the present study, the objective was to assess the knowledge of the adolescents regarding HIV/AIDS. It was found that among the sample of 80 adolescents, 36(45%) of them has average knowledge, 30(37.5%) has good Knowledge, 8(10%) has poor knowledge, 6(7.5%) has very good knowledge and 0(0%) has excellent knowledge.

During the study researcher found that most of the adolescents had average knowledge regarding HIV/AIDS. The researcher felt that most of the adolescents were reluctant to participate and even to take part in the study. Some adolescents could not participate due to lack of time but few adolescents were interested to know about HIV/AIDS.

8. LIMITATIONS

- The study was limited in one particular urban community.
- The study was done on a small size, which limits generalization of findings.
- This study is focused on assessing knowledge regarding HIV/AIDS among the adolescents rather than providing additional knowledge regarding the topic.

9. CONCLUSION

The major conclusions drawn on the basis of the finding of the study were as follows: It was found that among the sample of 80 adolescents, 36(45%) of them had average knowledge, 30(37.5%) had good knowledge, 8(10%) had poor knowledge, 6(7.5%) had very good knowledge and 0(0%) had excellent knowledge. The findings shows that there is no association between knowledge and demographic variables. This study has important implications, for Nursing Practice, Nursing Education, and Nursing Administration.

10. RECOMMENDATIONS:

Based on the findings of the study, the following recommendations are offered for future research. The study can be replicated on a large sample for better generalisation. A study can be done to assess attitude among male and female adolescents group regarding HIV/AIDS. The same study can be done to assess the effectiveness of the health care programme regarding HIV/AIDS.

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