

CHAPTER IV

DATA EXERCISE

4.1 Introduction

The World Health organization estimated that until mid 1996 there were 27.9 million people worldwide infected with human immunodeficiency virus (HIV). The majority of HIV infected individuals, especially young adults, were in sub-Saharan African (68% of the global total) and in South and South East Asia (18% of global total) (UNAIDS, 1996). In Thailand, adolescent AIDS cases 15 to 19 years old reported to the Ministry of Public Health, accounted for only 1.3 percent of the total (MOPH, 1996). The AIDS problem, as well as other sex-related problems, will be shouldered by the public, and already has had a large impact on adolescents.

Many young people are paying the price in terms of self-esteem, well being, and with their lives. Most of the young adult patients were infected while teenagers or during their high school student period. Adolescence is a time of aromatic physical, psychological, and social development and consequently vulnerability to the profound social and medical impact of HIV/AIDS is increased (Desjarlais, et al. 1990 & Hein, 1989).

The aim of the data exercise is to provide an opportunity where I can test the data process doing, how to proposed my data collection strategies and how to analyze my proposal. This data exercise useful for my proposal activities. In my proposal, attentions are given to HIV/AIDS peer education for school youths. I would like to data exercise in high school but this time is school holidays in Thailand. Therefore, my data exercise targeted youths at the Mahaboonkrong Area Bangkok. In this area, a lot of youth visit this place shopping, dining and socialing with their friend.

4.2 Objective of the data exercise

- To test and refine the data collection methods
- To develop data analysis methods
- To determine the level of knowledge, attitudes, and risk factors regarding HIV/AIDS in youths

4.3 Method

Type of study

The study design is a cross-sectional study, because, all randomly selected youths were eligible for the survey on that day. The target population was school-aged youths. First, I explained the objective of the study. Secondly, I asked the youths to give consent to participate in the study or who do not want to participate in the study.

After that, I gave the questionnaire to thirty-five youths. Out of that 35, 30 youths completed the questionnaires. From the thirty youth responses, five questionnaires were left of the analysis because of incompleteness and inconsistent answers. The remaining thirty questionnaires 86% of the respondents were analyzed.

The questionnaire consisted of four main parts, the first part asked about socio-demographic factors, the second part dealt with HIV/AIDS related knowledge, the third part with attitudes and the fourth part with refusal and confidence skills.

4.4 Study Area

Maboonkrong Center, near Chulalongkorn University.

4.5 Statistical Analysis

The results were analyzed using EPI-INFO software. Frequencies of socio-demographic determinants, level of knowledge on HIV/AIDS, attitude towards HIV/AIDS prevention, behavior and practice related to HIV transmission and prevention of HIV/AIDS and perception of HIV/AIDS education in school. Statistical associations between the socio-economic variables and the other factors were determined by using SPSS software version 7. Incomplete questionnaires were not included in the analysis.

4.6 Results

4.6.1 Socio-demographic factors of respondents

Thirty youths completed the questionnaires. Of these 11 (37%) were completed by female students and 19 (63%) were completed by males. The mean age of the students was 16.6 years with a range of age 15- 18 (Table 1).

Out of that 27 (90%) were secondary school youths and three (10%) were vocational/college youths. 23 (77%) of students native town were Bangkok and seven (23%) were countryside. Eighty-seven percent of the subjects were living with their parents whereas 10 percent and 3 percent lived with relatives and alone respectively (Table 1).

Household income were 5000 Baht one person (3%), 5001 to 10000 Baht twelve (40 %), and 10001 Baht above seventeen (57%) was responded by the students.

Table 4-1: Socio-economic information of the subjects

No	Questionnaires	Number	%
1.	• Number	30	100 %
2.	• Gender - Male	19	63 %
	- Female	11	37 %
3.	• Age(year) 15	6	20%
	16	8	27%
	17	9	30%
	18	7	23%
4.	• Education		
	- Secondary school	27	90%
	- Vocational/ college	3	10%
5.	Living with		
	- Parents	26	87%
	- Relatives	3	10%
	- Alone	1	3%
6.	Household income		
	- 5000 Baht	1	3%
	- 5001 to 10000Baht	12	40%
	- 10,001 above	17	57%

4.6.2 Responses to HIV/AIDS knowledge questions

In this study, high score like 87% and 97% correct answer to questions 2 & 3 (that is about you can get HIV infection by more sexual partners and sharing needles) was responded by the students.

Score around 70% correct answer to question four (You may get HIV from toilet seat) and 63 % correct answer to question six (Condoms protect a person from HIV and STD) was responded by the students.

Low scores of 50% for questions 1& 5. (STD can be cure, but there is no cure for AIDS and AIDS can be cured if you are given medicine early enough) was responded by the students.

