

**THE EFFECT OF STRUCTURED TEACHING
PROGRAMME ON KNOWLEDGE ABOUT AIDS
AMONG HIGHER SECONDARY SCHOOL STUDENTS
IN SELECTED SCHOOLS AT
ARIYALUR DISTRICT**



Dissertation submitted to

**THE TAMILNADU DR. M.G.R MEDICAL UNIVERSITY
CHENNAI**

IN PARTIAL FULFILLMENT OF REQUIREMENT
FOR THE AWARD OF DEGREE OF

MASTER OF SCIENCE IN NURSING

APRIL 2016

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INTERNAL EXAMINER

EXTERNAL EXAMINER

DECLARATION

I, 301411703 hereby declare that this dissertation entitled **A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE ABOUT AIDS AMONG HIGHER SECONDARY SCHOOL STUDENTS IN SELECTED SCHOOLS AT ARIYALUR DISTRICT** has been prepared by me under the guidance and direct supervision of **Prof.Mrs.V.J.ELIZABETH,M.Sc(N)**, Vice Principal, Thanthai Roever College of Nursing, Perambalur, as requirement for partial fulfillment of **M.Sc Nursing** degree course under **The Tamilnadu Dr. M.G.R. Medical University, Chennai**. This dissertation had not been previously formed and this will not be used in future for award of any other degree/ diploma. This dissertation represents independent original work on the part of the candidate.

Place : Perambalur,

Date : April – 2016.

301411703,

II Year M.Sc (N) Student,

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**THE EFFECT OF STRUCTURED TEACHING PROGRAMME
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SECONDARY SCHOOL STUDENTS IN SELECTED SCHOOLS
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ABSTRACT

INTRODUCTION: Preventing AIDS infection among youth would help to reduce the mounting cost of treatment, providing resources that could help meet other needs of young people. Early action against AIDS is far more effective than delayed action. In particular, addressing AIDS among youth earlier than later could do much to stem the spread of the epidemic.

OBJECTIVE: To assess the effectiveness of structured teaching programme on knowledge about AIDS among higher secondary students.

METHODS: Pre-experimental design was adopted for this Study. 100 students were recruited by convenient sampling technique. Structured questionnaire was used to assess pre test the knowledge of students. Structured teaching programme about AIDS was taught to the samples and post test was done after one week.

RESULTS: Statistical findings revealed that the pre test mean score of knowledge about AIDS in experimental group was 9.07 with ± 2.49 where in the post test mean score was 19.60 with ± 0.88 , the mean difference was 10.53 and the calculated 't' value 48.179 was found to be statistically significant at $p < 0.001$.

DISCUSSION: The study proved that the structured teaching programme on knowledge about AIDS is effective in improvement of knowledge among the higher secondary school students.

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CHAPTER-I

INTRODUCTION

“No war on the face of the earth is more than the AIDS pandemic”

- Colin Powell

AIDS poses one of the greatest challenges on the human race. It is a challenge that we cannot wait for tomorrow; it is a challenge that needs each of us to play our part –with strength and determination, to reverse the tide of the AIDS epidemic in India. Let us fight AIDS- not people with AIDS.

AIDS is currently the second leading cause of death among adolescents. Globally, 1.2 million people died of AIDS (2014). An estimated 36.9 million people and 2.6 million children were living with AIDS worldwide in 2014. Young people ageing 15-24 account for approximately 30% of new HIV infections. Using globally accepted methodologies and updated evidence on survival to AIDS with and without treatment, it is estimated that about 1.48 lakh people died of AIDS related causes in India (2011). Death among HIV infected children account for 7% of all AIDS-related deaths. India is estimated to have an adult (15-49 years) AIDS prevalence of 0.27% in 2011 and the TamilNadu estimated adult AIDS prevalence is greater than National prevalence of 0.27%.

Most young people become sexually active during adolescence. In the absence of right guidance and information at this stage they are more likely to have multi-partner unprotected sex with high risk behaviour groups. Young people, as a group are universally regarded as an important target audience for all educational activities. These activities are aimed at promoting healthy

attitudes and behavior and at changing unhealthy attitudes and practices if any for both the individuals and societies development.

