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

Submitted by

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PART-1

MAIN REPORT

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To begin with, I am most grateful to my institute, **Indian Institute of Health Management Research, Jaipur,** for providing me with this opportunity to conduct a research study in these difficult times of a global pandemic.

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I might want to express thanks every one of the individual who legitimately or in a roughly way helped me to finish this work

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ABBREVIATIONS

HIV	Human immunodeficiency virus
AIDS	Acquired Immune Deficiency Syndrome
NGOs	Non-government organizations
KAP	Knowledge, Attitude, Practices
NACO	National AIDS Control Society
STDs	Sexually Transmitted Diseases
PLWHA	People Living With HIV AIDS

INTRODUCTION

Acquired Immune Deficiency Syndrome was first reported in mid of 1980. It is caused by the human immunodeficiency Virus (HIV). It has RNA genome enclosed in an envelope. According to UNAIDS approximately 38million people are HIV positive and 780,000 deaths were recorded. (2) About 20.8 million people live in eastern and southern Africa. First time AIDS was recognized in 1980s, the malady causes an expected more than 32 million passing around the world. (1, 2)

HIV is transmitted principally by unsafe sex, HIV infected person blood, used needles, semen, breast milk and from mother to her baby during pregnancy. Some other liquids like: saliva, sweat do not spread the infection. (9)

HIV is an individual from the gathering of infections known as retroviruses. Helps is dissemination in India at a disturbing pace, fuel through an undeniably easy going mentality regarding sex, combined by a convention of open quiet and also hesitance to get a handle matter.

There are some worries for government because the number of HIV positive cases increasing in such a way that India pass South Africa and become the world's most seriously affected country. (5)

HIV/AIDS outbreak in India is categorized by 4 types: 1) commercial sex workers. 2) Injecting drug users. 3) Men sex with men. 4) Customers of sex workers like: truck drivers, general population. (4)

The network of truckers in India unprotected against HIV. HIV prevalence rate among truck drivers is very high because of a higher prevalence of dangerous sexual behaviour, due to societal and financial factors as well as their work pattern. National AIDS Control organization has given main concern to the truck drivers for the disclosure to HIV infection. HIV/AIDS in India entered in third decade, not as a solitary pandemic however comprised of various particular pestilences. (4)

HIV prevalence rate in India is estimated less than 0.25% in 2017. (6)The grown-up HIV predominance in India has consistent decrease this is positive sign that helps government and non-governmental organizations (NGOs) to make more effective awareness programs to aware people regarding HIV/ AIDS. (9)

There are numerous confusions/misconceptions regarding HIV/ AIDS. Three are most common well-known are: 1) AIDS can transmitted through relaxed contact. 2) Sex with a virgin cause HIV/AIDS 3) HIV can only contaminate just by gay and medication clients.

Some others misconceptions like: kissing, sharing a glass, spitting, public toilet, touching, shaking hand and coughing or sneezing.

Few People think that conversation on HIV in school can increase the prevalence rate of HIV/AIDS.

The legend that sex with a virgin will fix AIDS is predominant in South Africa. Sex among an uninfected virgin doesn't fix HIV-contaminated individual, and such contact will uncover the uninfected individual to HIV, possibly further spreading the illness. This fantasy has increased impressive reputation as the apparent explanation behind certain sexual maltreatment and kid attack events, including the assault of newborn children, in South Africa

MATERIALS AND METHODS

Search Strategy

All review articles taken from Google Scholar and Pub Med those published online before 20/04/2020

Eligibility Criteria

The title and abstracts of all suitable studied those done earlier were inspected and articles were reviewed. The study included were-

- Studies which analyzed the Misconception and Knowledge Regarding HIV/AIDS
- Studies which analyzed general public attitude, awareness and values related to HIV/AIDS
- Studies among HIV Patient as well as Care Givers
- Studies which analyzed knowledge Level in Married Couples regarding HIV/AIDS

Data Extraction

Data was extracted from all selected article and were compared for consistency of data extractions. The following information came out regarding HIV/AIDS knowledge & Misconceptions: lack of knowledge, misconception about modalities of transmission, perceptions and negative attitudes towards HIV positive person.

Selected Literature

Eleven 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 because they did not compare their knowledge result with the localization of adaptive responses in relevant species.

Three articles focused on misconstruction and awareness about HIV/AIDS in married women during pregnancy. Seven articles focused on knowledge, perception and attitude (KAP) of youth/student/care giver/general population toward HIV/AIDS. One article focused on KAP, Misconception and view of adult family members of person living among HIV/AIDS (PLWHA).

Data Analysis

All study was analyzed as well compared to find the misconceptions about HIV/AIDS, and level of information of people regarding HIV/AIDS.

DISCUSSION

According to the review of studies done the knowledge, Perception and attitude in youths and general population regarding HIV/AIDS.

