

Socio-Economic Determinants of Knowledge About HIV/AIDS: A Study Among Currently Married Women In Rural Area of Hanumangarh District (Rajasthan)

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Abstract

Context: What is the level of knowledge regarding HIV/AIDS among rural women and which factors determine the level of knowledge?

Objective: To assess knowledge about AIDS / HIV and to explore the knowledge about avoid or reduce the chances of getting HIV/AIDS among currently married women.

Materials and Methods: The study gathered information from 490 currently married women in the age group 15-49 living in 14 villages of Hanumangarh district. Participants were selected through stratified-random sampling technique. Primary data thus obtained have been analysed using SPSS 16.0 software. Multivariate (Logistic Regression) analysis has been used to know the important predictors of knowledge about HIV/AIDS

Results: More than forty per cent of women have not heard about HIV/AIDS while more than seventy percent of women do not know about avoid or reduce the chances of getting HIV/AIDS. Health workers and friend/family members are the prime source of knowledge for women about HIV/AIDS in male dominated society of the study area. Women education and exposure to mass media are positively associated with the knowledge about HIV/AIDS and its prevention.

Conclusion: Women literacy promotional programmes, Mass media (both print and electronic media) and health workers can play a significant role in enhancing knowledge of HIV/AIDS and its prevention.

Key word: HIV/AIDS, knowledge, logistic regression, currently married, stratified-random sampling.

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I. INTRODUCTION

HIV infection poses a formidable threat to women's health.¹ They are at higher risk of contracting HIV/AIDS infection compared to men. Already, in India, they account for 21.3% of all AIDS cases and data from antenatal clinics indicate a rising HIV prevalence among them.² In India, women account for around one million out of 2.5 million estimated number of people living with HIV/AIDS. Their heightened vulnerability has both biological and socio-economic reasons. Early marriage, violence and sexual abuse against women are the major socio-economic reasons of their vulnerability to HIV infection. Their biological construct makes them more susceptible to HIV infection in any given heterosexual encounter.³ Recent trends in the HIV/AIDS epidemic indicate a high prevalence of HIV infection in young women. This is due to a combination of biological, socioeconomic, cultural and political factors that put young women at greater risk of HIV infection. In reality adolescent girls are not necessarily protected from sexually transmitted infections even in marriage, because of entrenched gender-based inequalities, double standards and cultural values which restrain girls' and women's decision-making powers and their access to information and resources.⁴ Recent research has found links between HIV and early marriage in communities across the globe. The majority of sexually active girls age 15-19 in developing countries are married, and married adolescent girls tend to have higher rates of HIV infection than their sexually active, unmarried peers".⁵⁻⁶

There is also evidence that knowledge of HIV is extremely low in the rural areas where the study will be conducted, particularly among women. The National Family Health Survey reports that only 19% of ever-married rural Rajasthan women aged 15-49 had ever heard of AIDS, compared to 65% of their male counterpart. Aside from the gender discrepancy of knowledge across India, however, a rural/urban dichotomy was especially pronounced among women. More than 75 per cent women age 20-24 married by age 18 in Rajasthan.⁷⁻⁸ The prevalence of child/early marriage in Rajasthan increases the vulnerability of women to being infected by HIV/AIDS. The basic reason behind it is low socio-economic status of women in Rajasthan. The literacy levels, sex ratio, employment position and poor health are predominant factors narrating the story itself. Due to non-availability of authentic and time bound data, there appears to be a great possibility of more HIV infection amongst women in Rajasthan.⁹ Shames, social bias, lack of communication, poor educational

attainment, patriarchal and male dominated society limit the knowledge of women regarding HIV/AIDS in the study area. In the view of above said facts the present study tries to explore the knowledge about HIV/AIDS in the area under study where more than half of the total women got married below the age 18.

