

Effect of Health Education on Knowledge about Hiv/Aids of 1st Mbbs Students

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Abstract: A cross-sectional study was conducted in first MBBS students to assess their knowledge about HIV/AIDS & the effect of health education on the same.

The pandemic of HIV/AIDS remains on the increase with young people at which increases risk of infection. Regarding HIV infections in the world, India ranks 3rd in number. Near about 2.5 million people currently living with HIV/AIDS. Adequately trained & sensitized health care professionals like 1st MBBS students can play a vital role in combating this HIV pandemic. Limited studies have explored about effect of health education on knowledge about HIV/AIDS in 1st MBBS students. A pretest was conducted using a predefined, semi open pretested proforma. A session was organized to improve their knowledge about HIV/AIDS. The next day, a post test was conducted to assess the effect of health education on their knowledge. The mean scores of 71 students in the pretest & post test were 10.11 & 11.88 respectively ($p < 0.001$). Most participants were not able to identify the risk factors for transmission of HIV/AIDS. Many also were unaware of the concept of counseling before & after the confirmatory test. The result showed that students' knowledge about HIV/AIDS was incomplete. Some misconceptions were found to exist regarding mode of transmission, prognosis & prevention. Awareness programmes should be initiated among 1st MBBS students, so that lacunae can be clarified. Health education undoubtedly play an important role in Improving knowledge of medical students about HIV/AIDS.

Key Words: Health Education, Knowledge, Hiv/Aids, 1st Mbbs Students.

I. Introduction

First case of HIV infected person was diagnosed in the united states in 1981; about 90% of all infected cases occur in developing countries & the number of cases occur is increasing every year. AIDS is a global problem. According to WHO, the HIV/AIDS pandemic is growing at alarming pace. And it is due to HIV/AIDS awareness of the people against health education about HIV/AIDS. Nearly 33.4 million people get affected with HIV infection as per 2008 data. Number of estimated people with newly infected HIV/AIDS related deaths stood at 2.7 & 2 million. Nearly 40% of new HIV infection was among the age group of 15-24 yrs. (1) The person who is suffering from AIDS facing physical, mental and social stigma, in society. So it is very essential to aware the society about AIDS, especially in medical students as they are the backbone of society to treat and prevent the epidemic which is more dangerous than cancer.

The disease started first among young homosexuals in the west coast of America. Soon the myth was removed, it was detected not only in homosexuals but was also detected among female sex workers of New York who were taking addictive drugs through unsterilized needles (2) In India as in many other countries people with HIV frequently encounter discrimination, while seeking and receiving health care services, with serious adverse consequences for their physical and psycho-social well being. Unjustified cause for isolation of patients with HIV infection might further constrain the potential for expansion of clinical services to deal with greater number of such patients. This infectious illness can evoke irrational emotions and fears in health care providers, including medical students. Medical students have refused to care for HIV/AIDS patients (Whalan 1987) which is unacceptable for future physicians and illustrates the extreme emotions that HIV/AIDS can elicit. (3)

Medical students are future doctors will play an important role in caring for HIV infected patients. Medical students belong to the young & vulnerable age group of the population & their behavior may put them at risk of HIV/AIDS & sexually transmitted diseases. (4)

Aim of study was to assess & evaluate the existing level of health education on knowledge about HIV/AIDS among girls & boys joining medical college & to know whether there is any necessity for starting of awareness programme in the start of the course to inculcate healthy habits practices among 1st MBBS students.

71 newly admitted student of 1st MBBS included in study group having age 17-18 yrs. A pre & post test were conducted by giving 15 questions concerning about HIV/AIDS. In between pre & post test a session was organized to improve their knowledge about HIV/AIDS.

II. Material & Methods

The present study was conducted in 71 newly admitted medical students, age group 17-18 years at Govt. Medical college, Latur, MH .A pre test was conducted by giving 15 questions concerning about HIV/AIDS to students. After that a session was organized to improve their knowledge about HIV/AIDS. On next day a post test was conducted to assess the effect of health education on.

For the best results the basic demographic information like gender, nationality, occupation of parents & whether the student coming from urban or rural area were noted.

