

# The Risk Lies in Not Knowing: HIV/AIDS Awareness and Acceptance towards PLWHA

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## ABSTRACT

Human Immunodeficiency Virus (HIV) is a disease that targets and changes the human immune system, increasing the risk and impact of other infections and diseases. Without treatment, this virus progresses to an advanced disease called Acquired Immunodeficiency Syndrome (AIDS). Ignorance of HIV/AIDS can lead to the stigmatization of PLWHA. This prevents PLWHA from contributing to society meaningfully and damages their social and psychological health. This study sought to determine the level of awareness towards HIV/AIDS and the level of acceptance towards PLWHA among senior high school (SHS) students in the 9th cluster of Toledo City, Cebu. It further sought to determine whether or not a correlation exists between the students' awareness and acceptance towards PLWHA. To arrive at these, this study utilized questions adopted from Carey, Beedy and Johnson (1997), and Unnikrishnan, Mithra and Reshmi (2010) for HIV/AIDS-awareness and HIV/AIDS-Acceptance, respectively; with slight modifications in the wording for the students' comfort. The respondents of this study were 336 SHS students, selected via stratified random sampling from an overall population of 2,094 SHS students. The study found that the respondents exhibited a high level of awareness about HIV/AIDS, as well as a high level of acceptance towards PLWHA. Further, it was found that there is a statistically significant correlation between gender and awareness of HIV/AIDS. It was also found that there is a statistically significant correlation between gender and attitude towards PLWHA. This study arrived at the conclusion that there is a statistically significant and strong correlation between the respondents' awareness and attitude towards PLWHA.

**KEYWORDS:** HIV/AIDS, PLWHA, sex education, stigma

## INTRODUCTION

Human Immunodeficiency Virus (HIV) is a disease that is spread primarily through sexual contact with an infected person during unsafe sex. This can also be transmitted through sharing of needles with infected individual, transfusions of infected blood or blood components. This virus targets and weakens the human immune system, increasing the risk and impact of other infections or diseases. If not treated, this might progress to an advanced disease called Acquired Immunodeficiency Syndrome (AIDS) which is considered as one the greatest challenges and risk factors of human health (Saki, Kermanshahi, Mohammadi & Mohraz, 2014). HIV/AIDS is a pressing issue in our current day and age thus

countless researches have been done on the subject. However, just as pressing as the disease, is the attitude of people towards those who are carriers of the disease.

HIV/AIDS has been recognized as a disease associated with fear and stigma (Hasan, Nath, Khan, Akram, Gomes & Rashid, 2012). According to Rankin (2005), stigma can either be internal or external. Internal stigma is shame from within that is associated with HIV/AIDS positivity while external stigma is the actual experience of discrimination that comes from others (Greef, Phetlhu & Makoe, 2008). On the other hand, Thomas (2006), (as cited by Lalo, Theodhosi, Kamberi & Xhindoli, 2015) identified

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three types of stigma; self-stigma, perceived stigma and the approved stigma. Self-stigma happens through “self blaming”, perceived stigma is related to the fear of the PLWHA to show their HIV status as they might get discriminated and the approved stigma which happens when the individuals repeatedly discriminated due to their HIV status. Stigma and discrimination to people with HIV/AIDS are viewed as one of the greatest challenges mentioned since HIV-infected people are considered unusual (Saki et.al, 2014). People living with HIV/AIDS (PLWHA) are commonly labeled as “other” by the community thus prevents them from contributing to society and greatly damages their social and psychological health (Campbell,2007). Stigma and discrimination have affected PLWH’s life in many ways and are often associated with psychological distress, such as shame, anxiety, depression, suicidal ideation and quality of life(Tran, Phan, Latkin, Nguyen, Hoang, Ho, C & Ho R., 2019). Indeed, stigma and discrimination are barriers to effective HIV prevention and treatment since people are afraid of being stigmatized to the point where they refuse testing and treatment.

