La Source, School of Nursing Sciences, University of Applied Sciences and Art of Western Switzerland - Module REC 3.1- Bachelor Thesis
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Abstract – Group n°45

HIV awareness among adolescents in Coimbatore, Tamil Nadu, India

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Introduction

In India, adolescents younger than eighteen years old need parental consent to access HIV testing.[1] For Vaidyanathan G. healthcare provisions and facilities for teenagers in Tamil Nadu (TN) need to be improved.[2] Indeed, only 26.17 % of young Indians (15-24 years old) have knowledge on HIV prevention.[1] Furthermore, Khubchandani and al. report that "Risky sexual behaviors and lack of knowledge on sexuality-related topics are among the leading problems most associated with mortality, morbidity, and social ailments in adolescents[3]." In TN, funding for HIV prevention is decreasing despite the Tamil Nadu State AIDS Control Society (TNSACS) goal of 0 new infections, 0 stigma and 0 HIV related deaths[4]. However, according to UNICEF, "primary prevention among young people is the greatest hope to change the course of HIV epidemic in India[5]." Thus, the youth is identified as a priority by National AIDS Control Organization (NACO) in its strategic plan for 2017-2024[6]. These disparities led us to ask the following question: **What is the current level of awareness and prevention of HIV among adolescents in Coimbatore, Tamil Nadu?**

Methodology

Our study took place within an interdisciplinary team of 2 nursing students and 2 medical students in Coimbatore, TN, India, in a community health and primary care center called the Shanti Ashram. The aim of our study was to find out the health literacy level on HIV among teenagers. To do so we had to interview local actors, to seek for preventive tools available and to discover the potential barriers to knowledge.

We conducted a literature review about HIV in India, focused on prevention among teenagers. We read 25 articles and conducted 2 semi-directed interviews in Switzerland with healthcare providers specialized in HIV disease. Once in India, 12 semi-directed qualitative interviews were conducted. All participants are involved in HIV prevention work. They were selected by the Shanti Ashram, according to the socio-ecological model[7] and our interests. Our sample consists of 1 governmental district control officer, 4 non-governmental organization (NGO) actors engaged in public health, 2 physicians, 1 faith leader, 2 volunteers, 3 teachers and 1 school head mistress assistant. All interviews were recorded and partially transcribed. Most of them were conducted in English while 2 required Tamil-English translation. We had 5 informal discussions and 2 participating observations. An ethnographic observation about condoms accessibility and information found in the media was also conducted. Finally, these different means were analyzed and classified using an analysis grid. All our research was done following ethical rules (not to harm, respect individuals and confidentiality).

Results

Prevention programs for HIV actively start in colleges when people are above 18 years old. From around 13 years old, there are some measures to create HIV awareness, which need to be examined to understand what adolescents know before they are sexually active. We identified two categories of actors engaged in awareness at school. The first one is directly involved in education, such as teachers who do awareness through Life skills education and science classes from 10th standard. These programs are mostly on blood and parents-to-child transmission but the sexual aspect is hardly ever mentioned. Some interviewees reported that instead of presenting the chapter on HIV written in the book, they tell the pupils to read it a home or they read it quickly without further explanations. There are also external institutions that are more likely to talk in depth, especially about sexual transmission. These are NGOs, healthcare providers and the Red Ribbon Club (RRC). They use child-friendly approaches, such as question banks, short movies, role plays, etc. This kind of programs take place only once a year or during World AIDS Day and are not implemented in every school.

Our interviews showed that there were many specific difficulties preventing schools from talking about HIV to teenagers. One of them is the lack of time due to the academic burden and the fact that it is not mandatory in the syllabi. Moreover, some parents do not want their children to be spoken about sex and some schools refuse it as well. Finally, many interviewees noticed that it was a sensitive subject to address in co-education. In society, adolescents can directly access information on HIV through the media but it is often inaccurate and leads to misconceptions. According to some respondents, it can even encourage teens to engage in risky behaviors. More general difficulties were also noted. The main one is the social and cultural taboo of sexuality. The stigmatization of this disease and the fear of being branded are also obstacles. Regarding the prevention funding, it is going low as the emphasis is made on the care and support.

Our ethnographic observation shows that there are some Tamil movies mentioning HIV. TNSACS holds an anonymous helpline and recently launched a mobile app "*Iyyamthavir*". The app seems to be unknown by the prevention actors yet. Regarding condom accessibility, 4 pharmacies out of 6 sold condoms and some groceries stores also sell them.

