

## **Awareness about HIV/AIDS among Adolescent Boys in Tribal Villages of Nilgiris District, South India**

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**Abstract:** An empirical study was conducted among the 300 adolescent boys in tribal villages of Nilgiris district, Tamil Nadu, South India during December 2007-April 2008. A pretested proforma was used for conducting individual interviews to document pattern of sexual behaviours and awareness related to STD, HIV and AIDS. Among the 300 respondents, 67% belong to 15-19 years and 33% are 20-24 years old. Nearly 63% respondents are aware of STD's and 93 % have the knowledge of HIV/AIDS. Only 1 respondent revealed to involve in homosexual activity. Commercial Sex Workers (CSW) were the main reason for the transmission of HIV/AIDS and television play a major role in the dissemination of information about HIV/AIDS. Avoiding CSW, multiple sex workers, use of condoms can prevent the HIV/AIDS. Education and correct scientific information are urgently needed to adolescent boys of tribal villages to avoid myths and misconceptions on HIV/AIDS.

**Key words:** STD's • HIV/AIDS • Adolescent boys

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### **INTRODUCTION**

According to UNAIDS/WHO, India has the largest number of HIV infected persons in the world. It was estimated that there were 3.31 million HIV infected persons in the adult population (15-49 years age group) in India, in the year 2001 [1]. If we take care of 20% variability of unaccounted numbers of men having sex with men, intravenous drug users and other age groups it will yield an estimate of 5.1 million HIV infected persons by the end of 2003 [2, 3]. It has been observed that most of the individuals in community do not have correct and complete information about HIV/ AIDS and its prevention. India is now in the grip of so-called type 4 pattern of AIDS epidemic which shifts from high risk grip to the bridge population (clients of sex workers, STD patients) and then to general population, as a whole. According to HIV sentinel surveillance 2003, males account for 73.5% of AIDS cases and females 26.5%, the ratio being 3:1. It reveals that HIV infection has percolated in the general population.

Adolescents comprise 20 per cent of the global population, 85 per cent of whom live in the developing countries. Further more the adolescent population in developing countries is expanding, with the number of urban youth growing to a projected 600 per cent between 1970 and 2025. Twenty one per cent (210 million) of India's population is in the age group of 10-19 years [4]. Adolescence is a period of deep emotional changes. These changes unsettle a number of adolescents leading to an adolescent becoming unduly self conscious or somewhat imbalanced in responses which occasionally can last throughout life [5]. Adolescence is also the period of experimentation which exposes the youth to health risks through drugs, alcohol, tobacco use, irresponsible sexual behaviour and so on [6].

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During their development from boyhood to male adolescent, males are often expected to prove their 'masculinity' to their peers to elders. The behavioural expression of 'masculinity' is not determined by biology; it is largely acquired through socialization leading to the internalization of a set pattern of 'male' attitudes and values. Adolescent boys learn their society's interpretation of 'masculinity' from their parents, peers, the mass media and by observing the behaviour of adults. The developmental processes of the childhood and adolescent years, combined with the traditional requirements with masculinity define the sexual scripts for many young males [7]. Several studies conducted on Indian adolescents have found that many adolescents particularly males are sexually active and are likely to indulge in unsafe sexual activities making them vulnerable to STD's including HIV infection [8]. According to estimate by UNAIDS, by the end of 1999, there were already 33.6 million people worldwide with HIV infection altogether more than four million children under the age of 15 years and more than 10 million young people (15-24 years) have been infected with HIV since the epidemic began [5]. As per the official figures, the National adult prevalence of HIV/AIDS in India is approximately 0.36 per cent, amounting to between 2 and 3.1 million people or an average of 2.5 million people. This clearly indicated that the figure has almost come down to 50 per cent of the 2004 figure to 5.14 million. Unfortunately the needs of adolescents have not been addressed by the health system. Recently the reproductive child health programme has included all males and adolescent females as target groups. Hence efforts were taken to study the awareness of STD, HIV and AIDS among the adolescent boys in tribal villages of Nilgiris district in Tamil Nadu, South India.

#### **MATERIAL AND METHODS**

An empirical study was conducted in the tribal villages of Nilgiris district, Tamil Nadu, South India during December 2007- May 2008, adolescents boys were selected by adopting random sampling method. The objectives of the study are to study the sexual behaviour among the adolescent boys and also identify the awareness about STD, HIV and AIDS.

A pretested proforma was used for conducting individual interviews to document pattern of sexual behaviours and awareness about STD, HIV and AIDS. A descriptive study design was planned. Before commencing the study, a brief explanation of the purpose of the study was given by the investigators to the adolescent boys individually. Participation in the study was entirely voluntary. Each participant has maintained privacy in responding to the interviewers.

The interview was conducted in Tamil language (Vernacular language in Tamil Nadu). The adolescents aged between 15-24 years were selected. The investigators visited the villages twice to contact the adolescent boys who were not available during the first visit.

#### **RESULTS AND DISCUSSION**

**Demographic Profile of the Sample Adolescent Boys:** For the purpose of this study, age has been classified into two categories, namely, 15-19 years and 20-24 years. It is observed from the Table 1 that out of 300 respondents, 179 (67%) respondents belong to 15-19 years category and 121 (33 %) are 20-24 years category.

Education of the sample adolescent boys has been classified into four levels, namely, primary school level, high school, higher secondary and illiterate. It is noticed from the Table 1 that out of 300 respondents, 88 (29 %) belong to primary school, 124 (41%) belong to high school, 62 (21%) are higher secondary and 26 (9%) are illiterate.

