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Short Communication

Adolescent Health and Awareness about HIV

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ABSTRACT

HIV and AIDS epidemic has led to many radical changes in the world over the last few decades. In spite of this being common knowledge, both adolescents and adults continue to engage in risky sexual behaviours. Efforts have been made in the past for research on development of attitudes, stigma and fears, as well as promotion of development of healthy sexual relationships. However, much more needs to be done to review the impact of sex education and HIV education interventions in school going children and adolescents. METHODOLOGY: Literature search was carried out to follow adolescent health policies in India and efforts made to generate better awareness amongst this vulnerable population. DISCUSSION: In spite of varying degrees of development, in many countries, the myth still persists to some extent that sexual health education in turn promotes early as well as irresponsible sexual activity among children and adolescents. But, in fact, numerous studies conducted on HIV and other sexually transmitted infections (STIs) show that people exposed to appropriate information about sex tend to postpone sexual interaction or use condoms. Ignorance on this matter, on the other hand, increases the chances of their acquiring STIs. Those children who do not go to school have to be reached through community programmes. CONCLUSION: In light of the existing information and observations, AIDS education initiatives need to begin at an earlier age, so as to be more effective. The capacity of young children to understand and benefit from this education should no longer be underestimated.

Keywords: Adolescent, Awareness, Health, HIV, India

1. INTRODUCTION

HIV and AIDS epidemic has led to radical changes in the world over the last few decades. In spite of this being a well established fact, many adolescents and adults still engage in risky sexual behaviours[1]. Efforts have been made in the past for further research on development of attitudes, stigma, fears, as well as means of promotion of development of healthy sexual relationships[2]. Many studies have been conducted in countries around the world to delve into the knowledge and behavior of adolescents towards HIV and AIDS. These include studies involving review of the impact

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of sex education and HIV education interventions in schools in developing countries - both on risk behaviours as well as psychosocial factors that affect them [3]. School-based sex education and HIV education interventions have been found to have reduced reported risky sexual behaviours in many developing countries. Still, the curriculum-based interventions need to be implemented more widely. All these school-based interventions need some additional rigorous evaluation. Also, more rigorous evaluation of peer-led as well as non-curriculum-based interventions is necessary before further recommendation[3].

2. METHODOLOGY

Literature search was carried out to follow adolescent health policies in India and efforts made to generate better awareness amongst this vulnerable population with respect to HIV.

3. DISCUSSION

Many studies have been conducted in developing countries like ours, where it has come to light that children and adolescents must be educated about HIV and other STIs in a more structured manner, as well as from a comparatively earlier age. The impressionable minds of this age groups is easily influenced by the parents, peers and the teachers. In a school based study conducted to evaluate the effectiveness of peer education as compared to teacher-led curricula in the AIDS prevention programs in a European country, two groups were observed. For both groups, the researchers observed significant improvements in skills, knowledge, attitudes and risk perception. Better results were found in the peer-led group (6.7% greater improvement in knowledge) as compared to the teacher-led group[4]. In another study, sexually active adolescents in a developing country in Africa were found to be increasingly at risk of HIV and other STIs. It was observed that family can exert an effective and strong influence on adolescent sexual behaviour[5]. Similar results were found in another study done to identify the correlates of sex initiation among school going adolescents in an Indian city. Adolescents who were having unfriendly relationship with their parents were found to have a higher likelihood of sex initiation. Premarital sexual activity, both the consensual and non-consensual type, was reported in these adolescents, indicating a need for school based adolescent reproductive and sexual health education (ARSHE) programs in this part of the country[6].

More than one third of reported cases of HIV/AIDS in India are among youth and 60 percent of these youth reside in rural areas. Assessment of the awareness of HIV/AIDS in the youth is important for determining the impact of previous and current awareness programs as well as the need for interventions. A study conducted in the country, aimed to assess the knowledge of rural youth regarding HIV/AIDS and to explore the epidemiological determinants of awareness among them showed that only 60% of the participants in the survey knew something about HIV. Of those who had heard, more than 90% knew the modes of transmission while more than 80% were aware of the modes of prevention. But one fifth of the subjects had some misconceptions in relation to HIV/AIDS[7].