Top 10 Landmark Nursing Research studies by National Institute of Nursing Research highlighted that key to defeating HIV lies with prevention. Dr. Loretta sweet Jemmott, Professor & Director has spent many years in the field of AIDS prevention. As per her view Educational programs are needed to reach and convince young people to reduce unsafe sexual practices and protect themselves from HIV, to help to slow or stop the spread of HIV/AIDS.

Preventing AIDS infection among youth would help to reduce the mounting cost of treatment, providing resources that could help to meet other needs of young people. Early action against AIDS is far more effective than delayed action. In particular, addressing AIDS among youth earlier than later could do much to stem the spread of the epidemic.

It is necessary to impart knowledge, develop positive attitude and favorable practice, and reach out to their peers, families and communities regarding AIDS awareness.

NEED FOR THE STUDY

Today, India stands at crossroads in its battle against AIDS, in spite of being a low prevalence country, India has the second largest population of HIV infected individuals at 5.1 million in short a mere 0.11 increase in prevalence will translate into 0.59 million new infections (NACO 2006).

Duarte MT, et al. (2014) conducted a cross-sectional study to assess vulnerability of women living with AIDS. 184 samples were participated in

the study. The result was showed that women had a low education level, multiple sexual partners, across their lifetime practices.

Pramanik S,et.al(2006) conducted a study to examine the attitude towards AIDS among predominantly middle class adolescents in New Delhi among high schools. The study result suggests a need for greater exposure to AIDS education must directly address stigmatizing attitude about AIDS.

The young people are naturally flexible beings, going through the process of social, emotional and intellectual growth and thus are much more likely to learn and change than adults who have adopted more fixed ideas and habits. There is a popular saying “catch them young”. According to this, any healthy attitudes, behaviors and skills learned at an early age will get parentally fixed in their psyche these will not only guard them against socially unacceptable influences but will also continue to guide their attitude, behaviours whenever they face any difficult problem; these will be, undoubtedly, forceful in their decision making process than the attitude they have learnt at later stages in their lives.

Adolescents are high risk group, vulnerable to sexually transmitted diseases. Because of increasing prevalence among adolescents there is a crying need to fill knowledge gap regarding AIDS, modes of transmission, and prevention by implementing safe sexual practices.

Education about AIDS will go long way not only in preventing the disease but in dispelling many of the myths that surrounds it. There is no cure for AIDS, so education is the only way in protecting the future citizens in build up the youth of healthy India, so the researcher developed a interest to assess the current knowledge of AIDS among adolescents and awareness its change after the structured teaching programme as intervention. She strongly

believes that enable adolescents to protect themselves and become advocates for AIDS prevention, which may serve as a social vaccine to prevent further AIDS cases in the country.

STATEMENT OF THE PROBLEM

“A study to assess the effectiveness of structured teaching programme on knowledge about AIDS among higher secondary school students in selected schools at Ariyalur district”

OBJECTIVES OF THE STUDY

1. To assess the level of knowledge about AIDS among higher secondary school students.
2. To assess the effectiveness of structured teaching programme on knowledge about AIDS among higher secondary school students.
3. To find the association of pre test level of knowledge about AIDS among higher secondary school students with their selected demographic variables.

RESEARCH HYPOTHESES

H1 : There will be a significant difference between level of knowledge about AIDS before and after structured teaching programme among higher secondary school students.

H2 : There will be a significant association between pre test level of knowledge about AIDS among higher secondary school students and their selected demographic variables.

OPERATIONAL DEFINITIONS

STRUCTURED TEACHING PROGRAMME:

It refers to systematically planned teaching strategy designed to provide information regarding disease, causes, mode of transmission, signs & symptoms, investigations, complication, treatment & preventive measures of AIDS.

EFFECTIVENESS:

It refers to the outcome of structured teaching programme intervention of improvement in knowledge about AIDS among higher secondary school students.

