"A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME, ON PREVENTION AND CONTROL OF HIV/AIDS AMONG GALGOTIAS UNIVERSITY, STUDENTS OF B.SC NURSING , GREATER NOIDA."

Submitted to the faculty of school of nursing Galgotias University, Greater Noida, UP

In partial fulfillment of the requirements for the degree of

B.Sc. Nursing

BY

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MAY 2020

CERTIFICATE

This is to certify that this Thesis entitled "A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON PREVENTION AND CONTROL OF HIV/AIDS AMONG GALGOTIAS UNIVERSITY, STUDENTS OF B.SC. NURING 1ST YEAR, GREATER NOIDA."

the bonafide work in the partial fulfillment of the requirement for the degree of batchelor of Science in Nursing .

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ACKNOWLEDGEMENT

First and foremost we are bound by gratitude of almighty god for giving us the necessary knowledge and ability in accomplishing our task.

We consider it as a great privilege and honor to be under the guidance of **Dean**. **Prof. Ashia Qureshi** at Galgotias University School of Nursing.We offer our deepest regards and sincere gratitude to **Ms. Sonia singh** for her sustained interest, guidance and encouragement, which helped us in conceptualizing and completing the endeavor.

We express our profound gratitude to **Prof. Ashia Qureshi**, Dean School of Nursing, Galgotias University who gave us opportunity to conduct this project,

We are extremely grateful to **Prof. Ashia Qureshi** who willingly spared her valuable time for direction and guidance for the preparation of tool, writing chapters and final editing of our project. Thanking you Madam for helping us to finally completing and execution of our study.

A million thanks to all our subjects that is, all the students of School of Nursing, without whose cooperation the study would not have been completed.

We are grateful to **Ms. Sonia singh** for the expert guidance in the analysis and interpretation of data.

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INTRODUCTION

CHAPTER-1

INTRODUCTION:

"AGE IS HONOURABLE AND YOUTH IS NOBLE".

-IRISH PROVERB.

According to W.H.O. (1948), "Health is a state of complete physical, mental and social wellbeing and not merely an absence of disease or infirmity."

Alteration is any aspect of the above mentioned is said to be a disease.

Disease are many type as communicable and non-communicable, curable and incurable and so on.

Among the various type of disease AIDS is fetal which do not have cure but can only be preventive. It is not a disease but a syndrome as it is a group of disorders.

"PREVENTION IS BETTER THAN CURE"

Acquired immune deficiency syndrome (AIDS) has currently swept the western world and has caused devastation in the Sub Saharan Africa.

This disease first spread in the medical scenario as early in 1981. At that time a group of young homosexuals were detected to be suffering from pneumonia caused by some benign organism. Soon the physicians discovered that the disease not only occurs in homosexuals but also occurs through Blood transfusion , Intravenous drug users who are sharing needles and also through Tran placental transmission. The scientists realized that a new virus similar to Hepatitis B is a damaging the cell mediated immunity.

It is a dreadful disease which takes away the lives of many innocent people. It is not confirmed to a particular age group. It affects the people of any age and when compared to the sex, women are mostly affected then man and youth

are more prone.

Today's Children are Tomorrow's citizens", these are words said by Sri Jawaharlal Nehru. So , it is need for us to prevent the youth from getting prone to AIDS and protect them.

It is also the responsibility of every citizen to take action against AIDS and its spread. Medical professionals play a major role in making the group and the community aware of AIDS, its occurrence, transmission and its prevention.

The world wide spread of Human Immune deficiency virus is an International health problem of extra ordinary scope and unprecedented urgency from mid 1970's when the global spread of the infection appears to have started until early 1980's.

Education plays a major role in making the group aware of the disease. It should be carried out a various level as the group can be made aware of in detail.

In Karnataka the mean prevalence was 1.13 in 2001 and 1.75 in 2002. The majority of reported AIDS cases have occurred in the sexually active and economically productive 15 to 44 age group. (AIDS statistics, 2002)

In India TamilNadu stands first of the AIDS cases as of census of 2002 with 18276 cases. But the states of the South India as Andhra, Karnataka contribute to the total number of cases in the country.

A study by Bryant. A. on " Creativity in AIDS education"(1996) says that Heterosexuals contact is the most common form of transmission. In an effort to the educate the people about AIDS by creative play reading, education on

AIDS.

A 2002 report by CIA'S National Intelligence Council predicted 20 million to 25 million AIDS cases in India by 2010, more than any other country in the world.

From the above incidence and studies and recommendations the researcher was inspired to conduct a study on AIDS. By reading the newspaper on 18th May 2004, the researcher also felt the need to educate the college students on AIDS prevention and control by conducting structured teaching programme. So that, they will become aware of the dreadful disorder."

NEED FOR THE STUDY :

AIDS was first detected in USA in 1981, and it continues its expansion across the global with approximately 8500 new infection per day.

The 57th World health Assembly began with experts warning that India will face irreparable damage if steps are not taken to control the devasting disease AIDS. (Deccan Herald, 18th May, 2004)

In September 2003, NACO published the number of AIDS cases reported. The total of AIDS cases India were 55,764 of whom 14,486 cases were women.

The National AIDS control Organization(NACO) estimated that between 3.8 million and 4.5 million Indians were living with HIV/AIDS during 2002, and those dying of AIDS are between 15 to 49 yrs old.

(Human Rights Report,2002.)

World wide statistics show that majority of the victims of HIV/AIDS are adults between the age group 18 to 40 yrs.(Dr. Singh, 1999).

In 2001, the government adopted the National AIDS prevention and control policy. During that year Prime Minister Vajpayee addressed parliament and referred to HIV/AIDS as one of the most serious health challenges facing the country.

A study conducted by Sophia Pias (1999) at Mangalore identified that 80% of AIDS cases were in the age group of 18 to 35 yrs. And her recommendations included an effective teaching programme on AIDS awareness would have an influence on reduction on HIV/AIDS spread and it may be effective to control.
A study conducted by Bhatt.S.D, Dhoundiyal.N.C. in 1998 Jan-Feb, AIDS prevention through School education: some sensitive issues, reveals that AIDS education for young people 10 to 24 yrs old requires special attention given the prevalence of high risk social and sexual behavior in this age group.
In 1987 UNESCO set up with the support of the W.H.O. global programme on AIDS, "The AIDS prevention educational programme". The objective has been to encourage internationally and regionally the development of effective educational strategies adopted to various socio cultural contexts, which would help young people to adopt attitudes and behaviors such as to avoid AIDS."
Up to 42 million people world wide, including 2 to 3 children under the age 15yrs were living with HIV/AIDS at the end of 2003.(Human Rights Report,2004)
A study by Chatterjee C, Baur B and others on awareness of AIDS among school teachers and students in Calcutta (2001) recommends that the school have to device ways to open up more effective communication with students in relation to education on sex and on AIDS.
The world AIDS day is celebrate every year on December 1st and the

theme for the year 2005 is **" STOP AIDS :KEEP THE PROMISE".**

The following targets were setup for the end of 2005:

1. Reduce HIV prevalence by 25% among men and women aged 15 to 24 in the most affected countries.
2. Ensure that at least 90 % of young people aged 15 to 24 have to access to the information, education and services necessary to develop the life skills required to reduce their vulnerability to HIV infection.

The Indian National AIDS Control Organization(NACO) estimate that 5.134 million people were living with HIV in 2004. This represents a slight increase from the 2003 estimate, and a substantial increase from 4.58 million in 2002.

The spread of HIV in India has been diverse, with much of India having a low rate of infection and the epidemic being most extreme in the southern half of country and in the far north-east. The highest HIV prevalence rates are found in Maharashtra in the west; Andhra Pradesh and Karnataka in the south; and Manipur and Nagaland in the north-east(UNAIDS/WHO Estimates.)


OBJECTIVES

STATEMENT OF THE PROBLEM:

"A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME, ON PREVENTION AND CONTROL OF HIV/AIDS AMONG GALGOTIAS UNIVERSITY, STUDENTS OF B.SC NURSING, GREATER NOIDA."

OBJECTIVES:

1. To assess the knowledge of degree students on HIV/AIDS.
2. To assess the effectiveness of structured teaching programme on prevention And control of AIDS.
3. To know the impact of knowledge of the students with the selected demographic variables.

OPERATIONAL DEFINITIONS:

Effectiveness: It refers to the knowledge gained by the students by the end of the education programme.

Structured Teaching Programme: It is a planned teaching programme organized in order to make the group aware of the Prevention and control of AIDS.

Degree students: They are the students studying in B.Sc Nursing between the age group 17- 21 years in galgotias university.

HYPOTHESIS:

Ho: Students will have some Knowledge on Prevention and control of HIV/AIDS.

H1: Students will not have any Knowledge on Prevention and Control of HIV/AIDS.

CONCEPTUAL FRAMEWORK:

"The interrelated concepts or abstractions assembled together in a rational scheme by virtue of their relevance to a common theme; sometimes called Conceptual framework".

The conceptual frame work selected for the study was based on General system theory by Bertanlanfyy [1968].

In this there are the Input, Throughput and the output.

Input: It is the development of the tool [Self administered questionnaire], Development of the teaching plan and validity and reliability of the teaching plan.

Through put: It is the process between the Input and the output. In this study it refers to

-Conducting pilot study,

-assessing the knowledge before administering teaching plan,

-administering the teaching plan and

-assessing the knowledge after administering the teaching plan.

Output: In the present research study it refers to Gain in the knowledge after the administration of the teaching programme. The output was assessed in the study by using the self administered questionnaire to the pre-university students about HIV/AIDS.