HIV/AIDS is considered as a global health risk and burden. The prevalence of HIV/AIDS affects not only the health of the people but also the communities, and the economic growth of nations. Year 2016, an estimated 1.8 million individuals worldwide were infected with human immunodeficiency virus (HIV), which amounts to 5,000 new infections per day. This includes 160,000 children. Year 2017, World Health Organization (WHO) reported that there were already 36.9 million people living with HIV worldwide, with 1.8 million new infection cases and 940,000 deaths (Tran et al., 2019). Young people are particularly vulnerable to HIV infection. In 2007 survey, over half of all new infections worldwide are among young people between the ages of 15 and 24. Every day, 6,000 young people become infected with HIV – more than five every minute (Tan, Pan, Zhou, Wang & Xie, 2007). In 2015, many countries have a significant proportion of youth that initiate sexual activity by the age of 15 years thus, adolescents in general are at a higher risk of contracting HIV through sexual transmission and youth aged 13–14 years accounted for more than 1 in 5 new diagnoses in 2015 (Alhasawi et al., 2019). These increase cases of HIV/AIDS infection might be due to the reduction of information given to the general public (Ouzouni & Nakakis, 2012). Raising awareness about the causes and effects of HIV is one of the key strategies in preventing and controlling the spread of HIV/AIDS worldwide. According to Alhasawi et al., (2019), Inadequate knowledge and risky practices are major hindrances in preventing the spread of HIV.

The Philippines has the most rapid growth in the HIV/AIDS epidemic in the Asia-Pacific in the last six years as reported by the Health Ministry and United Nations. At the later part of 2016, there were reportedly 10,500 Filipinos who were infected with HIV/AIDS, from 4,300 in 2010 and the number of new cases in the country jumped from 4 a day in 2010 to 31 a day as of November 2017(HIV/AIDS and Art Registry of the Philippines, HARP 2017). Since then, there have been 63,278 confirmed HIV cases and as of January 2019, there were 1,249 newly confirmed HIV-positive individuals reported to the HARP. In January 2019, 395 (32%) cases were among youth 15–24 years old (96% were male). Seventy-seven percent (13,751 out of 17,935) of all those 15–24 years at the time of testing were diagnosed from January 2014 to January 2019. In the Philippines, stigma against PLWHA is also evident. This includes prejudice and can lead to active discrimination directed towards persons either perceived to be or actually infected with HIV/AIDS and the social groups and persons with whom they are associated (Taylor, 2001). In most of the discrimination cases that Human Rights Watch documented, employees with HIV did not file formal complaints, most frequently due to fear of being further exposed as HIV positive, which could prevent future employments (Rankin, 2005).

In all of these cases, people and their interaction with PLWHA shape the nature of the issues. This shows that people’s awareness and attitude towards PLWHA are heavy elements in the global conversation of HIV/AIDS acceptance and stigma. If the individuals especially the youth lack adequate information regarding HIV knowledge, they might be hit hard by the HIV/AIDS pandemic and will also get stigmatized or might not get infected but will stigmatize and discriminate the infected individuals since students were observed as having discriminatory and risky attitudes towards PLWHA(Nubed & Akoachere, 2016). Therefore, it is essential to assess the knowledge and attitudes of students regarding HIV/AIDS and to PLWHA before planning appropriate preventive measures.

### **Objective of the Study**

The aims of the study were to assess SHS students’ level of awareness towards HIV/AIDS and their level of acceptance towards PLWHA. This study also sought to know the existing correlation between the students’ awareness and acceptance towards PLWHA.

### **Theoretical Background/Literature Review**

HIV/AIDS is a disease that has led to surging mortality rates among the youth and other participants

in the society thus considered as the fourth cause of mortality in the world (Hariri & Mackenna 2007; Al-Serouri, Takioldin, Oshish, Aldobaibi & Abdelmajed, 2002). The reports from the World Health Organization (2015) have shown that sexual activity, intravenous drug use, blood transfusion and mother-child transmission are the main transmission routes of HIV/AIDS. This disease is very stigmatizing illness due to its associations with death, contagion, discriminations, immorality and incurable illness (Simbayi, Kalichman, Strebel, Cloete, Henda & Mqeketo, 2007). PLWHA are often regarded by some as a manifestation of evil and sin, thereby producing powerful stigma against the patients (Plummer, Mashana, Wamoyi, Shigongo, Hayes, Ross & Wight, 2006). However, stigma and discrimination are the manifestation of the misguided perception of HIV/AIDS. These have led to a reduction in the quality and effectivity of PLWHA treatment and Care (Fatoki, 2016).

