

**AWARENESS OF COLLEGE STUDENTS OF MAMIT
DISTRICT ABOUT HIV/AIDS
: A CRITICAL STUDY.**

Submitted by

C.LALTLANMAWIA

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Under the supervision of

ANGIE V.L. NUNHLIMI

Asst. Prof.



DEPARTMENT OF EDUCATION

GOVT. ZAWLNUAM COLLEGE

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CHAPTER-I

1.01 INTRODUCTION

Human Immuno-deficiency Virus (HIV) is one of the important contagion issues in the world. It poses serious challenges not only to health professionals but other professionals across industries. It manifests as Acquired Immuno-Deficiency Syndrome (AIDS) in human beings. AIDS was first identified in India in 1981, since then it is considered as a serious condition and has the highest mortality and morbidity rate. According to UNAIDS 2015 report, the total number of people living with HIV/AIDS are 36.9 million out of which 34.3 million are adults and 2.6 million are less than 15 years. Studies indicated that 4 million HIV-infected people are living in India. HIV epidemic in India is grabbing specific attention among elevated risk groups, because of its heterogeneity in its allocation. According to the World Health Organization, young adolescents are at a higher risk of exposure to HIV/AIDS. In India, approximately 22% of the populations are adolescents. Younger age groups between 15–20 years, with various behavioural as well as physiological changes are more vulnerable for sexually transmitted diseases (STDs) such as HIV/AIDS. This is because of lack of sex education and preventive measures.

A Mizoram State AIDS Control Society (MSACS) official said that Mizoram had the highest adult HIV prevalence among states in 2017 with the infection being detected in 2.04 per cent of the people whose blood samples were tested. According to him, 18,081 people in the state, which has a total population of around 11 lakh were found HIV positive between October 1990 and August this 2018.

Mizoram was one of the five states where the number of new infection cases has increased, though such cases are declining nationally, the HIV Estimations 2017 report released by National AIDS Control Organization (NACO) stated. Although number of AIDS infection cases has decreased nationally but Mizoram is among those five states where the number of new infection cases has increased. The official said, “According to the India HIV Estimations 2017 Technical Report, Mizoram ranked first in the country at 2.04 per cent HIV positives detected from the number of people whose blood samples were tested.”

The report stated that Mizoram is followed by Manipur at 1.43 per cent and Nagaland 1.15 per cent. The MSACS official informed that unsafe sex was the

principal reason behind the spread of infection, preceded by sharing of needles and syringes by drug users and sexual intercourse between homosexual partners.

The official moreover notified that over 42 per cent of the HIV positive people are in the age group of 25-34 years and 26 per cent falls in the 35-49 years age category. As per the Estimations report, HIV incidence per 1,000 uninfected population in 2017 was also highest in Mizoram (1.32) followed by Nagaland (0.59) and Manipur (0.58).

In Mizo society, most parents hesitate discussing any sexual issues with their children and young adulthood revolve to contemptible medium and get imprecise information. Hence, we have to lay the foundation for proper lifestyle, safe sexual habits, as well as healthy relationship. Literature suggests that a better knowledge, attitude, and behavior towards HIV/AIDS among college students is important for a better and healthy society. We found that most studies in India were done on medical and paramedical students and none among non-medical students, among whom the general awareness about this dreadful disease is important. With this background, the present study was designed to assess the knowledge, attitude, and behavior regarding HIV/AIDS among engineering students in and around Aizawl city, Mizoram.

Government and NGOs are spending money on HIV awareness education to communities using different modes of communication like radio and TV. Everybody is expected to have received this message but the current situation proves otherwise. What is being seen in communities shows that people are either not receiving the message or maybe for whatever reason they have decided to ignore the existence of the disease. What the researcher does not know and wants to find out is why the HIV infection rate is high in the age group of 25-29, especially in women as opposed to men.

1.02 CONCEPT OF HIV/AIDS

HIV (Human Immunodeficiency Virus)

HIV (Human Immunodeficiency Virus) is a virus that attacks cells that help the body fight infection, making a person more vulnerable to other infections and diseases. It is spread by contact with certain bodily fluids of a person with HIV, most commonly during unprotected sex (sex without a condom or HIV medicine to prevent or treat HIV), or through sharing injection drug equipment.

The human body cannot get rid of HIV and no effective HIV cure exists. So, once you have HIV, you have it for life. HIV is a virus that damages the immune system. The immune system helps the body fight off infections. Untreated HIV infects and kills CD4 cells, which are a type of immune cell called T cells. Over time, as HIV kills more CD4 cells, the body is more likely to get various types of infections and cancers. HIV is transmitted through bodily fluids that include: blood, semen, vaginal and rectal fluids and breast milk. HIV is a lifelong condition and currently there is no cure, although many scientists are working to find one. However, with medical care, including treatment called antiretroviral therapy, it's possible to manage HIV and live with the virus for many years.

Without treatment, a person with HIV is likely to develop a serious condition called AIDS. At that point, the immune system is too weak to fight off other diseases and infections. Untreated, life expectancy with AIDS is about three years trusted source. With antiretroviral therapy, HIV can be well-controlled and life expectancy can be nearly the same as someone who has not contracted HIV. If left untreated, HIV can lead to the disease AIDS (Acquired Immunodeficiency Syndrome).

However, by taking HIV medicine (called Antiretroviral therapy or ART), people with HIV can live long and healthy lives and prevent transmitting HIV to their sexual partners. In addition, there are effective methods to prevent getting HIV through sex or drug use, including pre-exposure prophylaxis (PREP) and post-exposure prophylaxis (PEP).

First identified in 1981, HIV is the cause of humanity's deadliest and most persistent epidemics. AIDS is the late stage of HIV infection that occurs when the body's immune system is badly damaged because of the virus. In India, most people

with HIV do not develop AIDS because taking HIV medicine every day as prescribed stops the progression of the disease.

A person with HIV is considered to have progressed to AIDS when: the number of their CD4 cells falls below 200 cells per cubic millimetre of blood (200 cells/mm³). (In someone with a healthy immune system, CD4 counts are between 500 and 1,600 cells/mm³.) Or they develop one or more opportunistic infections regardless of their CD4 count.

Without HIV medicine, people with AIDS typically survive about 3 years. Once someone has a dangerous opportunistic illness, life expectancy without treatment falls to about 1 year. HIV medicine can still help people at this stage of HIV infection, and it can even be lifesaving. But people who start ART soon after they get HIV experience more benefits—that's why HIV testing is so important.

AIDS (Acquired immune deficiency syndrome)

AIDS is a set of symptoms (or syndrome as opposed to a virus) caused by HIV. A person is said to have AIDS when their immune system is too weak to fight off infection, and they develop certain defining symptoms and illnesses. This is the last stage of HIV, when the infection is very advanced, and if left untreated will lead to death.

AIDS stands for acquired immune deficiency syndrome; it is also called advanced HIV infection or late-stage HIV. AIDS is a set of symptoms and illnesses that develop as a result of advanced HIV infection which has destroyed the immune system. Fewer people develop AIDS now because treatment for HIV means that more people are staying well.

Although there is no cure for HIV, with the right treatment and support, people living with HIV can enjoy long and healthy lives. To do this, it is especially important to commit to taking treatment correctly. AIDS is a disease that can develop in people with HIV. It's the most advanced stage of HIV. But just because a person has HIV does not mean they will develop AIDS.

HIV kills CD4 cells. Healthy adults generally have a CD4 count of 500 to 1,500 per cubic millimetre. A person with HIV whose CD4 count falls below 200 per cubic millimetre will be diagnosed with AIDS. A person can also be diagnosed with

AIDS if they have HIV and develop an opportunistic infection or cancer that's rare in people who don't have HIV. An opportunistic infection, such as pneumonia, is one that takes advantage of a unique situation, such as HIV. Untreated, HIV can progress to AIDS within a decade. There is no cure for AIDS, and without treatment, life expectancy after diagnosis is about three years Trusted Source. This may be shorter if the person develops a severe opportunistic illness. However, treatment with antiretroviral drugs can prevent AIDS from developing. If AIDS does develop, it means that the immune system is severely compromised. It's weakened to the point where it can no longer fight off most diseases and infections. That makes the person vulnerable to a wide range of illnesses, including: pneumonia, tuberculosis, oral thrush, a fungal infection in the mouth or throat, cytomegalovirus (CMV), a type of herpes virus, cryptococcal meningitis, a fungal infection: in in the brain, toxoplasmosis, a brain infection caused by a parasite, cryptosporidiosis, an infection caused by an intestinal parasite, cancer, including Kaposi's sarcoma (KS) and lymphoma

The shortened life expectancy linked with untreated AIDS is not a direct result of the syndrome itself. Rather, it's a result of the diseases and complications that arise from having an immune system weakened by AIDS. Learn more about possible complications that can arise from HIV and AIDS. To develop AIDS, a person has to have contracted HIV. But having HIV doesn't necessarily mean that someone will develop AIDS.

1.03 CAUSES OF HIV

HIV is caused by a virus. It can spread through sexual contact or blood or from mother to child during pregnancy, childbirth or breast-feeding. HIV can cause changes throughout the body. HIV is a variation of a virus that infects African chimpanzees. Scientists suspect the simian immunodeficiency virus (SIV) jumped from chimps to humans when people consumed infected chimpanzee meat. Once inside the human population, the virus mutated into what we now know as HIV. This likely occurred as long ago as the 1920s.

HIV spread from person to person throughout Africa over the course of several decades. Eventually, the virus migrated to other parts of the world. Scientists first

discovered HIV in a human blood sample in 1959. It's thought that HIV has existed in the United States since the 1970s, but it didn't start to hit public consciousness until the 1980s.

The virus can be found in the blood, semen, vaginal fluid, and breast milk of infected people. HIV is also found in saliva, sweat, and tears, though not in high enough amounts to transmit the virus to another person. There are no known cases of anyone catching HIV through sneezing, shaking hands, or from toilet seats or mosquito bites.

The two most common ways to be infected with HIV in North America are through unprotected sex and sharing needles. HIV may be transmitted through unprotected heterosexual or homosexual, vaginal, anal, or oral sex. Although the risk of infection is lower with oral sex, it is still important to use protection during oral sex, such as a dental dam (a piece of latex to cover the vagina during oral sex) or a condom. HIV can also be passed on through perinatal infection, where mothers who have HIV are at risk of giving the disease to the baby during birth. The risk of perinatal infection is declining with new treatments. Breast-feeding by an infected mother can also transmit HIV.

Once HIV enters the bloodstream, it takes over cells vital to the immune response, known as *CD4+ lymphocytes*. The virus then inserts its own genes into the cell, turning it into a miniature factory that produces more copies of the virus. Slowly, the amount of virus in the blood goes up and the number of healthy CD4+ cells goes down. The destruction of CD4+ cells interfere with the body's ability to fight off infections, cancers, and other diseases.

1.04 CAUSES OF AIDS

AIDS is caused by HIV. A person can't get AIDS if they haven't contracted HIV. Healthy individuals have a CD4 count of 500 to 1,500 per cubic millimetre. Without treatment, HIV continues to multiply and destroy CD4 cells. If a person's CD4 count falls below 200, they have AIDS. Also, if someone with HIV develops an opportunistic infection associated with HIV, they can still be diagnosed with AIDS, even if their CD4 count is above 200.

1.05 EFFECTS OF HIV/AIDS

The human immunodeficiency virus (HIV) infects cell of the immune system, destroying or impairing their function. Infection with the virus results in progressive deterioration of the immune system, leading to “immune deficiency”. The immune system is considered deficient when it is longer fullfill its role of fighting infection and disease. Infections associated with severe immunodeficiency are known as “opportunistic infections”, because they take advantage of a weakened immune system.

The first signs of HIV usually appear after 2-6 weeks in the form of flu-like symptoms. This condition is known as seroconversion illness. Seroconversion is the stage when a person’s body is producing antibodies to HIV, which means that their immune system is fighting the infection.

