International Journal of Medical and Health Research
ISSN: 2454-9142
Received: 07-08-2018; Accepted: 10-09-2018
www.medicalsciencejournal.com
Volume 4; Issue 10; October 2018; Page No. 60-63

Uniting the world against HIV stop aids: Keep the promise

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Abstract
The study was under taken to assess the knowledge and knowledge on practice among prenatal mother, regarding prevention of HIV and AIDS in selected urban, Bangalore. 50 prenatal mothers were selected through purposive sampling technique and the tool was administered.
Through interview schedule, collected data was analyzed that 48% of prenatal mothers on moderate knowledge and 71% of them moderate knowledge on practice regarding HIV prevention. The was concluded that significant association was found on knowledge with selected demographic variable in education and knowledge on practice such as age, education and occupation hence study was found significant as stated assumption.

Keywords: HIV and AIDS, prevention

Introduction
HIV is condition caused by human immune deficiency virus. This gradually immune system. It can spread through sexual contact, blood transmission and mother to child, symptoms related to HIV are loosing 10% of the total body weight, fever, prolonged diarrhoea, extreme fatigue and skin rashes. First case in India was detected in 1986 and since then HIV was reported in all the states and union territories. India is the third largest HIV epidemic due to large population, striking unmet needs for contraception, unemployment, urbanization and status of women not able to take decision on preventive measure. globally on every region more adult women living with HIV, 17.7 million living with HIV in2006 compared to 1 million in 2004. Normal healthy women with child bearing age are highly risk for HIV infection due low socio economic status and lack of women power on decision. HIV epidemic in the world in 2016, the prevalence was estimated 0.3% and 2.1 million people living with HIV, 80000 new infection and 62000 deaths. according to 2017 UNAIDS data new HIV infection in India decreased by 46% and death decreased by 22% since 2010. 2017 enactment of HIV/ AIDS bill as the protecting the rights of people living and infected by HIV and announcement and implementation of the test and treat policy. In India new HIV infection dropped from 1.2 lakhs 2010 tu 88,000 in2017 and death 1.6 lakh 69,000 and globally new infection declined 18% since 2010 PLAHA 23 Lakhs to 21 Lakhs. Information is the first step in prevention of HIV ignorance of the disease leads in generating the fear and mother to child transmission in their wombs hence there is need to assess the knowledge of the prenatal mothers regarding prevention 0f HIV.

Objectives of the study
- To assess the knowledge of prenatal woman regarding prevention of HIV and AIDS
- To assess the knowledge of practice among prenatal woman regarding prevention of HIV and AIDS
- To identify the relationship between the knowledge with selected variables
- To identify the relationship between knowledge of practice with selected variables

Limitations
- The study is limited to only prenatal women attending prenatal clinic.
- Prenatal women who are available at the period of study.
- Prenatal women who are willing to participate in the study.

Hypothesis
H1: There is a significant relationship between knowledge and practice among prenatal women regarding prevention of HIV & AIDS.
H2: There is a significant relationship between knowledge and practice with selected demographic variables among prenatal women on prevention of HIV & AIDS.

Conceptual frame work
Theoretical framework for the present study was based on the Orem's self care deficit theory. Theoretical knowledge and practice based on the assumption that if a person has knowledge the attitude will change to positive. When combined with desirable attitude and adequate knowledge person gets motivated to follow health practice. Orem's self care deficit theory concepts were considered because of they emphasis on health and the clients as the centers of activity. Self-care as the practice of activities that individual initiates and performs on their own to maintain health and well-being. When the person is ill, he or she depends on responsible adults to meet the components of their health practices. Dependent care deficit is an unequal relationship between capabilities of

responsible adults and the dependent persons who require therapeutic self-care demand. The study was organized around the theoretical frame work, it is assumed that if person has adequate knowledge they will have favorable practices towards preventive health behaviour

Methodology
Research approach: Descriptive survey approach
Research Design: Descriptive survey design

Variables
Independent variables
- Knowledge and Practice on HIV & AIDS

Dependent variables
- Prenatal women attending prenatal clinic of urban centers

Attributed variables
- Age, religion, pregnancy term, family type, education, occupation, family income per month and source of information.

Sample and sample size: 50 prenatal mothers
Sampling technique: purposive sampling technique

Inclusion criteria
Prenatal mothers:
- Presently visiting the Prenatal Clinic.
- Who give consent for the study
- Who can understand and read Kannada/English.
- Who comes under the selected urban community

Exclusion criteria
Prenatal mothers
- Prenatal mothers without their spouses
- Who have not given consent for the study
- Those who were not available during the study period

Description of the tool
Section - A
Includes 8 items related to the demographic variables of the subjects about Age, religion, pregnancy term, family type, education, occupation, family income per month and source of information.

Section - B
Consists of 42 items related to knowledge regarding HIV & AIDS under 9 areas.

