

Original Research Article

Awareness about HIV/AIDS amongst urban deaf adolescents and comparing it with normal adolescent population

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Received: 1 April 2023; Accepted: 25 May 2023; Published: 28 May 2023.

Abstract: Background: Among the greatest risk factors affecting deaf people is a general lack of knowledge about HIV/AIDS and its prevention. Studies found that deaf people are frequently unaware of or are misinformed about how AIDS is transmitted, how it can be prevented and who can get it.

Aims and Objectives: To study awareness about HIV/ AIDS amongst Urban deaf Adolescents and comparing it with normal Adolescent population.

Methodology: This was a cross-sectional study among the deaf adolescents and normal adolescents with respect to HIV/ AIDS amongst Urban population during the one month period i.e. March 2017. adolescents (10-19 Yrs.) students in the schools for Deaf selected randomly 100 and in the Normal adolescents students selected randomly 100 of a urban area were taken into the study. All the students with the written explained consent were undergone a semi-structured written questionnaire regarding the modes and prevention of HIV / AIDS was asked, there responses were noted, tabulated in the excel sheets and analyzed by SPSS 19 version software.

Result: The significantly lower awareness with respect to the modes of transmission like Mosquito bites ($p < 0.05$), Sex in man to man ($p < 0.05$), Kissing ($p < 0.05$), Touching or hugging ($p < 0.05$), Germs in the air ($p < 0.05$), Unsterilized razors, HIV+ve mother to baby, Use of public toilets ($p < 0.05$) respectively. There was significantly lower awareness regarding the prevention of HIV/AIDS was lower in Deaf adolescents e.g. Avoiding dirty places, Not hugging, Abstinence, Yoga and Meditation ($p < 0.05$).

Conclusion: It can be concluded from our study that the deaf adolescent were significantly the knowledge and having misbelieves regarding HIV/ AIDS may be lack of education or lack communication and hence are at more risk of transmission than the general adolescent population.

Keywords: HIV/AIDS; Deaf adolescents; Modes of transmission of HIV/AIDS; Prevention of HIV/ AIDS.

1. Introduction

Among the greatest risk factors affecting deaf people is a general lack of knowledge about HIV/AIDS and its prevention. Studies found that deaf people are frequently unaware of or are misinformed about how AIDS is transmitted, how it can be prevented and who can get it (Gaskins, 1999) [1].

For example, in one study deaf people were less aware than hearing people that sexual intercourse with a drug user puts one at risk for an HIV infection or that sharing needles for drug use is a typical mode of HIV transmission (Woodroffe *et al.*, 1998) [2]. Similarly, two studies of adolescents found that while deaf high school students have a basic understanding of HIV/AIDS and its potential consequences, they have inadequate knowledge about its transmission and prevention (Baker-Duncan *et al.*, 1997 [3]; Luckner & Gonzales, 1993 [4]). Deaf college students were found to be seriously misinformed compared to hearing college students. Students who were deaf from birth and attended residential schools had the lowest level of knowledge (Heuttel & Rothstein, 2001 [5]). So we have studied the deaf population of urban area with intention of understanding the awareness of HIV.

2. Methodology

This was a cross-sectional study among the deaf adolescents and normal adolescents with respect to HIV/ AIDS amongst Urban population during the one month period i.e. March 2017. adolescents (10-19 Yrs.) students in the schools for Deaf selected randomly 100 and in the Normal adolescents students selected randomly 100 of a urban area were taken into the study. All the students with the written explained consent were undergone a semi-structured written questionnaire regarding the modes and prevention of HIV / AIDS was asked , there responses were noted , tabulated in the excel sheets and analyzed by SPSS 19 version software.

3. Result

[Table 1] The average age (Mean \pm SD) Yrs. in the Deaf adolescents was 18 ± 3.2 and in the Normal adolescents was 17 ± 2.4 this was comparable with each other (unpaired t-test, $p > 0.05$) , the male female ratio was also similar in both the groups 1.85 : 1 and 1.63 : 1.

Table 1. Socio demographic characteristics

	Deaf (n=100)	Normal (n=100)
Average age (Mean \pm SD) Yrs.	18 ± 3.2	17 ± 2.4
Sex		
Male	65	62
Female	35	38

[Table 2] The significantly lower awareness with respect to the modes of transmission like Mosquito bites ($p < 0.05$), Sex in man to man ($p < 0.05$), Kissing ($p < 0.05$), Touching or hugging ($p < 0.05$), Germs in the air ($p < 0.05$), Unsterilized razors, HIV^{+ve} mother to baby, Use of public toilets ($p < 0.05$) respectively.