HIV stigma towards PLWHA has been classified into three categories: perceived, experienced and internalized (Audet, McGowan, Wallston & Kipp, 2013). The perceived stigma is the fear of the anticipated reaction and attitude of other people towards the condition that PLWHA suffer while the actual reaction and attitude of people towards the condition is called the experienced stigma. The internalized stigma on the other hand is not the stigma that PLWHA suffer from external influences and factors but the fear, shame and damaged self-image felt by these people about themselves. Goffman's theory of social stigma explains that social discriminatory attitudes are caused by intrinsic characteristics in the stigmatized person or persons. These inherent characteristics are then used as justification by society to classify a certain group of people as undesirable, others and unwanted (Varas-Diaz, Garcia & Alfonso, 2007). This leads to the implication that more knowledge about PLWHA and HIV/AIDS transmission routes may lead people to internalize that PLWHA should not be labeled as "others" or unwanted.

Misinformation about HIV/AIDS, its causes, mode of transmission and contagion is a major causality of HIV-related stigma and discrimination against PLWHA (Fatoki, 2016). Moreover, inadequate information on HIV/AIDS and PLWHA and poor information delivery and dissemination among the general public and health-care workers intensifies stigma and discrimination against PLWHA. To state it simply, poor information is a large factor to stigma against PLWHA (Fatoki, 2016). Misinformation and prejudices about HIV/AIDS and PLWHA has led to

several negative outcomes under the domain of stigma and discrimination. Many people carry negative views and attitudes towards PLWHA because of their erroneous information and beliefs about the disease and its carriers. An assessment into these attitudes showed that the main source of the negative attitudes towards HIV/AIDS and PLWHA is the lack of knowledge about HIV education, contraction and treatment. There are also seems to be significant relationship between misconceptions about the route of transmission and intolerance towards PLWHA (Dzah, Tarkang & Lutalah, 2019). Lower levels of stigma were observed in people who had higher basic knowledge about HIV/AIDS (Feyissa, Abebe, Girma & Woldie, 2012). In Bandura's Socio-cognitive Model, the nature of attitudes can be sourced from observations, conceptualizations, imitations and social interaction. This implies that processes where people can gain knowledge will ultimately result in the increase of awareness and acceptance as they are subjected to deliberate reflection (Alfeche, 2017).

Students were observed to have discriminatory and risky attitude towards PLWHA thus adequate knowledge may help students to trust themselves in cases where they interact with PLWHA (Sadeghi, 2009; Nubed wt al., 2016). This prompted them to call for reinforcement in sexual education and HIV/AIDS education in order to dispel the misconceptions against PLWHA and promote self-process and positive attitude towards PLWHA. In addition, Alfeche (2017), explains that HIV/AIDS and sexuality education integration is an essential part in significantly increasing student's knowledge of teen pregnancy and HIV spread and is great factor in enhancing student's self-efficacy.

### Materials and Methods

There are 6 public secondary schools in the 9<sup>th</sup> cluster of Toledo City Division, Province of Cebu, Philippines. These schools are Luray II National High School (with 624 SHS students), Bato National High School (518), Awihao National High School (255), General Climaco National High School (360), Matabang National High School (256) and Toledo City Science High School (84). There are 2,094 senior high school students in this cluster and the respondents of this study were selected through stratified random sampling technique. The number of senior high school student respondents during the study period was 336; 101 were students from Luray II NHS, 84 from Bato NHS, 40 from Awihao NHS, 57 from General Climaco NHS, 40 from Matabang NHS and 14 from Toledo City Science High School. A descriptive correlational design was used in this

study and was conducted in a student population from 6 schools in the 9<sup>th</sup> cluster. Senior high school students were the respondents of the study.