Banerjee *et al.2004* studied the knowledge, perception and attitudes of youths of HIV/AIDS and they examined. The HIV/AIDS problem is more alarming in India. Prevention efforts are not satisfactory, they are simply not enough if see the situation of prevalence rate of positive cases. We should have to do more work for tackling this problem an accelerated pace.

Lakshmi *et al.*2005 also studied awareness as well as values of HIV/ AIDS between the general population in Hyderabad, they observed that we need to create attentiveness in people regarding the methods of spread and prevent from HIV/AIDS. People think they are in safe state with few cases but in realty Andhra Pradesh in India was second maximum figure of HIV patient. Urban population in more aware then rural population, the majority of the Indian population's are uneducated it observed from study. Government make policy to solve this problem and such studies are required at fixed interval of time to check the result of precautionary actions and the effectiveness of the program run by government.

Kumar *et al.*2012 conducted a study regarding HIV/AIDS related KAP between senior secondary school students in Pune India. Out of 102 students only 63.72% know regarding HIV/AIDS. T.V. is most common root of knowledge and friends but none revealed school. After viewing film misconception of student decrease and knowledge is increase significantly. Attitude toward PLWHA also improved. To improve the knowledge of adolescent by film, documentary and pamphlet distribution play a significant role change in attitude and knowledge adolescent going to school.

Meena *et al.*2012 studied the information, thoughts and awareness about HIV/AIDS between HIV patient, caretaker and common population in North eastern area of India. This study was conducted in hospital of Banaras Hindu University, Varanasi, India.1) They observed that we have to make special IES activities to educate migrate people from rural to urban. 2) Counseling of relatives, family member and close ones of sick person must be given the main concern to stop disgrace and inequity because HIV positive patient live s a common man. 3) All HIV patients must be counseled thus they can also live free from anxiety as well as stress,

they must be required to encourage for protected sex practice to keep away from HIV infection. Patient spouse also know how to prevent from HIV/AIDS. 4) Electronic media should be use in that manner to remove the misconstruction related to HIV/AIDS in common population.

Chauhan *et al.*2011 studied awareness and approach to HIV/AIDS in medical and similar health science trainee. They observed information regarding HIV/AIDS is essential for health care qualified for the reason that escalating incidence of HIV infection. Study revels short of attentiveness between medical, dental and physiotherapy student entrant into the occupation. There is a want for give accurate and complete knowledge regarding HIV/AIDS for new applicant in medical and similar health science toward helping them obtain sufficient understanding and build up proper approach regarding HIV/AIDS. This can help to develop the student's understanding and expose misunderstanding, if any.

Madhusudan *et al.*2014 studied effect of teaching intercession in upgrading of awareness and approach related HIV/AIDS in rural college undergraduate. This study confirms that awareness regarding method of spread was poor about HIV/AIDS. The sex education is explained as a common method that can be use as a dominant preventive tool. The general information regarding technique of prevention about HIV/AIDS was very low between students; particularly condom handling during sexual contact as precautionary methods was very deprived. This study draws attention to the level of unawareness concerning this significant protective measure in the sexually energetic youth inhabitants in rural areas. The designed HIV/AIDS education plan has appreciably enhanced the HIV/AIDS awareness and approach in patient existing with HIV/AIDS.

Chakra borty *et al.*2011studied mistaken belief and information about HIV/AIDS in married women in Assam, India showed that the socio economic factors, education, locality, religion and caste have major effect on the level of beginning or not have with the married women in Assam.

Government and other organizations take proper steps to implement different awareness programs; public meeting, posters and banners for enhance the knowledge and removed the misconceptions concerning HIV/AIDS between married women in Assam.

Bhattacharjee *et al.*2010 studied understanding point of level of married couple about HIV/AIDS in northeast area in India, observed that public in the rural area of northeast area in India has additional misunderstanding regarding HIV/AIDS if judge against the metropolitan areas other than sex. The well qualified people contain additional information contrast to illiterate people. In the case of women dissimilarity among proportion of people with full information related to HIV/AIDS among those have education and those lacks of education is insignificant. That means education in northeast India not satisfactory they do not remove the misconception they have related to HIV/AIDS. That why Manipur have the maximum incidence rate of HIV positive cases by the people have full information regarding HIV/AIDS. Government should make special plan for create awareness in women about HIV/AIDS.

CONCLUSIONS

The available literature showed that knowledge about HIV/AIDS in Indians is less and misconceptions is very high, it's a cause of increasing in the number of HIV cases rapidly in India. 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.

Most studies analyze that the education plays vital role in create good perception about HIV/AIDS and educated women are almost four times extra aware about fine conceptions if compare with uneducated women.