AIDS:

AIDS refers to a disease called Acquired immune deficiency syndrome caused by Human immune deficiency virus.

KNOWLEDGE:

Knowledge refers to appropriate response of higher secondary school students regarding AIDS which is measured by self-administered knowledge questionnaire.

STUDENTS:

The student refers to both boys & girls who are studying +2 at Ariyalur district.

ASSUMPTION:

- Higher secondary school students have inadequate knowledge about AIDS.
- The structured teaching programme improves the knowledge of higher secondary school students about AIDS.

DELIMITATION OF THE STUDY:

- The sample size is limited to 100 higher secondary school students.
- The study period is limited to four weeks.
- The study is limited to 4 setting.

PROJECTED OUTCOME

The findings of the study will determine the effectiveness of structured teaching programme on knowledge about AIDS among higher secondary school students.

The study findings if proven effective will help the health care members to implement structured teaching programme on knowledge about AIDS to increase the awareness about AIDS.

CHAPTER-II

REVIEW OF LITERATURE

The review of related literature is an essential aspect of scientific research. It entails the systemic identification, reflection, critical analysis and reporting of existing information in relation to the problem of interest.

PART-I

The review of related literature is organized under the following section.

Section-A: Studies related to AIDS

Section-B: Studies related to structured teaching programme on AIDS

Section-A studies related to AIDS

Wang Y, et al.(2014) assessed AIDS related knowledge, attitude & practices among 2,753 school children. The result showed 58.6% students had knowledge about AIDS but 90% had a negative attitude towards the AIDS patient.

Rwiyereka AK , et al.(2014) evaluated the efficiency of rural health centers in delivering the human AIDS service. The three services evaluated are antiretroviral treatment, prevention of mother-to-child transmission & voluntary counseling & testing. The result showed that health centers average efficiency was 78% in delivering service.

Chakaravarthy S, et al. (2014) assessed the level of awareness, attitudes and opinions of medical students concerning AIDS from universities around Klang area, Malaysia. The result showed an optimal education with awareness campaigns and preclinical experience should be made in the future curriculum to increase knowledge, confidence & minimize phobia on AIDS among students.

Mental A, et al. (2014) evaluated effectiveness of the questionnaire given to young people before & after the prevention campaign. A total 533 students completed the pre-test & 496 students completed post test. The result showed students had increased knowledge regarding prevention of AIDS.

Gupta P, et al. (2013) determined the knowledge among higher secondary school students regarding AIDS for providing suggestions for AIDS education in schools. 12th standard students in the intermediate schools were taken as sample. The results showed school should come forward to design awareness campaigns for the benefit of the students.

Prajapati LM, et al. (2012) identified the knowledge and attitude among 248 driver's wives on AIDS in Nepal. A semi-structured questionnaire was used to assess the knowledge and attitude. The result suggested that 96% of the respondents heard of AIDS, majority 65.7% of the sources of the information were television followed by radio 56.5%, friends 33.3%, husband 19.4%, newspaper 17.7% and posters 17.3%.

Anurag srivasta et al (2011) assessed awareness of AIDS among adolescents. The cross sectional studies involved 341 students, aged 11-19 years. Chi-square test was used to analyze data. The result showed there is a low level of awareness of AIDS among adolescents.

Perez VR, et al.(2008) analyzed adolescents knowledge of preventive sexual practices related to AIDS. The study result showed adolescents have poor knowledge of preventive sexual practices related to AIDS.

Ferreira MP,et al. (2008) described the level of knowledge & risk perception on AIDS among the Brazilian population. The result indicates that there need for action & conducting programs of AIDS prevention in the general population.

Davila ME, et al.(2008) determined level of knowledge about AIDS by using descriptive investigation. A non probability sample was formed from 208 students from the high schools and questionnaire administered regarding AIDS prevention and transmission mode was applied. The study revealed that 24.5% reported a good level of knowledge,67.3% have fair level of knowledge and 8.2% deficient knowledge so study suggest that educational strategies' must be implemented to improve knowledge about disease ,its consequences and preventive measures for protecting this group at risk.

