Attitudes Toward HIV/AIDS Among Secondary School Students in Bangladesh

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Abstract— HIV is a virus that attacks the body's immune system. If HIV is not treated, it can lead to AIDS. There is currently no effective cure. Purpose: The purpose of the study is to assess the attitude regarding HIV/AIDS among Secondary School Students in Bangladesh. The study was a descriptive cross-sectional design. Using convenient sampling technique 120 adolescent were recruited from two Govt. High Schools at Dhaka city. A self-structured questionnaire (1) Demographic Questionnaires, (2) Secondary School Students Attitude regarding HIV/AIDS Questionnaires were used to collect the data. Data analysis using SPSS version 22. The Secondary School Students age was ≤ 15 (74.16%) and \geq 16 (25.84%). Secondary School Students possess positive attitude in this study. Highest five strongly agree Statement was HIV/AIDS is a threatening illness among adolescent age group 79.2%, It is necessary to learn about HIV/AIDS in school 71.7%, I can protect myself from HIV/AIDS obeying religious rules 68.3%, I will empathetic to person HIV/AIDS 65.8% and I can protect myself from HIV/AIDS by maintaining moral commitment 62.5%. This study findings, students had a positive level of attitudes regarding AIDS. Based on the study result school can provide HIV/AIDS topic in their curriculum to improved attitude. Students had positive level of attitude on HIV/AIDS infection as well as prevention methods were showed in this study. That the Ministry of Education implements awareness creation on the Infection, transmission and prevention of HIV/AIDS in secondary schools.

Keywords— Attitude, HIV/AIDS, Secondary School, Students, Bangladesh.

I. INTRODUCTION

HIV (human immunodeficiency virus) is a virus that attacks the body's immune system. If HIV is not treated, it can lead to AIDS (acquired immunodeficiency syndrome). There is currently no effective cure. Once

people get HIV, they have it for life. But with proper medical care, HIV can be controlled. People with HIV who get effective HIV treatment can live long, healthy lives and protect their partners. HIV is no longer only a public health challenge, but also a global threat with a devastating negative impact that has claimed over 35 million lives globally. In 2017, about 36.9 million people live with HIV, and 1.8 million people becoming newly infected with the disease globally ¹.

Stigma has been defined as a harmful societal phenomenon that begins, when a specific trait or group is labelled and linked to negative stereotypes, leading to status loss and discrimination 2. HIV-related stigma refers to negative beliefs, feelings, and attitudes towards individuals with HIV and AIDS 3. Discrimination includes any act or behaviour that has the intention or effect of impairing the enjoyment of fundamental human rights, including their unlimited access to health care and services 4. Stigmatization and discrimination toward people living with HIV can affect every area of their lives. HIV-related stigma and discrimination are closely related to several negative consequences, including societal rejection, anger, depression, low self- esteem, and even thoughts or acts of suicide 5. In some society, HIV-infected individuals are considered as social outcast and threat to the public⁶⁻⁸. Life-threatening nature of advanced stage of this disease, its association with negative attitudes, and the belief that people with HIV/AIDS are being justifiably punished for having done something wrong, all contribute to HIV/AIDSrelated stigma and discrimination 9. Individuals living with HIV often fear stigma and rejection from society, friends, and family members. They stand to lose their social place of belonging, lose their shelter, and jobs security5. Poor knowledge of HIV/AIDS, misconceptions and negative attitudes relating to HIV/AIDS can interfere with friends, family members and health care providers' ability to provide quality care for HIV positive patients¹⁰. Stigma and discrimination

toward HIV positive students have been found to increase their chance of experiencing violence when compared with other students in their schools. Such violence includes bullying, teasing, harassment, physical assault, and suicide-related behaviours ¹¹.