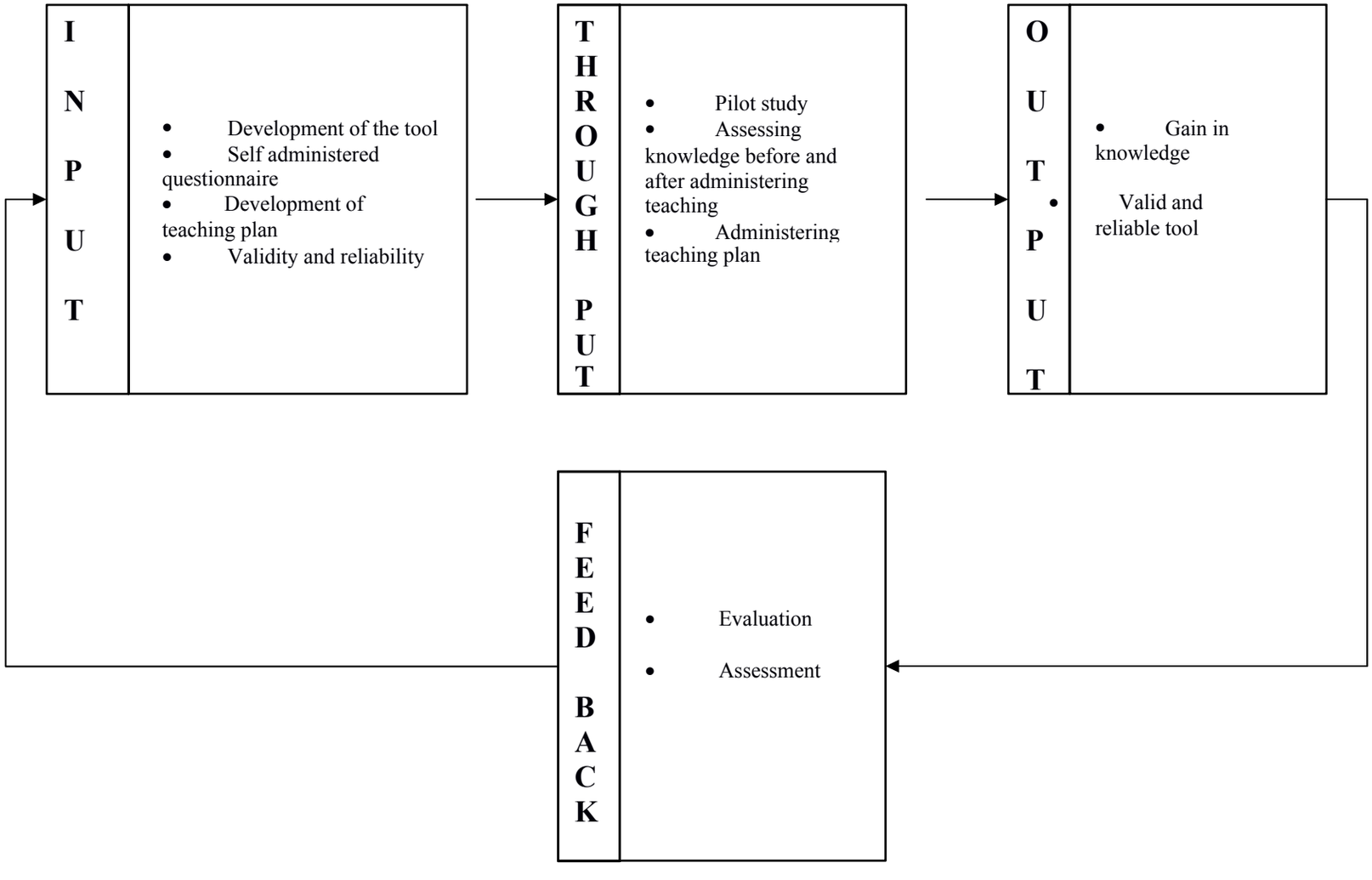


Fig. A: Conceptional framework

CHAPTER-II

REVIEW OF LITERATURE

CHAPTER-II

REVIEW OF LITERATURE

In 2005 a study was conducted on examination of knowledge, attitudes and practices related to HIV/AIDS prevention in Zimbabwian university students: comparing intervention program participants and non-participants.

The objective of this study represents a comprehensive assessment of differences between participants in an HIV/AIDS prevention program. The results show that the participants are statistically more likely to report being sexually abstinent, and understand the prevention benefits of condom use. Findings suggest that the attitudes and practices of young men and women are changing, but that progress in some areas doesn't assure progress in all areas. [10]

In 2004 a researcher conducted a study to find out "Is peer education the best approach for HIV prevention in schools?" The purpose of this study was to evaluate the effectiveness of peer education when compared to teacher lead curricula in AIDS prevention programs conducted in schools in Rome, Italy. The results showed that the peer lead group showed a 6.7% scores greater improvement in knowledge, compared to the teacher lead group. [11]

In 2004 a study was conducted to find out AIDS knowledge and attitudes in Iran: results from a population based survey in Tehran. The results showed that the respondents had a fairy good to excellent knowledge about AIDS. The correct answers ranged from 53% to about 99%. The majority of the respondents (87%) said that the mass media including Radio, Television and Newspapers were the main source of their information about HIV/AIDS. [12]

A study conducted in 2004 on HIV/prevention carries on in rural India. The results showed that an estimated of 4.58 million or less than 1% of India's billion people, are HIV positive according to the National AIDS Control Organization. Some villages showed greater awareness in the aspect of HIV/AIDS prevention. [13]

In 2004 a study was conducted to assess the trends in HIV/AIDS evidence base for India, a pub med literature search for publications from India in 2002 and 2003 on HIV/AIDS was done. The views expressed by many experts at fourth International Conference on AIDS, India, 2003 at Chennai were impressive but the presentation and discussion on original research data from India were sparse. From these various sources, it is estimated that the available evidence base for HIV/AIDS control in India is sub optimal. To effectively control HIV/AIDS in India, strategic planning is needed to develop an evidence base that covers all critical areas were information is needed. [14]

National AIDS research foundation, Pune (2004) conducted a study on "Youth sexuality study" to understand the youth sexual behavior and possible risks to HIV/AIDS. The study was conducted in 6 co-ed colleges and the results showed that the boys and girls have different relation ranging from social, emotional, professional, to physical and sexual relations. The study has demonstrated that although knowledge of HIV/AIDS is high in both boys and girls, higher in boys, yet myths and misconceptions persist. [15]

In 2003 a study was conducted on effectiveness of various IEC in improving awareness and reducing stigma related to HIV/AIDS among school going teenagers. The

objective was to find out the effectiveness of various IEC in improving awareness and reducing HIV/AIDS related stigma. The results showed that there was increase in the knowledge in the samples and the increase was from 60% in the pre-test to 72% in the post-test. The recommendations of the study were to conduct frequent interpersonal communications and sensitization on stigma related issues in HIV is recommended in school going children. [16]

A study was conducted in 2003 to assess the knowledge, attitude and beliefs about HIV/AIDS in college going adolescents. The objective of the study was to assess the knowledge about HIV/AIDS and to know the attitude and beliefs regarding this disease, among adolescent college going students. The results showed that 52.7% males and 62.03% of the females knew that AIDS is ineffective communicable disease. It also showed that the students 4.89% males and 6.48% females felt that AIDS can be transmitted by casual contact. This study recommends that implementation of HIV/AIDS awareness programmes can be carried out in schools, colleges and community. [17]

In 2003 a study was conducted to assess the knowledge and attitude of Para medical students in Saudi Arabia towards HIV/AIDS. The objective of the present study was aimed to build a base line profile for knowledge and attitudes of Saudi Arabia Para medical students towards HIV/AIDS. The results showed that a high percentage of students correctly perceive the risk presented by HIV/AIDS. Misconceptions and lack of knowledge regarding the transmission of HIV/AIDS were reported. [18]

A community based study conducted in 2003 to examine the effect of youth HIV prevention on young people aged 15-24 in South Africa: results of the base line survey. The objective of the study was to determine whether South Africa youths living in communities that had either of the two youth human deficiency virus prevention interventions. The results showed that HIV prevalence was 20.0% in females and 7.5% among males. There was no significant difference between study arms for HIV, NG, or CT prevalence at base line. [19]

A study was conducted in 2003 to assess associations among condom use, sexual behaviour and knowledge about HIV/AIDS – A study of 13,293 public school students. The results showed that an average age at sexual debut was 13.6 $\pm$ 1.9 yrs among young men and 14.2 $\pm$ 2.2 yrs among young women. More students had intermediate HIV/AIDS knowledge levels (46%, 95%) confidence interval (95%). [20]

In 2003 a study was conducted on school based HIV prevention programmes for African youth. This paper reviewed 11 published and evaluated school based HIV/AIDS risk reduction programmes for youth in Africa. The program objectives varied with some targeting only knowledge, others attitudes, and others behaviour change. The results of this review suggest that knowledge and attitudes are easiest to change, but behaviours are much more challenging. [21]

A study was conducted on the awareness on AIDS among the school students and teachers of higher secondary schools in north Calcutta (2001). The study results showed

that only 13.5% senior school student and 16.2% teachers as clear knowledge towards AIDS- its general aspects, transmission, and prevention. Girls had higher and clear knowledge than boys. It is suggested that schools have to device ways to open up more effective communication with students in relation to education on sex and AIDS. [9]

A study was conducted in 2001 to assess the knowledge and attitude of nurses towards HIV/AIDS patients in employees' state insurance hospital. The objectives of the study were to assess the knowledge of nurses regarding HIV/AIDS, to assess the attitude of nurses towards HIV infected patients, to associate the demographic data with the knowledge score regarding AIDS. The results showed that the nurses had inadequate knowledge regarding precaution with the mean value of 49.17 and the S.D. of 21.11. [22]

In 2001 a study was conducted in the Jamaican adolescents to assess the knowledge and attitudes regarding HIV/AIDS. The objective was to assess the knowledge of the church youth group regarding HIV/AIDS. There were 45 samples in the study and they had assessed on the ADIS attitude scale. The adolescents response on the AAS indicated strong empathy (4.66) and an over all supportive attitude (+1.77) for people with HIV/AIDS. [23]

In 2001 a study was conducted to examine high school teacher's knowledge and attitudes towards HIV/AIDS education. The respondents were the school teachers from 141 high school teachers. The results showed that 83% of female respondents and 79% of male respondents correctly identified that there have been no cases of AIDS spread by

students to their teachers or classmates through usual daily contact. The study found that allied health teachers possessed a fairly good understanding of HIV/AIDS while teachers in other disciplines had significantly less knowledge. Results indicate a direct relationship between teacher's knowledge of HIV/AIDS and positive are supportive attitudes towards HIV/AIDS. [24]

In 2000-2001 a study was conducted to assess the knowledge and attitude of unmarried young adults about desirable sex behavior in New Delhi. The objectives of the study were to: Assess the knowledge and attitude of unmarried young adults regarding desirable sex behaviour , prepare the guide lines for developing desirable sex based on the assessed knowledge and attitude of un married young adults; evaluate the knowledge and attitude of young married adults regarding desirable sex after exposure to the developed guidelines. The study was conducted on 30 samples. The results showed that the mean pre-test knowledge score was significantly higher than the mean pre-test unmarried young adults. There was significant positive correlation between knowledge and attitude scores of unmarried young adults towards desirable sex behaviour. [25]

A study was conducted in 2000 to assess the knowledge and attitudes of college students in Kerala towards HIV/AIDS, sexually transmitted diseases and sexuality. The results showed that all students had heard about AIDS. However, only 45% knew that AIDS is not curable at present. In multivariable analyses, male students ($p<0.001$) and urban residents ($p=0.006$) demonstrated a higher knowledge of AIDS and STDs. The gap in knowledge between boys and girls, and between rural and urban students suggests the

need for targeting girls and rural areas in National AIDS Education and awareness campaigns. [26]

A study was conducted in 1998 in context of a community development project related to sexual health knowledge of students at a High School in Nova Scotia. The study was carried out to assess student's sexual health knowledge, gender differences in knowledge, and associations between knowledge and sexual behaviors. The results showed that sexual health knowledge scores were highest for sexually active females. Knowledge was highest for HIV/AIDS. Students were insufficiently aware of their right to patient confidentiality. [27]

In 2001 a study was conducted on effect on nursing students of planned teaching programme on AIDS. The objective of the study was to assess the awareness of AIDS among General nursing students, Ludhiana. In this a comparison was done between the students of science group students and arts group students and found that the students of science group have more knowledge when compared to the arts group students. The results showed that there was increase in the knowledge of the students in the post-test when compared to the post-test showing the significance level at 0.001 levels. The post test t value 6.54 was higher than the pre-test t value 2.82. [28]

A study was conducted in 1998 on AIDS prevention through school health education: some sensitive issues. AIDS education for young people 10-24 years old requires special attention given the prevalence of high- risk social and sexual behaviors in

this age group. A clearly formulated policy that takes account of the moral, cultural, religious, and philosophical issues related to HIV/AIDS is essential to the success of school based AIDS prevention. [7]

In 1996 a study conducted on "creativity in AIDS education", showed results that the education material was distributed and the performance covered a wide range of issues, including the association of HIV/AIDS with homosexuality, politics, friendship, family secrets and AIDS prevention. [3]

A study conducted in 1995, on the human immunodeficiency virus epidemic in India, Baltimore, Maryland. The study revealed that there is increase in the AIDS cases since the first case was identified in 1986. It was estimated that 40% of Bombay's 50,000 commercial workers were infected by 1991. [29]

In 1995 a study was conducted to survey the knowledge and attitude about HIV and AIDS among medical students in USA. The results showed that the respondents mean score on the knowledge scale was 6.25 (S.D. 1.63) out of the possible score of 10. The results showed that the samples expressed discomfort in taking care of the AIDS patients. [30]

In 1993 a study was conducted to assess HIV related knowledge and attitudes among medical students in China. The results showed that 90% of the respondents

responded correctly about how HIV is transmitted, but only 72% responded correctly to questions on how HIV is not transmitted. [31]

CHAPTER-III

METHODOLOGY

Research Methodology:

It is the chapter which describes the methodology and the various steps involved and undertaken for gathering and organizing data for the study.

