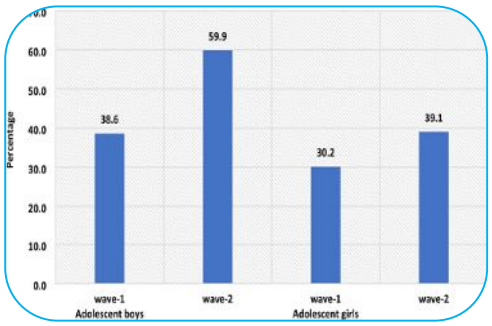
REVIEW OF RESEARCH
ISSN: 2249-894X
IMPACT FACTOR : 5.7631(UIF)
VOLUME - 15 | ISSUE - 1 | OCTOBER - 2025

A STUDY OF AIDS AWARENESS AMONG MALE AND FEMALE YOUTH IN KANPUR CITY

Dr. Shipra Srivastava
Assistant Professor, Department of Psychology,
Dayanand Girls Post Graduate College, Kanpur.

ABSTRACT :



This study explores the differences in HIV/AIDS awareness between male and female youth, recognizing that young people represent one of the most vulnerable populations in the face of the ongoing HIV epidemic. With the youth demographic at the center of both risk and prevention, assessing their understanding of the disease is vital for shaping effective public health responses. Using a structured, quantitative approach, data was gathered through questionnaire targeting a diverse group of male and female participants. The study measured knowledge across key areas such as modes of transmission, prevention strategies, symptoms, and the broader impact of HIV/AIDS.

The analysis revealed a noteworthy gender disparity: female participants demonstrated significantly higher levels of awareness and understanding compared to males. This gap in knowledge is concerning, as it suggests that young men may be more exposed to the risk of infection due to insufficient of inaccurate information. The findings emphasize a pressing need for gender-responsive health education initiatives that not only disseminate facts but also empower young men with the tools and confidence to protect themselves.

The awareness gap likely stems from deeper socio-cultural influences-such as limited access to education, societal taboos around female sexuality, and gender-based power imbalances- which must be addressed in any effective intervention. The study calls for the development of targeted HIV/AIDS awareness programs that are both inclusive and sensitive to the unique challenges faced by female youth. Bridging this knowledge divide is not just a health priority, but a step toward gender equity and long-term epidemic control. Future research should delve deeper into the cultural, educational and social barriers that contribute to this disparity, to ensure that awareness efforts are truly transformative.

KEYWORDS :*youth demographic , modes of transmission, prevention strategies, symptoms.*

INTRODUCTION:

Raising awareness about Acquired Immunodeficiency Syndrome (AIDS) is crucial in the ongoing global effort to combat HIV (Human Immunodeficiency Virus). Since its identification in the early 1980's., AIDS has claimed millions of lives worldwide and continues to affect individuals across all age groups, socioeconomic backgrounds, and geographic regions. Despite significant advancements in

medical science, treatment, and awareness campaigns, AIDS remains a stigma-laden and misunderstood condition in many societies, especially among the youth.

The vulnerability is due to various factors, including lack of comprehensive knowledge, risky sexual behaviors, peer pressure, substance abuse, limited access to health services and socio-cultural taboos around discussing sex and sexually transmitted infections (STIs). Youth often fall prey to myths, misconceptions, and misinformation, which further increase their risk of infection. Therefore, gauging the level of AIDS awareness among the youth becomes critical in formulating effective prevention strategies.

AIDS (Acquired Immunodeficiency Syndrome), is caused by the Human Immunodeficiency Virus (HIV), remains a significant global health challenge. Acquired immune deficiency syndrome is caused by the HIV (Human Immunodeficiency Virus), leading to a weaken immune system and increased susceptibility to infections. In India, the youth demographic an age 15-24 years contributes a substantial portion of the population, making them a critical focus for HIV/AIDS awareness and prevention efforts. Understanding the levels of awareness and the factors influencing knowledge about HIV/AIDS among male and female youth is essential for developing effective educational and intervention programs. Acquired Immunodeficiency Syndrome (AIDS) continue to pose significant public health challenges worldwide, particularly among adolescents. The youth demographic encompassing individuals aged 15-24, represents a critical group for intervention due to their vulnerability to HIV infection and the potential for long term health implications. This study aims to explore the levels of awareness, knowledge, and attitudes towards HIV/AIDS among youth populations across various regions, highlighting the factors influencing these parameters and the implications for public health strategies.

HIV (Human Immunodeficiency Virus) is a retrovirus that attacks the body's immune system, specifically the CD4 (T-cells), leading to AIDS (Acquired Immunodeficiency Syndrome) if left untreated.

The literature review provides an in-depth examination of existing scholarly work, research findings, theories and policy documents related to AIDS Awareness, particularly among youth populations. This Empirical chapter explores global and national perspectives, gender disparities, sociocultural influences and educational approaches that shape HIV/AIDS awareness among young people.