Asia and the Pacific region are home to 5.1 million HIVinfected people, with an estimated prevalence of 0.2% ¹², including 1.82 million adult women and 1.65 million adult men (15+ years) 13. In the context of the traditional Muslim society of Bangladesh, prevention and response to the growing epidemic of HIV/AIDS is quite challenging. Due to the stigmatisation 14 and risky behaviours associated with transmission of HIV/AIDS 15, there are various misconceptions and myths 16, 17 attributed to conventional cultural beliefs and practices. Stigmatisation related to HIV/AIDS highlights not only deficiencies in general knowledge but also negative and unacceptable attitudes towards people living with HIV/AIDS (PLWHAs) 15. Such discriminatory behaviours inhibit people from accessing the available HIV/AIDS prevention and treatment options ¹⁸, due to increased fear of being stigmatised. The literature revealed that inaccurate knowledge about the transmission of HIV/AIDS contributes to people's stigmatising statements and negative attitudes ¹⁹, thus limiting the social support for PLWHAs ²⁰.

There was a little research regarding attitude in HIV/AIDS in Bangladesh. Therefore, the entire situation around the country and diminishing the risky behaviours among Bangladeshi adolescents. In order to diminish the risky behaviours among Bangladeshi adolescents, we need to understand and develop attitude about HIV/AIDS, routes of transmission, prevention methods, treatment information. In order to take any initiative to enhance attitude regarding HIVAIDS among adolescent's base line data is necessary. Moreover, inconsistent findings are present in the existing literatures. This study aims to assess the attitude of secondary school students about HIV & AIDS.

II. METHODS

Ethical Implication

This study was approved from the Institutional Review Board (IRB) of (BMRC). Participants were informed that they can withdraw from their participation at any time. The subjects were assured that the anonymity and confidentiality will be protected. The data will be kept in a locked cabinet for three years.

Study design

The study is a descriptive type of cross sectional study.

Study Population

The participant of this study was secondary school students in Bangladesh. The study was conducted at two high schools Cent Joseph high School, Ahsanullah road Khulna and Tolna JPDS Girls high School, Fultola, Khulna. Adolescents students were purposively recruited who currently read in class ten.

Study Period

The study period was 1st July, 2019 to 31st December, 2019.

Place of Study: The study was carried in Cent Joseph high School, Ahsanullah road Khulna and Tolna JPDS Girls high School, Fultola, Khulna, Bangladesh.

Sampling Method: Purposive sampling technique was done. The approximately sample size was estimated by using G-power analysis. The sample size was calculated for an accepted level of significance (α) of 0.05 and power of 0.80 (1- β), and an effect size of 0.30 (γ). By considering 20% attrition rate the total participant of this study was 120.

Inclusion criteria:

• Students who were 14-18 years of age; study in class ten.

Exclusion criteria:

- The exclusion criteria were students age less than 14 years; and more than 18 years.
- Who were unable to commuicate and unwilling to participate.

Tool of the study: The instruments of this study were based on the previous literature and developed by the researcher. The instruments consisted of three section. (1) The Demographic Questionnaire, (2) sources of information about HIV & AIDS and (3) secondary school students Attitude regarding HIV & AIDS. Questionnaire. The Demographic Questionnaire was developed by the researcher based on the literature review. It consisted of eight items including age, gender, religion, monthly family income, family member, education level of father and mother, . Students Attitude regarding HIV & AIDS. Questionnaire: questionnaire consisted of 20 items. Nineteen items were positive and one item negative. A 4-point Likert type scale "1" (Strongly disagree), "2" (Disagree), "3" (agree), "4" (Strongly agree) and total score of 80.

III. RESULTS

This was a descriptive study to assess the attitude regarding HIV & AIDS among secondary school students in Bangladesh, Participants included 120 adolescents at Cent Joseph high School, Ahsanullah

road Khulna and Tolna JPDS Girls High School, Fultola, Khulna, Bangladesh from Julyst, 2019 to 31st December, 2019. The study results presented as follows:

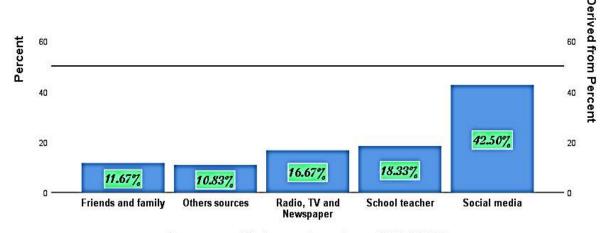
Table 1 presents the characteristics of the participants. The average age of student's ≤ 15 was 74.16% and ≥ 16 was 25.84%. Approximately, half of the students were male (50%) and female (50%). One hundred percent (100%) of students was secondary education.