Flu-like symptoms that accompany seroconversion include: fever, skin rash, sore throat, swollen glands, joint or muscle pain.

These symptoms usually last for 1-2 weeks. Once the seroconversion period is over, a person may not experience any HIV symptoms for several years.

Although people tend to feel well at this stage, it is important to remember that HIV is still active. As it continues to reproduce and infect new cells, HIV also damages a person’s immune system, which means it is unable to protect the body from illness.

Let sum up some effects:

1) Effects of immune system

HIV infects a cell by first attaching itself to, and merging with, the host T cells. T cells, also known as CD4 cells, are a type of white blood cell that form a crucial part of the immune system. Once inside the host cells, HIV multiplies. The virus damages or destroys the cells before moving on to infect more cells. A CD4 count is an indication of the health of a person’s immune system. A healthy CD4 count is between 500 and 1,500. The CD4 count of a person with HIV who does not receive HIV treatment will reduce over time. Once the CD4 levels fall below 200, a

person's immune system will probably be damaged and the person will likely experience definitive signs and symptoms of illness. People who have HIV and were not receiving treatment put themselves at greater risk of developing symptoms, a condition known as symptomatic HIV. They are also more likely to pass on the virus to another person. Without treatment, a person is likely to develop AIDS because their immune system is no longer able to protect the body. At this stage, even the most minor infection becomes life-threatening.

2) Effects of medication

Although there is no cure for HIV, medical treatment is available that significantly reduces the amount of the virus in the body to the point where it may become undetectable in the blood. The amount of virus in a person's body is known as the viral load. An undetectable viral load means that the person with HIV is not infectious and that the virus is not able to damage their immune system. HIV treatment is known as antiretroviral therapy (ART). It is recommended that everyone who is diagnosed with HIV begins treatment straight away, no matter what their CD4 count may be. Treatment for HIV is also referred to as combination therapy as people will usually take a combination of three different drugs at the same time. Combination therapy is used because HIV can adapt quickly and become resistant to a single type of ART. "Fixed dose combination" is when ART drugs have been combined into a single pill, which means that a person can take just 1 or 2 pills a day. It is very important that people take the drugs in the right way at the right time each day. People with HIV may experience side effects from their ART drugs. The most common side effects are: headache, tiredness, diarrhoea, nausea or vomiting, rash, high blood sugar levels, high cholesterol. When undergoing ART, a person needs to be aware that their medication may interact with other prescription medications as well as herbal remedies and recreational drugs.

3) Effects the Respiratory and Cardiovascular Systems

HIV increases the risk of colds, influenza, and pneumonias. According to the American Lung Association, HIV/AIDS can lead to opportunistic lung diseases. Without preventive treatment, people with advanced HIV are susceptible to tuberculosis, pneumonia, and a disease called pneumocystis carinii pneumonia (PCP). PCP causes trouble breathing, cough, and fever.

HIV raises the risk of pulmonary arterial hypertension (PAH). PAH is a type of high blood pressure in the arteries that supply the lungs. It puts added strain on the heart. If you have HIV and have become immunocompromised (have low T cell counts), you're susceptible to tuberculosis (TB), a leading cause of death in people who have AIDS. TB is an airborne bacterium that affects the lungs. Symptoms include chest pain and a bad cough that may contain blood or phlegm. Symptoms can linger for months.

4) Effects the Digestive System

A common HIV-related infection is called candidiasis. Symptoms include inflammation of and a white film on the tongue. It can also cause inflammation of the esophagus, which can make it difficult to eat. Another viral infection that affects the mouth is oral hairy leukoplakia, which causes white lesions on the tongue. Salmonella infection is spread through contaminated food or water and causes diarrhoea, abdominal pain, and vomiting. Anyone can get it, but if you have HIV, you're at higher risk of serious complications from this infection. Consuming contaminated food or water can also result in a parasitic intestinal infection called cryptosporidiosis. It affects the bile ducts and intestines. It can be particularly severe and cause chronic diarrhoea in people who have AIDS. Cryptosporidiosis infection can occur in people with effective immune systems, but it can become a chronic problem in people with CD4 levels under 200.

5) Effects Central Nervous System

There are significant neurological complications of AIDS. Even though HIV doesn't generally directly infect nerve cells, it does infect the cells that support and surround nerves in the brain and throughout the body. All of the mechanisms of HIV-associated neurologic damage aren't completely understood, but it's likely that infection of these support cells contribute to nerve injury. Advanced HIV infection can damage nerves (neuropathy). Small holes in the conducting sheaths of peripheral Nerve Fibre (Vascular Myelopathy) can cause pain, weakness, and difficulty walking. HIV/AIDS can cause HIV-associated dementia or AIDS dementia complex, two conditions that seriously affect cognitive function. Toxoplasma encephalitis is another possible complication of advanced HIV. People with AIDS are at increased risk of inflammation of the brain and spinal cord due to this parasite found commonly in cat

faeces. Symptoms include confusion, headaches, and seizures. Some common complications of AIDS include memory impairment, anxiety, and depression. In very advanced cases, hallucinations and frank psychosis can occur. Some people experience headaches, balance issues, and vision problems.

6) Effects on Skin

One of the more obvious signs of HIV/AIDS can be seen on the skin. A weakened immune response leaves you more vulnerable to viruses like herpes. Herpes can cause you to develop sores around your mouth or genitals. People with HIV are at increased risk of shingles, which is caused by herpes zoster, the virus that gives you chickenpox. Symptoms of shingles include a painful rash, often with blisters. A viral skin infection called molluscum contagiosum involves an outbreak of bumps on the skin. Another condition is called prurigonodularis. It causes crusted lumps on the skin, as well as severe itching.

1.06 PREVENTION

Prevention is always better than cure. This principle holds a phenomenal significance when it comes to HIV/AIDS. It is one such disease that does not have any permanent cure. Available treatment options are only effective in reducing the symptoms associated with the disease. In such scenario, it is important to have adequate protection so that you do not get the infection.

Preventive measures for person who are HIV- negative.

1. It is important to understand all details pertaining to HIV and the way it is transmitted from one person to another. One should also have an idea about various symptoms associated with HIV.
2. Creating public awareness regarding HIV by means of educational programs.
3. Having a sexual pleasure with a stranger can be dangerous. Make sure your partner is not infected with HIV.
4. One should never engage with unprotected sex. One should always use condom.

5. A circumcision (removal of the foreskin from the human penis) performed under medical supervision can reduce the risk of HIV infection.
6. HIV can also be transmitted through infected needles and other sharp instruments. Hence, it is always good to use clean and sterilized needles while injecting drugs. A new razor blade should be used while shaving.
7. Blood transfusion is another important cause of HIV transmission. Hence, it is always better to have blood that has been screened and is negative for HIV.

Preventive measures for persons infected with HIV.

1. The best preventive measure is to completely abstain from having sex, always follow safe sex practices such as use of condoms and avoiding any oral or anal intercourse. Sexual devices used by HIV positive individuals should not be shared with others. By this way, one can prevent the spread of this disease to others.
2. One should never share needles, syringes, razors, toothbrushes or blades with others. These items can become a potential source of transmission.
3. An HIV positive individual should never donate blood or organs. Any such donation can cause the disease to spread to others individually.
4. If the partner with whom an HIV- positive individual had sex is pregnant, it is always better with her to disclose the fact about your condition. An early treatment can help in preventing the disease within the woman as well as the child.

1.07 STEPS TAKEN FOR PREVENTION

India contributed the following preventive strategies

Targeted Intervention for High Risk Group

India's HIV program has been recognized globally as a very successful public health model with specific interventions for key population of Female Sex Workers (FSW), Men who have Sex with Men (MSM), Transgender (TG)/Hijra and Injecting Drug Users (IDUs) known as the Core Group and Migrants and Truckers known as the Bridge Population. Over 3 decades of implementing Targeted Interventions through NGO/CBOs, critical insights into the operational aspects is gained.

Consolidating the success gained, a focused HIV intervention has been developed to reduce HIV prevalence among the key population. The TI program has evolved over 4 Phases of the National AIDS Control Program (NACP) and this has been achieved through national, regional and state level consultations with multiple stake holders including community members and civil society organizations.

Targeted Intervention (TI) Approach

The prevention of HIV infection among the high-risk group (HRGs) is the main thrust area for the NACP and the TI program has demonstrated that it is the most effective way of controlling the epidemic among this population. The approach for providing services to this population began by conducting various mapping exercises that helped in arriving at a specific denominator for service provision. The latest mapping was conducted for TGs/Hijra in 2013. One of the primary aims of NACO and the State AIDS Control Society (SACS) is to ensure saturation of this figure through TI service components of Behaviour Change Communication, Condom Distribution for Core Group, Condom Social Marketing for Bridge Population, Outreach Services, Counselling, HIV testing, Linkages/Referrals, STI management, Needle/Syringe Program (for IDUs), Opioid Substitution Therapy (for IDUs), enabling environment for all key population and advocacy to reduce stigma and discrimination. In order to measure the program efficiency a system of HIV Sentinel Surveillance was introduced and over the years India's efficient response to HIV has resulted in reduction of HIV prevalence among most of the core group with the exception of IDUs and TGs/Hijra. The HIV prevalence among ANC is 0.29% and Female Sex Worker 2.20%, Men who have Sex with Men 4.30%, Injecting Drug Users 9.90%, and Transgender/Hijra population 7.20% (IBBS 2015). The bridge population consisting of Truckers and Migrants had HIV prevalence of 2.59% and 0.99% respectively. (HSS 2012-13 Technical Brief)

Female Sex Workers (FSWs)

The HIV epidemic in India is known to be a concentrated epidemic with FSWs being one of the core risks groups that are affected. FSWs have many sexual partners concurrently. Generally, full time FSWs have at least one client per day. Some FSWs have more clients than others. In addition to the number of clients their

nature of work also increases their vulnerability to HIV. The higher risk of FSWs is reflected in a substantially higher prevalence of HIV among them than in the general population. As per the IBBS conducted in 2014-15, HIV prevalence among FSWs found to be 2.2%, which is eight times more than among pregnant women attending antenatal clinics (0.29%) as per HSS 2014-15. However there has been a steady decline in the HIV prevalence among this population as a result of effective interventions over the years.

Men having Sex with Men (MSM)

Men Having Sex with Men (MSM) are another important group who are highly vulnerable to HIV and are also a strategically important group for focusing HIV prevention programmes. The term 'men who have sex with men' (MSM) is used to denote all men who have sex with other men as a matter of preference or practice, regardless of their sexual identity or sexual orientation and irrespective of whether they also have sex with women or not. It is important to know that not all MSM have many sexual partners however, there are MSM sub-populations which do have high rates of partner change as well as high number of concurrent sexual partners. These sub-groups of MSM who often engage in anal sex with multiple partners are at particularly high risk. As per the IBBS conducted in 2014-15, HIV prevalence among MSMs found to be 4.30%.

Transgender/Hijra

NACO has initiated exclusive TG/Hijra intervention under NACP IV based on the recommendation from the working groups and needs from communities. A separate costing and operational guideline has been developed for uniformity in scaling up of TG/Hijra intervention in the country based on the mapping. In order to ensure standardization of program, feedback from stakeholders and communities, the typology wise Technical Resource Groups (TRG) formed and conducted, periodically.

Interventions aimed at Migrants

The interventions for migrants are focused on 8.64 million temporary, short duration migrants. They are of special significance to the epidemic because of their frequent movement between source and destination areas. Therefore, to provide continuum of services to these migrants and their spouses, interventions are proposed at destination, source and transit areas. As all migrants are not at equal risk of HIV, only the high risk migrants (both male & female) are covered at the destinations through Targeted Interventions run by NGOs. Industrial houses, factory owners, construction companies and other employers engaging these migrants are also being motivated to provide HIV prevention services to these migrants. For reaching to migrants, NGOs identify volunteers among the migrant's community and train them in spreading preventive messages among their fellow workers.