III. Results

Out of 71 students, 80% students were able to answer appropriately. Mean marks scored by students in pretest were 10.11 \pm 1.24, mean marks scored in the post test 11.88 \pm 1.52. The differences in the marks was statistically significant ($z = 32.77$, $p < 0.001$).

Table 1 & graph 1 shows that in pre & post test 100% students knew about the correct causative organism, the modes of transmission of HIV/ AIDS. 90% students knowing. Epidemic evidence during pre test & 100% during post test.

50% students knew about the highest risk group of HIV infection during pre test & their knowledge increasing for the same during post test by 80%.

25% students having information of counseling before & after the confirmatory test .But their knowledge also increased during post test by 70%.

30% students believe that HEALTH education is one of the proven methods for controlling the spread of HIV infection .But after post test 75% students get the correct knowledge.

IV. Discussion

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In India overall HIV prevalence among different population groups continues to reflect the concentrated epidemic situation in the country with 2.3 million people living with HIV /AIDS and estimated adult prevalence of .34 percent (0.25-0.43%) (5). The epidemic is greater in urban areas than rural areas, greater among males than females, decreases with increasing education level and is found to be highest among women whose spouses work in transport industries.(6)

Similar records obtained with relation to routes of transmission, prevention, causative organism, antiretroviral therapy and misconception.(7,8,9)

In a south Indian study conducted on first year medical student, it was noted that 25.7% believed that mosquito bite could transmit infection while this study recorded 16.9% among all students. This wrong belief was present among 28.3%, 25.5% and 8.5% of nursing, pharmacy and MBBS students respectively ($p < 0.05$)(6)

In an another study conducted in Nigeria and Delhi, proportion of respondents who were about existence of antiretroviral drugs for HIV/AIDS was 52.5% and 28.6% respectively.(10,11)

In a study on AIDS by department of health education in Calcutta, only 40 to 60% correct response was obtained from the preclinical students.(12)

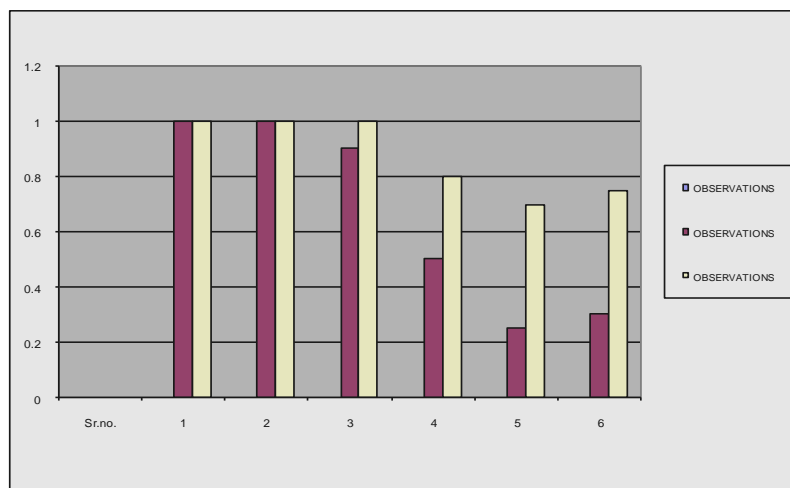
In another study shows that there is a lacunae in the knowledge about certain aspects of AIDS such as modes of transmission and prognosis. This lacunae has to be filled in by initiation of AIDS awareness programmes in the first year medical study and by modifying the existing undergraduate medical curriculum and also by incorporating suitable chapters in the basic medical textbooks on STD and HIV/AIDS(13)

V. Observations

TABLE NO. 1

Sr.no.	Objects	Pre-test	Post-test
1.	Causative organism	100%	100%
2.	Modes of transmission	100%	100%
3.	Epidemiological evidences	90%	100%
4.	High risk group	50%	80%
5.	Concept of counseling before &after the confirmatory test	25%	70%
6.	Knowledge about Health education	30%	75%

Graph: 1
Pretest-Pink Colour Posttest-Yellow Colour Observation Table



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