Section-B: Studies related to structured teaching programme on AIDS

Zhang N, et al. (2012) assessed the effectiveness of school based education on AIDS knowledge, attitude & behavior among secondary school students in china .The result showed 40% of students had negative attitudes about AIDS before the intervention. After the intervention all of the students had significant improvement in knowledge & attitude about AIDS.

Liao W, et al. (2010) evaluated a four-hour life skills based AIDS prevention curriculum among primary school. The curriculum was provided to the intervention group. The result showed positive effect on attitudes and their improved knowledge.

Jahanfar S, et al. (2009) investigated the knowledge, attitude & behavior of university students regarding AIDS. 530 participants included in the study and after the intervention, intervention group had higher levels of knowledge & better attitude than control group.

Fajemilehin et al. (2009) assessed the effects of parents involvement in AIDS preventive education on secondary school students. Result showed that students exposed to parental involvement had significantly better knowledge of preventive on AIDS.

Barss P,et al. (2009) assessed the effect of a rapid peer-based AIDS educational intervention on knowledge & attitudes among high school students in Arab country. The result showed that concise and integrated teaching to address key knowledge & attitude was highly effective.

Mukoma W,et al. (2009) assessed process evaluation of a school- based AIDS intervention designed for high grade school students & delivered by teachers over 6 month period. 26 schools participated in the trial.13 in the intervention group & 13 in the control group. Findings showed are the intervention group had high result of the outcome.

Chhabra R et al (2008) conducted a study to test school based teenage education programme focusing on AIDS prevention among 1846 school children. The subjects were selected from 25 schools .The study revealed that both boys and girls significantly improved their knowledge, attitude and beliefs regarding AIDS.

Nourabadi GR, et al. (2007) assessed the impact of an education course on knowledge & attitude of students regarding AIDS prevention in Iran. The study was conducted by self-assessment technique among university students

before & after an education training programme. The findings showed that the knowledge of students increased significantly.

Lakshmi k, et al. (2007) conducted a study to find the effectiveness of structured teaching programme on knowledge and practice of AIDS patients regarding prevention of opportunistic infections in a government general hospital. Structured interview schedule and rating scale were used to assess the knowledge and practice of AIDS patients. The result of the study was improved knowledge regarding opportunistic infections in AIDS patient.

PART-II

CONCEPTUAL FRAME WORK

The conceptual frame work for the study is based on **General system theory** developed by **Ludwig von bertalanffy's** in 1968. This system theory explains dividing the whole thing in two parts and working together of these parts in system. According to this model, a system set of objects which are related between themselves as a whole. Changes in any part will affect whole system .All living system are open system which mean that they exchange energy matter and information across their boundaries with the environment general system theory consist of scientific explanation whole or wholeness; it has its sub system. The main concepts of sub system or input, through put, output. Input and output are the process by which a system is able to communicate and react with its environment.

INPUT

Refers to matter, energy and information enters into the system its boundary. In this study, input consists of existing level of knowledge about AIDS and demographic variables of age, sex, religion, type of family, previous knowledge about AIDS.

THROUGH PUT

Is a process that occurs at some point between the input and output process. It enables the input to be transformed in such a way that it can be readily by the system. In this study throughput was considered as structured teaching programme on knowledge about AIDS among the higher secondary school students.

OUTPUT

Is an energy, information (or) matter that is transformed to the environment. Improving in the level of knowledge after as structured teaching programme on knowledge about AIDS. This output was evaluated by improvement in the level of knowledge.

FEED BACK

Refers to analysis of the system. In the study it refers to the evaluation of as structured teaching programme on knowledge about AIDS is very effective in improving the knowledge.