Link Worker Scheme

Rural HIV infection was another challenge area that needed to be addressed. Owing to poor infrastructure, weak health care systems and poor connectivity with most facilities, large number of vulnerable populations, HRGs, Bridge Population and PLHIVs needed to be provided services. In order to bridge this gap Link Worker Scheme (LWS) was initiated. Employer Led Model Employer Led Model (ELM) is initiated to reach vulnerable informal workers in organized and unorganized sectors. ELM provides broad methodology and implementation strategies for reaching out to vulnerable workforce linked to industries with HIV/AIDS prevention and care programme. The ELM is feasible in industrial sectors which have certain systems and structures such as company management, association, federation, society, contractor and subcontractor mechanisms that can be leveraged for implementation of the model.

Harm Reduction Program

NACO has adopted the harm reduction policy as a strategy for prevention of HIV/AIDS amongst IDUs in 2002 during the second phase of the National AIDS Control Program (NACP II). Counselling, behaviour change communication (BCC), Needle Syringe Exchange Program (NSEP), abscess prevention and management, STI

treatment, referral and linkages, etc are the service components of the strategy. These services are being provided through the NGOs known as the IDU TI. In the current NACP IV, the provision of female outreach worker (ORW) was added in all the IDU TIs for reaching out to the spouses of male IDUs. Female Injecting Drug User (FIDU) is also an additional typology being included in NACP IV. The key aspects of the strategy to provide services to FIDUs include:

- Comprehensive package of services including services specifically addressing needs of Female IDUs
- Female friendly service delivery mechanisms
- Gender responsive and need based services
- Community participation in programme planning and implementation
- Evidence driven response- Collection and application of strategic information for program design and improvement in quality implementation

Opioid Substitution Therapy (OST) was integrated as part of the harm reduction service component in 2008. Buprenorphine is the drug for the OST program. India has two models for delivering OST Services:

1. **NGO model:** NACO has been supporting OST implementation in NGO settings since 2008. In this model, OST services are offered by NGOs already implementing an IDU TI project and offering the package of harm reduction services mentioned above. The medications are dispensed to the clients on a daily basis directly under supervision by a qualified and trained nurse (DOTS). The TI staffs are trained on OST management and are required to follow standard operating procedures drafted to ensure minimum standards of care which include maintenance of records for clinical interactions, dispensing and stock keeping.
2. **Collaborative Model:** In 2010, NACO has piloted a collaborated model of OST delivery based on partnership between Government hospitals and NGOs implementing IDU TIs. In this model, the OST centre is located in a government health care setting (medical college hospital, district hospital, sub-

divisional hospital, CHC, etc.) and is tasked with clinical assessment, diagnosis, prescription of substitution treatment, follow-up, dispensing of the medications and stock management. Each of these OST centres is linked with nearby IDU TI(s) which facilitate the service uptake by motivating IDU clients in the project area and referring them to the centre for treatment. In addition, the linked IDU TIs also follow-up with clients who drop-out from treatment and conduct regular advocacy with local stakeholders to generate support for the OST programme.

The NGO OST centres are accredited by an external agency (National Accreditation Board of Hospitals and Healthcare Providers) once in 2 years. Only those centres which meet the minimum standards laid down by NACO and are certified by NABH are permitted to dispense medications.

OST distance learning programme for building the capacities of service providers engaged in delivery OST has also been developed. This distance learning program is targeted towards the personnel working in OST centres. The online training programme is a joint endeavour of National Drug Dependence Treatment Centre (NDDTC), All India Institute of Medical Sciences (AIIMS), New Delhi and Public Health Foundation of India (PHFI), New Delhi under the guidance of NACO.

OST with methadone syrup has been introduced for the first time in the current NACP IV. Regional Institute of Medical Science (RIMS), Imphal is the site identified for the program. NACO plans to scale up the sites gradually in other high burden IDU states. Training module for OST with methadone has been developed in collaboration with NDDTC, AIIMS.

Recognizing that partnerships with law enforcement agencies would be a value addition to the implementation of the harm reduction services, NACO held a National Consultative meeting with key stakeholders including State prison departments in 2014 under the chairmanship of Union Secretary, MOHFW. Based on the suggestions provided by the subject knowledge experts from the national consultative meeting a National strategy on HIV Prevention and Control in Prison Settings was developed. Additionally, a National Working Committee (NWC) on Prison HIV and Law Enforcement was also constituted to overlook the implementation of the program.

In order to standardise the approach to scaling up coverage among these core groups and bridge populations and maintain a high level of quality, it is important to provide detailed information on various operational issues to TI. Hence, NACO has developed detailed TI operational guidelines and capacity building manuals for each typology.

1.08 STEPS TAKEN FOR AWARENESS ABOUT HIV/AIDS

India has been working tremendously hard to eradicate HIV/AIDS which poses serious health challenges to a large population living in the country. Efforts are now being made to reduce the number of HIV cases to zero and the nation has already achieved a breakthrough to stop HIV prevalence in the last few years. However, there is a long way to go for an "AIDS Free India" as the country still has about 2.5 million people, aged between 15 and 49, estimated to be living with HIV/AIDS, the third largest in the world.

India has used extensive and ever-increasing sources of HIV related data to plan programmes and monitor the impact of HIV prevention and care interventions.

HIV infection is entirely preventable through awareness raising. Therefore, awareness raising about its occurrence and spread is very significant in protecting the people from the epidemic. It is for this reason that the National AIDS Control Programme lays maximum emphasis on the widespread reach of information, education and communication on HIV/AIDS prevention. Changing knowledge, attitudes and behaviour as a prevention strategy of HIV/AIDS thus is a key thrust area of the National AIDS Control Programme.

The strategy and plan for National AIDS Control Programme Phase-IV (NACP-IV) has been developed through an elaborate multi-stakeholder consultative planning process for the period 2012-2017.

NACP-IV aims to accelerate the process of reversal and to further strengthen the epidemic response in India through a cautious and well-defined integration process over the five years. Its main objectives are to reduce new infections and provide comprehensive care and support to all PLHI and treatment services for all those who require it.

The main strategies include intensifying and consolidating prevention services, increasing access and promoting comprehensive care, support and treatment, expanding IEC services, building capacities at national, State, district and facility levels and strengthening Strategic Information Management Systems.

NACP is an excellent example of community involvement and ownership in developing appropriate strategies and in reaching out to high risk and vulnerable populations. The programme has been greatly benefited by the critical role played by civil society and PLHA networks in community mobilization, increasing access to services, addressing stigma and discrimination issues.

Results of the epidemiological models and programme data (surveillance ANC, HRG population, and ICTC) shows that the target of halting the epidemic has been achieved and reversal process has been initiated at the national level during the given time frame.

NACO has been conducting regular thematic Mass Media campaigns on TV and Radio to cover issues of condom promotion, ICTC/PPTCT, STI treatment and services, stigma and discrimination, vulnerability of youth to HIV, ART, HIV-TB and blood safety.

World AIDS Day is held on 1 December each year. The Day is treated like an opportunity for people worldwide to unite in their fight against HIV, show their support for people living with HIV and to commemorate people who have died. World AIDS Day was the first ever global health day and the first one was held in 1988.

Prevention and control of HIV/AIDS epidemic require organisation of resources, technology and concerted effort both at local and global level. The costs of prevention and control are high. In India a number of international organisations are working with the National AIDS Control Organisation (NACO) in addressing HIV/AIDS issue by contributing their technical expertise and financial resources. This collaboration is as old as the government programmes on HIV/AIDS.

1.09 IMPORTANCE OF AWARENESS

Awareness is the first and arguably most crucial step towards halting the spread of HIV/AIDS. Currently, it is estimated only half of the 33 million HIV-positive people know their HIV status. For many people, the lack of knowledge regarding HIV prevents them from making an appointment with their doctor. There are so many people living with a blind knowledge about everything about HIV/AIDS. They should be given proper guidelines and awareness to stay away from this disease. The awareness courses of HIV/AIDS organizations encourage your workforce to get tested and know their status. The more your company and the individual employee know about their status, the more help and better assistance businesses can offer. Increased awareness of safe practices to prevent HIV infection results in people being more careful and ultimately decreases infection rates. HIV/AIDS Awareness programmes help people become aware of the levels of care and treatment, whether they are living with HIV or caring for someone with this disease. These courses give organizations the chance to invest in the communities by creating awareness and educating the workforce who pass down the knowledge to their community members. These courses also help infected employees understanding how to live with HIV/AIDS and make a positive contribution towards society. They help co-workers understand how to work together with HIV infected people, as a unit and not to stereo type or discriminate against those. This programmed help everyone to understand the disease, to boost staff morale and create better employer/employee relationships.

Awareness is so important that the world resigned many days for awareness of HIV/AIDS such as National Black HIV/AIDS Awareness Day, National Women and Girls HIV/AIDS Awareness Day, National Native HIV/AIDS Awareness Day, National Youth HIV/AIDS Awareness Day, National Transgender HIV Testing Day, National HIV Vaccine Awareness Day, National Asian and Pacific Islander HIV/AIDS Awareness Day, National HIV Testing Day, National HIV/AIDS and Aging Awareness Day, National Gay Men's HIV/AIDS Awareness Day, National Latinx AIDS Awareness Day, World AIDS Day.

1.10 BRIEF PROFILE OF MAMIT DISTRICT

Mamit is one of the districts of Mizoram in India, the population of Mamit in 2023 is 120,046 (estimates as per aadhar uidai.gov.in Dec 2023 data). Literate people are 60,191 out of 32,977 are male and 27,214 are female. People living in Mamit depend on multiple skills, total workers are 39,339 out of which men are 24,016 and women are 15,323. Total 26,937 Cultivators are dependent on agriculture farming out of 16,765 are cultivated by men and 10,172 are women. 1,963 people works in agricultural land as labour, men are 1,111 and 852 are women. Mamit sex ratio is 927 females per 1000 of males. The district has a total area of 3,025 sq km., 41 sq km is urban and 2984 sq km is rural.

Mamit is the least urbanised Districts of Mizoram with 17.25 % of Total Population i.e. out of 86364 only 14,899 people are living in urban areas. Against the State level Sex Ratio of 976, Mamit district comprises of 927 sex ratio which is the lowest among all eight District in the State. In terms of Literacy rate Mamit District is the second least Literacy Rate with 84.9 out of all Eight District of the State. West Phaileng village is the most populated Village with population of 2,1,309 while Saitlaw with a population of Only 59 persons is the smallest village in the District. Against a total Population of 94.4 % Scheduled Tribes in the State, The Scheduled Tribes Population of Mamit is 95.0 % .

Rural areas are lacking proper health facilities. One-tenth of the villages of district Mamit have a PHC and only 1.2 per cent have MCW centre. Health facilities are very inadequate and none of the sample village has a PHC, hospital/dispensary, maternal and child care centre, and family planning clinic. Accessibility to health facilities is not satisfactory. Development and welfare orientation organizations are lacking in most of the villages.

There are two colleges in Mamit District

1.11 GOVT. MAMIT COLLEGE

The Govt. Mamit College was established under the patronage of local enthusiasts including local leaders, Village Council members and local educated persons longing for higher education. It was opened with a few students on 1st April 1983 by the then SDO (Civil) Pu R.Selthuama.

In the beginning, the College was known as Kaichhunga College, christened after Kaichhunga, an enthusiast in higher education from Aizawl who generously donated a sum of Rs. 40000/- (Rupees forty thousand), then a big amount, to run the college. Later it was renamed as Mamit College in March 1987. The College was run solely on the financial contributions made by the local people, eminent persons and Village Council leaders till the College was upgraded to Deficit Status in April 1993.

At present, the college has 158 students and was recently accredited B+ Grade by NAAC.