Table 4-2: HIV/AIDS related knowledge of the subjects

No	Questionnaires	True	Don't know	False
1.	STD can be cured, but there is no cure for AIDS. (True)	15 (50%)	14 (47%)	1 (3%)
2.	The more sexual partners a person has the greater the chance of getting infected with HIV. (True)	26 (87%)	4 (13%)	- -
3.	You can get AIDS by sharing needle with a drug user who has it.(True)	29 (97%)	1 (3%)	-
4.	You may get HIV from toilet seat.(False)	2 (7%)	7 (23%)	21 (70%)
5.	AIDS can be cured if you are given medicine early enough. (False)	1 (3%)	14 (47%)	15 (50%)
6.	Condoms protect a person from HIV and STD. (True)	19 (63%)	9 (30%)	2 (7%)

4.6.3 Responses to attitude about HIV/AIDS related questions

97% of student agree to protect him or herself for HIV infection. 87 % of student Disagree to have sex without condom, your change of getting with HIV is very low.87% of student agree to carry condom you want to have sex. 80% of student agree to friends when they want me to do things I do not want to do. Low score of 33% for question on caring for someone with AIDS (Table 4-3).

Table 4-3: HIV/AIDS related attitude of the subject

No	Questionnaires	Agree	Not sure	Disagree
1.	Young people should realize that if they do not protect themselves, they could get infected with HIV	29 (97%)	1 (3%)	-
2.	It is alright to have sex without a condom, because your chance of getting with HIV is very low.	5 (17%)	3 (10%)	22 (73%)
3.	If people think they might have sex with a partner, they should carry a condom with them.	26 (87%)	3 (10%)	1 (3%)
4.	I would feel comfortable hugging a close friend who had AIDS.	10 (33%)	13 (43%)	7 (24%)
5.	It is alright to say "no" to friends when they want me to do things I do not want to do.	24 (80%)	3 (10%)	3 (10%)

4.6.4 Responses to Skills about HIV/AIDS related questions

The subject skills to the Scores around 70% correct answer on question 3 (Condom skill). Lower scores of 57% and 53% correct answer on questions 1 & 2 (Refusal skills) (Table 4-4).

Table 44: HIV/AIDS related skills of the subject

No	Questionnaires	Very confident	Somewhat confident	Not at all confident
1.	You like your boy/girl friend very much. He/she wants to have sex with you, but you don't. How confident are you that you could refuse and still remain friends?	17 (57%)	12 (40%)	1 (3%)
2.	You have been going out with someone and you have been having sex without condoms. You have heard that using a condom is a good way to keep from getting infected with HIV. Your partner does not like condoms. You do not want to have sex anymore without a condom. How confident are you could refuse?	16 (53%)	11 (37%)	3 (10%)
3.	You have bought condoms to protect you and your partner when you have sex. You really want to use condoms. How confident are you in being able to use the condom properly?	21 (70%)	8 (27%)	1 (3%)

4.7 Discussion

My results from this study in high school students are of major importance for the provision of fundamental information on HIV/AIDS prevention to Thai young adults. Eighty-seven percent of our subjects lived with their parents; whereas, 10 per cent lived with their relative, three percent lived alone; an environment, which might be more variable in contracting HIV infection.

In this study, HIV/AIDS related knowledge of the subject, 87% and 97 % of the students knew HIV infection can be get by more sexual partners and sharing needles. However, 47% of students do not know a cure for AIDS and you are not given medicine early enough. 30% of students do not know condoms protect of HIV and STD infection.

HIV/AIDS related attitude of the subject, 97% of students agree to realize that they do not protect themselves, they could get infected with HIV. 87% of students knew that they have sex with a partner, they should carry a condom with them. But, 43% of students not sure for feel comfortable hugging a close friend who had AIDS.

HIV/AIDS related skills of the subject, 70% of students very confident for to use condom properly with sexual partner. 57% and 53% of students very confident by refusal skills and 40%, 37% of students are somewhat confident. Therefore, we need to improve of student's negotiation and communication skills.

This study questionnaires are HIV/AIDS related Knowledge, Attitudes and Skills for the young people. In my study, total thirty students but I found that students should be need HIV/AIDS related Knowledge, attitudes and skills by individual.

In my study, I did pre-test question only in this students. This data exercise is useful for my proposal activities. I got some of idea such as to make questionnaire, data collection, data analysis and identify the result out come for the study population.

4.8 Limitations

In this study, all students came from different area and schools. Therefore, they are different characteristic.

Study populations are small so that they are not representative of all students.

4.9 Conclusion

The findings of this suggest that adolescent students need in their knowledge about HIV/AIDS. Some of the student did not know no cure for AIDS. The subject's attitudes and skills should be improved during adolescent periods.

Repetition of the HIV/AIDS information by school-health teachers or occasionally, health educators is necessary to increase the students' awareness of prevention of this dreadful disease. I believe that the next generation of AIDS prevention education must aim to improve adolescent's decision-making skills, especially, as they relate to the potential for engaging in unsafe sexual or drug practices. This data exercise was useful for my proposal process doing well.

References

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