It includes description of Research Approach, Research Design, Setting, Sample Size, Sampling technique, development and description of tool, the teaching strategy, pilot study, data collection and plan for data analysis.

RESEARCH APPROACH:

The selection of research approach is the basic procedure to conduct research enquiry.

A Quasi experimental approach was adopted for the study.

RESEARCH DESIGN:

Polit and Hungler states that,"Research Design is the overall plan for obtaining answers to the question being studied and for handling some of the difficulties encountered during the research process."
The research design selected for the present study was pre-test and post-test design, was adopted in the evaluative research for the collection and analysis of data.

Primary objective of teaching programme programme on HIV /AIDS and its prevention on randomly selected samples of 100 respondents in terms of mean gain in knowledge test.The research design did not include any control group.
The study design shows that ,on day 1 pre-test was given to collect the desired data by using self administered questionnaire.On the same day a structured teaching programme on HIV/AIDS and its prevention was conducted.After a gap of 8 days post-test was conducted by using self administered questionnaire to assess the knowledge gain on HIV/AIDS and its prevention.

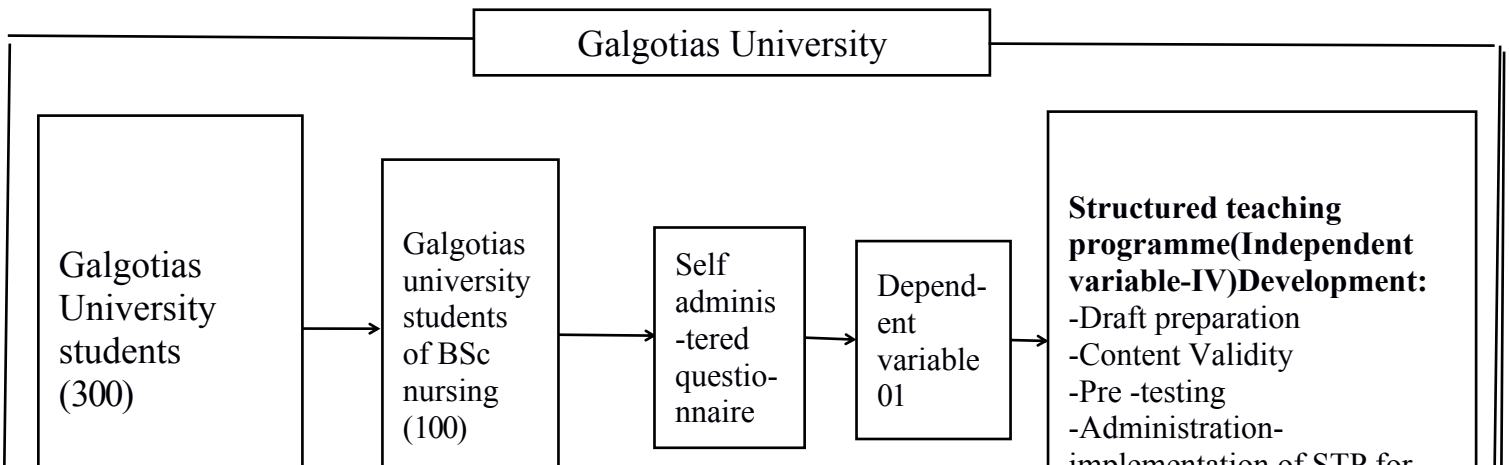
The study design is depicted in figure:

Randomized group	Pre-test	Treatment	Post -test
Group	Knowledge test(01)	Structured teaching programme(X)	Knowledge test (02)

The symbols are described as:

O1/02: Knowledge tests for the selected group on HIV/AIDS and its prevention.

X: Structured teaching programme on HIV/AIDS and its prevention.
Research design is depicted in fig.



Variable understudy:

Independent Variable(IV):

Structured Teaching programme

Dependent Variable(DV):
- **pre -test results**
- **Post -test results**

Attributed Variables(AV):

Age,sex,ordinal position ,number of siblings ,type of family,Educational level of parents ,Residence ,Family income ,Use of leisure time,Use of pocket money.

Settings of the study:

The study was conducted in galgotias university in greater noida in uttar pradesh state.The total strength of university is 18000.

The study included only Bsc nursing students whose no is 100. The reason for selecting these students was that the researcher's interest in imparting knowledge to the students.

The selection of these students was done on the basis of :

1. Feasibility of conducting the study.
2. Availability of sample.

POPULATION:

The target population for the study was Bsc nursing students in

galgotias university.

The total number of existing students in Bsc nursing was 100.

SAMPLE AND SAMPLING TECHNIQUE:

The sample of the study comprised of 100 students studying in Bsc nursing in galgotias university.

Stratified Random Sampling technique was used to select samples for the present study.
In the first stage ,the entire list of the students studying in Bsc nursing is (100). In the second stage,the students of Bsc nursing of one section is (n=50) was prepared from the enrolled university registers. In the third stage ,from the selected list of 50 students only 35 samples were selected to conduct the research study.

Criteria for selection of the samples:

1. Students studying in Bsc nursing galgotias university.

2. Students who give consent to participate in the study.

Exclusion Criteria:

1. Students who are not present on the day of the study.

2. Students who are not studying in Bsc nursing in galgotias university.

3. Students who do not give consent to participate in the study.

Selection and development of the instruments:

Selection of the tool:

A Self Administered questionnaire was prepared to assess the knowledge of Bsc nursing in galgotias university on HIV/AIDS and its prevention.

The following steps were carried out in the tool preparation:

A. Literature Review was done.
B. Prepared the Blue print.
C. Final tool prepared.

Literature Review:

Books,Journals,Periodicals and newspapers

Preparation of the Blue Print:

It was done in the three aspects as knowledge ,Understanding and application.

Description of the tool:

The Self Administered Questionnaire comprised of two section ie.,Section A and Section B.

Section A: It comprises of the demographic data.
Section B: It comprises of 30 Questions ,they are divided into 6 aspects ,In each the numbers of questions are as follows:

A. Concept and Meaning 7
B. Causative Organism 5
C. Sign and Symptoms 2
D. Transmission 5
E. Diagnosis 4
F. Prevention and Management 7

Validity of the tool:

Content Validity of the tool was established by 7 experts comprising of 6 nurse educators and 1 Statistician.

The experts were requested to give their opinions and suggestions regarding the tool for any modifications so as to improve the clarity.

Initially,the tool developed consisted of 44 items, out of which 40 had 100%agreement.For items 11,12,13 in the Section A it was suggested to modify and the item number 9 was to deleted as it was not relevant.

In Section B,there was 30 items on various aspects of HIV/AIDS and its prevention,where in all the items were agreed upon but they had suggested re-arranging the questions in the appropriate order.

After considering expert opinions and suggestions of the tool modification,the final tool consisted of background information 13 items,Knowledge on various aspects of HIV/AIDS and its prevention 30 items.

Pre-testing:

It was done to check the clarity if the tool items,its feasibility,clarity and practicality.It was administered to 10 students of Bsc nursing .The samples chosen were similar in characteristics to those of population under study.It was found that it took 20 to 30 minutes to complete the questionnaire.

Reliability of the tool:

The tool after validation was tested for its reliability.The tool was administered to 10 university students and the data was tabulated and reliability coefficient was worked out using split half method.The reliability coefficient was found to be r=0.8058 and the validity coefficient found to be 0.8977.Hence the tool was found to be reliable.

Development of the Structured Teaching Programme:

The teaching programme was developed based on the Review of Literature and the Objectives stated in the blue print.

Following steps were taken to develop the Structured Teaching Programme:

1. Content blue print developed.
2. Development and preparation of STP.

3. Content Validity of STP.
4. Pre-testing of STP.

Content Blue print:

A blue print of the objectives and content items to the three domains [KAP] prepared for the construction of Self Administered Questionnaire.

Objectives were distributed under following areas:

Content and meaning ,Causative organism, Sign and Symptoms,Transmission,Diagnosis,Management and prevention of HIV/AIDS.

The same blue print was considered for the construction of the STP.

PILOT STUDY:

The Pilot study was conducted during 21st to 30th of november 2020 at Galgotias university on another batch of Bsc nursing. An administrative approval was obtained from the Dean School of Nursing , to conduct the pilot study and the final study [Appendix-]

The purpose of the pilot study was:

a. To evaluate thetool.

b. To evaluate the effectiveness of theSTP.

c. To find out the feasibility of conducting thestudy.

10 students were randomly selected on the day 1 i.e.., on 21st, 22nd and 23rd of november2020, pre-test was administered and the structured teaching programme was conducted. Post-test was conducted on 27th, 28th and 29th of november 2020, which is 7 days after conducting the structured teachingprogramme.

The mean post-test scores 85% were higher than the mean pre-test scores being 65.26% with ' t ' 8.21 being significant at 0.05 level. The findings of the data reveal that this study is feasible.

Procedure for data collection:

Data analysis plan:

The data obtained were analyzed in terms of the objectives of the study using descriptive and inferential statistics. The plan of data analysis was done by organizing the data in the master sheet/computer. Paired t-test was employed to know the significant difference in mean knowledge of pre and post-tests performance. Further, F-test was used to know the impact of demographic variables on mean knowledge aspect.

CHAPTER-V

RESULTS

Introduction:

This chapter deals with the data analysis and interpretation of the study to assess the effectiveness of structured teaching programme on prevention and control of HIV/AIDS among students in Galgotias University ,Greater noida,Uttar pradesh.

Objectives of the study:

1. To assess the knowledge of students onHIV/AIDS.
2. To assess the effectiveness of structured teaching programme on prevention and control ofHIV/AIDS.
3. To know the impact of knowledge of the students with the selected demographic variables.

Presentation of the data:

To begin with, the data were entered in master sheet for tabulation and statistical processing.

The analysis of the data is organized and presented under following sections:

Section A: Analysis of Sample characteristics.

Section B: Analysis of effectiveness of STP in terms of

- Description.
- Analysis of pre-test scores.
- Analysis of post-test scores.

Comparison of pre-test and post-testscores.

- Testing the researchhypothesis.

Section A: Analysis of Sample characteristics:

The sample characteristics are described in terms of Age, Sex, educational level Of the samples, Type of family, Educational status of the parents, occupation of the parents, Habitant, Pocket money given, leisure time activities and personal habits.

The frequency and percentage distribution of the respondents according to personal characteristics are shown in the following tables.

Section B: Analysis of the Effectiveness of the Structured Teaching Programme

This section deals with analysis and interpretation of the data collected to evaluate the effectiveness of the structured teaching programme on HIV/AIDS and its prevention and control.

A self administered questionnaire was administered on the 1st day i.e. on 21st, 22nd and 23rd of november 2020at galgotias university on another batch of Bsc nursing.

On the 7th day after giving the education i.e. on 27th, 28th and 29th of november 2020 the post-test was conducted to evaluate the effectiveness of the structured teaching programme.

A detailed report of the effectiveness of the Structured Teaching Programme was analyzed.