THE EFFECT OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE ABOUT AIDS AMONG HIGHER SECONDARY SCHOOL STUDENTS

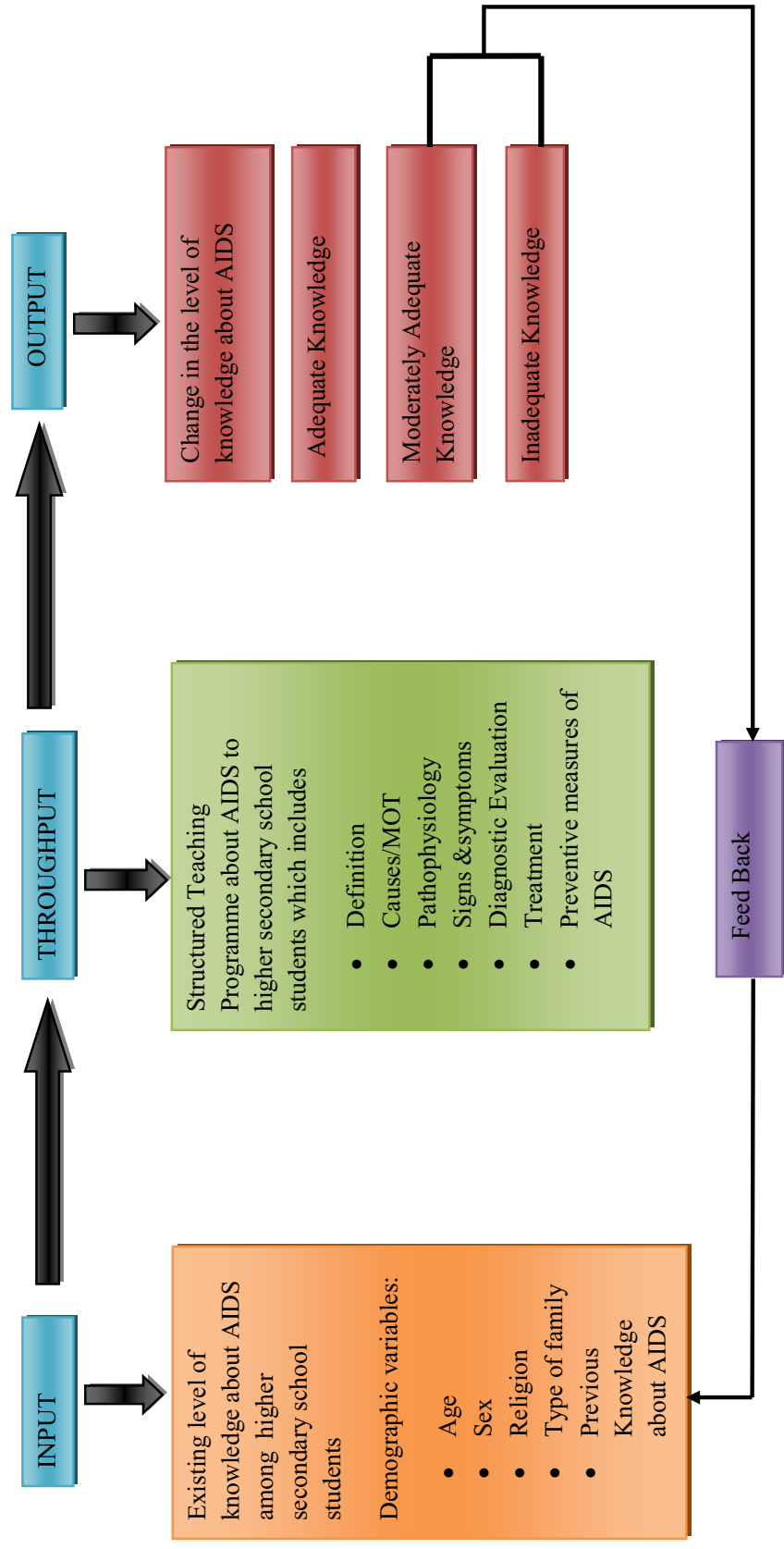


FIGURE-1 GENERAL SYSTEM THEORY MODEL (1968) BY LUDWIG VON BERTALANFFY

CHAPTER-III

RESEARCH METHODOLOGY

This chapter deal with research design, variables, settings, population, sample, criteria for sample selection, sample size, sampling technique, development and description of tool, content validity, reliability, pilot study, data collection procedure and plan for data analysis.