Approximately, 85.83% of students were Muslim. Majority of student's (55%) monthly family income was 15000 - 30000 Taka. The majority of student's family member had 1-2 (63.33%). Approximately, 37.5% of student's fathers' education had Secondary School Certificate (SSC). The majority of student's (32.5%) mothers' education had Intermediate and (10.83%) had≥ Intermediate and Illiterate.

Table 1: Socio-Demographic Characteristics of the Participants (n=120).

Variables	Categories	Frequency	Percentage
Ago	≤ 15	89	74.16
Age	≥ 16	31	25.84
Gender	Male	60	50
Gender	Female	60	50
Education	Secondary	120	100
Rel <mark>igi</mark> on	Muslim	103	85.83
Kengion	Hindu	17	14.16
	≤ 15000	40	33.33
Monthly family income (In Taka)	15000 - 30000	66	55
	≥ 30000	14	11.66
	1 - 2	76	63.33
Family member	3 - 5	33	27.5
	≥ 5	11	9.16
	Illiterate	6	5
	Primary	23	27.6
Father's Education	High school	39	32.5
	Intermediate	45	37.5
	≥ Intermediate	7	5.83
1 Sun	Illiterate	13	10.83
Mother's Education	Primary	29	24.16
	High school	26	21.66
	Intermediate	39	32.5
	≥ Intermediate	13	10.83

Figure 1: Sources of Information about HIV / AIDS O the Participants (n=120)



Sources of information about HIV / AIDS

Figure 1 shows that majority of the students (42.5%) took information about HIV / AIDS from social media. Among them (18.33%) took information about HIV / AIDS from school teacher. Students (11.67%) from

Radio, TV and Newspaper among them (11.67%) from friends and family and (10.83%) took information from others sources.

Table 2.a. Distribution of the Participants Attitude Regarding HIV/AIDS (N=120)

Variables	Strongly disagree	Disagree	Agree	Strongly agree	M ± SD
	n (%)	n (%)	n (%)	n (%)	MIESD
1. HIV/AIDS is a threatening illness among	1	00	24	95	3.78
adolescent age group	(.8%)		(20%)	(79.2%)	±4.76
2. HIV/AIDS is commonly occurred with someone who have lacked of moral	7	25	45	43	3.03
someone who have lacked of moral commitment	(5.8%)	(20.8%)	(37.5%)	(35.8%)	±.898
3. HIV/AIDS is commonly occurred with someone who have lacked of obedience of	10 (8.3%)	28 (23.3%)	47 (39.2%)	35 (2 9.25)	2.89 ±.924
4. It is necessary to learn about HIV/AIDS in school.	00	2 (1.7%)	32 (26.7%)	86 (71.7%)	3.70 ±.495
5. It is necessary to learn about HIV/AIDS in school.	3 (2.5%	6 (5.0%)	39 (42.5%)	72 (60.0%)	3.50±.710

Table 2.b. Distribution of the Participants Attitude Regarding HIV/AIDS (N=120)

Variables	Strongly disagree	Disagree	Agree	Strongly agree	
	n (%)	n (%)	n (%)	n (%)	M ± SD
6. Discussion with friends is helpful to	8	9	51	52	3.23±.855
prevent HIV/AIDS.	(6.7%)	(7.5%)	(29.2%)	(43.3. %)	
7. There is enough available information to	8	28	49	35	2.93±.890
prevent HIV/AIDS.	(6.7%)	(23.3%)	(40.8%)	(29.2%)	
8. I can protect myself from HIV/AIDS by	2	4	39	75	3.56±.646
maintaining moral commitment.	(1.7%)	(3.3%	(32.5%)	(62.5%)	
9. I can protect myself from HIV/AIDS	3	2	33	82	3.62±.651
obeying religious rules.	(2.5%)	(1.7%)	(27.5%)	(68.3%)	
10. I will continue relationship with my	14	7	63	36	
relatives even if they are diagnosing with					3.01±.912
HIV/AIDS.	(11.7%)	(5.8%)	(52.5 %)	(30.0%)	

Table 2.c. Distribution of the Participants Attitude Regarding HIV/AIDS (N=120)