Occupation of the sample adolescent boys is grouped into three, namely, coolie, agriculture and students. It is evident from the Table 1 that 73 (24%) belong to coolie, 95 (32%) are involved in agriculture and 132 (44%) are students.

The income of the sample respondents are classified into four categories, out of 300 adolescent boys, 77 (26%) belong to less than Rs.2000 category, 55 (18%) belong to Rs.2000-3000 category, 36 (12 per cent) are more than Rs.3000 group and 132 (44 per cent) are nil income group.

Table1: Demographic profile of sample adolescent boys

Factor		Number(%)
Age	15-19 years	179 (67.0)
	20-24 years	121 (33.0)
Educational Level	Class 1-5	88 (29.0)
	Class 5-10	124 (41.0)
	Above 10 Class	62 (21.0)
	Illiteracy	26 (9.0)
Occupation	Coolie	73 (24.0)
	Agriculture	95 (32.0)
	Student	132 (44.0)
Monthly Income	Less than Rs.2000	77 (26.0)
	Rs.2000-3000	55 (18.0)
	More than Rs.3000	36 (12.0)
	Nil income group	132 (44.0)

Table 2: Awareness about STD, HIV/AIDS

Diseases	Response	Number(%)
STD's	Yes	190 (63)
	No	110 (37)
HIV/AIDS	Yes	278 (92.6)
	No	22 (7.3)

Table 3: Involvement in homosexual activity

Responses	Number (%)
Yes	1 (1.3)
No	299 (98.7)

Table 4: Ranking the routes of transmission of disease

Reasons	No. of Respondents	Weighted Score	Rank
Commercial Sex Workers	234	1872	1
Blood Transfusion	165	1155	2
Mother to Foetus	139	834	3
Homosexual	113	565	4
Infected Needle and Drug Users	62	248	5
Use of Condoms	33	99	6
Oral Sex and Kissing	26	52	7
Shaving Blade	4	4	8

Table 5: Sources of information about HIV/AIDS

Sources	Number (%)	Rank
Television	194 (64.6)	1
Newspapers	157 (52.3)	2
Radio	132 (44.0)	3
Pamphlets	129 (43.0)	4
Friends and Relatives	128 (42.6)	5
Teachers and Doctors	120 (40.0)	6

Table 6: Awareness about prevention of HIV/AIDS

Reasons*	Number	Rank
Avoiding CSW/MSP	205	1
Using condoms	190	2
Avoiding of blood transfusion from HIV patients and infected needles	183	3
Masturbation	146	4
Homosexual	88	5

\*Multiple responses

**Awareness about STD, HIV/AIDS:** As shown in the Table 2, out of 300 sample adolescent boys, 190 (63%) are aware of sexually transmitted diseases (STD's) and the rest 110 (37%) are not aware of the disease. In respect of the awareness of about HIV/AIDS, 278 (93%) respondents have knowledge and the remaining 22 (7%) have no knowledge. These findings indicated that without any intervention like health education or special awareness programme, knowledge about AIDS and its major routes of transmission among the adolescent boys is quite high. This may be attributed to exposure of mass media.

**Involvement in Homosexual Activity:** It is learnt from the Table 3 that out of 300 sample adolescent boys, only one respondent involved in homosexual and the great majority 299 was not involved in homosexual activity. Many of the sample respondents were not aware of homosexuality and also did not confess the meaning and practicing in the society.

**Ranking the Routes of Transmission of Disease:** It is evident from the Table 4 that ranking the routes of transmission of HIV/AIDS by the sample adolescent boys. Commercial Sex workers (CSW) are the main reason for transmission of HIV/AIDS, so it is assigned as first rank, followed by blood transfusion. Mother to foetus and homosexual secured third and fourth rank respectively. The fifth and sixth rank secured by infected needle and drug users and use of condoms respectively. Oral sex and kissing placed seventh rank. The least rank given by sample adolescent boys are shaving blade.

**Sources of Information about HIV/AIDS:** It could be seen from the Table 5 that sources of information about HIV/AIDS. Television is the main sources of information about HIV/AIDS, followed by newspapers. The third rank assigned by the sample adolescent boys to radio. Pamphlets are the fourth. Friends and relatives are placed as fifth rank. The least source of information about HIV/AIDS is teachers and doctors. Verma [7] in his reproductive health issues on men mentions that films and television as media channels through which boys were enlightened about reproduction. Moreover he mentions streets becoming libraries of knowledge of sex and sometimes even laboratories.

**Awareness about the Prevention of HIV/AIDS:** Table 6 highlights the awareness about prevention of HIV/AIDS. Avoiding commercial sex workers (CSW) and multiple sex partners are the main measures to prevent HIV/AIDS, followed by the use of condoms. Avoiding of blood transfusion from HIV patients and infected needles placed third rank. Fourth rank assigned to avoid masturbation. The least rank given by sample adolescent boys in order to prevent HIV/AIDS are to avoid homosexual.

The findings of the present study indicate the urgent need for educational interventions. Correct scientific information should be disseminated to adolescents in tribal villages of the country both formal and informal settings so that they do not pick up sexual myths and misconceptions from their peers and elders. Others may not have been very frank in replying to queries. Since awareness is the only key to the prevention of HIV/AIDS, there is an urgent need to increase the awareness about HIV/ AIDS, specially among the low socio economic, illiterate people of the community using all methods of mass media and intensive information, education and communication (IEC) activities by use of local folk media.

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