

**Original Research Article****Establishment of social clubs as a potential tool to educate adolescents living in urban field practice area of Shri BM Patil Medical college, Bijapur**MR Gudadinni^{1*}, Shashank KJ², Vijaya Soragavi³¹Associate Professor, Department of Community Medicine, BLDE University's, Shri B M Patil Medical College Bijapur, India²Post graduate, Department of Community Medicine, BLDE University's, Shri B M Patil Medical College Bijapur, India³Lecturer, Department of Community Medicine, BLDE University's, Shri B M Patil Medical College Bijapur, India**ARTICLE INFO:****Article history:**

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Introduction: Globally half of the new HIV/AIDS cases are among the age group of 15 to 24 years and the greatest hope for changing the course of epidemic lies with the same agegroup. Within this age group, adolescents are more vulnerable to HIV infection as they do not have access to appropriate information or awareness of the dangers of high risk behavior. Objectives: Utilization and Impact of Social Clubs on imparting Knowledge to the Adolescents regarding HIV/ AIDS. Methodology: The study was conducted from Dec 2012 to Nov 2013. Assuming a 30 per cent prevalence of knowledge on HIV/AIDS, 95 per cent confidence interval and 15 per cent allowable error and 10 % dropout rate the calculated sample size was 438 adolescents Results: Out of 438 enrolled adolescents in the social club, 64 per cent participated in vocational training courses (62% girls and 38% boys) and also they participated in recreational activities and AIDS education sessions. The remaining (36%) participated only in recreational activities. 88 per cent of adolescents attended more than 75 per cent of educational sessions held while 10 Per cent attended only 50 to 75 per cent of AIDS awareness sessions. Conclusion: The social clubs seem to have potentials to improve HIV/AIDS awareness among adolescents to adopt a healthy lifestyle and can be utilized to address various issues related to adolescents.

Introduction

Effective learning is based on practical, meaningful experience. Adolescents need health services and support, tailored to their needs. They are less likely than adults to be tested for HIV and often need more support than adults to help them maintain care and to stick to treatment."-Dr. Gottfried Hirnschall, Director of WHO HIV/AIDS Department.

More than 2 million adolescents between the ages of 10 and 19 years are living with HIV, and many do not receive the care and support that they need to stay in good health and prevent transmission. In addition, millions more adolescents are at risk of infection. The failure to support effective and acceptable HIV services for adolescents has resulted in a 50% increase in reported AIDS-related deaths in this group compared with the 30% decline seen in the general population from 2005 to 2012.

For World AIDS Day 2013, WHO launches "HIV and adolescents: Guidance for HIV testing and counselling and care for adolescents living with HIV".

The decline in HIV prevalence and falling new HIV infections among young people worldwide and especially in sub-Saharan Africa, are occurring simultaneously with behavioural changes such as waiting longer to become sexually active, having fewer multiple partners and an increased use of condoms among young people with multiple partners.

At a human level, the financial burden of HIV/AIDS is at least 30% greater than deaths from other causes, because it affects the most productive age group (young adults), and because the costs of medication and caring for the sick are staggering and can be prolonged. HIV/AIDS leads to financial, resource and income impoverishment (Barnett & Whiteside, 2002), and puts severe strain on individuals and households. The

*Corresponding Author: Dr. MR Gudadinni, Associate Professor, Department of Community Medicine, BLDE University's, Shri B M Patil Medical College, Bijapur, India. E-Mail: m.gudadinni@rediffmail.com

psychological stress that is a direct consequence of the impact of HIV/AIDS on individuals and families can compromise school and work performance, family relationships, and the capacity to take care of children, and may also culminate in risk behavior such as alcohol and drug abuse and in unsafe sexual behavior.

The United Nation's Millennium Development Goal-6 targets-7 states that 'HIV infection should be halted by 2015' and strongly insists on the 'Behavior Change Communication (BCC)' but the conventional methods based on didactic messages are inadequate to achieve the desired behaviour change.

The Ministry of Youth Affairs and Sports in India in consultation with National AIDS Control Organization (NACO) has prepared a five-year plan called YUVA (Youth Unite for Victory on AIDS) and has incorporated the youth clubs as part of its strategy to reach out youth with an objective of "AIDS can particularly be a youth problem. The focus of the programme is awareness that prevention is the key to tackle the situation".

Its Mission to create cities that are just, equitable and sustainable to make cities a better place to live for the poor by enabling their access to human rights. YUVA works with People who live in informal settlements and who work in the informal sector[1-4].