1.12 GOVT. ZAWLNUAM COLLEGE

Govt. Zawlnuam College is a college in Zawlnuam, Mamit district of Mizoram. The college is affiliated to Mizoram University. The College has 84 students at present. Zawlnuam College was established in the year 1986, provincialized in 2007. It got NAAC accreditation “**B**” Grade in 2022.

Govt. Zawlnuam College is the only institution of higher education in the North West corner of Mizoram bordering Tripura and Assam. Located in the tranquil area surrounded by lush green landscape, the College was established in January 14, 1986. A place far distant from the state capital Aizawl, the founder of this college felt the necessity of an institution of higher education in this part of the state. Since then, this institution has remained a center of quality learning and academic exchange and already gained a reputation of academic excellence by gaining higher positions in academic matters among the colleges of Mizoram. The motto of the college is "Ever Progressing".

1.13 LITERATURE REVIEW

Vyas, N.J. (2022) conducted a study to assess the awareness regarding HIV/AIDS among tourism students of Himachal Pradesh University. In this study 30 tourism students both girls and boys from Master Course (first and third semester of Himachal Pradesh) selected as sample. The HIV/AIDS awareness tool developed by Kumar (2020) was used to collect the data. The t-test statistical technique was used to analyze the data. The result showed that there is significant difference in the awareness level related to HIV/AIDS among tourism students of university.

Sharma, A. et.al. (2021) conducted a study to assess the awareness level of students regarding prevention and control of STDs. Methods: It was a cross-sectional study conducted at Panjab University situated in Chandigarh, India between February and August 2020. Purposive sampling was used to recruit students. Data was collected using a pre-tested, semi-structured, self-administered questionnaire. The nature of the data was quantitative and was analysed through SPSS version 20. A total of 211 (female/male:51.7%/48.3%, mean age: 22.5 years) respondents were enrolled. The awareness regarding the safe sex practices was very high (98.1%). 99.1% respondents were aware of HIV and AIDS, 65.4% respondents who were aware of hepatitis B and 55% respondents who were aware of Gonorrhoea and Syphilis. To prevent STDs 86.3% respondents were aware of condom, 72% respondents were aware to avoid unprotected sex and 19.9% respondents knew of abstinence. Condom's awareness is still lacking in students. Consequently, it puts them at a higher risk of STDs. Such data can be used to strengthen ongoing STDs prevention efforts in India aimed at reducing STDs in young adults.

Kumar, S.S. et.al. (2020) conducted a study to assess the Knowledge Attitude and Awareness toward People Living with HIV/AIDS among Engineering College Students of Pondicherry, India. The selection of study subjects was done using simple random sampling. Descriptive statistics were used and results were expressed as proportions. Results: The majority of the students, about 92.4% had heard about

HIV/AIDS, about 92.4% of the participants were aware that HIV can spread through body fluids such as blood, sexual contact, urine. More than half 52.7% of students are aware that migrant workers, lorry drivers, commercial sex workers are high-risk groups for HIV/AIDS. 68.8% of students don't know their HIV status. 65.2% were not willing to isolate HIV infected people from society. Conclusion: There is an immediate need for more health education and awareness campaign among students about HIV/AIDS. The Ministry of Education found better methods to deliver the necessary information about HIV/AIDS through the Internet, social media and mobile applications, information hotlines, pamphlets and printed educational materials.

Biswas, R., & Bandyopadhyay, R. (2019) conducted a study to find out the existing knowledge regarding the causes, modes of transmission, prevention and social impact of AIDS. Methods: Setting based cross-sectional study done in the secondary and higher secondary students of Siliguri Girls School during July-September 2018. A self-administered, well designed pretested semi structured questionnaire with anonymity of the respondent was used for data collection with the help of interview. Results: 66.2% of girls knew sexual intercourse as the primary route of transmission whereas 22.9% knew airborne as the method. 60.8% of them thought isolation could prevent HIV/AIDS and safe sex can prevent transmission 59.4%. All the correct four routes of transmission were known by only 14.2% of students. 12.55% of them knew about AIDS vaccine. Working with AIDS patient, using same toilet or sharing meals or swimming were the common myths among them to contract HIV/AIDS. Conclusions: Prevention being the only strategy available for HIV/AIDS is of utmost importance that knowledge regarding its various aspects should be dispersed among the adolescents through addition of chapter of AIDS and sex education in school curriculum.

Bahl, R.K. et.al. (2018) conducted a study among the adolescent students in age group of 14-19 years i.e., Class 9-12 years. The study was conducted in village Maralian of Block RS Pura (rural field practice area of Department of Community medicine, GMC Jammu). The schools chosen were High and Higher secondary standards where the students of age group >14 years could be contacted. Study

Instrument: A pre tested schedule containing (47) questions related to Knowledge, attitudes and practices of adolescents about modes of transmission and prevention of HIV infection, attitudes and beliefs about it and their related practices was used to interview. It was seen that the students in age group of 14-18 years were much aware about the HIV/AIDS, it's causes, routes of transmission, risk factors, preventive measures and facilities for diagnosis and drugs. Students of this age group can be taken as proxy to the families they belong to and hence the general population of the area under study. But still, a large proportion is having wrong concepts or no ideas about all the aspects associated with HIV/AIDS. Conclusion: Hence, conducting and sustaining IEC activities in the area is recommended.

Chatterjee, R. et.al. (2018) conducted a study to evaluate knowledge level of high school students of Kolkata, India, their attitude towards the disease, and enhance their awareness. Effect of previous awareness programs on HIV/AIDS is not well understood. In this cross-sectional study, students (N=2373) were from 38 randomly selected higher secondary schools. Based on answers to questions of a pre-designed, pre-tested, anonymous questionnaire, knowledge level of the students and their attitude towards HIV/AIDS were ascertained using SPSS version 17.0. Approximately one-third (36.5%) of the students knew full form of HIV and AIDS. Many (67%) believed that AIDS can be prevented and 45.9% thought AIDS is curable. Very few (2.6%, 0.6%) identified three major modes of transmission of HIV/AIDS and its three different symptoms. Television was the main source of information about HIV/AIDS for the students. Many students of Kolkata were still deficient in accurate knowledge on HIV/AIDS though they showed positive attitude towards the disease. Frequent awareness programs on HIV/AIDS are required to ensure that students attend at least one program during school curriculum.

Chowdary, S.D. et.al. (2018) conducted a study to assess the knowledge, attitude, and behaviour regarding HIV/AIDS among engineering students in and around Guntur, Andhra Pradesh. A cross-sectional study was conducted among 400 engineering college students in and around Guntur. A self-administered questionnaire was given and the results were tabulated and analysed. Statistical Analysis Used: The

data was entered in excel sheet and analysed using SPSS v. 20.0 software. Data was analysed using student's t-test and Chi-square test. Results: Out of 400 students, 257 (64.2%) were males and 143 (35.7%) were females. Maximum students (97.2%) indicated they know about HIV/AIDS. Eighty-nine percent (89.7%) of the students responded that needle prick injury can transmit HIV infection, whereas 82.5% of the responders knew that HIV/AIDS affects immune systems. A total of 66.5% of individuals agreed that there is no cure for HIV/AIDS and 72.0% of individuals responded that HIV/AIDS cannot be transmitted through saliva and 20.5% of the students felt that it is necessary to isolate the infected individuals from general public. Conclusions: In addition to medical and para medical students, it is very important for the youth to be aware of HIV/AIDS and its social implications.

Neerajaa, L. et.al. (2018) conducted a study to assess knowledge regarding HIV/AIDS among medical students and to assess attitude towards HIV/AIDS among medical students. Methods: A cross-sectional study conducted among 1st year undergraduates of Sree Balaji Medical College. Sample size was calculated using 4pq/L2, computed to a total of 240. Data collection was done using pretested structured questionnaire, containing 7 questions and 5 questions regarding knowledge and attitude towards HIV/AIDS respectively. Data was entered in MS excel and analysed using SPSS software version 22. Results: Among the participants, 46% were male and 54% were female. 91% of study participants had adequate knowledge (94% knew that HIV was preventable, 89% knew about the mode of spread, 90% knew about transmission prevention) and 84% of the study participants had good attitude. Conclusions: This knowledge and attitude study was to assess the current level of knowledge among first year MBBS students about AIDS at the point of entry to medical course. Few misconceptions were found to exist regarding mode of transmission and prevention. Awareness programmes should be initiated among the MBBS students in the first year itself, so that these lacunae can be rectified.

Shridevi, K., & Srigouri, T. (2017) conducted a study to know the awareness regarding HIV and its mode of transmission, clinical features and diagnosis of HIV, prevention and vaccine availability of HIV among private medical college, students in Telangana state. The data was collected by a pre designed, pretested and semi structured questionnaire which consisted of, identification data, HIV Awareness, mode of transmission, symptoms and diagnosis, prevention and vaccine availability of HIV. The data was analysed by using Microsoft Excel. Results: Males and females in the study were 43.38% and 56.6% respectively. Mean age of students was 18.184. 100% of the students heard about HIV, 25% of the students did not know that HIV and AIDS are different stages of the same disease. 98.52% were aware that contaminated needles and syringes as route of transmission, 87.5% were aware about vertical transmission. 93.38% of the students have a correct opinion that avoiding multiple partners. 80.88% knew that antiretroviral drugs are available. 91.91% knew that the vaccine is not yet available for HIV. Conclusions: There is overall satisfactory level of awareness on routes of transmission and prevention of HIV/AIDS but knowledge regarding symptoms is less. There were several misconceptions regarding route and Prevention of HIV. Very few knew that immediate medical attention will prevent HIV.

Ganesan, V. et.al .(2016) conducted a study to assess the knowledge regarding HIV/AIDS among engineering students and to assess the attitude of students towards people infected with HIV/AIDS. Methods: Cross sectional study done among 500 college students from an engineering college in Nellore district from August 2015 to September 2015. The selection of study subjects was done using convenience sampling. After consenting, each participant answered a questionnaire comprising of questions pertaining to awareness and attitude of people toward PLHA. Results: About 54% of the participants were aware that HIV can spread through body fluids such as blood, semen/vaginal fluid and breast milk and 58% knew that HIV can spread by having sex with an infected partner. About 37% of the students answered that they would not sit next to a HIV infected person on a bus and 59% of the students responded that they would divorce their spouse if they happen to know that (he/she) is infected. Conclusions: Though the study population is aware of the disease HIV/AIDS, complete knowledge about the disease, its modes of spread and protective

measures is not satisfactory. It is observed that stigmatization and tendency to discriminate people living with HIV/AIDS is still present and there is no complete acceptance of positive cases by the study subjects.

Satheesh, B.C. et.al. (2016) conducted a study to assess awareness regarding HIV/AIDS in newly admitted medical students and to assess awareness regarding HIV/AIDS among first year medical students of a private medical college in Kerala, India. Methods: A cross sectional study was conducted on first year MBBS students of a private medical college, Kerala. A total of 135 students were interviewed using pre-validated, semi structured questionnaire. Descriptive statistics were used to analyze the data. Results: All the students (100%) were aware about HIV/AIDS disease, its causative agent and diagnostics test. Majority of the students were aware about the modes of transmission and preventive approaches. A few of the respondents believed wrongly that the virus can be transmitted through mosquito bite, by hugging and kissing, through urine as well as sharing of same toilet seats and clothes with an infected person. Conclusions: Our study demonstrates an overall satisfactory level of awareness on routes of transmission and prevention of HIV/AIDS. A continuous such surveys at regular intervals would further help to assess the level of awareness and attitude towards HIV/AIDS for designing future educative programmes.