II. MATERIALS AND METHODS

The present study is exclusively based on primary data and source of primary data is questionnaire based interview with sampled women and field observations. For collection of data, intensive field work was conducted from September 2010 to January 2011. A total of 490 currently married women age 15-49 years belonging to different categories (religion, caste, age, education, income etc.) were selected from 14 villages of the study area. Participants were selected through stratified-random sampling technique. Strata of villages have been prepared according to their distance from nearest PHC. After this stratification one village has been selected randomly from each strata. While selecting villages, it has been cared that the entire sample must represent the physical, social, economic, cultural and religious characteristics of the study area. From each sample village 35 currently married women selected for in-depth interview. Women were asked whether they have heard ever heard of Human Immunodeficiency Virus (HIV)/ Acquired Immunodeficiency Syndrome (AIDS). Women who responded positively were further asked about their source of information. Only those women who were aware with at least one preventive measure to avoid or reduce the chances of getting HIV/AIDS were defined as have knowledge about HIV/AIDS. Data thus obtained have been analysed using SPSS16.0 software. Chi-square test is used to examine the level of significance of relationship between socio-economic variables and knowledge about HIV/AIDS. Multivariate (Logistic Regression) analysis has been used to know the important predictors of knowledge about HIV/AIDS.

III. RESULTS

Socio-economic and demographic profile of study population (n=490) is as presented in Table 1. Majority of the participants are aged below 35 years. More than half of the surveyed women got married below the age 18. Twelve per cent of the total women are illiterate while more than 40 per cent have education up to high school. Exposure to mass media has been found very low as only 9.59 per cent women have exposure to mass media. Knowledge about HIV/AIDS and its prevention has been presented in Table 2. It is evident from Table 2 that 277 (56.5%) per cent women have heard about HIV/AIDS while 213 (43.5%) have not heard about this disease. While considering knowledge about prevention method it has been found that only 144(29.4%) women have knowledge about at least one preventive measure while 346 (70.6%) women do not have knowledge about any preventive measure. According to religion Muslim women have very poor knowledge about HIV/AIDS as compared to Hindu and Sikh women. Among major social-groups of the study area scheduled caste women have very poor knowledge about HIV/AIDS. A large proportion of women in the age-group 20-25 have the knowledge about HIV/AIDS as compared to younger and older age-group. Education has its positive impact on knowledge about HIV/AIDS and same relationship has been noticed while considering household income. Use of condom by husband and exposure to mass media are other variables which show their positive relationship with the knowledge of women. Table 3 shows that radio/TV, friend/relative health workers, family members are the main source of knowledge for women. Though Newspaper/magazine, exhibition/fare and school/teacher are not important sources of knowledge but knowledge provided through these sources is more effective as majority of the women who received knowledge through these sources are aware with at least one preventive measure. Table 4 shows that women folk of the study area have the belief that sexual activities are the prime cause to being infected with HIV/AIDS as more than 13 per cent women considered that cautious sexual relationship can prevent them from being affected with HIV/AIDS. Table 5 portrays the factors affecting to the knowledge of women about HIV/AIDS in the study area. It shows that Religion, caste, education, household income, age, age at marriage and exposure to mass media are the important predictors in all the covariates which affect the knowledge about HIV/AIDS. It is clear from the table that education, income and household income have their very high bearing on knowledge of women. The odd ratio is 36.23 times more for women who have education above high school as compared to illiterate women. It shows that education is prime determinant of knowledge about HIV/AIDS. The odd ratio is 4.460 times more for women who have exposure to mass media as compared to women who are deprived of exposure to mass media. It shows that exposure to mass media is also an important determinant of knowledge about HIV/AIDS.

IV. DISCUSSION

The present study reveals that knowledge about HIV/AIDS among currently married women is very poor in the study area. Low level of female education, early/child marriage, social taboos and lack of communication about HIV/AIDS limit the knowledge of women. The level of knowledge has been found significantly low for all the women irrespective of their background characteristics. It is discouraging that women who have heard about HIV/AIDS do not know how they can prevent themselves from being infected

with this disease. Women belonging to lower socio-economic strata of the society are more vulnerable as compared to their well off counterparts. Early marriage of girls affects their level of education which in turn affects their knowledge about reproductive health in general and about HIV/AIDS in particular. It is heartening to note that women in the younger age-group have good knowledge about HIV/AIDS as compared to their older counterparts. It shows that younger generation has acquired knowledge about HIV/AIDS from school, advertisement and mass media. The tradition bound society of the study area presents very limits options for intra-spouse discussion about sexually transmitted disease and HIV/AIDS, therefore, the use of condom by husband has no significant relationship with wife's knowledge.

V. CONCLUSION

It is clear from the above discussion that women literacy should be increased to enhance the knowledge of women about HIV/AIDS. Women of the study area should be made aware about HIV/AIDS in locally understandable language. Greater community participation, social discussion, approval by the society, inclusion of weaker sections of society and more rational attitude can enhance the knowledge of women about HIV/AIDS in the study area which in turn would diminish the vulnerability of women to HIV/AIDS.

