

KNOWLEDGE AND MISCONCEPTION ABOUT HIV/AIDS IN INDIANS-A NARRATIVE REVIEW

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Introduction

- Acquired Immune Deficiency Syndrome was first reported in mid of 1980.
- It is caused by the human immunodeficiency Virus (HIV).
- Everybody is at risk of getting HIV.
- However certain persons have high risk.
- More than 95% cases in low and middle income countries.
- Symptoms free period up to 10 years or more.
- HIV prevalence rate in India is estimated less than 0.25% in 2017
- There are numerous confusions/misconceptions regarding HIV/AIDS.

Objective of the study:

To find out the knowledge and misconceptions
among the Indians regarding HIV/AIDS

Methodology:

- This study was based on secondary information which was collected from Google scholar, PubMed.
- Top recommended Articles identified from original set: removing duplicates, reviews all article and those article did not relate to the Misconception and Knowledge of HIV/AIDS were excluded

Information, education and communication

- Communication is the key to generating awareness on prevention as well as motivating for testing, treatment, care and support.
- To increase knowledge among general(especially youth and women) population on safe sexual behavior.
- To sustain high behavior change in high risk groups and bridge populations.
- To generate demand for care, support and treatment services.
- To make appropriate change in societal norms that reinforce positive attitude, beliefs and practices to reduce stigma and discrimination.

Myths & Misconceptions

- Shaking Hands
- Hugging
- Dry Kissing
- Sneezing
- Mosquito Bite
- Toilet Sharing
- Sharing Of Telephone
- Sharing Of Offices
- Traveling Together In Public Transport
- Living In Same Room
- Sharing Cups

CONCLUSION

- The available literature showed that knowledge about HIV/AIDS in Indians is less and misconceptions is very high.
- In rural areas different types of misconception are seen due to be short of knowledge on HIV/AIDS especially into married women.
- The educated and uneducated both types group of people have misconception about HIV/AIDS.
- Government and non-government organizations make special awareness programs which focus especially to aware rural population.
- School education should be must to every student about HIV/AIDS and it's very helpful to prevent from HIV/AIDS.

References

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Introduction to Systematic Review and Meta-Analysis



Introduction



This is an online course offered by Johns Hopkins University on an online learning platform, Coursera. It is a 6-week graded course with 9 modules along with 2 peer reviewed assignments.



The course has two instructors, Dr. Tianjing Li, an Assistant Professor of Epidemiology and Dr. Kay Dickersin, Professor of Epidemiology at John Hopkins University. The course introduces to comprehensive methods for performing systematic review and meta-analysis.

Course Objectives



TO LEARN THE STEPS THAT
COMPRISE A SYSTEMATIC REVIEW
AND META-ANALYSIS.



TO BE ABLE TO READ CRITICALLY IN
THE FUTURE, READ THE
LITERATURE OF A SYSTEMATIC
REVIEW AND META-ANALYSIS.



TO BE ABLE TO INTEGRATE THE
RESULTS OF SYSTEMATIC REVIEWS
IN RESEARCH OR CLINICAL
PRACTICE.

Course Content

There are seven steps to perform a Systematic Review:

1. Establish a research team
2. Develop a protocol
3. Data collection, locating the studies and screening the results
4. Abstract data and appraise risk of bias in the individual studies
5. Synthesize findings, interpret, and assess overall body of evidence
6. Summarize in a Report
7. Update

Framing the Question:

Components of Well-Constructed and Answerable Clinical Questions,

- **P** – Patients or populations
- **I** – Interventions/Exposure
- **C** – Comparison group(s)
- **O** – Outcome

Assessing the Risk Of Bias in Clinical Trials:

There are three main types of bias:

- Selection bias
- Information bias
- Bias in the analysis.

MINIMIZING METABIAS:

Reporting guidelines that help identify areas to consider for reducing bias:

- PRISMA: It is the reporting guideline for systematic reviews of clinical trials.
- MOOSE: It is old but still useful reporting guideline for observational studies.

PLANNING THE META-ANALYSIS:

Analysis Plan:

- Obtain size of effect from similar studies estimating the same effect – Method: Standard pair-wise meta-analysis
- Compare multiple intervention for the same condition – Method: Network meta-analysis.
- Investigate the relationship between the size of an effect and characteristics of the studies – Method: meta-regression.

Methodology

The course is a 6-week online course (approximately 16 hours) divided into 9 modules. The course has 41 videos, 3 readings and 2 peer graded assignments. Weeks 2 to 5 have a graded quiz of 5 questions at the end of the module.

All the videos are concise and in lucid English language with subtitles to understand. The course is very insightful and contains a discussion page for learners to discuss and ask doubts to the course guide. There are various appropriate pictures and tables used for better understanding.

Key Learnings

- To understand the role of systematic reviews and meta-analyses in health care.
- The essential steps are used for conducting a systematic review
- Develop an answerable question using the “Participants Interventions Comparisons Outcomes” (PICO) framework
- Collection and extraction of data from clinical trial studies.
- Critically appraise the risk of bias of studies.
- Explain and interpret the results of meta-analyses.

References

- <https://www.coursera.org/learn/systematic-review>

Thank You