Table 2. Awareness regarding the modes of transmission of HIV/AIDS

Transmission of HIV/AIDS	Deaf (n=100)	Normal (n=100)
Mosquito bites	49*	21
Sex (man-woman)	79	82
Sex (man-man)	56*	74
Sharing bowls, utensils	12	15
Kissing	68*	29
Touching or hugging	52*	19
Unsterilized needles, razors	79	82
Germs in the air	82*	45
Unsterilized razors	49*	79
HIV+ve mother to baby	32*	82
Use of public toilets	35*	9

[Table 3] There was significantly lower awareness regarding the prevention of HIV/AIDS was lower in Deaf adolescents e.g. Avoiding dirty places, Not hugging, Abstinence, Yoga and Meditation ($p < 0.05$)

Table 3. Awareness regarding prevention of HIV/AIDS

Prevention of HIV/AIDS	Deaf (n=100)	Normal (n=100)
Sterilization of needles, razors	69	72
Not sharing bowls, utensils	11	9
Avoiding dirty places	34*	11
Using condoms	42	46
Not hugging	44*	13
Abstinence	78*	45
Eating healthy foods	14	11
Yoga and Meditation	34*	17

4. Discussion

Barriers to HIV/AIDS knowledge among deaf people Communication barriers. The greatest barriers to HIV/AIDS information in the deaf community are related to language and communication. Thus, many ways in which information about HIV/AIDS is distributed to the population at large are ineffective with people who are deaf or hard of hearing. People who were born deaf or became deaf before the age of three (prelingually deaf) and who use American Sign Language (ASL) read, on average, at a fourth grade level (Erting, 1992) [6,7]. Communication venues also differ between hearing and deaf people. People with hearing loss cannot access information about HIV/AIDS by hearing reports on the radio, overhearing and joining conversations with hearing peers, attending lectures or watching television (Joseph, 1993) [8]. Most HIV/AIDS educational materials designed for hearing people are written at a level of eighth grade English and use few visual educational aids (Campbell, 1999) [9]. Yet to be effective, materials for deaf people need to rely on visual tools, such as pictures, videos, role-playing exercises and messages communicated by peer models (Joseph, 1993 [8]; Razzano *et al.*, 1994 [10]). Educational barriers. Understanding information about HIV/AIDS, its transmission and prevention requires a basic knowledge of the human body and human sexuality. Unfortunately, sexual education has been underemphasized in the curricula of schools for the deaf (Deyo, 1994 [11]; Gaskins, 1999 [1]). Studies found that many deaf participants believe, for example, that HIV can be transmitted by masturbation and that married people cannot contract HIV/AIDS (Luckner & Gonzales, 1993 [4]; Woodroff *et al.*, 1998 [2]). Similarly, homosexuality is little understood and greatly stigmatized in the deaf community. Deaf men who have sex with men (MSM) risk miscommunication when involved in a sexual activity with a hearing partner (Peinkofer, 1994) [7]. The World Bank's recent Global Survey on HIV/AIDS and Disability [12] identifies people with disabilities as a significantly overlooked high-risk population. Specifically cited was the lack of data on disabled populations and HIV throughout the Developing World.

In our study we have found that the average age (Mean \pm SD) Yrs. in the Deaf adolescents was 18 ± 3.2 and in the Normal adolescents was 17 ± 2.4 this was comparable with each other (unpaired t-test, $p > 0.05$), the male female ratio was also similar in both the groups 1.85 : 1 and 1.63 : 1.

The significantly lower awareness with respect to the modes transmission like; Sex in man to man ($p < 0.05$), Unsterilized razors, HIV⁺ve mother to baby, respectively. They were not only having lack of knowledge but also some misbelieves like transmission like Mosquito bites ($p < 0.05$), Kissing ($p < 0.05$), Touching or hugging ($p < 0.05$), Germs in the air ($p < 0.05$), Use of public toilets ($p < 0.05$) etc.

These findings are similar to N. E. GROCE [13] deaf respondents were significantly more likely ($p < 0.05$) to believe in incorrect modes of HIV transmission such as kissing (deaf 44% vs. hearing 20%), touching (deaf 42% vs. hearing 10%) and transmission due to a dirty environment (deaf 30% vs. hearing 4%). The deaf respondents were also significantly less likely ($p < 0.05$) to be familiar with the possibility of mother-to-child HIV transmission (deaf 52% vs. hearing 74%).

5. Conclusion

It can be concluded from our study that the deaf adolescent were significantly the knowledge and having misbelieves regarding HIV/AIDS may be lack of education or lack communication and hence are at more risk of transmission than the general adolescent population.

Author Contributions: All authors contributed equally to the writing of this paper. All authors read and approved the final manuscript.

Conflicts of Interest: "The authors declare no conflict of interests."

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