Objective

Utilization and Impact of Social Clubs on imparting Knowledge to the Adolescents regarding HIV/ AIDS.

Materials and Methods

The study was conducted in the slums of Bijapur city under the urban health centre run by the Department of Community Medicine of Shri B M Patil medical college, Bijapur from Dec 2012 to Nov 2013. Assuming a 30 per cent prevalence of knowledge on HIV/AIDS in the previous studies, 95 per cent confidence interval and 15 per cent allowable error and 10 % dropout rate the calculated sample size was 438 adolescents[5-6].

Results

Out of 438 enrolled adolescents in the social club, 64 per cent participated in training courses completely. (62% girls and 38% boys) and also they participated in recreational activities and AIDS education sessions. Baseline data (438) was obtained from all the enrolled adolescents and end line data was collected from the adolescents who participated in the final session (280).

Table 1: Knowledge of adolescents regarding HIV/AIDS

Knowledge and Attitude	Baseline N (%) 438	End line N (%) 280	P Value
Routes of Transmission			
Unprotected sex with HIV positive	357(81.5)	250(89.2)	0.005
Blood transfusion	385(87.9)	265(94.6)	0.003
Needle/sharps used by HIV Positive	324(73.9)	248(88.5)	0.000
HIV positive mother to child	406(92.6)	275(98.2)	0.001
Misconceptions			
using utensils of patient	127(28.9)	6(2.1)	0.000
Mosquito bite	283(64.6)	12(4.2)	0.000
Staying together in house/hostel/playing	235(53.6)	10(3.5)	0.000
Preventive Measures			
Using condom	406(92.6)	278(99.2)	0.000
Single sex partner	324(73.9)	244(87.1)	0.000
Injection safety	139(31.7)	236(84.2)	0.000
Attitude			
Separation of AIDS patient	197(44.9)	14(5.3)	0.000
Ready for HIV testing	243(55.4)	246(87.5)	0.000
Convey the information about AIDS education	267(60.9)	268(95.7)	0.000

Majority of the adolescents were aware about the routes of transmission of HIV and the difference between before and after the impact of social club was found to be statistically

significant. It was also evident that in our study that misconceptions regarding the routes of transmission of HIV among adolescents was prevalent. 28.9% of them opined that

using utensils, 64.6% through mosquito bites, 53.6% by staying together under the same roof HIV can be transmitted indicating the lack of proper knowledge and wide prevalence of false beliefs were still present in the society. At the end of session the though the false beliefs were reduced to minimal it could not be bough to zero as these belief were deep rooted in the minds of the people.

Protective measures to avoid the infection from HIV by using condoms and having a single sex partner was aware among majority of adolescents. Only 31.7% of the adolescents were

aware that Safety precautions during injections need to be taken to avoid the transmission of HIV, which was increased to 84.2% at the end of the study period and the association, was found to be statistically significant.

Regarding the attitude of the adolescents in treating the HIV infected people, 44.9% preferred to be separated from them, which was reduced to 5.3% at the end of the session. 87.5% of the adolescents were ready to voluntarily get tested for HIV at the end of session. Nearly 88% of them had attended 75% of the sessions conducted.

Table 2: Assessment of social club

1. What motivated you to join social club?	
To know about the disease	162(57.8)
Friends	234(83.5)
Both	149(53.2)
Others	57(20.3)
2. Which activity did you like most?	
Vocational Training	196(70)
AIDS Education	265(94.6)
Recreation	247(88.2)
Others	74(26.4)
3. What is the preferred method of education you liked ?	
Interactive Methods	196(70)
TV Shows	235(83.9)
Print materials	68(24.2)
Others	158(56.4)
4. Did you tell people about AIDS and this Social Club?	
Yes	245(87.5)
No	35(12.5)

Presence and influence of the friends were the main reason given by the adolescents to join the social club followed by the curiosity to gain more knowledge about the disease. Vocational training (70%) given in the social clubs was the most liked activity among the members in the clubs. 94.6% of them liked the information about AIDS education given during the sessions. 88.2% attended the clubs as a part of recreation.

87.5% of the participants were happy and satisfied at the purpose of attending the social clubs and opined to spread the information about the disease and the activities of the social club[7-8].

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Conclusion

The social clubs seem to have potentials to improve HIV/AIDS awareness among adolescents to adopt a healthy lifestyle and can be utilized to address various issues related to adolescents. It is recommended that AIDS education programmes should be based on participatory methods, incorporating a specific life skill-based approach.

Conflict of interest statement

We declare that we have no conflict of interest.

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