Section - C
Consists of 22 items identifying the knowledge on practice of prenatal women towards HIV & AIDS.

Procedure for data collection
Prior permission was obtained from the Medical Officers of Urban Centers, Gavipuram, Gutturally, to conduct the study.
Investigator personally visited each subjects, introduced herself to the prenatal mothers and explain the purpose of the study and ascertain the willingness of the subjects, the subjects were assured anonymity and confidentiality of the information provided by them, interviews were conducted during the leisure time; comfortable place was selected and subjects are made comfortable and relaxed.

Results

Table 1: Distribution of prenatal women according to age

Sl. No.	Age Group	Freq.	Percent
1	15 to 20	16	32%
2	21 to 24	22	44%
3	25 to 29	10	20%
4	30 to 34	2	4%
Total		50	100%

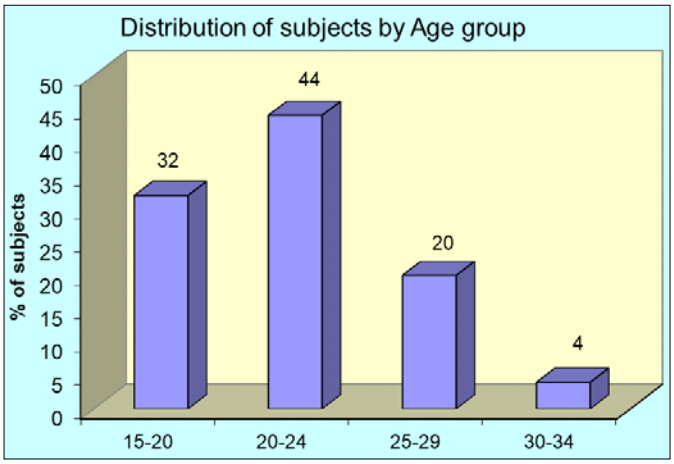

Fig 1: Distribution of prenatal women according to age

Table 2: Distribution of prenatal women according to pregnancy term

Sl. No.	Pregnancy Stage	Freq.	Percent
1	Ist Trimester	23	46%
2	IInd Trimester	14	28%
3	IIIrd Trimester	13	26%
Total		50	100%

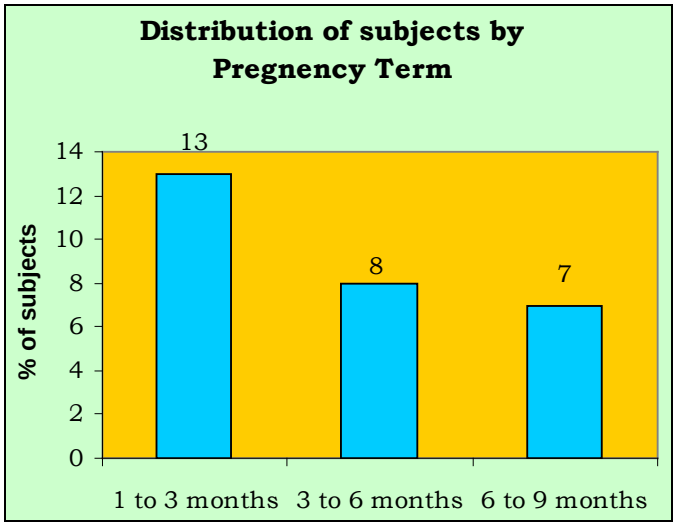

Fig 2: Distribution of prenatal women According to pregnancy term

Table 3: Distribution of prenatal women according to Source of information

Sl. No.	Source of Information	Freq.	Percent
1	News Paper	15	30%
2	Radio & TV	33	66%
3	Health Personal	2	4%
Total		50	100%

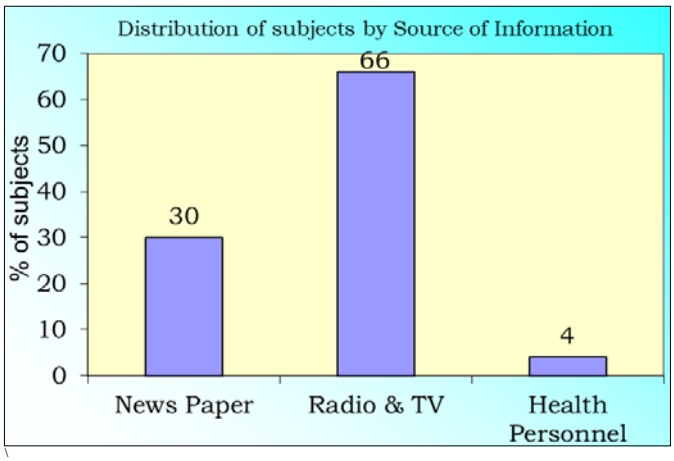

Fig 3: Distribution of prenatal women according to source of information

Part-III

Association between knowledge scores with selected variables like age, religion, pregnancy term, family type, occupation, education, income and sources of information.