RESEARCH APPROCH

Quantitative Evaluative approach

RESEARCH DESIGN:

The pre -experimental research design.

GROUP	PRE TEST	INTERVENTION	POST TEST
E	O1	X	O2

E= Experimental group which was receiving structured teaching programme

O1=Pre test assessment of knowledge about AIDS

X=Structured teaching programme about AIDS

O2=Post test assessment of knowledge about AIDS

VARIABLES:

INDEPENDENT VARIABLE:

Structured teaching programme

DEPENDENT VARIABLE:

Knowledge about AIDS

SETTING:

The study setting were four Government Higher secondary schools at Ariyalur district.

POPULATION:

The population of this study is +2 students studying at Ariyalur district.

SAMPLE:

+ 2 students studying at Ariyalur district

SAMPLE SIZE:

100

SAMPLING TECHNIQUE:

Convenient sampling technique

CRITERIA FOR SAMPLE SELECTION:**INCLUSION CRITERIA:**

1. The higher secondary school students.
2. Both male and female students.
3. Students who are willing to participate.
4. Students who can read and write Tamil.

EXCLUSION CRITERIA:

1. Students who are not willing to participate.
2. Students who are selected for pilot study.

DESCRIPTION OF THE TOOL:

The investigator used as structured questionnaire to assess the knowledge about AIDS.

1. Section - A : consists of questionnaire to elicit demographic variables.
2. Section - B : structured questionnaire consists of 20 multiple choice questions on various aspects of AIDS like causes, MOT, pathophysiology, signs & symptoms, treatment , complication & prevention.

SCORING AND GRADING PROCEDURE

SCORING

The correct answer of each question carries 'one' mark and the wrong answer is marked 'zero'. The maximum score is 20, the scores obtained by the participants is converted to percentage and graded as follows;

GRADING PROCEDURE

SCORE	LEVEL OF KNOWLEDGE
0-50%	Inadequate
51-75%	Moderately Adequate
76-100%	Adequate

CONTENT VALIDITY

The content validity of the tool was obtained on the opinions of one in the field of medical specialist and four nursing experts. Tool was modified as per the consensus of all the experts and the tool was finalized.

RELIABILITY

The reliability of the tool was determined by using Test re test method. The reliability score was $r = 0.89$. Hence, the tool was considered highly reliable for proceeding the study.

PILOT STUDY

The pilot study was done at Government Higher Secondary School at Ariyalur district to test the feasibility of the tool and practicability of the designed methodology. After obtaining permission from the concerned authority the study was conducted among 10 samples of +2 higher secondary school students. Pre experimental study was adapted. There was no modification made in the tool after the pilot study, the children selected for the pilot study were not included in the main study.

DATA COLLECTION PROCEDURE

Data collection was done from 3.10.15 to 28.10.15 at four Government Higher Secondary Schools at Ariyalur district. Before conducting the study, formal permission was obtained from the Head Masters of Government Higher Secondary Schools for conducting the main study. Data collection period was four weeks. The investigator collected the data for 4 days from 10am to 12pm among 25 students in each school. The investigator established rapport with the students and obtained informed consent.

On day I assessed the pretest level of knowledge about AIDS for the samples. After that Structured teaching programme was taught to the subjects. On the day 7, the post test level of knowledge on AIDS was assessed by using the same questionnaire.

PLAN FOR DATA ANALYSIS :

It was planned to analyze the collected data by using both descriptive and inferential statistics.

DESCRIPTIVE STATISTICS:

Frequency and percentage distribution will be used to analyze the demographic variables and level of knowledge about AIDS.

Mean and standard deviation will be used to assess the pre test and post test scores.