### Tools for Data Collection

The questionnaires designed to measure the student's level of awareness towards HIV/AIDS and level of acceptance towards PLWHA was used as a tool for data collection. Items in the HIV/AIDS-awareness were adopted from Carey, Beedy and Johnson (1997) and the items for HIV/AIDS-Acceptance were adopted from Unnikrishnan, Mithra and Reshmi (2010). Since sexual languages are considered as taboos and most students in Toledo City are sensitive and conservative in dealing such, the researchers made some modifications in order for them to be more comfortable in responding to each situation. Consent was obtained from the public schools division superintendent and also from the respondents themselves.

### Data Analysis

The questionnaires were validated via the content validation approach, as 4 experts familiar with

### Results and Discussion

HIV/AIDS were consulted to approve the items and their scale since the researchers made some modifications of it. This study was pilot tested to SHS students who are not respondents of the study and the reliability was tested using Cronbach's  $\alpha$  coefficient. Cronbach's alpha is commonly used to assess the internal consistency of a questionnaire and how closely related a set of items are as a group. The questionnaire for HIV/AIDS awareness has a Cronbach alpha of 0.884 and the questionnaire for acceptance towards PLWHA has a Cronbach alpha of 0.961. These shows that the questionnaires used are reliable.

In correlating the variables, Pearson product-moment correlation was used to measure the strength and direction of association that exists between the two variables. T-test or test of differences between means was also used in testing the significance of the correlation that will lead to either accept or reject the null hypothesis.

Question	SA	A	D	SD	Sum
1	1	12	113	242	
2	34	98	143	93	
3	13	24	139	192	
4	31	47	158	132	
5	132	76	61	99	
6	2	24	131	211	
7	33	22	171	142	
8	47	56	111	154	
9	78	37	131	122	
10	123	98	72	75	
11	171	81	55	61	
12	193	79	53	43	
13	123	123	83	39	
14	99	56	59	154	
15	13	24	78	253	
<b>Sum</b>	<b>1093</b>	<b>857</b>	<b>1558</b>	<b>2012</b>	<b>5520</b>
<b>%</b>	<b>19.8</b>	<b>15.53</b>	<b>28.22</b>	<b>36.45</b>	<b>100</b>

**Table 1 Frequency of Answers in Category 1: Awareness**

Question	SD	D	A	SA	Sum
1	261	73	31	3	
2	33	61	83	191	
3	53	63	121	131	
4	266	53	32	17	
5	37	45	121	165	
6	14	22	121	211	
7	79	32	159	98	
8	207	93	61	7	
9	6	21	98	243	
10	8	37	87	236	

11	17	42	98	211	
12	93	99	78	98	
13	82	121	78	87	
14	28	18	111	211	
15	68	56	123	121	
Sum	1252	836	1402	2030	5520
%					

**Table 2 Frequency of Answers in Category 2: Attitude**

The data acquired from the respondents, through the weighted mean equation, show that the level of awareness among the respondents about PLWHA is  $\bar{x} = 0.7033$  ( $\mu = 42.2, 70.33 \%, SD = 8.24$ ). Thus, it can be said that the respondents show a generally high level of awareness about PLWHA and HIV/AIDS in general. This may be attributed to their education status as Senior High School students. Due to the respondents' relatively high educational attainment, they may have encountered various lessons during their time in school which has led to their high knowledge of PLWHA and in HIV/AIDS in general. Similarly, the data shows that the level of acceptance amongst students towards PLWHA is  $\bar{x} = 0.6907$  ( $\mu = 41.44, 69.07\%, SD = 7.9$ ). This shows that there is a high level of acceptance amongst the respondents towards PLWHA.