REFERENCES

- [1]. Gibbs G, Zeeman B. Women and AIDS. In HIV Infection: A Clinical Manual. Edited by: H Libman, R A Witzberg. Little Brown & Co. Boston,1993; 467-484.
- [2]. Satpathy SK, Shaukat M. HIV/AIDS in India - The Present Scenario. In HIV/AIDS Research in India. Edited by OP Aggarwal, AK Sharma, A Indrayan. National AIDS Control Organisation. New Delhi, 1997; 4-7.
- [3]. HIV-Data-National AIDS Control Organization. Available from http://www.nacoonline.org/quick_links/women/ [Accessed on 2011dec 20].
- [4]. Early Marriage and Poverty-Exploring Links for Policy and Programme Development. Forum on Marriage and the Rights of Women and Girls. New York; 2003.
- [5]. The Implications of Early Marriage for HIV/AIDS Policy. New York: Population Council; 2004.
- [6]. Clark S., Bruce J., Dude, A. Protecting Young Women from HIV/AIDS: The Case against Child And Adolescent Marriage. International Family Planning Perspectives. 2006; 32(2): 79-88.
- [7]. National Family Health Survey (NFHS-3). International Institute for Population Sciences (IIPS) and ORC Macro. Mumbai: India, 2007; 2005-06.
- [8]. National Family Health Survey (NFHS-3). International Institute for Population Sciences (IIPS) and ORC Macro. Mumbai: Rajasthan, 2007; 2005-06.
- [9]. Varma S. A Study on Vulnerability of Women In Rajasthan to HIV/AIDS for Suggesting Measures to Reduce It and Ameliorating the Condition of Women Already Infected, Shanti Deep and National Commission for Women, New Delhi; 2003.

Table: 1 Socio-economic and demographic profile of study population (n=490)

Socio-economic and demographic variables	
Religion	
Muslim	35 (7.1)
Hindu	411 (83.9)
Sikh	44 (9.0)
Caste	
Scheduled Caste	105 (21.4)
Other Backward Caste	223 (45.5)
General	162 (33.1)
Age group (Years)	
< 20	12 (2.4)
20-25	117(23.9)
25-30	148 (30.2)
30-35	139 (28.4)
> 35	74 (15.1)
Age at marriage (Years)	
Less than 18	283 (57.8)
18-21	152 (31.0)
More than 21	55 (11.2)
Education	
Illiterate	63 (12.9)
Up to high school	220 (44.9)
High school and above	207 (42.2)
Household income (Rs)	
Less than 5000	184 (37.6)
5000-10000	229 (46.7)
More than 10000	77 (15.7)

Condom use by husband	
Yes	74 (15.10)
No	416 (84.90)
Exposure to mass media	
Yes	47 (9.59)
No	443 (90.41)

Table: 2 Per cent of women having knowledge about HIV/AIDS by selected socio-economic and demographic variables

Socio-economic and demographic variables	Heard about HIV/AIDS		Know about avoid or reduce the chances of getting HIV/AIDS	
	Yes	No	Yes	No
Religion***				
Muslim	17 (48.6)	18 (51.4)	9 (25.7)	26 (74.3)
Hindu	222 (54.0)	189 (46.0)	116 (28.2)	295 (71.8)
Sikh	38 (86.4)	6 (13.6)	19 (43.2)	25 (56.8)
Caste***				
Scheduled Caste	39 (37.1)	66 (62.9)	10 (9.5)	95 (90.5)
Other Backward Caste	123 (55.2)	100 (44.8)	62 (27.8)	161 (72.2)
General	115 (71.0)	47 (29.0)	72 (44.4)	90 (55.6)
Age***				
< 20	8 (66.7)	4 (33.3)	2 (16.7)	10 (83.3)
20-25	82 (70.1)	35 (29.9)	42 (35.9)	75 (64.1)
25-30	89 (60.1)	59 (39.9)	56 (37.8)	92 (62.2)
30-35	68 (48.9)	71 (51.1)	30 (21.6)	109 (78.4)
> 35	30 (40.5)	44 (59.5)	14 (18.9)	60 (81.1)
Age at marriage**				
Less than 18	137 (48.4)	146 (51.6)	57 (20.1)	226 (79.9)
18-21	97 (63.8)	55 (36.2)	55 (36.2)	97 (63.8)
More than 21	43 (78.2)	12 (21.8)	32 (58.2)	23 (41.8)
Education***				
Illiterate	6 (9.5)	57 (90.5)	0(0)	63 (100)
Up to high school	107 (48.6)	113 (51.4)	64 (29.1)	156 (70.9)
High school and above	164 (79.2)	43 (20.8)	80 (38.6)	127 (61.4)
Household income (Rs)**				
Less than 5000	62 (33.7)	122 (66.3)	23 (12.5)	161 (87.5)
5000-10000	148 (64.6)	81 (35.4)	78 (34.1)	151 (65.9)
More than 10000	67 (87.0)	10 (13.0)	43 (55.8)	34 (44.2)
Condom use by husband**				
Yes	67 (90.5)	7 (9.5)	33 (44.6)	41 (55.4)
No	210 (50.5)	206 (49.5)	111 (26.7)	305 (73.3)
Exposure to mass media**				
Yes	42 (89.4)	5 (10.6)	30 (63.8)	17 (36.2)
No	235 (53.0)	208 (47.0)	114 (25.7)	305 (73.3)