Variables	Strongly disagree	Disagree	Agree	Strongly agree	M ± SD
	n (%)	n (%)	n (%)	n (%)	
11. People should know the persons with HIV/AIDS.	1(.8%))	4(3.3%)	77(64.2%)	38 (31.7)	3.27±.561
12. I can share with a toilet with a relatives diagnose HIV/AIDS.	15(2.5%)	24 (20.0%)	55(45.8%)	26(21.7)	2.77±.932

13. I can sit with same desk with a person diagnose HIV/AIDS.	2(10.0%)	14(11.7%)	63(52.5%)	41(34.2%)	3.19±.702
14. I can share with a bath ponds with a relative diagnose HIV/AIDS.	12 (10%)	23 (19.2)	58(48.3%)	27 (22.5%)	2.83±.892
15. Anyone with HIV/AIDS can pursue a normal life	33(27.5%)	39 (32.5%)	30(25.0%)	18 (15.0%)	2.38±1,029

Table 2.d. Distribution of the Participants Attitude Regarding HIV/AIDS (N=120)

Variables	Strongly disagree	Disagree	Agree	Strongly agree	M ± SD
	n (%)	n (%)	n (%)	n (%)	
16. Anyone with HIV/AIDS can live without fear and anxiety.	52(43.3%)	43(35.8%)	16(13.3%)	9 (7.5%)	1.85±.923
17. HIV/AIDS infected person need separate hospital.	24(20.0%)	(36.7%)	28(23.3%)	24 (20.0%)	2.43±1.027
18. Anyone with HIV/AIDS needs to discontinue from their jobs.	45(37.5%)	52 (43.3%)	14(11.7%)	9 (7.5%)	1.89±.887
19. Anyone with HIV/AIDS can live with their family members	8(6.7%)	13(10.8)%	58(48.3%)	41 (34.2%)	3.10±.844
20. I will empathetic to person HIV/AIDS.	00	2(1.7%)	39(32.5%)	79 (65.8%)	3.64±.515

Table 2.a, b, c and d Total mean = 58.59±5.63

Table 3. Distribution of the Participants According Highest Five Strongly Agree Statement Regarding Attitude of HIV/AIDS

Items	Highest five strongly agree Statement	n	%
1	AIDS is a threatening illness among adolescent age group	95	79.2%
2	It is necessary to learn about AIDS in school	86	71.7%
3	I can protect myself from AIDS obeying religious rules	82	68.3%
4	I will empathetic to person AIDS	79	65.8%
5	I can protect myself from AIDS by maintaining moral commitment	72	62.5%

Table 3 shows the attitude of AIDS among adolescents. The total mean attitude of AIDS among adolescents 58.59±5.63. The majority of adolescents had highest score in attitude. The total score was 80 out of 20 items. Adolescents had answered strongly agree with the item number of 1,4,8,9, & 20. Regarding item with the mean

(AIDS is a threatening illness among adolescent age group) was 3.78±.476, (necessary to learn about AIDS in school) 3.70±.495, (protect myself from AIDS by maintaining moral commitment) 3.56±.646, (protect myself from AIDS obeying religious rules) 3.62±.651, and (I will empathetic to person AIDS) 3.64±.515

Table 4. Descriptive Statistics Between Demographic Characteristics and HIVAIDS Attitude Among the Participants (N=120)

Related Factors	Categories	Attitude of HIV/AIDS		
		$M \pm SD$	t/F(p)	
Ago	≤ 15	58.75±5.589		
Age	≥ 16	58.00±5.867	.589(.853)	
Gender	Male	59.32±5.619	1 41(957)	
Gender	Female	57.87±5.595	1.41(.857)	
Education	Secondary			
Dollaion	Muslim	58.46±5.661	002(665)	
Religion	Hindu	60.50±5.127	992(.665)	
Monthly family income	≤ 33000	57.44±5.552	1.46(.723)	

	≥ 33000	59.08±5.625		
Family Mambay	<5	58.93±5.378	1.85(.359)	
Family Member	>6	56.00±6.961	1.65(.559)	
Father's education	< Secondary	57.00±4.513	-1.03(.231)	
rather seducation	> Secondary	58.77±5.732	-1.03(.231)	
Mother's education	< Secondary	56.97±5.987	1.00(.004)	
Wither's education	> Secondary	59.21±5.398	-1.96(.604)	
	Social Media	58.74±5.726	.701(.553)	
Sources of the AIDS information have accessed	Friends and Family	58.00±6.622	, ,	
Sources of the AIDS information have accessed	School Teacher	57.54±5.821		
	Others sources	59.51±4.949		