	1 to 15	16 to 30	31 to 45	46 to 60
Males	0	24	105	55
Females	0	4	113	67

**Table 3 Gender versus Awareness Score Range**

Using the Chi-Square Test of Independence, with a critical value of  $p > 7.815$  from  $df = 3$  and an alpha level of  $\alpha = 0.05$ , the data shows that there is a significant relationship between gender and awareness of PLWHA ( $\mu = 42.2, SD = 8.24$ ). The calculated chi-square was determined to be  $\chi^2 = 15.7596$ , with awareness shown to be higher in females ( $\bar{x} = 0.5856$ ) than males ( $\bar{x} = 0.5421$ ).

	1 to 15	16 to 30	31 to 45	46 to 60
Males	0	21	116	47
Females	0	8	110	66

**Table 4 Gender vs Attitude Score Range**

Through a Chi-Square Test of Independence, with a critical level of  $p > 7.815$  from  $df = 3$  and an alpha level of  $\alpha = 0.05$ , it was shown that there is a statistically significant relationship of  $\chi^2 = 9.1816$  between the respondents' gender and attitude towards PLWHA. It was observed that females ( $\bar{x} = 0.5788$ ) are generally more accepting towards PLWHA than males ( $\bar{x} = 0.5353$ ). Considering the finding that there is a correlation between awareness and attitude, this finding necessarily follows. To put simply, if awareness and attitude are correlated, and if being female and a high level of awareness are too, it can be expected that being female and a more accepting attitude should be correlated as well.

$\bar{x}$	0
$\bar{y}$	0
sum of cross product	17702.86
$\sum (x - \bar{x})^2$	24968.52
$\sum (y - \bar{y})^2$	22948.68
correlation	0.74
$r^2$	0.55

**Table 5 Values of variables in the Pearson's r Correlation Equation.**

Considering a degree of freedom of  $df = 28$ , and an alpha level of  $\alpha = 0.05$ , the critical r value needed to reject the Null Hypothesis is  $c > 0.361$ . By means of the Pearson's r correlation, the data shows that there is significant positive correlation ( $r = 0.7396, p > 0.361$ ) between the respondents' awareness ( $\bar{x} = 0.7033, \mu = 42.2, SD = 8.24$ ) and attitude ( $\bar{x} = 0.6907, \mu = 41.44, SD = 7.9$ ) towards PLWHA. The  $r^2 = 0.55$  value shows that the

independent variable (awareness) explains the dependent variable (attitude) to up to 55%. This finding is parallel to that which was observed in a study by Feyissa et al. (2012), which showed that a higher level of acceptance in respondents corresponded to a higher level of knowledge concerning PLWHA and HIV/AIDS in general. The study of Fatoki (2016), published in Journal of AIDS and Clinical Research, similarly concurs with the findings of this study; as the former points towards a significant negative correlation between information and stigma (non-acceptance).

## Conclusion and Recommendation

### Conclusion

This study found that there is a strong positive correlation between the respondents' awareness and attitude towards PLWHA. It also found that there is a correlation between gender and awareness about PLWHA, of which females are more knowledgeable about PLWHA compared to males. This study also found that there is a significant correlation between gender and attitude towards PLWHA, with positive attitudes more likely to be exhibited by females than males. Moreover, the data showed that the Toledo City Senior High School Students' level of awareness about PLWHA is considered high. It was also found that the level of acceptance or attitude level of the respondents towards PLWHA is also relatively high. The results reflect the general open and accepting attitude attributed to the Filipino *kapwa* complex. It furthermore shows that sexual education and knowledge is a determining factor of how PWHA are regarded in society, as attested to by numerous researches.

### Recommendations

The researchers suggest a wider scope and a larger sample size as avenues for further academic research built on this study. A wider scope and a much larger sample size would provide for more accurate data about these two factors and their correlation to allow for the study of such in regional or national levels. Such a study could prove beneficial for regional or national planning and strategies to combat stigma against PLWHA. For Further Practice, the researchers suggest a Symposium concerning the findings of this study, as well as basic education in HIV/AIDS and PLWHA aimed towards eliminating stigma in line with the findings of this study.

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