TABLE – 1

Respondents by Age, Sex and Type of Family

Characteristics	Category	Respondents	
		Number	Percent
Age Group	15 years	13	13.0
	16 years	70	70.0
	17 years	17	17.0
Sex	Male	55	55.0
	Female	45	45.0
Type of Family	Nuclear	77	77.0
	Joint	23	23.0
Total		100	100

The above table shows the distribution of the Respondents according to their age, sex and type of family.

The maximum respondents were in the age group of 16years (70%) followed by 17years of age (17%) and 13% were found in the age group of 15yrs.

Among the total respondents under study it is evident that 55% were males and 45% females.

Majority of the respondents (77%) emerge from nuclear family and 23% noticed from joint family. (Figure-1)

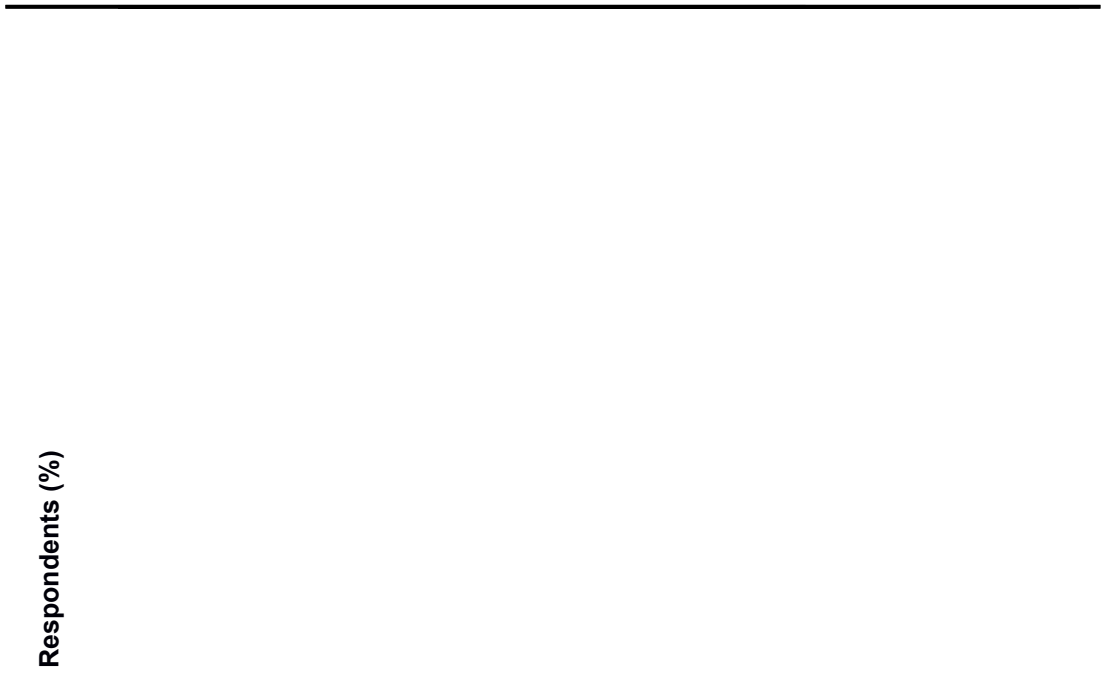


Figure. 1 : Respondents by Age, Sex and Type of family.

TABLE – 2

Respondents by Religion, Education and Occupation

Characteristics	Category	Respondents	
		Number	Percent
Ordinal Position	First	59	59
	Second	33	33
	Third	8	8
No. of Siblings	No Siblings	15	15
	One	60	60
	Two	20	20
	Three	5	5
Habitant	Urban	80	80
	Rural	20	20
No. of Brothers	No Brothers	37	37
	One	55	55
	Two	8	8
No. of Sisters	No Sisters	61	61
	One	34	34
	Two	5	5
Friendship with	Males	20	20
	Females	14	14
	Both	66	66
Total		100	100

Among the respondents 59% were first born, 33% were second born and 8% were third born. The above table indicates that majority of the respondents have only one sibling (60%), 20% have two siblings, 15% do not have siblings and less respondents have three siblings (5%).Majority of the respondents (80%) were from urban area and 20% were from the rural area.

55% of the respondents have one brother, 37% do not have brothers and 8% have two brothers. 61% of the respondents do not have sisters, 34% of them have one sister and 5% have two sisters. Majority of the respondents (66%) have friendship with both males and females, 20% have friendship only with males and 14% have friendship only withfemales.

TABLE – 3

Respondents by Family Income and Amount of Pocket money spent

Characteristics	Category	Respondents	
		Number	Percent
Family Income/ month	Below Rs.5,000	59	59.0
	Rs.5,001-20,000	26	26.0
	Above Rs. 20,000	15	15.0
Pocket money given	Yes	52	52.0
	No	48	48.0
Amount per month	Nil	48	48.0
	Up to Rs.50	17	17.0
	Rs.51-100	14	14.0
	Rs.101-200	9	9.0
	Above Rs.200	12	12.0
Total		100	100

It is evident from the findings that 59% of the respondents have family income below Rs.5, 000 per month, 26% have income between Rs.5001-20,000 per month and15% have the family income above Rs.20, 000 per month.

Majority of the respondents (52%) receive pocket money and 48% do not receive pocket money. Further, 17% of the respondents spent pocket money of Rs. 50 per month, 14% spent pocket money of Rs. 51-100, 12% of them spent above Rs.200 per month.

TABLE – 4

Education and Occupation of Respondents Parents

Characteristics	Respondents Parents			
	Father		Mother	
	Number	Percent	Number	Percent
Education				
Illiterate	3	3.0	4	4.0
Primary	4	4.0	9	9.0
Secondary	20	20.0	28	28.0
PUC	20	20.0	21	21.0
Degree	38	38.0	29	29.0
PG	15	15.0	9	9.0
Occupation				
Government	33	33.0	6	6.0
Private	29	29.0	9	9.0
Public sector	9	9.0	3	3.0
Business	24	24.0	1	1.0
Professional	5	5.0	0	0.0
House wife	0	0.0	81	81.0
Total	100	100	100	100

38% of the respondents fathers found with education up to Degree level, equal number of fathers (20%) have studied up to secondary level and PUC level, 15% have studied up to P.G. very less percent studied up to primary level (4%).

29% of the respondents mothers have studied up to Degree, 28% found education up to secondary level, 21% up to PUC, equal numbers (9%) educated up to primary school and PG level.

33% of the respondents fathers are government employees, 29% of them are engaged in private sectors, 24% are involved in business, 9% working in public sectors and 5% of them are professionals.

Majority of the respondents mothers (81%) are house wives, 9% are working in private sector and 6% of them are government employees.

TABLE – 5

Personal Habits of Respondents

Personal Habits	Response				Frequency of Use	
	Yes		No		Occasionally	
	N	%	N	%	N	%
Smoking	3	3.0	97	97.0	3	3.0
Alcoholism	1	1.0	99	99.0	1	1.0
Pan Chewing	0	0.0	100	100.0	0	0.0

It is evident from the findings that 97% of the respondents do not smoke and only 3% of them smoke occasionally.

Further, 99% of the respondents do not consume alcohol while only 1% consumes alcohol occasionally.

TABLE – 6

Response on Leisure Time Activities

Aspects	Leisure time Activities					
	Playing Games		Watching Television		Reading Books / Magazines	
	N	%	N	%	N	%
Response						
Yes	84	84.0	89	89.0	81	81.0
No	16	16.0	11	11.0	19	19.0
Mode of Use@						
Recreation	58	69.0	69	77.5	15	18.5
Health	25	29.8	12	13.5	12	14.8
Academic	8	9.5	19	21.3	65	80.2
Time spent/day						
Average	71		79		115	
SD	43		42		83	

@ Multiple Response

84% of the respondents utilize their leisure time in playing games and 16% do not play games. The mode of leisure use for recreation (69%), for health (29.8%) and academic activities (9.5%).

89% of the respondents watch television out of which 77.5% use for recreation, 21.3% for academic use and 13.5% for health related aspects.

81% of the respondents read books/magazines to spend their leisure time, the purpose of reading is for academic (80.2%), 18.5% for recreation and 14.8% for health aspects.

TABLE – 7

Aspect wise pre test mean knowledge score on Prevention and Control of HIV/AIDS

N=100

No	Aspects	Statements	Range Score	Mean Score	Knowledge scores (%)	
					Mean	SD
I	Concept and meaning	7	2-7	4.16	59.43	17.9
II	Causative organism	5	2-5	3.23	64.60	18.8
III	Signs and Symptoms	2	0-2	0.35	17.50	25.0
IV	Transmission	5	0-5	2.39	47.80	26.2
V	Diagnosis	4	1-4	2.51	62.75	23.4
VI	Management and prevention	7	0-6	3.80	54.29	20.6
Combined		30	9-24	16.44	54.80	13.1

The findings of table-7 indicate the results of aspect wise pre test mean knowledge score on Prevention and control ofHIV/AIDS.(Figure-2)

The overall pre-test mean knowledge found to be 54.8% among the respondents. The highest mean knowledge found in the aspect of Causative organism (64.6%) followed by Diagnosis (62.75%), Concept and Meaning (59.43%), Management and prevention (54.29%), Transmission (47.8%) and the low mean knowledge score found in the signs and symptoms aspect(17.5%).

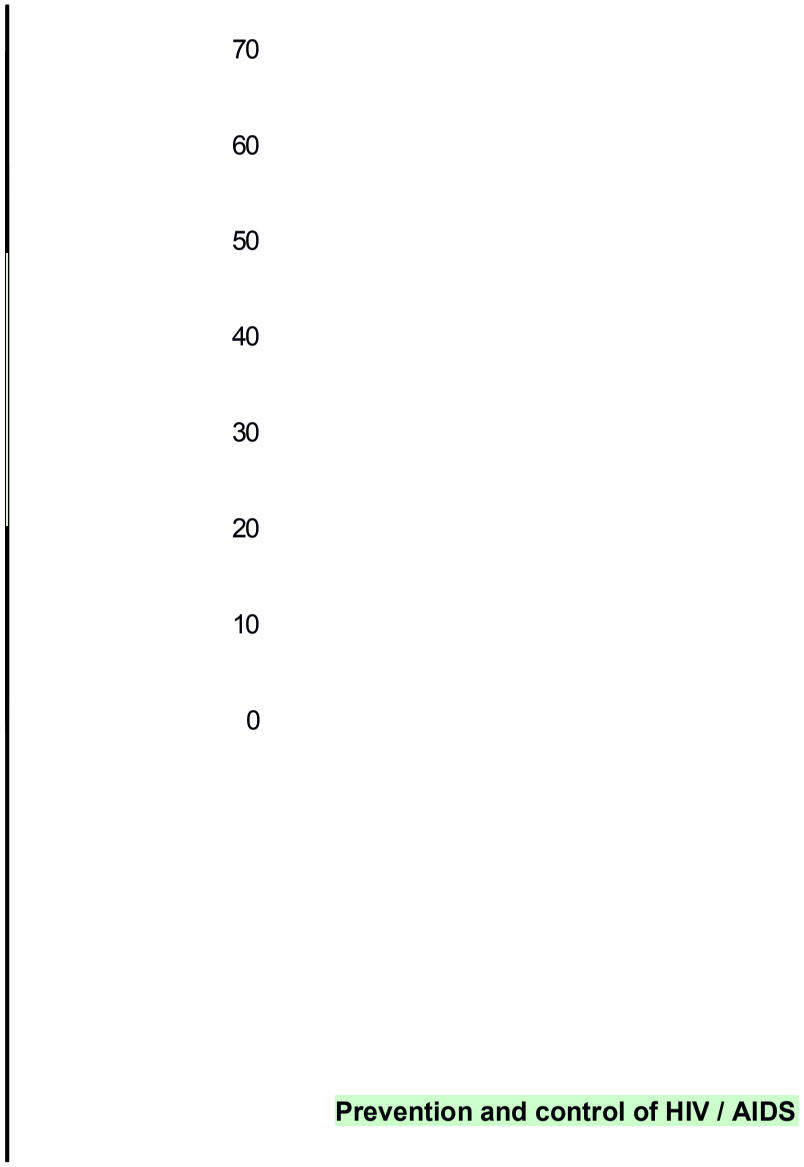


Figure. 2 : Aspect wise pre test mean knowledge score on prevention and control of HIV / AIDS

TABLE – 8

Aspect wise post test mean knowledge score on Prevention and Control of HIV/AIDS

N=100

No	Aspects	Statements	Range Score	Mean Score	Knowledge scores (%)	
					Mean	SD
I	Concept and meaning	7	5-7	6.48	92.57	9.6
II	Causative organism	5	3-5	4.57	91.40	13.1
III	Signs and Symptoms	2	0-2	1.73	86.50	25.5
IV	Transmission	5	1-5	4.08	81.60	20.2
V	Diagnosis	4	2-4	3.14	78.50	16.7
VI	Management and prevention	7	3-7	5.43	77.57	16.3
Combined		30	17-29	25.43	84.77	8.3

The results of aspect wise post test mean knowledge score on Prevention and control of HIV/AIDS are depicted in Table-8 and Figure-3.