INFERENTIAL STATISTICS:

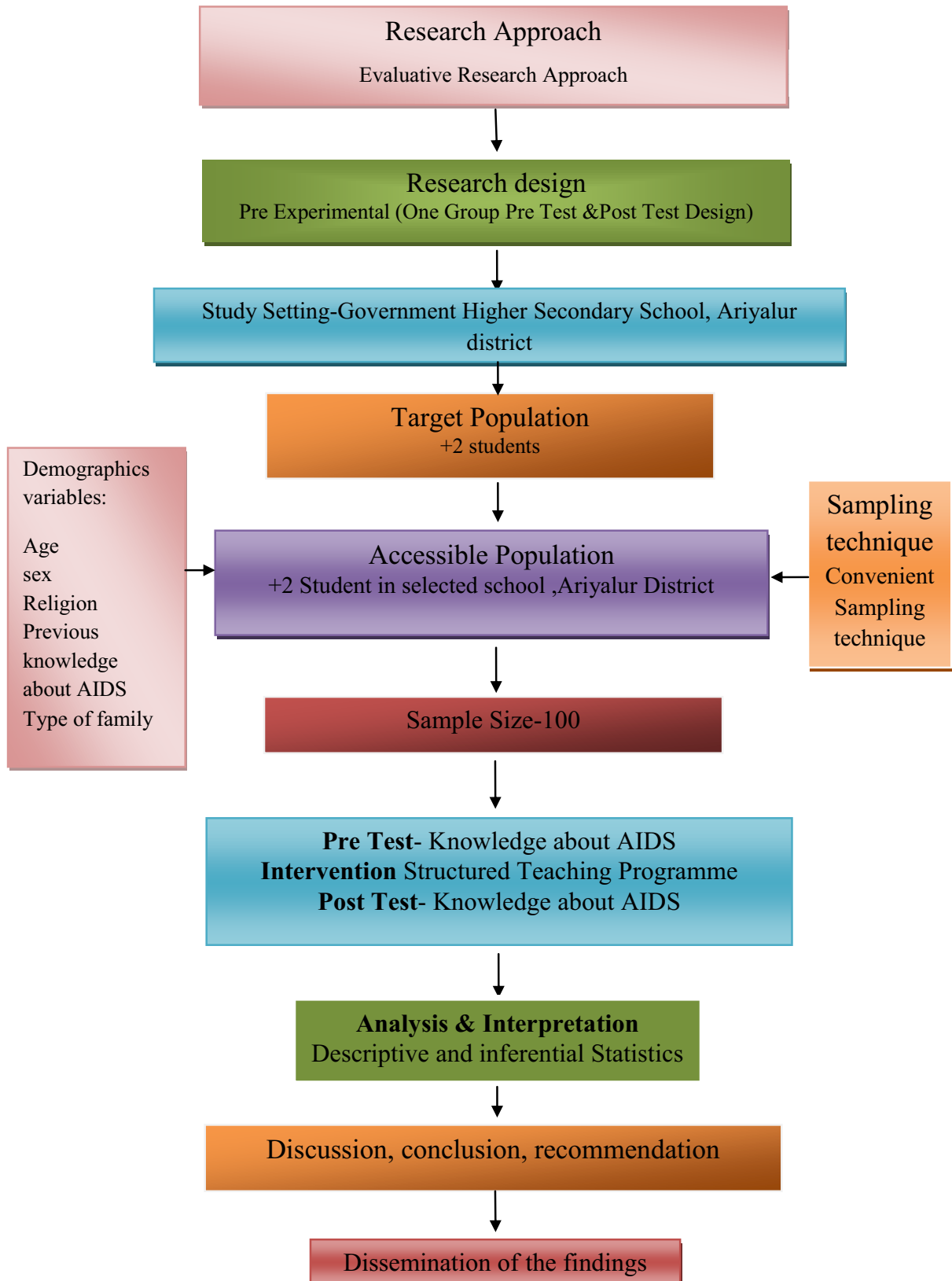
The paired t test will be used to assess the effectiveness of structured teaching programme

Chi square will be used to find out the association of pre test level of knowledge about AIDS with their selected demographic variables.