A study conducted by **S. Mehra and A. Grover (2021)** found that male students in Urban colleges in India had more exposure to HIV awareness campaigns than their female counterparts. Girls in rural areas, in particular, faced challenges in accessing basic sexual health information due to prevailing patriarchal norms. This gender imbalance in knowledge places young women at higher risk, not only because they are biologically more susceptible to infection, but also because they may lack the power to negotiate safe sexual practice.

Maria et al. (2006) National surveillance data focusing on individuals aged 13- to 24 reveal a concerning trend: HIV and AIDS disproportionately impact youth in the Southern United States, with black and Hispanic populations bearing the greatest burden. The rising number of HIV cases among young men who have sex with men aligns with broader patterns indicating a troubling resurgence of the virus in this group. These findings underscore a critical public health need: to intensify HIV prevention strategies, particularly within minority communities and among young men who engage in same sex relationships. Additionally, there is an urgent call to action to expand outreach, education and testing initiatives to ensure that at risk youth are both informed and empowered to know their HIV status.

Chioma et al. (2003)HIV/AIDS remains a major health crisis in Nigeria, particularly among young people in tertiary institutions. The age group of 20 to 24 has the highest rate of infection, posting serious concerns for both the country's future workforce and public health. Despite increased awareness over the years, the virus continues to spread especially among youth who engage in high-risk behaviors. This age group is particularly vulnerable due to a combination of social, cultural and

economic factors. In many Nigerian communities, traditional norms and cultural beliefs strongly influence behavior. For example, young men may feel social pressure to prove their masculinity through multiple sexual partners, while young women are often expected to remain silent about sexual health issues to combat this issue effectively, awareness campaigns must be more targeted, culturally sensitive, and gender specific.

Naswa, et al. (2010) Adolescents living with HIV face emotional, social and psychological struggles that often make it hard for them to accept and manage their condition. Fear; denial, misinformation, and lack of support are common barriers. This age group needs more than just medical treatment-they need understanding, counseling and a supportive environment. Since each adolescent is different, care must be sensitive, adaptable and respectful of their cultural and personal backgrounds. For treatment to succeed health workers must address the full picture of the adolescent's life not just the illness.

According to Shobhit et al. (2021) To close this awareness gap, we must reimagine how and where we deliver HIV education, information must be brought into spaces where marginalized adolescents live, learn and interact-not just schools, but communities, mobile clinics, social platforms and local gatherings. Investment in inclusive, culturally relevant education systems is essential it is not enough to inform; we must empower adolescents with knowledge they can trust and use. Only by prioritizing equity ensuring that every adolescent, regardless of background, has access to accurate HIV knowledge and services can be hope to reduce the long term burden of HIV.

Global Overview of AIDS Awareness:

Globally awareness of HIV/AIDS has improved considerably since the 1980's According to UNAIDS (2023), over 39 million people are living with HIV, and more than 29 million lives have been saved due to anti retro viral therapy. Despite medical advances, youth aged 15-24 continue to account of large proportion of new infections, especially in sub-Saharan Africa and South Asia. Studies conducted by the world Health Organization (WHO) indicate that although general awareness of HIV is high, there are critical knowledge gaps concerning modes of transmission and preventive practice, particularly among young people in developing countries.

HIV/AIDS Awareness in the Indian Context:

India is home to the third-largest population of people living with HIV in the world. Since the launch of the **National AIDS Control Programme (NACP)** in the 1990's there has been a significant decline in HIV prevalence due to prevention campaigns, public education, and free anti retro viral therapy. However, recent research still shows a worrying trend of low to moderate levels of accurate awareness among Indian youth.

Gender Disparities in AIDS Awareness:

Numerous studies point to the significant gender gap in HIV/AIDS knowledge and awareness. Males typically report higher awareness levels, largely due to better mobility, access to information through media and peer networks, and fewer social restrictions. Conversely, female youth often face societal barriers that limit open discussion about sex and sexual health.

Socio-Cultural Influence and Stigma:

In many communities, sex is a taboo subject, and talking about AIDS is Associated with promiscuity, immorality, or shame. This leads to stigma and discrimination against people living with HIV/AIDS (PLHIV), further discouraging youth from seeking information or help.

In India creating awareness about AIDS is a big part o the fight against the disease, since there is no complete cure for AIDS, educating people about how HIV spreads and how it can be prevented is the most powerful tool we have.

The National AIDS Control organization (NACO) plays a major role in spreading awareness. It works with the government, schools, hospitals and even television and radio programs to teach people about **HIV/AIDS. NACO** focuses on educating people from all parts of society-especially youth, high risk groups, and people in rural areas. Many **non-government organizations (NGO's) also support this effort by** organizing **camps, rallies, street plays** and counseling session to remove myths and fears about AIDS. These programs help understand that HIV does not spread through hugging, shaking hands, or sharing food-and that people living with HIV deserve respect, support and care.