The overall post-test mean knowledge found to be 84.77% among the respondents. The highest mean knowledge found in the aspect of Concept and meaning (92.57%) followed by the Causative organism (91.4%), Signs and symptoms (86.5%), Transmission (81.6%), Diagnosis (78.5%) and the low mean knowledge score among the aspects found in the Management and preventionaspect(77.57%).

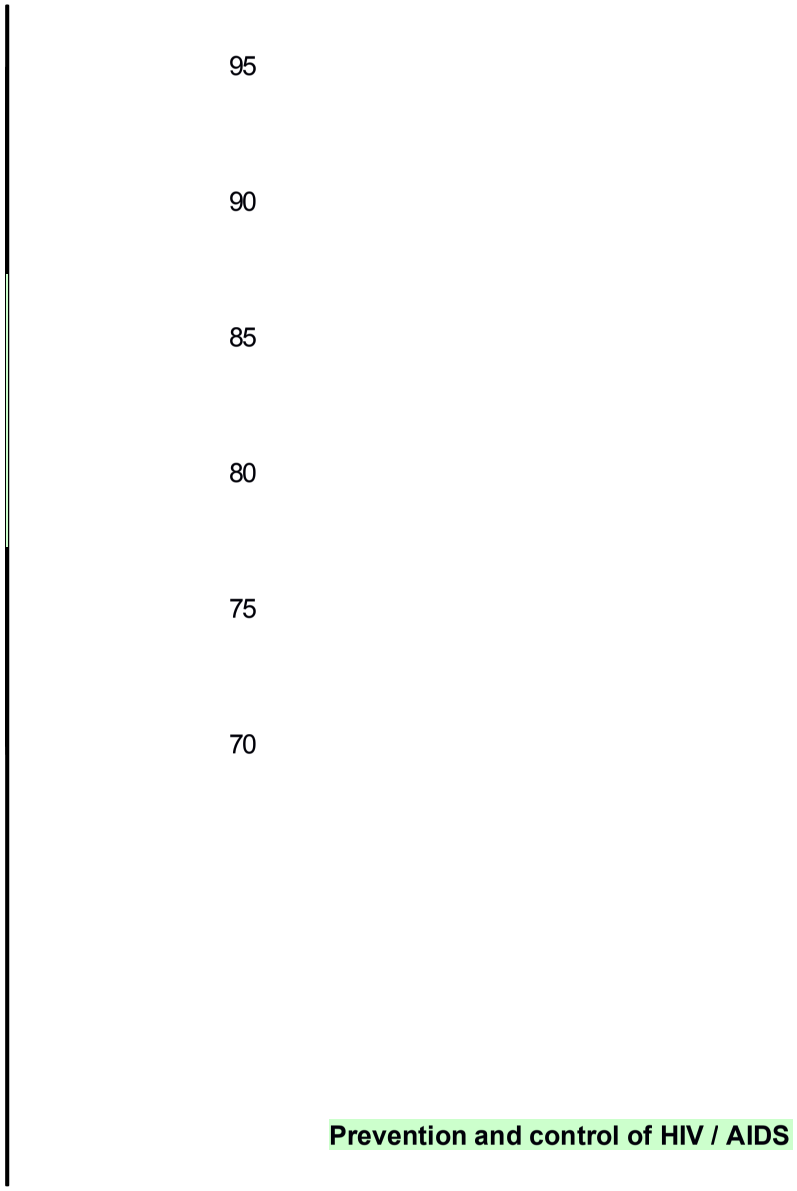


Figure. 3 : Aspects wise post test mean knowledge score on prevention and control of HIV / AIDS.

TABLE – 9

Mean knowledge scores of Pre test and Post tests on Prevention and Control of HIV/AIDS

N=100

Aspects	Max. Score	Mean Score	Knowledge scores (%)		Paired t-Value
			Mean	SD	
Pre-test	30	16.44	54.80	13.1	24.17*
Post-test	30	25.43	84.77	8.3	
Enhancement	30	8.99	29.97	12.4	

* Significant at 5 % Level

Table-9 indicates the overall mean knowledge scores of pre-test and post-test which reveals that post test mean knowledge score was found higher (84.77% and S.D. of 8.3%) when compared with pre-test mean knowledge score value which was 54.8% with S.D. of 13.1%.

The statistical paired‘t’ test implies that the difference in the pre-test and post-test knowledge score found statistically significant at 5% level ($p<0.05$) [The mean knowledge enhancement score was 29.97%] with a paired‘t’ value of 24.17%. There exists a statistical significant in the enhancement scores indicating the impact of intervention programme.

TABLE – 10

Aspect wise Mean knowledge scores of Pre test and Post tests

N=100

No	Aspects	Statements	Knowledge scores (%)						Paired t Value
			Pre-test		Post-test		Enhance-Ment		
			Mean	SD	Mean	SD	Mean	SD	
I	Concept and meaning	7	59.43	17.9	92.57	9.6	33.14	18.8	17.63*
II	Causative organism	5	64.60	18.8	91.40	13.1	26.80	16.9	21.78*
III	Signs and Symptoms	2	17.50	25.0	86.50	25.5	69.00	33.2	20.78*
IV	Transmission	5	47.80	26.2	81.60	20.2	33.80	24.2	13.97*
V	Diagnosis	4	62.75	23.4	78.50	16.7	15.75	19.7	7.99*
VI	Management and prevention	7	54.29	20.6	77.57	16.3	23.29	16.7	13.95*
Combined		30	54.80	13.1	84.77	8.3	29.97	12.4	23.62*

* Significant at 5 % Level

In the aspect of Concept and meaning the pre-test mean was 59.43% and the post-test mean was 92.57% with an enhancement in the knowledge by 33.14%, regarding Causative organism the pre-test mean was 64.6% and the post-test mean was 91.4% with an enhancement in the knowledge by 26.8%. In signs and symptoms aspect the pre-test mean was 17.5% and the post-test mean was 86.5% with the enhancement in the knowledge by 69%.

In the aspect of Transmission, the pre-test mean was 47.8% and the post-test mean was 81.6% with the enhancement in the knowledge by33.8%.

In Diagnosis aspect the pre-test mean was 62.75% and the post-test mean was 78.5% with enhancement in the knowledge by 15.75%.

Regarding the Management and prevention of HIV/AIDS the mean pre-test score was 54.29% and the post-test mean was 77.57% wherein the mean knowledge was enhanced by 23.29%.

The overall pre-test mean score was 54.8% and the post-test score was 84.77% and the enhancement in the knowledge by 29.97%. The statistical test indicate that the enhancement in the mean knowledge scores found to be significant ($p<0.05$) for all the aspects under study. However, the enhancement knowledge found in the area of Signs and symptoms (69%) followed by Transmission (33.8%) and Concept and meaning (33.14%).

TABLE – 11

Impact of Age group on Mean knowledge scores of Pre test and Post tests

Age (years)	Sample (n)	Knowledge Score (%)						Paired t test
		Pre test		Post test		Enhancement		
		Mean	SD	Mean	SD	Mean	SD	
15	13	60.00	13.6	82.56	6.9	22.56	10.5	7.75*
16	70	55.72	12.4	85.23	8.1	29.51	12.0	20.57*
17	17	47.06	13.1	84.52	10.1	37.46	11.9	12.98*
F-test		4.47*		0.57 ^{NS}		6.02 ^{NS}		

* Significant at 5 % Level NS :Non-Significant

Table-11 depicts that the impact of age group on mean knowledge scores of pre-test and post-tests, which reveals the post-test mean scores found greater than pre-test scores in all the age groups under study.

However, the enhancement was higher in the age group of 17 yrs(37.46%) followed by 16 years of age with 29.51% and in the age group of 15 yrs was 22.56%. it is interesting to note that the higher the age of the respondents better is the assessment of the knowledge on prevention and control ofHIV/AIDS.(Figure-4)

The difference in the pre-test and post-test knowledge was found highly significant in all the age groups understudy ($p<0.05$). Further, F-test shows the significant difference in the pre-test knowledge scores between agegroups.