Yousuf, A. et.al. (2016) conducted a study to assess the awareness of HIV/AIDS infection and related ethical concerns amongst dentistry students and auxiliary staff in a hospital setup in Kashmir. Methods: This cross-sectional survey was conducted among 213 dental health care personnel, which included 34 third year BDS students, 35 Final year BDS Students, 106 Inters and 38 Dental Auxiliary staff comprising of nursing staff and lab technicians. A self-administered questionnaire/ survey instrument consisting of 15 close-ended structured questions to assess knowledge and attitude regarding HIV/AIDS was administered. Results: The results showed that 70.96% of 3rd year BDS students, 75.75% of Final year BDS students, 71.15% of Interns and 42.10% of dental auxiliaries had knowledge about HIV infection. Conclusions: The results of the present study suggest that there is a need of spreading awareness about AIDS among health care provider's including dentists and auxiliary

staff for clearing the misconceptions and beliefs regarding the routes of transmission of HIV/ AIDS with the help of CDE/CME Programs and also revising the present syllabus in the curriculum during professional training of Dental graduates and auxiliary staff.

Vijayalakshmi, J., & Emmanuel, M. (2014) conducted a study to assess awareness of HIV/AIDS among students in Annamalai University. Personal interview method was adopted for data collection and analysis was done through frequency and percentage. The result revealed that all respondents (100%) had heard about HIV/AIDS. It has been observed that majority of respondents (95%) had agreed that sex with multiple partners was a source of HIV infection to people. In this paper an attempt has been made to assess the knowledge about health problems of HIV/AIDS and preventive methods among students.

Kumar, P. (2013) conducted a study to provide preliminary data on HIV/AIDS knowledge and awareness among students of Rajdhani College, Delhi. The findings revealed that the majority of the students have knowledge regarding HIV/AIDS while some students had detailed knowledge of the disease and its prevention. It was found that 60% of students knew the role of condoms in preventing HIV.

1.17 RATIONALE OF THE STUDY

The present study was taken up to find out the level of awareness of college students because HIV/AIDS because India has the third largest HIV epidemic in the world, with 2.1 million people living with HIV. HIV is a disease that does not discriminate. Anyone can contract this disease, which is why it is important for students to be AWARE of how to protect themselves and prevent the transmission of HIV. In 2017, 79% of people living with HIV in India were aware of their status. College students are the vulnerable age groups and they are not completely aware of this disease. Mizoram reported on 2nd December, 2019, that at least 17,897 people are infected with HIV/AIDS, the highest in the country. Over 42 per cent of those in the age group of 25-34 have tested positive for HIV in the state of Mizoram, one of the least populated in the country, said officials of the Mizoram State AIDS Control Society (MSACS) that released the data on the occasion of the World AIDS Day. So, there is a need for awareness in the whole states to fight HIV/AIDS, especially among the adolescence as they are the most infected age groups. As the vulnerable age group belongs to college students, this study is needed to get the information of college students regarding their knowledge about HIV/AIDS.

1.18 STATEMENT OF THE PROJECT

The present study was taken up to find out the level of awareness about HIV/AIDS of college students of two colleges within Mamit District i.e., Govt. Zawlnuam College and Govt. Mamit College. A comparison of level of awareness will also be analysed. The problem under investigation is stated as:

“Awareness of College students of Mamit District about HIV/AIDS: A critical study.”

1.19 OBJECTIVES OF THE PROJECT

1. To assess the level of awareness of college students of Mamit District about HIV/AIDS
2. To assess the level of awareness of college students of Govt. Zawlnuam College about HIV/AIDS.
3. To assess the level of awareness of college students of Govt. Mamit College about HIV/AIDS.
4. To assess the level of awareness of Female college students of Mamit District about HIV/AIDS.
5. To assess the level of awareness of Male college students of Mamit District about HIV/AIDS.
6. To compare the level of awareness of college students of Mamit District about HIV/AIDS.
7. To compare the level of awareness of college students of Mamit District about HIV/AIDS w.r.t. gender.

1.20 HYPOTHESES OF THE PROJECT

1. There is no significant difference in the level of awareness of college students of Mamit District about HIV/AIDS.
2. There is no significant difference in the level of awareness of college students of Mamit District about HIV/AIDS w.r.t. gender.

1.21 DELIMITATION OF THE PROJECT

1. The present study is delimited to only College students of Mamit District.
2. The present study is subjected to only descriptive studies.

CHAPTER-II

2.01 POPULATION AND SAMPLE

The present study is concerned with all the students of Govt. Zawlnuam College and Govt. Mamit College.

Total No. of students at Govt. Zawlnuam College – 85

Total No. of students at Govt. Mamit College – 158

The sample will be selected by using random sampling techniques. The below table describes the details of sampling procedure.

Table 2.01 Sample distribution

GOVT. ZAWLNUAM COLLEGE		GOVT. MAMIT COLLEGE	
MALE	FEMALE	MALE	FEMALE
15	15	15	15
TOTAL- 30		TOTAL- 30	
GRAND TOTAL- 60			

2.02 SOURCES OF DATA

Primary data was collected by the researcher by visiting the colleges in the population and asking the respondents to answer the questionnaire from the tool used

Secondary data was collected from reference book and the internet.

2.03 TOOLS USED

In the present study, a qualitative type of questionnaire was administered.

NAME OF TOOLS : AIDS AWARENESS INVENTORY.

NAME OF AUTHOR: Dr. Punita Govil.

NAME OF PUBLISHER: National Psychological Corporation.

2.04 SHORT DESCRIPTION OF THE TEST

The Aids Awareness Inventory has been developed keeping in mind the youth of the country in the age-group of 18 years onwards, because at this stage misconceptions about this disease may prove fatal in their later life.

This test includes 60 items divided into five dimensions

- a) Nature and symptoms of the disease
- b) Causes of the disease
- c) Prevention of the disease
- d) Myths about the disease
- e) Awareness about the disease

The preliminary draft consisting of 108 items arranged in random order was administered to the students of various universities including three state universities and two central universities. Thus, the first draft was administered on a group of 600 students from four Indian states (U.P, Haryana, Delhi and Chandigarh) belonging to different socio-economic backgrounds. The participants were asked to respond to the statement and also to express their opinion in writing about the disease. The inventory being Likert Type Scale, the participants were asked to express their view on a three points scales, i.e., “**Agree**”, “**Disagree**” and “**Undecided**”. The answers were scored and ‘t’ value was calculated for each item. The procedure followed in evaluating the items was the one, described by Edwards (1969). According to the criterion, if the ‘t’ value is equal to or greater than 1.73, the item is selected otherwise rejected. The table given below describes the ‘t’ value for each selected item in the descending order.

Table 2.02: ‘t’ values of statements

Sr. no	‘t’ value	Sr. no	‘t’ value	Sr. no	‘t’ value	Sr. no	‘t’ value	Sr. no	‘t’ value
1.	6.38	13.	4.16	25.	3.20	37.	2.66	49.	2.50
2.	6.34	14.	4.00	26.	3.05	38.	2.60	50.	2.50
3.	5.83	15.	3.80	27.	3.03	39.	2.60	51.	2.50
4.	4.79	16.	3.69	28.	2.89	40.	2.59	52.	2.40
5.	4.76	17.	3.61	29.	2.86	41.	2.50	53.	2.30
6.	4.47	18.	3.61	30.	2.85	42.	2.50	54.	2.27
7.	4.44	19.	3.42	31.	2.82	43.	2.50	55.	2.25
8.	4.28	20.	3.42	32.	2.82	44.	2.50	56.	2.25
9.	6.34	21.	3.33	33.	2.77	45.	2.50	57.	2.22
10.	5.83	22.	3.30	34.	2.69	46.	2.50	58.	2.20
11.	4.79	23.	3.26	35.	2.68	47.	2.50	59.	2.18
12.	5.83	24.	3.25	36.	2.66	48.	2.50	60.	2.18

RELIABILITY:

The final version of the scale consisting 60 items was administered on 500 college students. The mean age of the sample was 19.6 years. Reliability of the test was ascertained by Split-Half Method and KR-21 method of assessing reliability. The following table describes the reliability coefficient of the scale.

Table 2.03: Reliability Coefficient of the Scale

Split-half method	KR (21) Method
64 (for the half of the test)	.91
78 (for the whole test)	

Reliability from split half method was found to be 0.64 for the half of the test and 0.78 for the whole test. From KR (21) method reliability coefficient is 0.91. Both of the values are significant at 0.01 level of significance.

VALIDITY:

The face validity of the test was established by obtaining the opinion of 20 experts from the field of psychology, sociology, education and medical science regarding the relevance of the items. All the judges agreed upon the statements included in the inventory.

ADMINISTRATION AND SCORING:

The prime purpose of the test is to assess the level of awareness of the various aspects of the disease, so that (if needed), it may be improved as prevention is the only remedy of this deadly virus.

It is a self-administrating inventory. It can be administered individually or in a group. The respondent is supposed to fill up the required demographic information as these detailed may be helpful in drawing out inferences. Generally an individual requires 25-30 minutes to respond to all the items, however, he may be allowed to take his own time. Special care should be taken to see that the learner responds all the items; however, if any item is left unanswered, it may be responded in the 'undecided category'.

Table 2.04: Details about dimensions and items

	DIMENSIONS	TYPE OF ITEM	Item wise Sr. no		Total
A.	Nature and symptoms of the disease	Positive	2,4,6,14,17,29,34,39,52,59	10	10
		Negative	_____	-	
B.	Causes of the disease	Positive	1,3,20,25,30,33,40,41,44,50,60	11	15
		Negative	5,24,36,48	4	
C.	Prevention of the disease	Positive	7,10,15,21,26,31,35,51,53	9	10
		Negative	22	1	
D.	Myths regarding the disease	Positive	—	-	10
		Negative	8,13,16,18,23,45,47,49,55,57	10	
E.	Awareness about the disease	Positive	9,11,27,28,32,42,43,46,54,56,58	11	15
		Negative	12,19,37,38	4	
				TOTAL	60

On each page of the inventory at the bottom a table for recording the dimension wise Raw Score has been given which may be totalled and the total of all the pages be transferred on the cover page. For each response, the score should be awarded in the following manner as given below

Table 2.05: Scoring System

RESPONSE CATEGORY	POSITIVE ITEM	NEGATIVE ITEM
AGREE	2	0
DISAGREE	0	2
UNDECIDED	1	1

In the present inventory, there are 60 items. Therefore, the maximum score a respondent can get is 120. On the basis of the scores obtained by the respondent, one of the following categories may be awarded to him.

Table 2.06: Norms and interpretation of the level of awareness

Scores obtained	Categories	Grade	Remarks
Up to 48	Very Low	E	Extremely alarming stage
49 to 58	Low	D	Alarming stage
59 to 68	Average	C	Need Attention
69 to 78	High	B	Satisfactory Level
79 onwards	Very High	A	Required level of Awareness

The categorization is based on the normal probability curve (Garrett, 1969). Corresponding category and its remark would provide a helping hand to the scorer to assess the status of the knowledge regarding this disease.

SCORING KEY

The administrator can score the responses with the help of the above tables. However, to make the scoring procedures easy, the scoring key is given below:

Table 2.07: Scoring Key

Sr. no of statement	Response categorization			Sr. no of statement	Response categorization		
	Agree	Disagree	Undecided		Agree	Disagree	Undecided
1.	2	0	1	31.	2	0	1
2.	2	0	1	32.	2	0	1
3.	2	0	1	33.	2	0	1
4.	2	0	1	34.	2	0	1
5.	0	2	1	35.	2	0	1
6.	2	0	1	36.	0	2	1
7.	2	0	1	37.	0	2	1
8.	0	2	1	38.	0	2	1
9.	2	0	1	39.	2	0	1
10.	2	0	1	40.	2	0	1
11.	2	0	1	41.	2	0	1
12.	0	2	1	42.	2	0	1
13.	0	2	1	43.	2	0	1
14.	2	0	1	44.	2	0	1
15.	2	0	1	45.	0	2	1
16.	0	2	1	46.	2	0	1
17.	2	0	1	47.	0	2	1
18.	0	2	1	48.	0	2	1
19.	0	2	1	49.	0	2	1
20.	2	0	1	50.	2	0	1
21.	2	0	1	51.	2	0	1
22.	0	2	1	52.	2	0	1
23.	0	2	1	53.	2	0	1
24.	0	2	1	54.	2	0	1
25.	2	0	1	55.	0	2	1
26.	2	0	1	56.	2	0	1
27.	2	0	1	57.	0	2	1
28.	2	0	1	58.	2	0	1
29.	2	0	1	59.	2	0	1
30.	2	0	1	60.	2	0	1

2.05 COLLECTION OF DATA

Data collection is essentially an important part of research process. For the present study, data were collected through personal visits to the selected colleges and through personal approach to the different students. They were handed over with the questionnaire and were requested to give honest answers after they were made aware that the results of the questionnaire would be kept confidential.