Discussion

Our research shows that there is still a major gap between the awareness made in schools and the prevention done in colleges.

First TN has good materials for prevention and awareness, but in practice, does the message reach its target? Although teachers do not want to address the subject of sex directly, they try to create caution by talking about the difference between "good and bad touch" or through videos. These concepts are not contextualized, so it may be confusing for adolescents.

Second, the 10th grade science book contains misleading information and the terms also seem too technical for an adolescent's comprehension. When we presented our poster to the Shanti Ashram team, they decided to launch a review of the book.

Finally, talking about safe sexual practice seems to be a problem. According to some participants' belief it may lead to curiosity and thus to bad sexual behaviors. So, current educative contents are generally based upon abstinence models. This contradicts the literature on the topic, which shows that comprehensive-based prevention leads to significantly greater HIV knowledge, self-efficacy related to refusing sex, fewer sexual partners, and lesser prevalence of early sexual activity[3].

In order to improve teenagers' knowledge and empower them, the interviewees pointed out different suggestions which we share. For example starting HIV prevention before college, including prevention in school syllabi and making out-of-school youth reach a priority. Decreasing the stigmatization with impactful people such as peers, parents and religious leaders was also noted. We think that creating anonymous HIV consults from 16 years old, without parental consent, would allow teens to reach out for more information and know their status.

Conclusion

In conclusion, despite the fact that there is no proper prevention at school, all the interviewees agreed to say that TN is a reference in terms of prevention. Indeed, the number of new infections is going low as well as the prevalence and the incidence[1]. The prevention actors also use multiple child-friendly approaches which could be inspiring for Switzerland. But even if theoretical means and structures to do prevention are present, the application does not seem so concrete, especially when it comes to sexual transmission of HIV. Awareness of HIV transmission through blood is more openly discussed and this may be an advantage because, at least, it gives the possibility to talk about HIV. An emerging interrogation might be to know if others sexually transmitted diseases are discussed.

Our study has some limits. The main one was not being allowed to interview teens directly. The culture might have also been a limit but perhaps a perk too as we do not share the same cultural barriers and thus participants might dare to say more. The study should also be interpreted with caution while data saturation is not guaranteed.

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Key words: HIV, awareness, prevention, adolescence, ways of transmission, Tamil Nadu, India.

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« Cautious but not curious »

HIV awareness and prevention among adolescents in Tamil Nadu, India

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Introduction - அறிமுகம்

- Adolescents = 22% of India's population[1].
- Only 26.17 % of young Indians have knowledge on HIV prevention[2].
- Decrease of funding for prevention despite the TNSACS national goal of 0 new infections, 0 stigma and 0 HIV related deaths[3].
- According to UNICEF, "*primary prevention among young people is the greatest hope to change the course of HIV epidemic in India*."[4]

Our question: ***What is the current level of awareness and prevention of HIV among adolescents in Coimbatore, Tamil Nadu?***

Methodology – முறை

- Literature review (25 articles)
- Ethnographic and participating observations
- Qualitative analysis of literature and interviews
- 14 semi-directed interviews including 12 in India ➔ based on the socio-ecological model[5] except from first layer

"I know how to answer but I won't in front of the class." – *Teacher*

"If somebody comes with the HIV, [...]of course they did a mistake.[...]They don't think about other causes." *– Head youth leadership program*

"We can not say, it's not happening, we can not deny that." *– Pediatrician medical officer*

"If they ask, go to dictionary!" – *School head mistress assistant*

"Society is like that: we are ashamed to talk about this." *– Teacher*

"They start to talk about this after class and this may lead to something bad." *– School head mistress assistant*

"[Blood transmission] is the main thing they should know at this age." *– Teacher*

Discussion – கலந்துரையாடல்

- Tamil Nadu has various materials for prevention and awareness. But does the message reach its target? In schools, though teachers do not want to address the subject of sex directly, they try to create caution by doing speeches about "good and bad touch" or through videos. But as these concepts are not contextualized, it may be confusing for adolescents.
- In addition, the 10th grade science book contains misleading information and the terms also seem too technical for an adolescent's comprehension. Another limit is teachers not feeling comfortable answering direct questions on sexuality.
- Talking about safe sexual practice seems to be a problem, according to some participants' belief it may lead to curiosity and thus to bad sexual behaviors. So current educative contents are generally based upon abstinence models. This contradicts the current literature on the topic, as research shows that comprehensive-based prevention leads to significantly greater HIV knowledge[6].