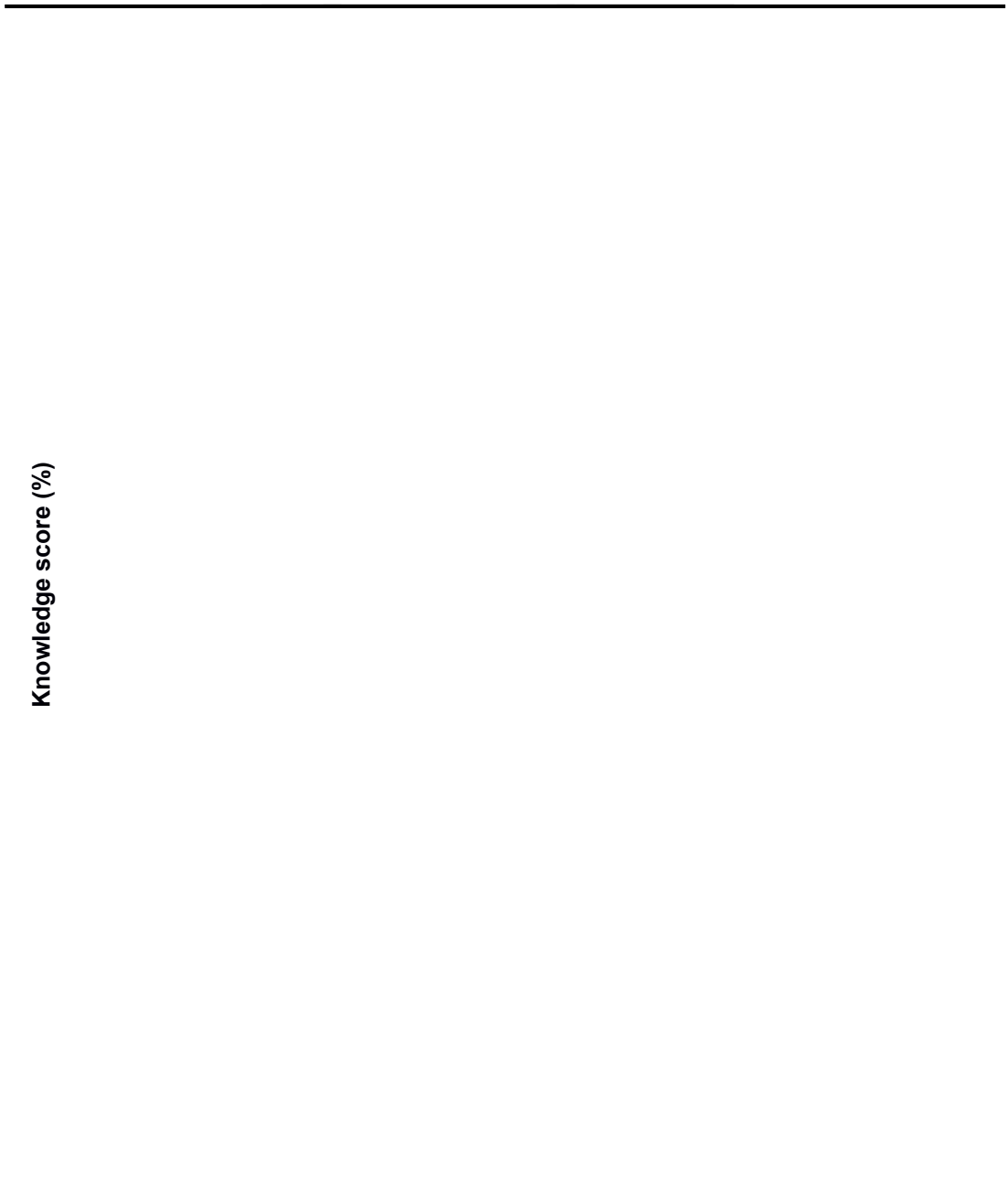


Figure. 4 : Impact of age group on knowledge scores of pre test and post test.

TABLE – 12

Impact of Sex on Mean knowledge scores of Pre test and Post tests

Sex	Sample (n)	Knowledge Score (%)						Paired t test
		Pre test		Post test		Enhancement		
		Mean	SD	Mean	SD	Mean	SD	
Male	55	54.43	12.6	85.28	7.7	30.85	12.6	18.16*
Female	45	55.26	13.8	84.14	9.0	28.88	12.2	15.88*
F-test		0.10 ^{NS}		0.46 ^{NS}		0.63 ^{NS}		

* Significant at 5 % Level NS:Non-Significant

The above table 12 reveals that the impact of sex on mean knowledge scores of pre-test and post-tests. It reveals that the post test mean knowledge score found to be 85.28% which is higher among males when compared with females (84.14%).

In males, the enhancement score was 30.85% when compared with a female which was 28.88%.

The statistical paired t-test implies that the difference in the pre-test and post-test knowledge scores found to be statistically significant for males and females at 5% level ($p<0.05$). Further, F-test used to test the knowledge scores reveals that the difference in scores between males and females found not significant for pre-test, post-test and also in enhancement scores.(Figure-5)

of Sex on knowledge scores of pre test and post test.

TABLE – 13

Impact of Type of Family on Mean knowledge scores of Pre test and Post tests

Type of Family	Sample (n)	Knowledge Score (%)						Paired t test
		Pre test		Post test		Enhancement		
		Mean	SD	Mean	SD	Mean	SD	
Nuclear	77	56.28	12.9	85.19	8.1	28.91	12.1	20.97*
Joint	23	49.86	12.7	83.34	8.9	33.48	13.0	12.35*
F-test		4.41*		0.88 NS		2.43 NS		

* Significant at 5 % Level NS :Non-Significant

Tables 13 establish the impact of type of family on mean knowledge scores of pre-test and post-test.

The mean knowledge scores of pretest was found to be 56.28% and the post-test was 85.19% in nuclear family respondents and the mean knowledge scores of pre-test was 49.86% and the post-test was found to be 83.34% among joint familyrespondents.

The enhancement scores found higher (33.48%) among joint family compared to respondents of nuclear families (28.91%). However, the enhancement knowledge on HIV/AIDS found significant statistically in both the groups (t=20.97 * and t=12.35*).
Further in pre-test knowledge showed significant between Nuclear and Joint family respondents (F=4.41*)

TABLE – 14

Impact of Habitant on Mean knowledge scores of Pre test and Post tests

Residence	Sample (n)	Knowledge Score (%)						Paired t test
		Pre test		Post test		Enhancement		
		Mean	SD	Mean	SD	Mean	SD	
Urban	80	55.58	12.9	86.08	7.5	30.50	12.7	21.48*
Rural	20	51.68	13.5	79.51	9.2	27.83	11.4	10.92*
F-test		1.43 NS		11.08*		0.73 NS		

* Significant at 5 % Level NS: Non-Significant

Table-14 Impact of Habitant on mean knowledge of Pre-test andPost-test

The mean knowledge of scores of pre-test was found to be 55.38% and 51.68% in the urban and rural areas respectively. However, the enhancement knowledge in the post t test is 30.50% in urban and 27.83% in rural respectively.(Figure-6)

The statistical paired t-test implies that the difference in the pre-test and post-test mean knowledge score was found statistically significant at 5% level ($p<0.05$). Further F-test was used to test the knowledge between groups, which reveals that the difference in scores between urban and rural areas found significant for post-test ($F=11.08^*$).

Habitant on knowledge scores of pre test and post test.

TABLE – 15

Impact of Ordinal Position on Mean knowledge scores of Pre test and Post tests

Ordinal Position	Sample (n)	Knowledge Score (%)						Paired t test
		Pre test		Post test		Enhancement		
		Mean	SD	Mean	SD	Mean	SD	
First	59	54.80	14.5	83.05	8.6	28.25	13.0	16.69*
Second	33	55.97	11.3	86.37	7.3	30.40	11.0	15.88*
Third	8	50.00	7.3	90.83	6.1	40.83	7.5	15.40*
F-test		0.66 ^{NS}		4.29*		3.88*		

* Significant at 5 % Level NS:Non-Significant

The results of table 15 indicate the impact of ordinal position on mean knowledge scores of pre-test and post-test.

The mean knowledge score of pre-test was 54.8% in the first born, 55.97% in the second born and 50% in the third born and the mean knowledge score of post test was 83.05%, 86.37% and 90.83% for the first, second and third born respectively (Figure-7).

The statistical paired t-test implies that the difference in the pre-test and post-test mean knowledge score was found statistically significant at 5%level ($p<0.05$) with all the ordinal positions.

Further F-test was used to test the knowledge which reveals that the difference in the scores between ordinal position found to be non significant for pre-test and significant performance for the post-test and in enhancement scores.

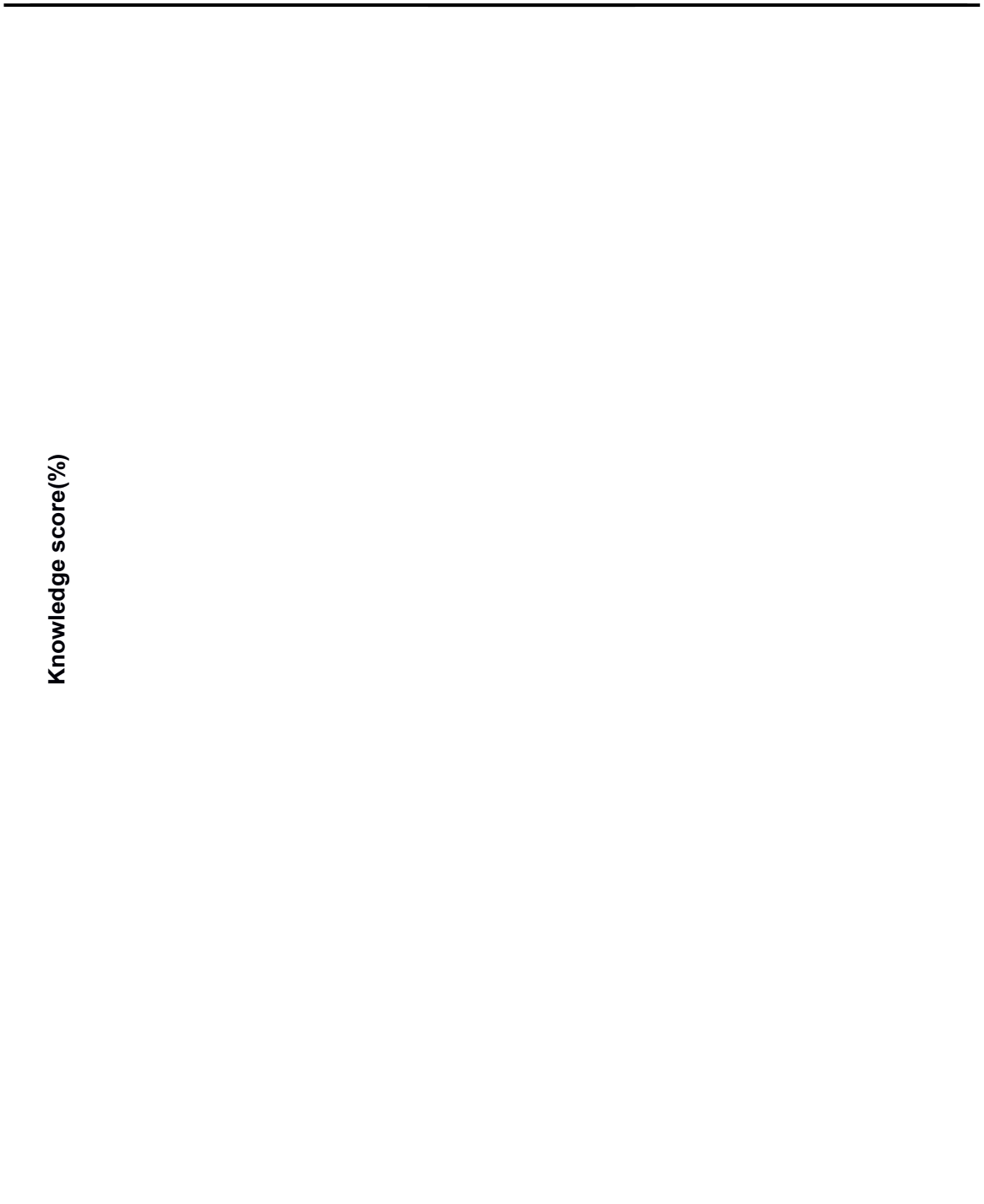


Figure. 7 : Impact of ordinal position on knowledge scores of pre test and post test.

TABLE – 16

Impact of Siblings on Mean knowledge scores of Pre test and Post tests

Siblings	Sample (n)	Knowledge Score (%)						Paired t test
		Pre test		Post test		Enhancement		
		Mean	SD	Mean	SD	Mean	SD	
No	15	49.33	15.1	83.10	8.5	33.77	14.9	8.78*
One	60	56.39	12.7	84.61	7.9	28.22	11.2	19.52*
Two/Three	25	54.27	12.3	86.14	9.1	31.87	13.2	12.07*
F-test		1.80 NS		0.66 NS		1.62 NS		

*Significantat 5%level NS:Non-Significant

Table-16 depicts the impact of siblings on mean knowledge scores of pre-test and post-test.

The enhancement knowledge scores in the number of siblings category found to be significant as implied by statistical paired t-test results($p<0.05$).

Further, F-test was used to test the knowledge scores between the number of siblings found to be non significant for pre-test and post-test and enhancement scores.