Women account for 39.3% of HIV/AIDS infection in our country. There are many biological and socio-cultural factors which make them more vulnerable to HIV infection. Knowledge regarding HIV/AIDS can help them in protecting from the disease. A study conducted to understand the level of awareness of young females about HIV/AIDS, modes of transmission, prevention, availability of testing and treatment as well as attitudes in relation to the disease in a peri-urban area in a northern state of India showed that television was the most common source of information (79.7%). Knowledge about the different modes of transmission was high (68-78%), but knowledge about preventive methods especially condom use was low (34-54%). Increase in educational status was seen to significantly increase the knowledge of the modes of transmission and preventive methods ($p < .001$). Knowledge of symptoms of HIV was low (2-15%). Only 28.5% knew about the availability of HIV testing facility while 33.8% were aware of the treatment available for HIV. The study subjects were found to be having a favorable attitude towards people living with HIV/AIDS[8].

Another study conducted to assess parents' and teachers' attitude towards ARSHE in a state in southern India showed that 65.2% of parents and 40.9% teachers have not discussed growth and development issues with their adolescents. Only 5.2% teachers and 1.1% parents discussed sexual aspects with adolescents. 44% of parents agreed that information on HIV/AIDS/STD should be provided. More than 50% of parents were not sure whether information on topics like masturbation, dating, safe sex, contraceptives, pregnancy, abortion and childcare should be provided to adolescents. Results of this study pointed out the need for introducing reproductive and sexual education in the school setting. Only 1.1% of parents and 5.2% teachers actually discussed sexual aspects with adolescents which highlights the need for parent and teacher awareness programs before ARSHE is introduced in the schools [9, 10].

Promoting healthy practices during adolescence is imperative. Steps need to be taken to protect young people from health risks in a better manner. This is critical to the future of the health of the country as a whole. Prevention of health problems in adolescence will help prevent the same in adulthood also. Young people need to know how to protect themselves and also have the means to do so[10,11]. WHO carries out a range of functions for the improvement in the health of the youth. Some of these include identification of effective ways for promotion of good health among young people, prevention of health problems, appropriate response to health problems, etc. Besides, increasing awareness of issues among the public at large as well as among special

groups, wherever indicated, is also carried out. Similar services help in overcoming barriers to adolescent health education as well as the services provided to them [10, 11, 12].
In many countries sound national ASRH strategies exist. However, they are either not implemented at all, or are only weakly implemented. Many factors contribute to this. One key factor is lack of comfort in dealing with sensitive issues. Besides, biases emanating from the attitudes of people based on religion and/or tradition also hinder the successful implementation. These factors act as potent barriers in preventing evidence-based recommendations from shaping policies as well as in translating sound policies and strategies into action on the ground. Lack of capacity among government staff in planning, implementing and monitoring the activities on adolescent health also decelerates the success. When national ASRH strategies are not implemented effectively, adolescents and young people are unable to obtain the relevant health education they need in their schools and communities. The result is unwanted pregnancies, unsafe abortions and STIs including HIV infection. There is a need to undertake community-based research with renewed vigour, so as to identify forces that support and oppose the provision of awareness and education. This will also help in research to identify managerial and technical bottlenecks. This needs to be followed by implementation research to overcome community resistance and education/health systems weaknesses, using thoughtfully tailored approaches. The Department of Reproductive Health and Research (RHR) is supporting countries to assess their laws and policies using a rights framework, and to then formulate/reformulate laws and policies to respond to the needs and fulfill the rights of adolescents. RHR is also developing and testing the feasibility and effectiveness of delivering a complementary package of health interventions with the HPV vaccine. Efforts are being made for wider efforts to support countries in moving from small scale, time limited projects to large scale and sustained programmes. The WHO Global health sector strategy on HIV/AIDS, 2011–2015 aims to achieve universal access to HIV prevention, diagnosis, treatment, care and support. The strategy reaffirms global goals and targets for health sector response to HIV [11].
Ever since HIV AIDS took hold in India and the government decided to launch IEC campaigns, a lot of awareness has been generated amongst the masses regarding the disease. It started from those who were HRGs, to those who were considered as vulnerable population. Amongst general population, children, adolescents and youth are a vulnerable and heterogeneous group with differing risk levels. Gender imbalances, societal norms, poverty and economic dependence all contribute to the vulnerability of these groups. Physiologically, young people are more vulnerable to STIs than adults, while girls are more vulnerable than boys. The primary route of HIV infection amongst youth is unprotected sex which combined with lack of information, skills and access to safe sexual practices lead to high risk behaviour. Although adolescents hear about sex, condoms and safe sex, there is confusion and misinformation surrounding these issues. The risk perception and behaviour of young people are likely to determine the future direction of HIV/AIDS in the country. Therefore, it is imperative to catch them young for IEC, so as to lay a stronger foundation. The focus needs to be on promoting a healthy life-style, reducing vulnerability and breaking the silence surrounding issues related to sexuality from a still younger age group, given the age of initiation of sexual activities has lowered since the inception of IEC activities. Talking about sex and sexuality is still difficult. Often these subjects are treated with suspicion and mistrust even by parents and teachers. Embarrassment and ignorance go hand in hand and many young people end up knowing little about these matters. What they do know often turns out to be dangerously inaccurate. Young people become trapped in ignorance when they are not given essential information.
The myth still persists to a great extent that sexual health education promotes early and irresponsible sexual activity among children. Some countries forbid sex education in schools. But, in fact, numerous HIV and other STIs studies show that people exposed to appropriate information about sex tend to postpone sexual interaction or use condoms. Ignorance, on the other hand, increases their chances of acquiring STIs. Many children do not go to school, so they need to be reached out through community programmes. Parents need to talk more openly about these matters with their children. Since the age of sexual debut is lowering, they need to talk to even younger children in order to sensitise them. But many parents find that difficult. They may even lack the knowledge they should be passing on to their young. So adults, i.e. parents, teachers as well as community leaders need to be given the necessary skills and information. Curricula should reflect the realities young people face and equip them with relevant life skills. IEC is already underway in languages most understood by communities. IEC activities have been planned respectful of cultures, aimed at reducing risk-taking behaviour and encouraging responsible sexual behaviour. We need to now cater to the needs of a younger age group of children on the same lines. Adolescents have been found to have high levels of awareness but little in-depth knowledge about HIV prevention in various studies[1]. In a study conducted in a developing country, it was found that indeed the notion that parents have significant influence on the sexual and reproductive health of their children cannot be overemphasized. It has been speculated for example that adolescents who are close to their parents may engage in less sexual activity because parent–child closeness increases opportunities for better social development. There is also evidence to suggest that parent–adolescent communication about sex plays an important role in predicting adolescent sexual behaviour. Besides, parental supervision and