India takes major steps about HIV/ AIDS control through implement the third stage of its National HIV/ AIDS control program; those were planned to reverse the increase of HIV/AIDS cases by 2012. Its push area consists of treatment of sexually transmit infection, counseling, testing and condom uses advertising.

Some study showed that issues associated to HIV/AIDS are community disgrace as well as inequity which are present at person, family, and society. The major problem behind these issues are wide spread unawareness, misconceptions and not have adequate knowledge regarding HIV/AIDS. Discrimination of patients occurs while unenthusiastic thought direct people or institutions behave unfairly due to their actual status of HIV.

In future government and non-government organizations make special awareness programs which focus especially to aware rural population by banners, pamphlets, counseling of the new married couple and women of reproductive age. School education should be must to every student about HIV/AIDS and it's very helpful to prevent from HIV/AIDS.
Mainly youth were infected from new infections; they were characterized as skylight of expectation and help to control HIV/AIDS. Government should make programs and policies to provide education through different modes like: television, skit, play, stages show, comedy, are most helpful in bring effective behavioral change.

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PART-2

ONLINE COURSE REPORT

Introduction to Systematic Review and Meat-Analysis

Course Duration

- Self-Study 6 weeks course

Study Time commitment

- 3 hours per week

Course Content

- Week 1: Introduction (1hour to complete)
  5 videos(total 40 min), 3 readings.

- Week 2: Framing the question (4hour to complete)
  7 videos(total 73 min), 1 reading, 2 quizzes

- Week 3: Searching Principles and Bias Assessment (2hour to complete)
  11 videos (total 119 min)

- Week 4: Minimizing Meta-bias, Qualitative Synthesis, and Interpreting Results(2hour)
  9 videos (Total 88 min)

- Week 5: Planning the Meta-Analysis and Statistical Methods(2hours to complete)
  9 videos (total 109 min)

- Week 6: Wrap up and Final Peer Review Assignment(2hours to complete)
  2videos(total 13 min), 1 reading, 1 quiz.

Website

- https://www.coursera.org/ This provides universal access to the world's best education, collaborator with top Universities and Organization to offer course online.

Course Description

Systematic review and meta-analyses present results by combining and analyzing data from different studies conducted on similar research topics. In recent years, systematic review and meta-analyses have been actively performed in various fields. These research methods are powerful tools that can overcome the difficulties in performing large-scale randomized controlled trials. This course covers methods for performing systematic review and meta-analyses, including building a team, formulating a research question and hypothesis, developing a search strategy, abstracting and collecting data, assessing the risk of bias of randomized controlled trials(using the latest Risk of Bias tool 2.0), and synthesizing the evidence both qualitatively and quantitatively. Acquaints students with a few practicalities of conducting a systematic review through interactive hands-on exercises including using stata software to perform meta-analyses.

Learning objective

- To understand the terms 'systematic review' and 'meta-analysis'
- To be familiar with different types of reviews (advantages/disadvantages)
- To understand the complexities of reviews of health promotion and public health interventions
- To be familiar with international groups conducting systematic reviews of the effectiveness of public health and health promotion interventions
- To be familiar with the resources required to conduct a systematic review

- To understand the rationale for documenting the review plan in the form of a structured protocol
- To understand the importance of setting the appropriate scope for the review
- To understand the importance of formulating an answerable question
- To be able to formulate an answerable question
- To understand the complexities of searching for health promotion and public health studies
- To gain knowledge of how to locate primary studies of health promotion and public health interventions
- To gain basic skills to carry out a search for primary studies
- To understand the importance of a well-designed, unambiguous data abstraction form
- To identify the necessary data to abstract/extract from the primary studies
- To understand the components that relate to quality of a quantitative and qualitative primary study
- To understand the term 'bias' and types of bias
- To gain experience in the assessment of the quality of a health promotion or public health primary study(qualitative and quantitative)
- To understand the different methods available for synthesizing evidence
- To understand the terms: meta-analysis, confidence interval, heterogeneity, odds ratio, relative risk, narrative synthesis
- To be able to interpret the results from studies in order to formulate conclusions and recommendations from the body of evidence
- To understand the factors that impact on the effectiveness of public health and health promotion interventions

Learning Methodology

- Lecture
- Video
- Quizzes
- Assignment

Key learning

- 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
- Describe the process used to collect and extract data from reports of clinical trials
- Appraise the quality of a systematic review
- Methods to critically assess the risk of bias of clinical trials
- Explain and interpret the results of meta-analyses
- Be familiar with some of the key challenges of conducting systematic reviews of health promotion and public health interventions
- Formulate an answerable question about the effectiveness of interventions in health promotion and public health
- Identify primary studies, including developing evidence-based strategies for searching electronic databases
- Evaluate the quality of both an individual health promotion or public health study and a systematic review
- Synthesize the body of evidence from primary studies
- Formulate conclusions and recommendations from the body of evidence