TABLE – 17

Impact of Friendship on Mean knowledge scores of Pre test and Post tests

Friendship with	Sample (n)	Knowledge Score (%)						Paired t test
		Pre test		Post test		Enhancement		
		Mean	SD	Mean	SD	Mean	SD	
Male	20	52.67	11.5	85.01	8.1	32.34	11.6	12.47*
Female	14	50.48	17.0	83.80	11.0	33.32	14.6	8.54*
Both	66	56.37	12.5	84.90	7.8	28.53	12.1	19.16*
F-test		1.52 ^{NS}		0.11 ^{NS}		1.33 ^{NS}		

* Significant at 5% level NS : Non-Significant

Table 17 depicts the impact of friendship on mean knowledge scores of pre-test and post-test. The pre-test mean knowledge score of the respondents having friendship with females is 52.67% with post-test mean knowledge score of 85.01% with enhancement score as 32.34%.

The pre-test mean knowledge score of the respondent having friendship with females is 50.48% with post-test mean knowledge score of 83.8% as the enhancement in the knowledge is 33.32% and the pre-test mean knowledge score of the respondents having friendship with both is 56.37% and with the post-test mean knowledge score of 84.9% as the enhancement in the knowledge is 28.53%.(Figure-8)

The statistical paired t-test implies that the difference in the pre-test and post-test knowledge score found statistically significant ($p<0.05$).

Further, f-test used to test knowledge scores reveals that the difference in scores between the type of friendship found to be non significant for pre-test, post-test and also in enhancement scores.

Figure. 8 : Impact of Friendship on knowledge scores of pre test and post test.

TABLE – 18A

Pre test and Post test mean knowledge on Concept and Meaning

No	**Concept and Meaning**	**Respondents Mean Knowledge (%)**		
		Pre-test	**Post-test**	**Enhance-Ment**
1	AIDS stands for	88	98	10
4	First case of HIV/AIDS was identified in India at	46	98	52
7	The system affected in the body by HIV virus	78	94	16
8	People affected by AIDS are	87	98	11
9	AIDS affects people in the age group	61	90	29
10	Incubation period of AIDS	15	76	61
12	One of the signs of AIDS	41	94	53

This table depicts the knowledge score in relation to concept and meaning of HIV/AIDS.

It reveals that the mean pre-test knowledge score ranged between 15% to 88% and the post-test knowledge score ranged between 76% to 98% which shows considerable enhancement in knowledge on the statements of concept and meaning aspect.

The enhancement in the mean knowledge score found to be with the range 10% to 61% in the statements of concept and meaning aspect.

TABLE-18B

Pre test and Post test mean knowledge on Causative organism and Signs and Symptoms

No	*ASPECTS*	Respondents Mean Knowledge (%)		
		Pre-test	**Post-test**	**Enhance-ment**
	II . Causative organism			
2	The Causative organism of AIDS is a	88	97	9
3	The virus that cause AIDS	85	98	13
5	HIV organism is seen in	29	80	51
6	A person acquires immunity against infection through	33	84	51
11	AIDS is atype of disease.	88	98	10
	III . Signs and Symptoms			
13	One of the symptoms of AIDS is	19	87	68
14	The disease associated with AIDS	16	86	70

It depicts the knowledge score in relation to causative organism and the signs and symptoms.

It reveals that the mean pre-test knowledge score in relation to causative organism ranged between 29% to 88%, compared to the post-test score ranged between 80% to 98%, shows greater enhancement in knowledge, in the statements of causative organism aspect.

It also reveals that the mean pre-test knowledge score in relation to signs and symptoms are 16% and 19% compared to the post test score of 86% and 87% with the enhancement in knowledge in the statements of the aspect of signs and symptoms. The enhancement in the mean knowledge score found to be 9% to 51% in causative organism and 68% and 70% in signs and symptoms.

TABLE-18C

Pre test and Post test mean knowledge on Transmission and Diagnosis

No	*AREAS*	Respondents Mean Knowledge (%)		
		Pre-test	Post-test	Enhance-ment
	IV . Transmission			
15	AIDS is transmitted by	68	90	22
16	An infected mother pass AIDS to her child	20	64	44
17	AIDS can be transmitted	42	72	30
18	AIDS is not transmitted through	79	94	15
19	Can a women with AIDS give birth	30	88	58
	V . Diagnosis			
20	AIDS is positively detected through	87	93	06
21	The test specifically used to test AIDS	80	94	14
22	HIV/AIDS is detected at	57	88	31
23	Frequency of blood test to be done for the blood donors	27	39	12

It depicts the knowledge score in relation to transmission and diagnosis.

It reveals that the mean pre-test knowledge score of the aspect of transmission ranged between 20 % and 79% and the post test score ranged between 64% and 94% with the enhancement in the knowledge on statements of transmission.

The enhancement in the mean knowledge scores found to be with the range of 15% and 58% in the aspect of transmission.

Table 18c also depicts the mean pre-test knowledge score of the aspect of diagnosis which ranged between 27% and 87%, and the post-test mean knowledge score ranged between 39% and 94% which shows enhancement in the knowledge for the statements in the aspect of diagnosis.

The enhancement in the mean knowledge score is found to be with the range of 6% to 31% in the diagnosis aspect.

TABLE-18D

Pre test and Post test mean knowledge on Management and Prevention

No	*IV . Management and Prevention*	Respondents Mean Knowledge (%)		
		Pre-test	**Post-test**	**Enhance-ment**
24	AIDS can be prevented through sexual contact with	69	78	09
25	Sexual transmission of AIDS can be prevented by the use of	59	80	21
26	Condoms are available at	36	86	50
27	AIDS should be screened to a person traveling from one country to another	18	28	10
28	The age group that needs sex education	73	94	21
29	Information on AIDS can be shared with	72	94	22
30	Is it harmful to have a classmate with AIDS	53	83	30

It depicts the knowledge score in relation to the management and prevention.

It reveals that the mean pre-test knowledge score ranged between 18% and 73% compared to the post-test score ranged between 28% to 94% which shows enhancement in knowledge in the statements of management and preventionaspect.

The enhancement in the mean knowledge score found to be with the range 10% to 50% in the aspect of management and prevention.

CHAPTER-V

DISCUSSION & CONCLUSION

CHAPTER-V

DISCUSSION, SUMMARY, CONCLUSION, IMPLICATIONS, LIMITATIONS AND RECOMMENDATIONS

DISCUSSION:

The present study was done to assess the knowledge of the Galgotias University students of B.Sc Nursing on HIV/AIDS.

The findings are discussed under the following headings:

1. Knowledge of the galgotias university students regarding HIV/AIDS.
2. Association between the knowledge of the samples with the selected demographic variables.

Knowledge gain of the Galgotias University students of B.Sc Nursing regarding HIV/AIDS after the structured teaching programme:

In this study the overall mean knowledge scores of pre-test and post-test which reveals that post test mean knowledge score was found higher (84.77% and S.D. of 8.3%) when compared with pre-test mean knowledge score value which was 54.8% with

S.D. of 13.1%.The statistical paired‘t’ test implies that the difference in the pre-test and post-test knowledge score found statistically significant at 5% level ($p<0.01$) [The mean knowledge enhancement score was 29.97%] with a paired‘t’ value of 24.17%. There exists a statistical significant in the enhancement scores indicating the impact of intervention programme.

The study is supported by a study conducted (2003) on effectiveness of various IEC in improving awareness and reducing stigma related to HIV/AIDS among school going teenagers. The study results show that there was increase in the knowledge in the samples and the increase was from 60% in the pre-test to 72% in the post-test.

This findings are also consistent with a study conducted (2020) on Awareness effect on B.Sc nursing students of planned teaching progarmme on AIDS. The study results show that there was increase in the knowledge of the students in the post-test when compared to the post-test showing the significance level at 0.001 levels. The post test t value 6.54 was higher than the pre-test t value 2.82.

The findings are also supported by the study conducted in 2020. The results showed that there was increase in the knowledge of the students in the post-test when compared to the post-test showing the significance level at 0.001 levels. The post test t value 6.54 was higher than the pre-test t value 2.82.

Association between the knowledge of the samples with the selected demographic variables:

The study showed a significant association between the age of the samples and the Knowledge gain.

F-test used to test the knowledge scores reveals that the difference in scores between males and females found not significant for pre-test, post-test and also in enhancement scores.

These findings are in contrast with the findings of the study conducted in (2001) study on the awareness on AIDS among the school students and teachers of higher secondary schools in north Calcutta. The results of this study show that Girls had higher and clear knowledge than boys.

The enhancement scores found higher (33.48%) among joint family compared to respondents of nuclear families (28.91%). However, the enhancement knowledge on HIV/AIDS found significant statistically in both the groups (t=20.97 * and t=12.35*

Further in pre-test knowledge showed significant between Nuclear and Joint family respondents (F=4.41*).

The statistical paired t-test implies that the difference in the pre-test and post-test mean knowledge score was found statistically significant at 5% level ($p<0.05$). Further f- test was used to test the knowledge between groups, which reveals that the difference in scores between urban and rural areas found significant for post-test (f=11.08*).

These findings are supported by the study conducted (2000) assess the knowledge and attitudes of college students in Kerala towards HIV/AIDS, urban residents ($p=0.006$) demonstrated a higher knowledge of AIDS and STDs.

Further f-test was used to test the knowledge which reveals that the difference in the scores between ordinal position found to be non significant for pre-test and significant performance for the post-test and in enhancement scores.

Further, f-test was used to test the knowledge scores between the number of siblings found to be non significant for pre-test and post-test and enhancement scores.

Further, f-test used to test knowledge scores reveals that the difference in scores between the type of friendship found to be non significant for pre-test, post-test and also in enhancement scores.

Hypothesis :

Ho: Students will have inadequate knowledge on prevention and control of HIV/AIDS.

Researcher accepted the null hypothesis, as the students have the pre-test knowledge (54.80%) on HIV/AIDS

SUMMARY:

The present study was conducted to "Assess the effectiveness of structured teaching programme on prevention and control of HIV/AIDS among Galgotias University, students of B.Sc Nursing Greater

Noida ".

The present study is a quasi experimental study. The samples selected for the study were 300 and a self administered questionnaire was used to collect the data and to evaluate the knowledge of the students before and after administration of the structured teaching programme. The questionnaire consisted of section A and section B. The study was conducted from 15th December to 23rd December at galgotias university, on 2nd year batch of B.Sc Nursing. The samples were drawn by using Random sampling technique.

The objectives of the study were:

1.To assess the knowledge of degree students on HIV/AIDS.

2.To assess the effectiveness of structured teaching programme on prevention And control of AIDS.

3.To know the impact of knowledge of the students with the selected demographic variables

Hypothesis:

Since the study was a quasi experimental, the null hypothesis was formulated and the level of significance was set at 0.05.

Ho: Students will have some Knowledge on Prevention and control of HIV/AIDS.

The conceptual model selected for the present study is based on General system theory by Bertanlanfyy [1968]. In this there are the Input, Throughput and the output.

In the tool there were 2 sections in which section A consisted of the items needed to collect the data related to the demographic data and section B had 30 items related to the concepts of HIV/AIDS.

A pilot study was conducted from 21st of November to 29th of November at galgotias university on 2nd year batch of B.Sc Nursing to find out the feasibility of conducting the final study and to determine the methods for statistical analysis.

The final study was conducted from 22th October to 29th October in galgotias university. The data gathered were analyzed and interpreted according to the objectives. Descriptive and inferential statistics were used for the data analysis.

CONCLUSION:

The following conclusions were drawn based on the findings of the study:

1.Findings related to the demographic variables:

The maximum respondents were in the age group of 16years (70%) followed by 17years of age (17%) and 13% were found in the age group of 15years.