monitoring is said to be an effective way of controlling the behavior of adolescents. It is however important to note that the period of adolescence is characterized by shifts in influence, where peers become more influential than parents. This situation is worsened by the tendency for parents to allow their adolescent children the freedom to spend increased and unsupervised time with peers. Furthermore, adolescents seek to acquire more insights into life skill-based sex education which is usually absent unlike parents who become more interested in moral education for their adolescent children [7, 11].

4. CONCLUSION

In light of the existing information and observations, AIDS education initiatives need to begin at an earlier age in order to be more effective[1]. We should no longer underestimate the capacity of young children to understand and benefit from this instruction[1]. Today, our children live in a very complex environment. They are exposed to various channels of communication including the internet. The electronic media particularly have a strong influence on children and adolescents, outweighing the influence of parents and family in certain situations. Parental influence in moulding moral and social values as well as the traditional school curriculum may not be enough to meet the challenge of educating the adolescent population of today. Traditional mechanisms for passing on lifeskills (e.g. family, community role models, cultural, traditions) may no longer be adequate in many communities. This is mainly due to the weakening of traditional support structure of the extended family over the last few decades. Information regarding pubertal development, sex, pregnancy, and contraception should be provided to children and adolescents in an age-appropriate manner from parents, health care providers, and schools [10, 15]. These services can now be provided under ARSH programme and improved to a great extent by reinforcing the human resource available for outreach activities. To aid in the design and implementation of effective prevention programmes, it is important to understand the role of the family in influencing sexual behaviour among school-going adolescents[3,17]. A positive relationship between family communications about HIV/ AIDS and sexual activity and condom use among school-going adolescents has been found in studies[5]. The ARSH program in India focuses on specialized interventions for young adolescents. Routine health check-ups and probing on symptoms of STDs, non-consensual sex and other risky practices have been implemented but the facilities are not well utilized by the target population[6]. It has been observed that there is a need to focus the education programs and the mass media towards preventive methods rather than just the knowledge of the modes of transmission. Greater emphasis needs to be placed on making people aware about the existence of HIV testing facility and availability of treatment[8]. In this way, they can be helped to achieve their potential to become knowledgeable, confident, responsible and caring adults.

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