2.06 ORGANIZATION OF DATA

Keeping the objectives of the project in view data was collected and organized accordingly. Data organization was done with the help of tables and pie charts.

2.07 ANALYSIS OF DATA

The data collected by the researcher was analysed quantitatively using descriptive statistics like t- test, frequency, mean and percentage.

CHAPTER -III

3.01 ANALYSIS OF DATA

Data collected was analysed with the help of tables and pie charts. Data was organised based on the objectives of the project and different tables were constructed for each objective. Data analysis was done with the help of percentages and comparison of data was done with the help of t-test.

3.02 INTERPRETATION OF DATA

There are five levels of awareness about HIV/AIDS. The highest level is **“Very High”** which indicate the students required level of awareness about HIV/AIDS. **“High”** indicates that the student has a satisfactory level of awareness about HIV/AIDS, **“Average”** indicates that the students has Need Attendtion level of awareness about HIV/AIDS, **“Low”** indicates that the students has an Alarming stage of awareness about HIV/AIDS **“Very Low”** means having an Extremely alarming stage of awareness about HIV/AIDS.

OBJECTIVE 1: To assess the level of awareness of college students of Mamit District about HIV/AIDS.

Table 3.01: Level of awareness of college students of Mamit District about HIV/AIDS

Sr. no	Level of awareness	Category	Grade	No. of students	Percentage
1.	Extremely alarming stage	Very low	E	0	0
2.	Alarming stage	Low	D	0	0
3.	Need attention	Average	C	8	13.33%
4.	Satisfactory level	High	B	3	5%
5.	Required level of awareness	Very high	A	49	81.67%

Total number of students = 60

From table **3.01** we can see that among 60 college students of Mamit District, **49 (81.67%)** of the students have a **required level of awareness** about HIV/ AIDS, **3 (5%)** of the students have a **satisfactory level of awareness** about HIV/ AIDS and **8 (13.33%)** of the students have **need attention level of awareness (Average)** about HIV/ AIDS, while none of the students have alarming stages (**Low**) and extremely alarming stage (**Very low**) level of awareness about HIV/ AIDS.

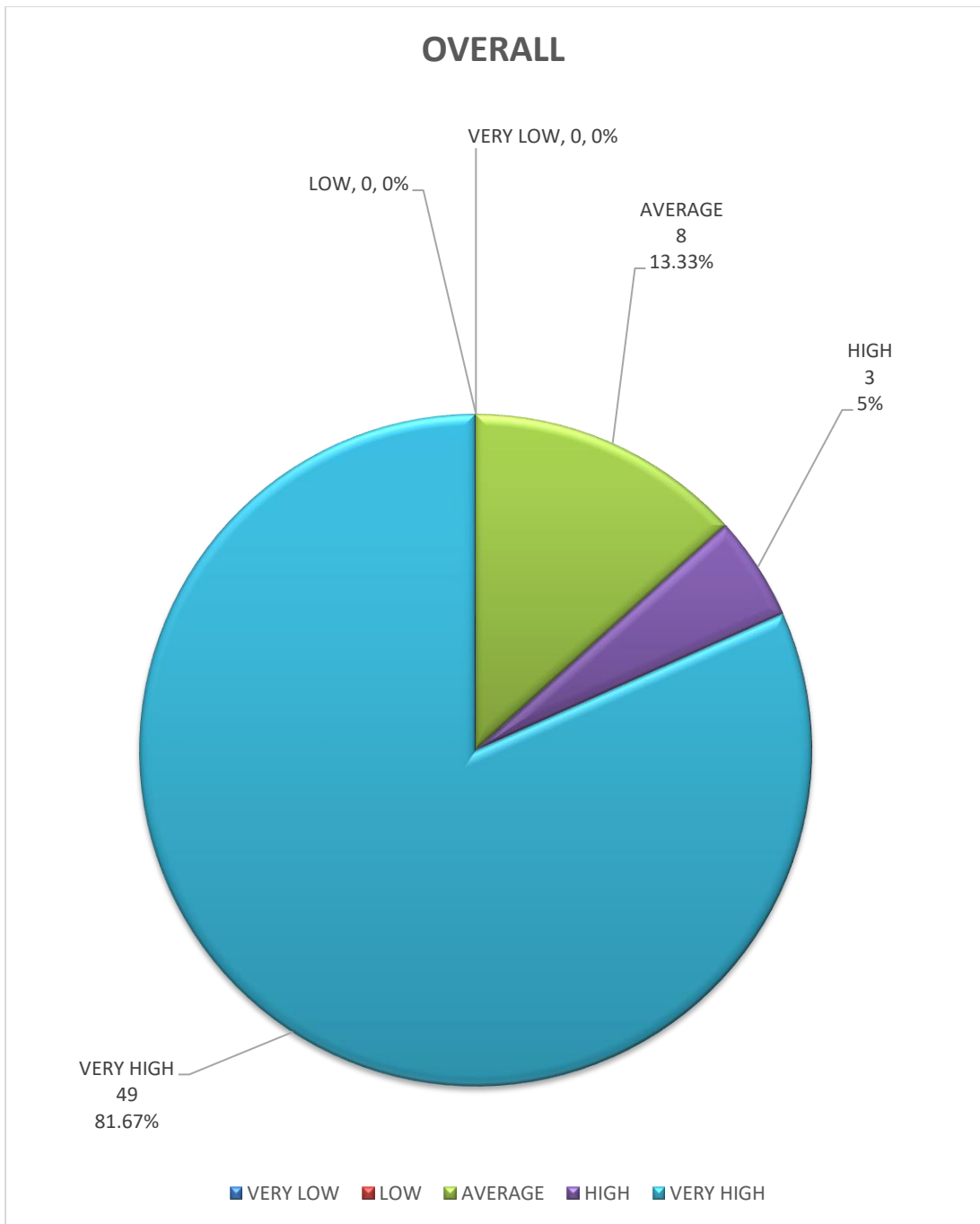


Fig 3.01: Level of awareness of college students of Mamit District about HIV/AIDS

OBJECTIVE 2: To assess the level of awareness of college students of Govt. Zawlnuam College about HIV/AIDS

Table 3.02: Level of awareness of college students of Govt. Zawlnuam College about HIV/AIDS

Sr. no	Level of awareness	Category	Grade	No. of students	Percentage
1.	Extremely alarming stage	Very low	E	0	0
2.	Alarming stage	Low	D	0	0
3.	Need attention	Average	C	2	6.67%
4.	Satisfactory level	High	B	3	10%
5.	Required level of awareness	Very high	A	25	83.33%

Total number of students = 30

From table 3.02, we can see that out of 30 students of Govt. **Zawlnuam College**, **25(83%)** of the students have a required level of awareness (**Very high**) about HIV/ AIDS, **3(10%)** of the students have a satisfactory level of awareness (**High**) about HIV/ AIDS, and **2(6.67%)** of the students have need attention level of awareness (**Average**) about HIV/ AIDS, while **0%** of the students have alarming stages (**Low**) and extremely alarming stage (**Very low**) level of awareness about HIV/ AIDS.

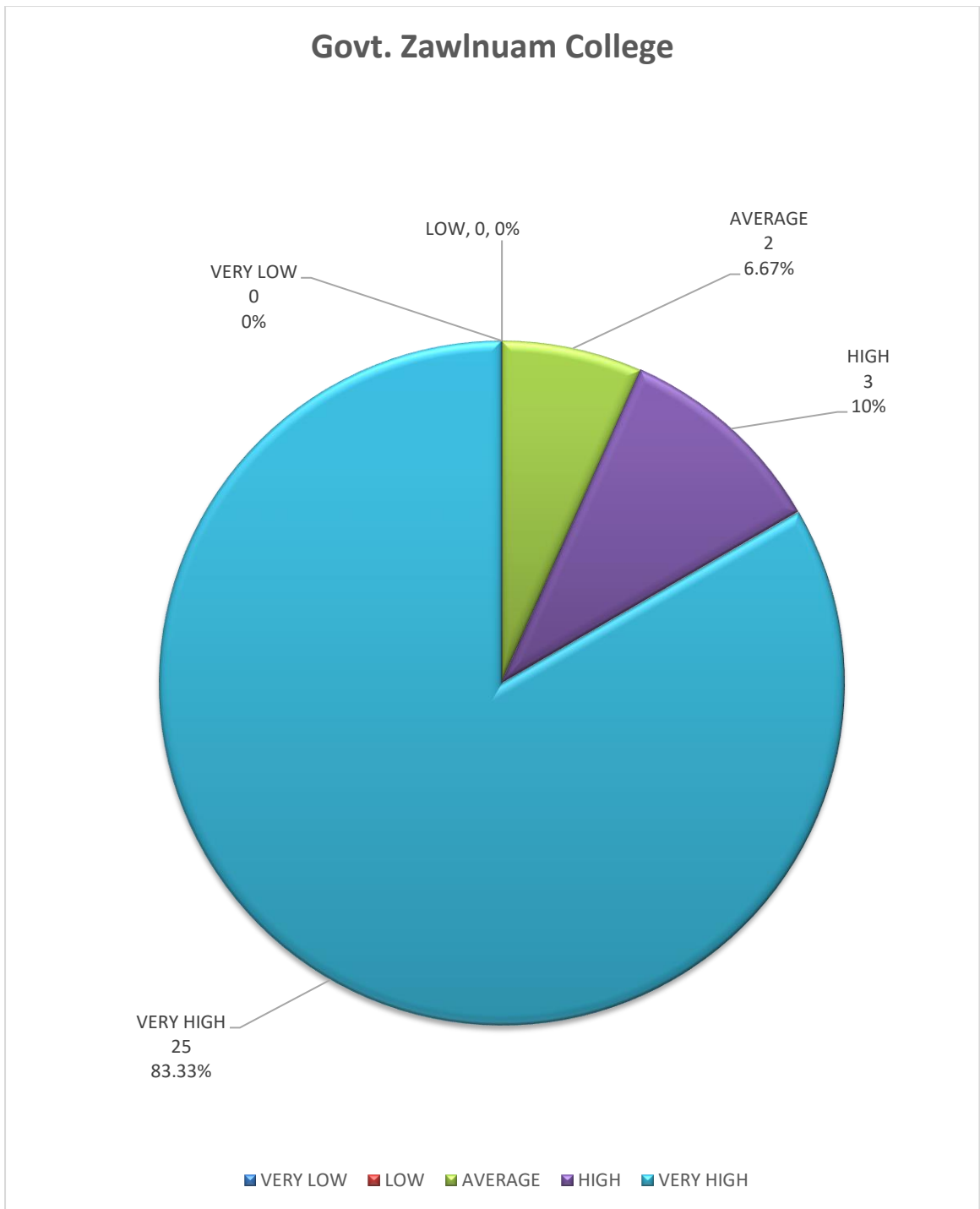


Fig 3.02: Level of awareness of college students of Govt. Zawlnuam College about HIV/AIDS.