Among the total respondents under study it is evident that 55% were males and 45% females.

Majority of the respondents (77%) emerge from nuclear family and 23% noticed from joint family.

Among the respondents 59% were first born, 33% were second born and 8% were third born.

Majority of the respondents (80%) were from urban area and 20% were from the rural area.

Majority of the respondents (66%) have friendship with both males and females, 20% have friendship only with males and 14% have friendship only with females.

59% of the respondents have family income below Rs.5, 000 per month, 26% have income between Rs.5001-20,000 per month and 15% have the family income above Rs.20, 000 per month.

Majority of the respondents (52%) receive pocket money and 48% do not receive pocket money. Further, 17% of the respondents spent pocket money of Rs. 50 per month, 14% spent pocket money of Rs. 51-100, 12% of them spent above Rs.200 per month.

2.Findings regarding the association between the knowledge of the students of B.Sc Nursing with the selected demographic variables:

1. Association between the knowledge of the respondents and selected demographic variables was assessed using F-test.

2. The findings of the study revealed statistical paired 't' test implies that the difference in the pre-test and post-test knowledge score found statistically significant at 5% level ($p<0.01$).

3. With regard to sex, the chi-square test established a non significant relationship between sex and the pre-test, post-test and also in the enhancement scores at 0.05 and 0.01 level.

4. The enhancement knowledge on HIV/AIDS found significant statistically in both the groups (t=20.97 * and t=12.35*). Further in pre-test knowledge showed significant between Nuclear and Joint family respondents (F=4.41*).

5. The statistical paired t-test implies that the difference in the pre-test and post-test mean knowledge score was found statistically significant at 5% level ($p<0.05$). Further f-test was used to test the knowledge between groups, which reveals that the difference in scores between urban and rural areas found significant for post-test (F=11.08*).

6. The association between the ordinal position and the knowledge level of the students found to be non significant for pre-test and significant for the post-test.

7. Further, F-test was used to test the knowledge scores between the number of siblings found to be non significant for pre-test and post-test and enhancement scores.

8. Further, F-test used to test knowledge scores reveals that the difference in scores between the type of friendship found to be non significant for pre-test, post-test and also in enhancement scores.

IMPLICATIONS:

AIDS is one of the dreadful disorders. It is the association of many diseases and so it is described as the Syndrome. It is the most prevailing disorder in the world. It has evolved since1981 as it was first identified in Chennai. It is the most discussed topic as it cannot be cured so it should only be prevented. It has to be made aware to every one.

The nursing personnel are challenged to provide standard and quality nursing care. The finding of this study has implications in various areas of nursing namely nursing practice, nursing education, nursing administration and nursing research.

A. Implication for Nursing Practice:

The current concept of expanded role in nursing practice indicates changing role and function of the nurses. Expanded practice demands increased skill and knowledge that results in significant patient out come. The concept of nurse practitioners and nurse clinicians are becoming very popular in the western countries who have perspective authority, such dramatic changes in the nursing profession that is being a mere physicians hand maiden to an independent professional capable of taking independent decisions and professional accountability demands that nurses are not only meant for daily care of the HIV/AIDS patients.

The nurses should be confident enough to take care of the patients with AIDS. They should be taken care with affection. The nurses must be trained to look after the patients. They should not isolate the patients.

All the nurses taking care of the HIV/AIDS patients should be made aware of the routes that do not cause AIDS as they will be confident to take care of the patients.

B .Implication for Nursing Education:

The nursing personnel were challenged to provide standard and quality nursing care. These can be met only by keeping abreast of with current trends and in advanced health technology. The nurse is the role teacher who should educate the patients regarding the self care and should try to counsel the patients so that they do not feel lonely. The nurse educator should educate the students in the nursing profession so as to make them ready to take care of the patients.

C. Implication for Nursing Administration:

The nurse administrator should evaluate the staffs who are working in the AIDS units. The nurse administrator should develop the in service education programme so as to make them aware of the recent changes in the aspects of AIDS. They should be motivated so as to participate in the continuing education programmes.

D. Implication for Nursing Research:

Every nurse should be proficient and confident enough to provide care to the AIDS patients. The deficiencies in the knowledge among nurses can result in poor quality of life of the patients. The findings of the present study can form a basis for the future research. Nurses must be motivated to conduct research related to the prevention aspect, in the aspect of the routes that does not lead to AIDS so that all the misinterpretations are cleared in these aspects.

LIMITATIONS:

a. Students studying B.Sc Nursing in Galgotias University, Greater Noida.

b. Students who give consent to participate in the study.

RECOMMENDATIONS:

1.Same type of study can be conducted to a large sample.

2.Similar study can be conducted in different setting.

3.Same study can be conducted to assess the attitudes of the nurses on HIV/AIDS.

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SELF ADMINISTERED QUESTIONNAIRE

SECTION: A

Sample Number:

1. Age (Years) :

2. Gender : Male ( ) Female ( )

3. Educational level :

4. Type of family : Nuclear ( ) Joint ( ) Extended ( )

5. Educational status:

Education	Father	Mother
1. Illiterate		
2. Primary level		
3. Secondary level		
4. PUC		
5. Degree		
6. P.G.		

6. Occupation:

Occupation	Father	Mother
1.Government Employee		

2. Private		
3. Public sector		
4. Business		
5. Professional		
6. House wife		

7. Ordinal position: First ( ) Second ( ) Third ( )

No. of siblings: ( ) Brothers ( ) Sisters ( )

8. Habitat : Urban ( ) Rural ( )

9. Do you have friend ship with: Males ( ) Females ( ) Both ( )

10. Is pocket money given: Yes ( ) No ( )

If, Yes Rs---------- / month

11. Personal habits:

Personal habits	Response		Frequency of use				
	Yes	No	Daily	Weekly	Fortnight	Monthly	Occasionally
1. Smoking							
2. Alcoholism							
3. Pan chewing							

12. Total Family income per month is Rs----------

13. Leisure time activities:

Leisure activity	Response		Time spent/day	Mode of use	
	Yes	No		Recreation Academic	Health
1.Playing games					
2.Watching T.V.					
3.Reading books and magazines					

SECTION: B

Instructions:

The samples are requested to go through the questions given below with four options for each out of which one is the right answer. So the samples are requested to write the correct answer's code in the space provided.

For Example:
Q: What is meant by STD?
a. Systematically transmitted diseases
b. Sexually transmitted diseases
c. Superficially transmitted diseases
d. Serious trouble some diseases
Answer. (b)

Q. 1. AIDS stands for

a. Acquired Immune Deficiency Syndrome
b. Acquired Infection Disease Syndrome
c. Altered Image Deficiency Syndrome
d. Altered Immune Deficiency Syndrome
Answer. ( )

Q. 2.AIDS is caused by
a. Virus
b. Bacteria
c. Fungus
d. Parasite
Answer. ( )

Q. 3. The causative organism of AIDS is
a. Herpes simplex
b. Varicella zoster
c. Human immuno deficiency virus
d. Trichomonias
Answer. ( )
Q. 4. First case of HIV/AIDS was identified in India at
a. Chennai
b. Hyderabad
c. Bombay
d. Bangalore
Answer. ( )

Q. 5. HIV organism is seen in
a. Air
b. Water
c. Blood

d. All the body fluids

Answer. ( )

Q. 6. A person acquires Immunity against infections
a. By Birth
b. Through vaccines
c. Both by birth and vaccines
d. Diet
Answer. ( )

Q. 7.HIV Virus commonly affects
a. Immune system
b. Circulatory system
c. Nervous system
d. Respiratory system
Answer. ( )

Q. 8. AIDS affects only
a. Males
b. Females
c. Children
d. Any body equally
Answer. ( )

Q. 9. AIDS affects the people in the age group between
a.1-14 yrs
b.15-49 yrs
c. 50yrs and above
d. Any age group
Answer. ( )

Q. 10.What is the time required by the organism to cause AIDS?
a. 6yrs
b. 3-4yrs
c. 8-11yrs
d. affects immediately
Answer. ( )

Q. 11. AIDS is one of the
a. Sexually transmitted diseases
b. Contagious diseases
c. Hereditarily transmitted diseases
d. Air borne disease
Answer. ( )

Q. 12. A person with AIDS
a. Loose weight
b. Gain weight
c. Do not show any change in the weight
d. Severe weight gain
Answer. ( )

Q.13. One of the symptoms of AIDS is

a. Vomiting for more than a month
b. Diarrhoea for more than a month
c. Giddiness for more than a month
d. Fits for more than a month

Answer. ( )

Q. 14. AIDS is often associated with
a. Hyper tension
b. Blood pressure
c. Tuberculosis
d. Anemia
Answer. ( )

Q. 15. Routes of transmission of AIDS
a. Blood transfusion
b. Un protected sex
c. Infected needles and syringes
d. All the above
Answer. ( )

Q. 16. An infected mother may pass on AIDS to her child
a. Before and after birth
b. During and after birth
c. Before, during and after birth
d. After birth
Answer. ( )

Q. 17. AIDS can be transmitted
a. Homosexually
b. Heterosexually
c. Both homo and hetero sexually
d. None of the above
Answer. ( )

Q. 18. AIDS is not transmitted by
a. Use of common toilets
b. Shaking hands
c. Use of same utensils
d. All the above
Answer. ( )

Q. 19. A woman with AIDS
a. Should not give birth
b. Can give birth
c. Can give birth with precautions
d. I do not know
Answer. ( )

Q. 20. A person with AIDS is detected positively by
a. Blood test
b. X-ray
c. Urine test
d. Scan

Answer. ( )

Q. 21.The test specifically used to test AIDS is
a. WIDAL test
b. ELISA test
c. VDRL test
d. MRI test

Answer. ( )

Q. 22. HIV/AIDS is tested at
a. Hospitals
b. Nursing homes
c. AIDS centers
d. All the above

Answer. ( )

Q. 23. All blood donors need to be screened for AIDS
a. Always
b. Frequently
c. Sometimes
d. Only sometimes

Answer. ( )

Q. 24. One can prevent AIDS through sexual contact by
a. Having sex with multiple partners
b. Having single uninfected person
c. Having sex with unknown person
d. Having homosexual contact

Answer. ( )

Q. 25. Sexual transmission of AIDS can be prevented by
a. Oral pills
b. Nirodh
c. Copper-T
d. Cream/jelly

Answer. ( )

Q. 26. Condoms are available at
a. Pharmacy
b. Hospitals
c. Provision stores
d. All the above

Answer. ( )

Q. 27. A person traveling from country to country should be screened for AIDS
a. Compulsory
b. Not a must
c. Sometimes necessary
d. Not sure

Answer. ( )

Q. 28. Sex education is necessary for
a. Children only
b. Adults only

c. Middle age only
d. Any age group

Answer. ( )

Q. 29. One can share information on AIDS with
a. Friends only
b. Family members only
c. No one
d. With all persons

Answer. ( )

Q. 30. To have a class mate with AIDS is

a. Not harmful
b. Partially harmful
c. Fully harmful
d. I am not awar

Answer. ( )

ANSWER KEY

S. No	Key	Score
1.	A	1
2.	A	1
3.	C	1
4.	A	1
5.	D	1
6.	C	1
7.	A	1
8.	D	1
9.	D	1
10.	C	1
11.	A	1
12.	A	1
13.	B	1
14.	C	1
15.	D	1
16.	C	1
17.	C	1
18.	D	1
19.	C	1
20.	A	1
21.	B	1
22.	D	1
23.	B	1
24.	B	1
25.	B	1
26.	D	1
27.	C	1
28.	C	1
29.	D	1
30.	A	1