Table 4 shows Descriptive Statistics among Demographic Characteristics and HIV/AIDS Attitude of Adolescents bivariate analyses were performed by using T-test and ANOVA. The table showed that there was a significantly related with have anyone who was diagnosed AIDS among you know (p<0.001), have ever heard of HIV/AIDS (p 0.009), and adolescents attitude of HIV/AIDS. While no statistically relationship was observed between adolescents' attitude of HIV/AIDS and age, gender, sex, religion, monthly family income, family member, father's education, mother's education, sources of aids information of adolescents.

IV. DISCUSSION

The purpose of the study was to assess the attitude regarding HIV /AIDS among secondary school students. One hundred and twenty (120) participants were recruited from two high Schools. According to the findings of the present study, the students age was ≤ 15 (74.16%) and ≥ 16 was (25%), a study conducted by (Uddin et al., 2014)²¹ knowledge, attitude and prevention regarding AIDS and found that the age group was 14-19 years with the mean age 15.8 (SD = .8) years.

Total mean score attitude of AIDS among adolescents 58.59 ± 5.63 . The majority of adolescents had highest score in attitude. The total score was 80 out of 20 items. Majority (95%) of adolescents answered strongly agree with the AIDS is a threatening illness. similar to the other study (Uddin et al., 2014)²¹. more than ninety – eight percent of the adolescents strongly agree that AIDS is threatening illness to their age group the result may branch the feeling and believes they are vulnerable period in their life and is prone to be at risk to tendency to experiment sexually among other things present study, 23.3%, of the statement AIDS infected person need to separate hospital. This result was similar to the other study 15.8% of the subjects agreed with the statement that people with AIDS should be locked up or isolated in a special center. (Chowdhury et at. 2016)²² 21.9% and 17.8% respectively. In the present study I will empathetic to person with AIDS majority 65.8% strongly agree with this statements. Similar to the other study found that majority of the students were sympathetic towards AIDS patients (Mulu et at., 2014)²³.

In this study that had positive attitude towards AIDS infected person in term of taking care, continuing relationship, and buying food, his or her presence in school. In a study (Bounbouly et al., 2013)²⁴ Positive attitudes towards HIV/AIDS were observed among 55.7% of respondents. Most of the study subjects had positive attitude towards HIV infected person in term of taking care, continuing relationship, and buying food, his or her presence in school. In a study (Bounbouly et al., 2013)²⁴ Positive attitudes towards HIV/AIDS were observed among 55.7% of respondents.

Religious beliefs have a major role in preventing HIV/AIDS. So society can practice to strengthening the religious activities. Religious leader can provide speech about HIV/AIDS during prayer and special occasion. School teacher and parents can give advice to students how to avoid HIV/AIDS.

The study limitation was that researcher collected the data by question through to the students. Where four to five (4-5) students sited together in one bench, this may violet the study results. Another limitation this study was conducted only in two high School in central Dhaka, therefore, the result will not may not be represent the total students of Bangladesh.

Another limitation is although adolescents also include ages from 10 to 12, they could not be included in the study due to cultural barriers. The out of school adolescents could not be addressed due to time and resource constraints.

V. CONCLUSION AND RECOMMENDATION

This study findings, students had a positive level of attitudes regarding HIV/AIDS. Based on the study result

school can provide HIV/AIDS topic in their curriculum to improved attitude. Students had positive level of attitude on HIV/AIDS infection as well as prevention methods were showed in this study. That the Ministry of Education implements awareness creation on the Infection, transmission and prevention of HIV/AIDS in secondary schools. This study established Lack of comprehensive awareness of aspects of HIV/AIDS which can be fatal to the youth as a result of peer pressure, vulnerability, and experimentation. That the Ministry of Health implements awareness creation on prevention of HIV/AIDS among students in secondary schools in Bangladesh.

Conflict of interest

None to declare.

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