OBJECTIVE 3: To assess the level of awareness of college students of Mamit District about HIV/AIDS

Table 3.03: Level of awareness of college students of Govt. Mamit College about HIV/AIDS

Sr.no	Level of awareness	Category	Grade	No. of students	Percentage
1.	Extremely Alarming stage	Very low	E	0	0
2.	Alarming stage	Low	D	0	0
3.	Need attention	Average	C	6	20%
4.	Satisfactory level	High	B	0	0%
5.	Required level of awareness	Very High	A	24	80%

Total number of students = 30

From table 3.03, we can see that out of 30 students of Govt. Mamit College, **24 (80%)** of the students have a **required level** of awareness (**Very high**) about HIV/ AIDS, **0%**of the students have a **satisfactory** level of awareness (**High**) about HIV/ AIDS, and **6 (20%)** of the students have **need attention** level of awareness (**Average**) about HIV/ AIDS, while **0%** of the students have **alarming** stages (**Low**) and **extremely** alarming stage (**Very low**) level of awareness about HIV/ AIDS.

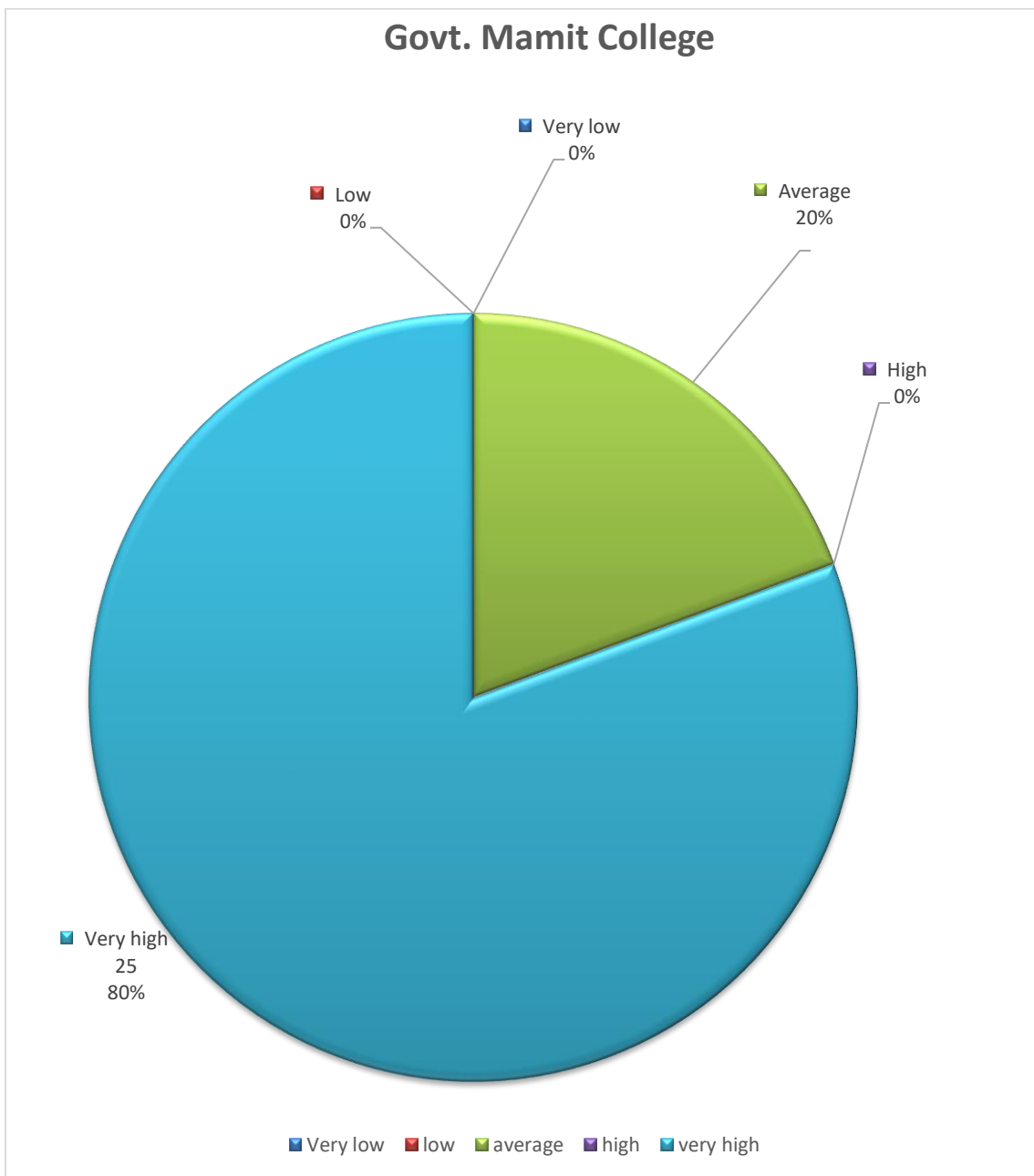


Fig 3.03: Level of awareness of college students of Govt. Mamit College about HIV/AIDS

OBJECTIVE NO. 4: To assess the level of awareness of Male college students of Mamit District about HIV/AIDS.

Table 3.04: Level of awareness of Male college students of Mamit District about HIV/AIDS.

Sr. no	Level of awareness	Category	Grade	No. of students	Percentage
1.	Extremely alarming stage	Very low	E	0	0
2.	Alarming stage	Low	D	0	0
3.	Need attention	Average	C	3	10%
4.	Satisfactory level	High	B	1	3.33%
5.	Required level of awareness	Very high	A	26	86.67%

Total number of students =30

From table 3.04 we can see that out of 30 male college students in Mamit District, 26 (86.67%) of the students have a required level of awareness (Very high) about HIV/ AIDS, 1 (3.33%) of the students have a satisfactory level of awareness (High) about HIV/ AIDS, and 3(10%) of the students have need attention level of awareness (Average) about HIV/ AIDS, while 0% of the students have alarming stages (Low) and extremely alarming stage (Very low) level of awareness about HIV/ AIDS.

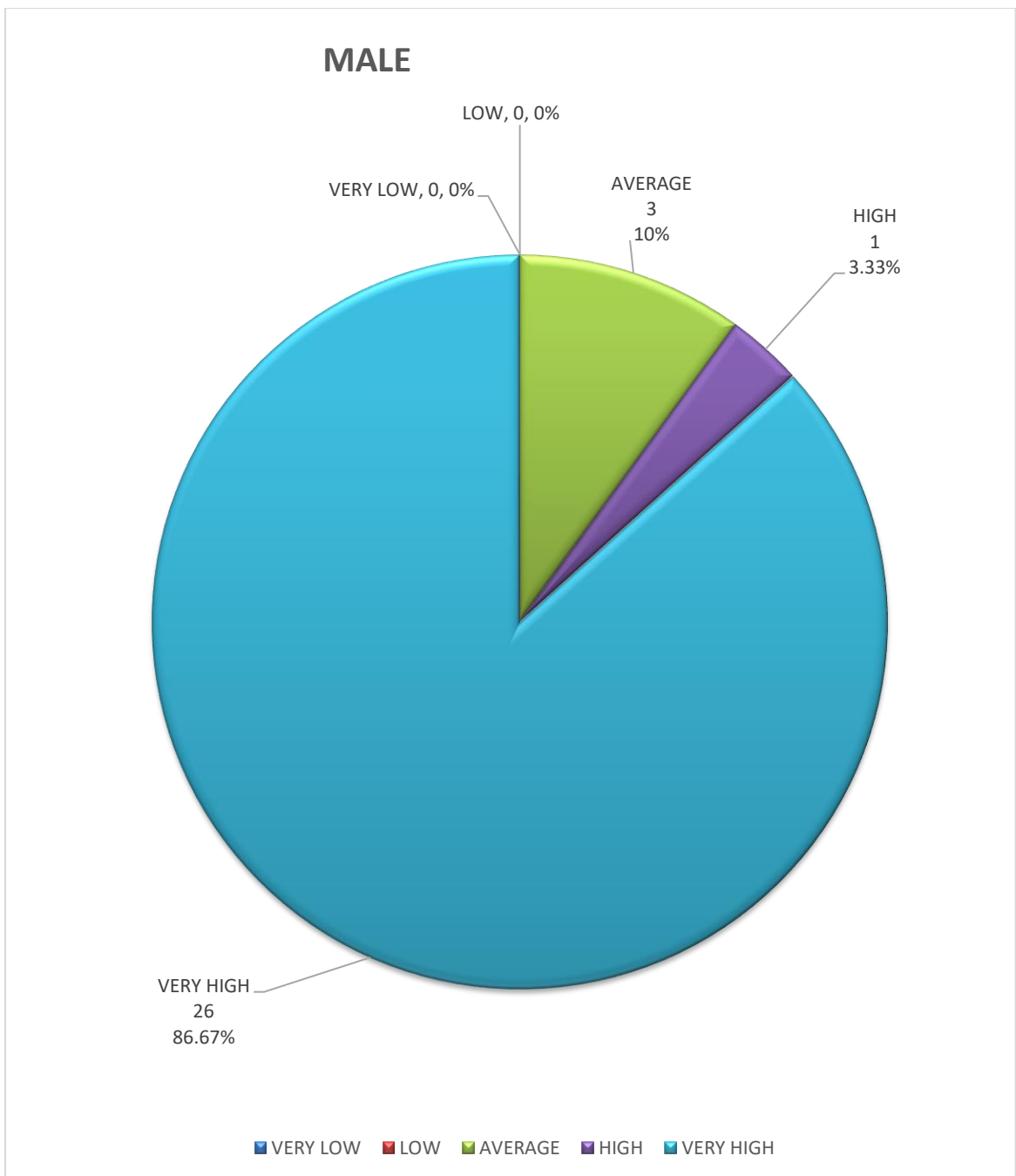


Fig 3.04: Level of awareness of Male college students of Mamit District about HIV/AIDS.

OBJECTIVE NO. 5: To assess the level of awareness of Female college students of Mamit District about HIV/AIDS.

Table 3.05: Level of awareness of Female college students of Mamit District about HIV/AIDS

Sr. no	Level of awareness	Category	Grade	No. of students	Percentage
1.	Extremely alarming stage	Very low	E	0	0
2.	Alarming stage	Low	D	0	0
3.	Need attention	Average	C	5	16.67%
4.	Satisfactory level	High	B	2	6.67%
5.	Required level of awareness	Very high	A	23	76.67%

Total number of students = 30

From table 3.05 we can see that out of 30 female college students of Mamit District, **23 (76.67%)** of the students have a required level of awareness (**Very high**) about HIV/ AIDS, **2 (6.67%)** of the students have a satisfactory level of awareness (**High**) about HIV/ AIDS, and **5 (16.67%)** of the students have need attention level of awareness (**Average**) about HIV/ AIDS, while **0%** of the students have alarming stages (**Low**) and **extremely alarming stage (Very low)** level of awareness about HIV/ AIDS.