Some of the main message shared in awareness campaigns is:

- Practice safe sex (use of condoms)
- Avoid sharing needles or razors
- Ensure safe blood transfusion
- Thanks to these efforts, awareness about AIDS in India has improved a lot over the years. But there is still a need to reach more people, especially in remote and less educated areas.

Awareness is not a data; it is a matter of justice, survival and human dignity. Adolescent boys tend to have more awareness about HIV than adolescent girls-a disparity influenced by age, education, media exposure, internet access, wealth and urban living. This divide highlights an urgent need to focus on reaching the most vulnerable adolescent those who are younger less educated economically disadvantaged and living in rural areas.

In summary, this study not only addresses a critical health issue but also contributes to the broader discourse on youth education, gender equity, and public health policy. It emphasizes the urgent need for continued efforts in spreading accurate information, dispelling myths, and building a generation that is informed, responsible, and resilient in the face of HIV/AIDS.

METHODOLOGY:

Research Aim: The present research aims to study AIDS awareness among male and female youth in Kanpur city.

Research design:

This study employed a descriptive cross-sectional design to evaluate HIV/AIDS awareness among young males and females. By collecting data at a single point in time, thisapproach provides snapshots of participant's knowledge and perceptions allowing for the identification of gender-based difference and areas where further education may be needed. Such insights are crucial for developing targeted interventions and educational programs aimed at enhancing HIV/AIDS awareness among youth.

Sample: The study involved 50 participants, aged between 21 and 30 years, selected through a simple random sampling method. This approach ensures that every individual within the specified age range had an equal chance of being included, minimizing selection bias and enhancing the representativeness of the sample. The sample comprised 25 males and 25 females allowing for a balanced gender representation to facilitate comparative analysis of HIV/AIDS awareness levels. This sample has been collected for ART center G.SV.M Medical College, Kanpur**.**

Tools:

The study utilizes the AIDS Awareness Scale developed by **Dr. Madhu Asthana**, to assess participant's knowledge about HIV/AIDS. This standardized questionnaire comprises 76 items designed to evaluate three key areas of awareness:

1- **Modes of HIV infection and location in the Body**: Understanding how HIV is transmitted and where it affects the body.

2- **Symptoms of AIDS**: Recognizing the signs and symptoms associated with AIDS.
3- Tests and Protection: knowledge about HIV testing methods and preventive measures.

Procedure:

The Data collection process followed a structured approach to ensure ethical standards and reliable results:

1- Ethical Approval: Prior to commencing the study, ethical clearance was obtained from the relevant institutional review board or ethics committee to uphold participants rights and ensure the study's integrity**.**

2- Participants Consent: Permission was sought from each participant to partake in the study, ensuring voluntary involvement.

3- Informed Consent: Participants were thoroughly briefed about the study's objectives, procedures and their rights, including confidently and the option to withdraw at any time without consequences. Written informed consent was obtained from all participants before data collection commenced.

4- Administration of the questionnaire: The AIDS Awareness scale, developed by **Dr.Madhu Asthana** was administered to participants. This standardized questionnaire comprises 76 items assessing three key areas: modes of HIV infection, symptoms of AIDS, and preventive measures. Participants were provided with the questionnaire, along with clear instructions on how to complete it. They were encouraged to answer honestly and to the best of their ability.

5- Data Collection Method: The Questionnaire was administered individually, depending on the participant preference and convenience. This flexibility allowed for a comprehensive assessment of AIDS awareness among the youth population aged 21 to 30

This systematic approach ensured the collection of reliable data while maintaining ethical standards throughout the research process.

Statistical Analysis: -

The data collected from the AIDS Awareness Questionnaire were analyzed using manual calculation methods to assess the level of HIV/AIDS awareness among male and female participants aged 21 to 30. The analysis aimed to determine if there were any significant differences in awareness levels between genders.

Scoring: Each correct response in section 1 is given mark, in section 2 marks and in section III 1.5. Each section carries a maximum score of 24 marks, and the overall, maximum score is 72. Higher scores on this questionnaire indicate greater awareness greater awareness about AIDS.

Result and Tables:

Table No. 1
Demographic Profile of Respondents:

Demographic Variable	Category	Male (%)	Female (%)
Age	15-18	28%	32%
	19-21	46%	44%
	22-24	26%	24%
Residence	Urban	62%	25%
	Rural	38%	42%
Education Level	High School	40%	46%
	Undergraduate	44%	40%
	Postgraduate	16%	14%

The Table-1 reflects a well-distributed demographic, profile of the participants with the majority falling in the age group 19-21 age group and having high school or undergraduate level of education

Table No. 2
General Awareness of HIV/AIDS:

Statement	Male (%)	Female (%)
Have heard of HIV/AIDS	96%	98%
Know it is sexually transmitted	90%	92%
Know it spreads through blood transfusion	84%	86%
Know about mother-to-child transmission	72%	66%

Table- 2 depicts that both male and female youth show high general awareness. However, awareness of mother-to-child transmission is slightly lower, particularly among females.