Suggestions - பரிந்துரைகள்

Start sooner

- Start HIV prevention before college.
- Include prevention in school syllabi.
- Reach out-of-school youth.

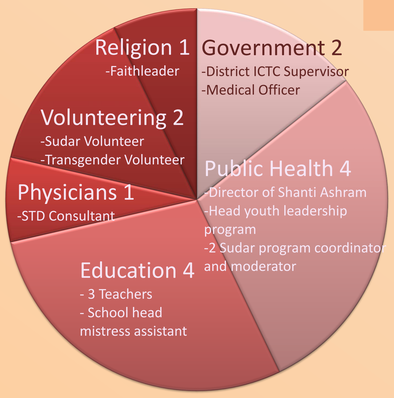
Develop new tools

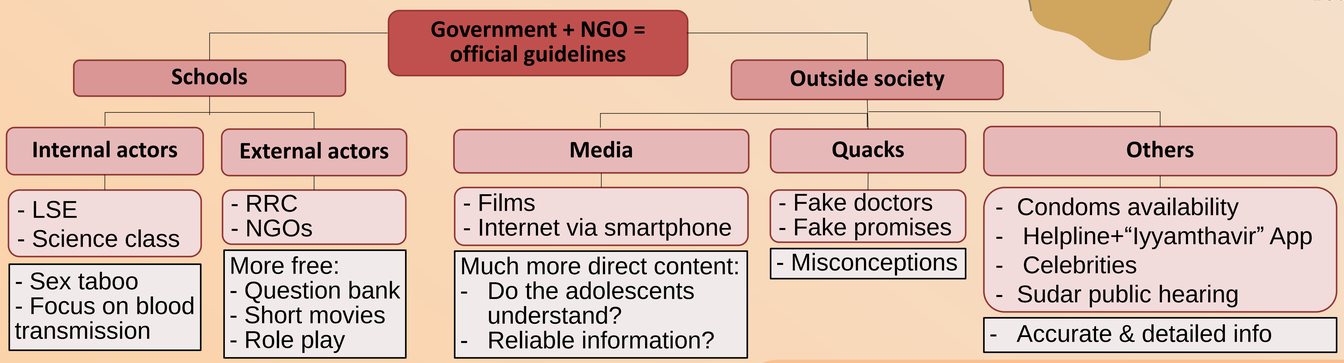
- Work on the stigmatization to decrease the fear of branding, with impactful people such as peers, parents and religious leaders etc.
- Create anonymous HIV consults from 16 years old, without parental consent, to allow teens to reach out for more information and know their status.
- Develop more child-friendly media and promote reliable websites.

Results - முடிவுகள்

- Prevention programs for HIV actively start in colleges from 18 years old. But before that, there are still some measures to create HIV awareness, which need to be examined to understand what adolescents (from 12 to 18 years old) know before they are sexually active.

Interviews in India :





The difficulties are: social and cultural taboo on sexuality, parents' resistance, impossibility of including certain contents in school syllabi, fear of creating an unhealthy curiosity, co-education, misconceptions, stigma and low funding.

Conclusion - தீர்மானம்

- All the interviewees agreed to say that Tamil Nadu is a reference in terms of prevention. Indeed number of new infections, prevalence and incidence are decreasing[2].
- If in theory, means to do awareness are here, in schools government guidelines are not always implemented especially because of sexual taboo. At least, blood transmission allows to talk about HIV but what about others STD?
- Our study focused on 'standard' adolescents. An interview with a transgender activist revealed that there are specific issues and programs for transgender and at-risk adolescents. This is an avenue of research that could be further investigated.
- Tamil Nadu varied child-friendly approaches could be implemented in Waadt State of Switzerland (Vaud).

Lexicon:
HIV: Human Immunodeficiency virus
TNSACS: Tamil Nadu State AIDS Control Society
UNICEF: United Nations Children's Fund
ICTC: Integrated Counselling & Testing Centres
STD: Sexually Transmitted Disease
NGO: Non-governmental organization
LES: Life Skills Education
RRC: Red Ribbon Club

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