Table 4: Association between knowledge scores and age group

Age group	Knowledge Scores		X^2	df	Level of Significance
	<=Median	> Median			
15 to 20	11	5	1.55	2	P = 0.46
20 to 24	11	11			
25 and above	6	6			

Table 5: Association between knowledge scores and Pregnency term

Pregnancy Term	Knowledge Scores		X^2	df	Level of Significance
	< = Median	> Median			
1 to 3 months	13	10	0.03	2	P = 0.98
3 to 6 months	8	6			
6 to 9 months	7	6			

Table 6: Association between knowledge scores and education

Education	Knowledge Scores		X^2	df	Level of Significance
	< = Median	> Median			
Illiterate	8	3	3.89	3	P = 0.27
Primary	10	6			
High school	8	8			
PU & above	2	5			

Table 7: Association between knowledge scores and source of information

Source of information	Knowledge Scores		X^2	df	Level of Significance
	< = Median	> Median			
News paper	9	6	0.14	1	P = 0.71
Working	19	16			

Part-IV

Association between practice scores with selected variables like age, religion, pregnancy term, family type, occupation, education, income and sources of information.

Table 8: Association between practice scores and age group

Age group	Practice Scores		X^2	df	Level of Significance
	< = Median	> Median			
15 to 20	11	5			
20 to 24	15	7	1.34	2	P = 0.51
25 and above	6	6			

Table 9: Association between practice scores and education

Education	Practice Scores		X^2	df	Level of Significance
	< = Median	> Median			
Illiterate	9	2			
Primary	7	9			
High school	12	4	5.35	3	P = 0.1481
PU & above	4	3			

Table 10: Association between practice scores and occupation

Occupation	Practice Scores		X^2	df	Level of Significance
	< = Median	> Median			
House wife	23	16	1.08	1	P = 0.2990
Working	9	2			

Table 11: Findings related to knowledge and practice scores

Sl. No.	Questions	Max.	Min.	Mean	SD	Mean %
1	Knowledge	34	18	6.14	3.93	26
2	Practice	19	10	5.24	2.44	16

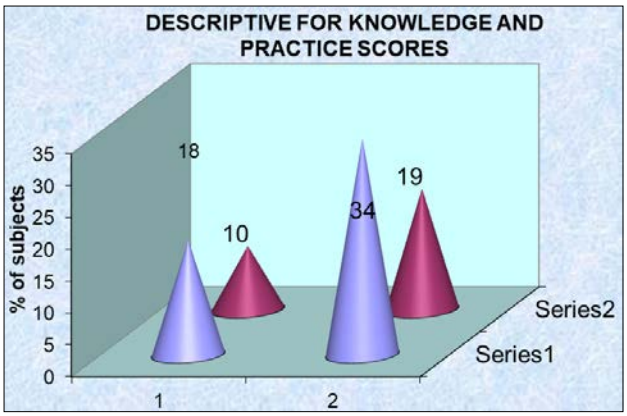

Fig 4: Descriptive for knowledge and practice scores

Major findings of the study

Majority of 44% were belongs to age group 20-24 years, most of 94% of prenatal mothers were Hindu and very less 2% were Muslims. 32% were studied primary and high school and 14% were studied PUC and degree, 78% were house wife. assessed the knowledge that is 34% were on adequate knowledge, 18% were on inadequate knowledge and 48% were on moderate knowledge. Knowledge level on practice was assessed that 19% were on adequate knowledge,10% were on inadequate knowledge and 71% were on moderate knowledge according to stated hypothesis significant difference in mean knowledge level 26.14 was found compare to knowledge on practice 15.24 significant association was found in knowledge scores with demographic variable such as education (x2=3.89) at 5% significant level and significant association was found related to knowledge on practice with selected demographic variables such as age (x2=1.55), education (x2=5.35), and occupation (x2=1.08).

Conclusion

In India very few studies conducted on knowledge and knowledge on practice regarding HIV, in study conducted prenatal women were scored above the average on knowledge and knowledge on practice questionnaire. the increases knowledge, knowledge increases practice measures on HIV prevention hence prenatal women needs teaching program to enhance their knowledge on HIV and their enhancement knowledge helps in preventive practices towards mother to child transmission

Recommendation

- Nurses needs video assisted teaching program in their nursing practice to create awareness among prenatal mothers to prevent mother to child transmission and maintain consistency in following standard universal precaution to protect themselves against HIV infection.
- Comparative study can be conducted on knowledge of urban women and knowledge of rural women regarding HIV prevention
- Evaluative study can be conducted among college students to create awareness on HIV prevention that creates knowledge among parents
- Cross sectional studies can be conducted on knowledge, attitude and practices on HIV among professionals nonprofessionals and high risk occupational groups

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