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**STUDENTS' ATTITUDE AND KNOWLEDGE TOWARDS HIV:  
A FACTOR ANALYSIS**

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# **STUDENTS' ATTITUDE AND KNOWLEDGE TOWARDS HIV: A FACTOR ANALYSIS.**

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## **Introduction**

It is evident that HIV is much more than just a disease unlike any other disease. This is because HIV not only influences the lives of those infected but also those around them. On the contrary it influences the life of each one of us on this universe. Simply put, it is probably the single most important public health issue of our time. HIV is transmitted through direct exchange of infected body fluids from an infected host to a susceptible host. Transmission occurs through unsafe sexual activities, sharing contaminated needles, receiving contaminated blood transfusions, and mother to infant transmission during pregnancy, delivery, or lactation. Occupational exposure is possible for those exposed to HIV contaminated body fluids (Aron, 2001; Chin, 2000; Fisher & Fisher, 1995; Graham, 2001; Pattern, Vollman, & Thurston, 2000). There is no known cure for AIDS.

Asia is the world's largest continent and home to more than half of the global population, including several million people living with HIV. Various factors make Asia vulnerable to the spread of HIV, including poverty, inequality, and unequal status of women, stigma, cultural myths about sex and high levels of migration. Most people living with HIV in Asia became infected through unprotected sex or injecting drug use. Malaysia is home to the fifth fastest growing AIDS epidemic in the East Asia and Pacific region with its current rate of HIV infections doubling every three years. While India leads the South East Asian Region in absolute numbers of HIV infection, Thailand has the second highest cases of AIDS in South East Asia (WHO, 2006).

Malaysia's epidemic is largely dominated by injecting drug users. Between the first detected case in 1986 and 2006, 76,389 people have been infected with HIV while 9,155 have died of AIDS. These statistics suggest that an average of 17 people test positive for the virus each day. (UNICEF Malaysia, 2007).

HIV screening detected 15.6% of the HIV carriers in the drug rehabilitation centre's, 5.3% in the prisons, 8.9% in tuberculosis centre, 0.13 % were detected through pre nuptial tests and 0.03 % involved pregnant mothers. (The Borneo Post, 2007).

There is concern however that heterosexual transmission is on the rise. 32% contracted the disease through sex. The proportion of women reported with HIV has increased dramatically in the last decade from 4% of new cases in 1995 to 15% of new cases in 2006. Surveys show that in 2006, more housewives tested HIV-positive than sex workers. At the same time, the percentage of babies born with HIV has also increased from 0.2% in 1991 to 1.4% in 2006. (UNICEF Malaysia, 2007).

As in most parts of the world, young people in Malaysia account for an increasing number of HIV infections every year. December 2006 statistics from the Ministry of Health reveal that 36% of infections are amongst people aged between 13 to 29 years old. It is likely that people infected with HIV before the age of 30 were infected in their twenties and sometimes even during their teens. (UNICEF Malaysia, 2007).

Individuals infected by HIV have to confront the physical, economic, social, and psychological impact on their health. In addition to these factors, their inability to work full time reduces household income and increases expenditures on medical care, food, and washing materials (Barnett & Whiteside, 2006).

With the high cost of antiretroviral drugs and little or no opportunity to work, individuals infected with HIV/AIDS have little opportunity to access resources to improve their quality of life.

HIV has been labeled as stigmatizing disease (Sandelowski, 2006). With the stigma that a medical diagnosis or labeling of HIV or AIDS carries, people living with AIDS often are in denial of having been infected with HIV. These individuals often face prejudice and discrimination from society when their HIV status is disclosed (Duffy, 2005).

The attitude of stigmatization is an antecedent to the behavior of discrimination (West, Leasure, Allen, & LaGrow, 1996). An attitude is a disposition to respond favorably or unfavorably to an object, person, institution, or event. (Aizen I, 2005). An attitude is positive or negative or

mixed affective reaction consisting of our emotions, moods, and feelings to a person or object. (Brehm et al, 1999).

In addition, attitudes may be expressed either consistently or inconsistently. Attitudinal inconsistency or ambivalence can occur when individuals have both positive and negative attitudes toward certain attitude objects or some objects, persons, or events (Aiken, 2002; Albarracin et al., 2005; Eagly & Chaiken, 1998).

Attitudes cannot be observed directly, but they can be inferred from verbal and nonverbal responses toward attitude objects in either a favorable or an unfavorable way (Ajzen, 1993). Moreover, these verbal and nonverbal responses can come from cognition (thoughts and perceptions), affect (feelings and emotions), or conation (intentions to act, commitments, and actions) (Ajzen, 1993).

Attitudes influence not only the ways that individuals view events and people, but also the ways that people live their lives, make decisions and act towards other people (MacDonald, 2001). Negative attitude could lead to prejudice towards people living with AIDS. Prejudice is a term used to describe a negative feeling towards person based solely on their membership in a group. (Brehm and Kassin, 1993).

## **Research methods**

A questionnaire was designed to obtain data in two main areas namely HIV/AIDS related issues which mainly included the mode of transmission (13 questions) and attitude issues (8 questions). The total number of questions were 21 in number. The questions were answered using the option "Agree" and "Disagree". In addition, there were four questions about the main characteristics of the students interviewed. The Cronbach's  $\alpha$  was calculated to assess the internal consistency of questions ( $\alpha = 0.31$ ). A total score for knowledge was obtained by adding the points given for each answer. For each correct answer two points and any incorrect answer one points were assigned. The sum makes up the total score which ranged between 04 and 09. A higher score indicated a greater level of knowledge. The attitude score was computed similarly; a low score reflects intolerance towards the infected patients. The least score was 03 and maximum score was 08.

Data was collected in one of the Universities in Sarawak. Non probability sampling technique, namely convenience sample was used to collect data.