Table: 3 Source of knowledge about HIV/AIDS and knowledge about prevention method

Source of knowledge	Know about avoid or reduce the chances of getting HIV /AIDS	
	Yes	No
Radio/Television	6 (75.0)	2 (25.0)
Newspaper/magazine	8 (100.0)	0 (0.00)
Advertisement	8 (80.0)	2 (20.0)
Health worker	66 (45.5)	79 (54.5)
Exhibition/fare	2 (100.0)	0 (0.00)
School/teacher	6(100.0)	0 (0.00)
Friend/relative	35(43.2)	46 (56.8)
Family member	13 (61.9)	8 (38.1)
Don't have knowledge	0 (0.00)	277 (100.0)
Total	144 (29.4)	346 (70.6)

Table: 4 Knowledge about prevention methods

How one can avoid or reduce the chances of getting HIV /AIDS	
Abstain from sex	32 (6.53)
Using condoms correctly during each sexual intercourse	16 (3.27)
Limit sex with one partner/stay faithful to one partner	23 (4.69)
Limit number of sexual partners	5 (1.02)
Avoid sex with sex workers	11 (2.24)
Avoid sex with persons who have many partners	3 (0.61)
Avoid sex with homosexuals	2 (0.41)
Avoid sex with persons who inject drugs	2 (0.41)
Use tested blood	15 (3.06)
Use only new/sterilized needles	14 (2.86)
Avoid sharing razors/blades	12 (2.45)
Avoid pregnancy when having HIV / AIDS	9 (1.84)
Don't know	346 (70.6)

Table 5: Logistic regression results predicting the likelihood of have the knowledge about HIV/AIDS among currently married women in the study area by selected socio-economic and demographic variables

Covariates and Category	Odd Ratio (Exp β)	95% confidence interval	
Religion*			
Muslim (RC)	1.00		
Hindu	1.029	.424	2.492
Sikh	1.634	.547	4.880
Caste**			
Scheduled Caste (RC)	1.00		
Other Backward Caste	3.194	1.411	7.232
General	4.335	1.849	10.167
Age**			
< 20(RC)	1.00		
20-25	2.800	.586	13.384
25-30	3.043	.643	14.398
30-35	1.376	.286	6.622
> 35	1.167	.230	5.930
Age at marriage*			
Less than 18 (RC)	1.00		
18-21	1.331	.804	2.203
More than 21	2.722	1.342	5.521
Education***			
Illiterate (RC)	1.00		
Up to high school	8.996	3.725	21.726
High school and above	36.233	14.646	89.632

Household income (Rs)***			
Less than 5000 (RC)	1.00		
5000-10000	2.468	1.402	4.346
More than 10000	7.280	3.569	14.853
Condom use by husband*			
No(RC)	1.00		
Yes	1.707	.995	2.929
Exposure to mass media**			
No(RC)	1.00		
Yes	4.460	2.335	8.519

Note: *** p<0.001, ** p<0.01, * p<0.05

Dependent variable: Have the knowledge about HIV/AIDS: have knowledge (1); don't have knowledge (0)

RC: Reference Category

Comment: Religion, caste, education, household income, age, age at marriage and exposure to mass media are the important predictors of knowledge about HIV/AIDS.

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