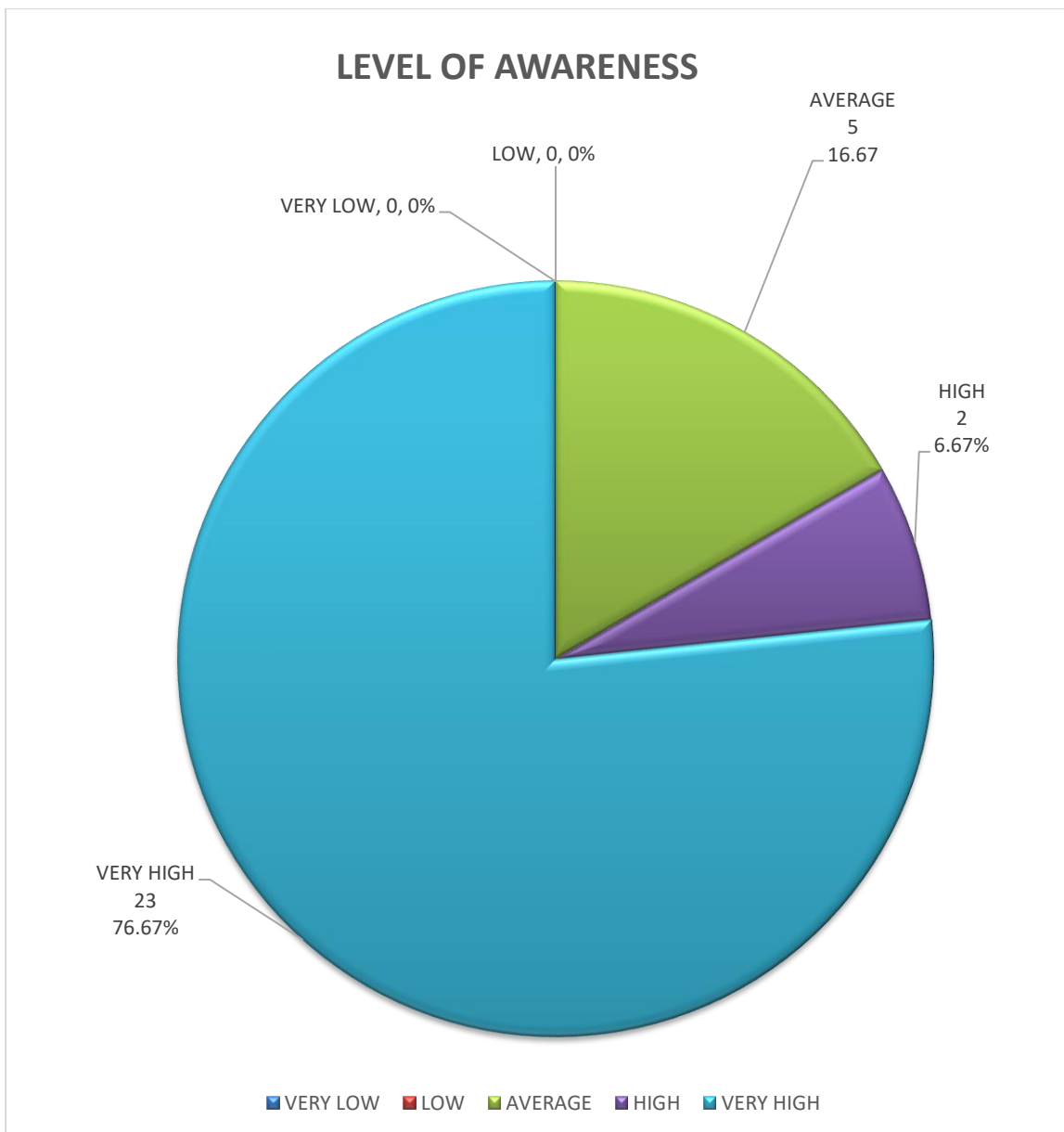


Fig 3.05: Level of awareness of Female college students of Mamit District about HIV/AIDS

OBJECTIVE NO. 6: To compare the level of awareness of college students of Mamit District about HIV/AIDS.

Here we have the null hypothesis: *There is no significant difference in the level of awareness of college students of Mamit District about HIV/AIDS.*

Table 3.06: Comparison of level of awareness of college students of Mamit District about HIV/ AIDS

	N	Mean	S. D	SeD	t-value	Df	Level of significance	
ZAWLNUAM	30	93.8	12.6	3.32	2.29	58	0.05	0.01
MAMIT	30	86.2	13.2				2.00	2.66

Df	Required t-value		Calculated t-value	Interpretation	Conclusion
	0.05	0.01			
58	2.00	2.66	2.29	Calculated t-value is more than the required value at 0.05 level and less than the required value at 0.01 level.	Null hypothesis is rejected at 0.05 level and retained at 0.01 level.

Table 3.06 shows that the mean score of Govt. **Zawlnuam** College and Govt. **Mamit** college students were **93.8** and **86.2** respectively with **SD 12.7** and **13.2** respectively. The calculated t-value was more than the required value at 0.05 level and less than the required value at 0.01 level of significance. Therefore, the null hypothesis “*There is no significant difference in the level of awareness of college students of Mamit District about HIV/AIDS.*” is retained; we can conclude that, there is no significant difference in the level of awareness about HIV/AIDS of Govt. **Zawlnuam College** and Govt. **Mamit** College students.

OBJECTIVE NO. 7: To compare the level of awareness of college students of Mamit District about HIV/AIDS.

Here we have the null hypothesis: *There is no significant difference in the level of awareness of college students of Mamit District about HIV/AIDS w.r.t. gender.*

Table 3.07: Comparison of level of awareness of College students of Mamit district about HIV/ AIDS w.r.t. gender.

	N	Mean	S.D.	SeD	t-value	Df	Level of significance	
MALE	30	89.5	14.8	3.39	0.68	58	0.05	0.01
FEMALE	30	87.2	11.2				2.00	2.66

Df	Required t-value		Calculated t-value	Interpretation	Conclusion
58	0.05	0.01	0.68	Calculated t-value is less than the required value at 0.05 level and at 0.01 level.	Null hypothesis is retained at 0.05 level and at 0.01 level.
	2.00	2.66			

Table 3.07 shows that the mean score of male and female college students were **89.5** and **87.2** respectively with **SD 14.8** and **11.2** respectively. The calculated t-value is less than the required value at 0.05 level and at 0.01 level of significance. Therefore, the null hypothesis “*There is no significant difference in the level of awareness of college students of Mamit District about HIV/AIDS w.r.t. gender*”. is retained, we can conclude that, there is no significant difference between the attitude of male and female college students of Mamit District towards HIV/AIDS.

CHAPTER-IV

4.01 RESULTS

- Out of 60 college students from Mamit District, majority of the students i.e., 49 (81.67%) students have **Very High** attitude which means they have required level of awareness about HIV/AIDS.
- Out of 30 college students from Govt. Zawlnuam College, majority of the students i.e., 25 (83.33 %) students have **Very High** attitude which means they have required level of awareness about HIV/AIDS.
- Out of 30 college students from Govt. Mamit College, majority of the students i.e., 24 (80 %) students have **Very High** attitude, which means that they which means they have required level of awareness about HIV/AIDS.
- Out of 30 male college students of Mamit District, majority of the students i.e., 26 (86.67 %) students have **Very High** attitude, which means that they which means they have required level of awareness about HIV/AIDS.
- Out of 30 female college students of Mamit District, majority of the students i.e., 23 (76.67 %) students have **Very High** attitude, which means that they which means they have required level of awareness about HIV/AIDS.
- Upon comparison of level of awareness of college students of Govt. Zawlnuam College and Govt. Mamit College, it was found that there is no significant difference in the level of awareness of college students of Mamit District about HIV/AIDS.
- Upon comparison of level of awareness of Male and Female college students of Mamit District, it was found that there is no significant difference in the level of awareness of college students of Mamit District about HIV/AIDS w.r.t. gender.

4.02 DISCUSSION OF RESULTS

The major findings of the study reveal that majority of the college students of Mamit District have required level of awareness about HIV/AIDS. All the students had heard of HIV/AIDS. Low levels of knowledge about general terms and aspects of HIV/AIDS were not observed in this study

Out of 60 college students of Mamit District, 81.67% i.e., 49 students have required level of awareness (very high). This means that majority of the students have a very high level of knowledge about HIV/AIDS. 5% i.e., 3 students have a satisfactory level of awareness (high). This category of students has a satisfied level of awareness regarding HIV/AIDS. 13.33% i.e., 8 students have need attention level of awareness (average). These students need more attention given to them as their knowledge of HIV/AIDS is low. 0% of the students have alarming stages (Low) and extremely alarming stage (Very low) level of awareness about HIV/AIDS.

Among 30 students of Govt. Zawlnuam college , 25(83.33%) of the students have a required level of awareness (Very high) about HIV/AIDS, 3(10%) of the students have a satisfactory level of awareness (High) about HIV/AIDS, and 2(6.67%) of the students have need attention level of awareness (Average) about HIV/AIDS, while 0% of the students have alarming stages (Low) and Extremely alarming stage (Very low) level of awareness about HIV/AIDS.

Among 30 students of Govt. Mamit college students, 24 (80%) of the students have a required level of awareness (Very high) about HIV/AIDS, (0%) of the students have a satisfactory level of awareness (High) about HIV/AIDS, and 6 (20%) of the students have need attention level of awareness (Average) about HIV/AIDS, while 0% of the students have alarming stages (Low) and extremely alarming stage (Very low) level of awareness about HIV/AIDS.

Among 30 male college students of Mamit District, 26(86.67%) of the students have a required level of awareness (Very high) about HIV/AIDS, 1(3.33%) of the students have a satisfactory level of awareness (High) about HIV/AIDS, and 3(10%) of the students have need attention level of awareness (Average) about HIV/AIDS, while 0% of the students have alarming stages (Low) and Extremely alarming stage (Very low) level of awareness about HIV/AIDS.

Among 30 female college students of Mamit District, 23(76.67%) of the students have a required level of awareness (Very high) about HIV/AIDS, 2(6.67%) of the students have a satisfactory level of awareness (High) about HIV/AIDS, and 5(16.67%) of the students have need attention level of awareness (Average) about HIV/AIDS, while 0% of the students have alarming stages (Low) and Extremely alarming stage (Very low) level of awareness about HIV/AIDS.

Upon comparison of level of awareness of College students of Govt. Zawlnuam College and Govt. Mamit College and Male and Female college students of Mamit District, it was found that there is no significant difference in the level of awareness of college students of Mamit District about HIV/AIDS.

4.03 EDUCATIONAL IMPLICATIONS

The present study summed up that college students have a high knowledge of HIV/AIDS. The study shows positive impacts of awareness campaigns run by National Aids Control Organization and Mizoram State Aids Control Society.

The present study has wide ranging implications for educators, parents, counsellors and all other services provider. The study highlighted the need of HIV/AIDS awareness, especially among vulnerable adolescent age groups. Programs allocated by agencies and organizations of HIV/AIDS, which are organized in the institutions create changes in the mind as well as lifestyles of college students. The educators must be aware of the disease so as to give the students more knowledge about this deadly disease.

4.04 SUGGESTIONS FOR IMPROVEMENT

The following suggestions were sums up by the researcher that colleges and universities can improve HIV prevention, treatment and care while bolstering the health of their students.

1. Evaluate your institution's current student sexual health programs, practices, and policies.
2. Make inclusive sexual health education a top priority on campus to address the inequality that students can face.
3. College systems should make programs available that will enable and encourage college students who have not engaged in sexual intercourse and who have not used illicit drugs.
4. Give students access to real resources.
5. Use evidence based or evidence informed programs.
6. Use non blaming language in a thoughtful and informed way.
7. Create a safe college environment.
8. Use comprehensive college health approaches across multiple areas of risk and take steps to address social determinants of health.
9. Colleges should allocate sufficient personnel time and resources to assure that policies and programs are developed and implemented with appropriate community involvement, curricula are well-planned and sequential, teachers are well-trained, and up-to-date teaching methods and materials about AIDS are available.

4.05 LIMITATIONS OF THE PROJECT

The present study had the following limitations

1. The present study could be conducted only among colleges students of Mamit District due to time and financial constraints.
2. The present study was limited to only descriptive statistics.

SUMMARY

The present study was conducted to find out the level of awareness of college students of Mamit District about HIV/AIDS. The population of the study included all college students of Mamit District i.e., 243 students. Simple random sampling method was used to collect sample of 30 students each from two colleges within Mamit District i.e., Govt. Zawnuam College and Govt. Mamit College. AIDS Awareness Inventory developed by Dr. Dr. Punita Govil was used to collect data. Findings of the study indicate that majority of the college students of Mamit District have very high level of awareness about HIV/AIDS. Comparison of attitude of college students was analysed using t-test and it was found that there are no significant differences in the level of awareness of college students of Mamit District about HIV/AIDS. It can be concluded that most college students of Mamit District have the required level of awareness about HIV/AIDS. The present study summed up that college students have a high knowledge of HIV/AIDS.

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