Table No. 3
Knowledge of Preventive measure:

Prevent Measure	Male (%)	Female (%)
Using condoms	78%	70%
Avoiding needle sharing	86%	84%
Getting tested regularly	64%	68%
Staying faithful to one partner	70%	72%

Table- 3 shows thatMales are slightly more aware of condom use, while females are marginally more informed about regular testing and relationship fidelity as preventive measures.

Table No. 4
Sources of Information:

Source	Male (%)	Female (%)
Television/Radio	60%	66%
Internet/Social Media	84%	82%
School Programmes	58%	60%
Friends/peers	46%	38%
Parents/Family	28%	36%

Table- 4 interprets thatInternet and school-based awareness programme are key sources. Female youth tend to rely more on family for information, while male youth rely more on peers.

Table No. 5
Attitudes Toward HIV-Positive Individuals:

Statement	Male (%)	Female (%)
Comfortable talking to an HIV-positive person	58%	52%
HIV-positive people should live and work like others	74%	70%
AIDS is a result of immoral behavior	20%	18%
Willing to share utensils with HIV-positive person	40%	34%

Table- 5 explores that **t**he average level of stigma in both groups. Males show slightly more openness in social interactions with HIV-positive individuals.

MAJOR FINDINGS:

- More than 90% of youth have heard of HIV/AIDS.
- More than70% of male and female youth have awareness avoids use of condoms Awareness of transmissions is high, but preventive behaviors like regular testing and using condoms need more emphasis.
- A degree of misinformation and stigma remains, especially related to social behavior.
- Internet and social media were potent tool for awareness in youth.
- Gender difference are present but not extreme-both groups need targeted awareness programs.
- More than 70% youth have awareness about that HIV positive people should live and work like others.

REFERENCES:-

1. AO Arowojolu, AO Ilesanmi, OA Roberts, MA Okunola: African journal of reproductive health, 60-70, 2002.
2. BouboulyThanavanh, Mdharun-Ot-Rashid, Hideki kasuya Junichi Sakamoto: journal of the international AIDS society 16(1) 17387, 2013.
3. CD Ebeniro journal of comparative research in anthropology and 2010-ceeol.com.
4. Dr. Madhu Asthana M. and Verma K.B. (28.30 Nov. 1999). Aids awareness in students.
5. Leickness C Simbai, seth C Kalichman, Anna Strebel, AllaniseCloetenamvoHenda:Social Science & Medicine 64(9), 1823-1831, 2007.
6. OlumideAbiodun, John Sotunsa, Franklin Ani EbunoluwaJaiyesimi : BMC reerarch notes 7, 1-8, 2014.
7. Rimjhim M Aggarwal, Jeffrey J Rous: The journal of development Studies 42(3), 371-401, 2006.
8. SuruchiSood, Corinne L shefner-Rogers, Manisha Sengupta: Asian Journal of Communication 16(3), 231-250, 2006.
9. Sanniyaya, ghoshBishwajit, Georges Danhoundo, Vaibhav shah, Michael Ekholuenetale. BMC public helath 16,1-9, 2016.
10. Shobhit Srivastava, Shekhar Chauhan, Ratnapatel, Pradeep kumar scientific reports 11(1), 22841,2021.
11. TakemiFujikawa, Kazuhito Ogawa: Journal of Contemporary Management 2(4), 21-28, 2013.
12. Yan Guo, Xiamoing Li, Xioming Li, Xiaoyi Fang, Shuling Jiang, Bonita Stanton AIDS care 23(11), 1409, 2011.
13. https://www.who.int/news-room/fact-sheets/detail/hiv-aids
14. https://hivinfo.nih.gov/understanding-hiv/fact-sheets/hiv-and-aids-basics.
15. https://en.wikipedia.org/wiki/HIV/AIDS.
16. https://www.healthcentral.com/condition/aids-and-hiv-infection
17. https://aidsvu.org/news-updates/national-women-and girls-awareness-day-toolkit-2024.
18. https://pmc.ncbi.nih.gov
19. https://openaidsjournal.com
20. https://www.researchgate.net/publication/289750756 Gender differences in HIVAIDS knowledge Awareness among Adventist University Students in Arusha Tanzania.
21. https://www.hiv.gov/hiv-basics/overview/data-and-trends/statistics
22. Anderson, S. and Elizabeth H. (1995) personality, appraisal and adaptational outcomes in HIV seropositive men and women.