ETHICAL CONSIDERATION:

The research proposal was approved by the dissertation ethical committee of Thanthai Roever College of Nursing prior to pilot study. Permission was sought from principal of Government higher secondary school, Ariyalur district. The informed consent from each student was obtained before data collection. Assurance was given to the study participants regarding the confidentiality and no harm to the students in the course of study.

SCHEMATIC REPRESENTATION OF RESEARCH METHODOLOGY



CHAPTER – IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with the analysis and interpretation of data collected from 100 higher secondary school students, to assess the effectiveness of structured teaching programme on knowledge about AIDS. The data collected for the study were grouped and analyzed as per the objectives set for the study.

ORGANIZATION OF DATA

The findings of the study were grouped and analyzed under the following sessions.

- Section A** : Description of the demographic variables of the higher secondary school students.
- Section B** : Pretest and post test level of knowledge about AIDS among higher secondary school students.
- Section C** : Effectiveness of structured teaching programme on knowledge about AIDS among higher secondary school students.
- Section D** : Association of pretest test level of knowledge with their selected demographic variables.

SECTION - A

Table 1: Frequency and percentage distribution of demographic variables of the higher secondary school students.

N = 100

Demographic Variables	No.	%
Age in years		
16	26	26
17	60	60
18	13	13
> 18	1	1
Sex		
Male	49	49
Female	51	51
Religion		
Hindu	100	100
Christian	0	0
Muslim	0	0
Others	0	0
Previous knowledge about AIDS		
Yes	74	74
No	26	26
Type of family		
Joint family	47	47
Nuclear family	53	53

The table 1 shows that, majority 60(60%) were in the age group of 17 years, 51(51%) were female, all 100(100%) were Hindus, 74(74%) had previous knowledge about AIDS and 53(53%) belong to nuclear family.

Fig. 1 : Percentage distribution of age among higher secondary school students

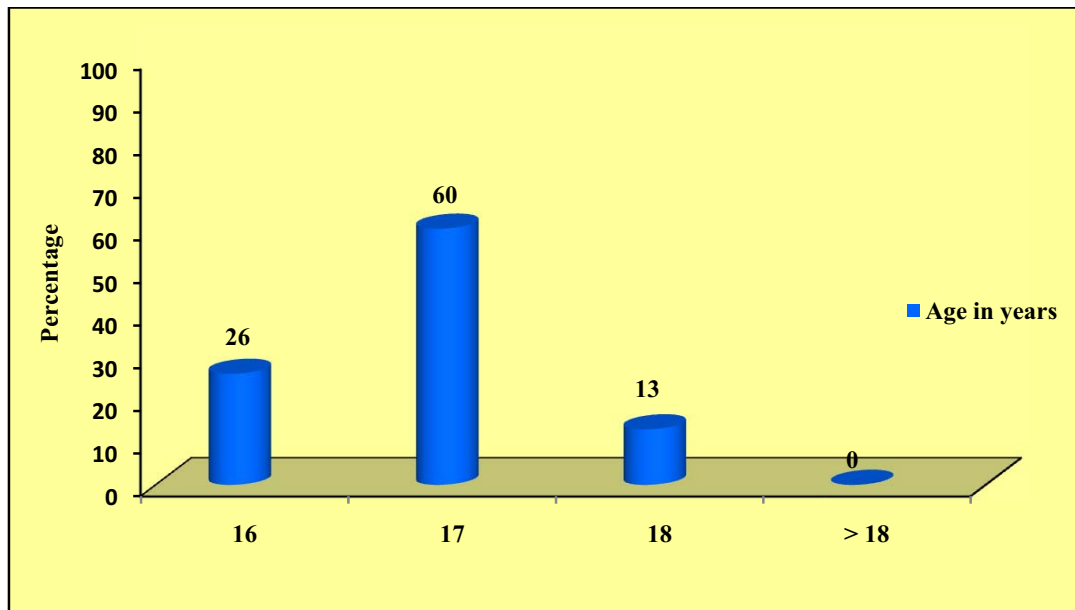


Fig: 2 Percentage distribution of sex among higher secondary school students

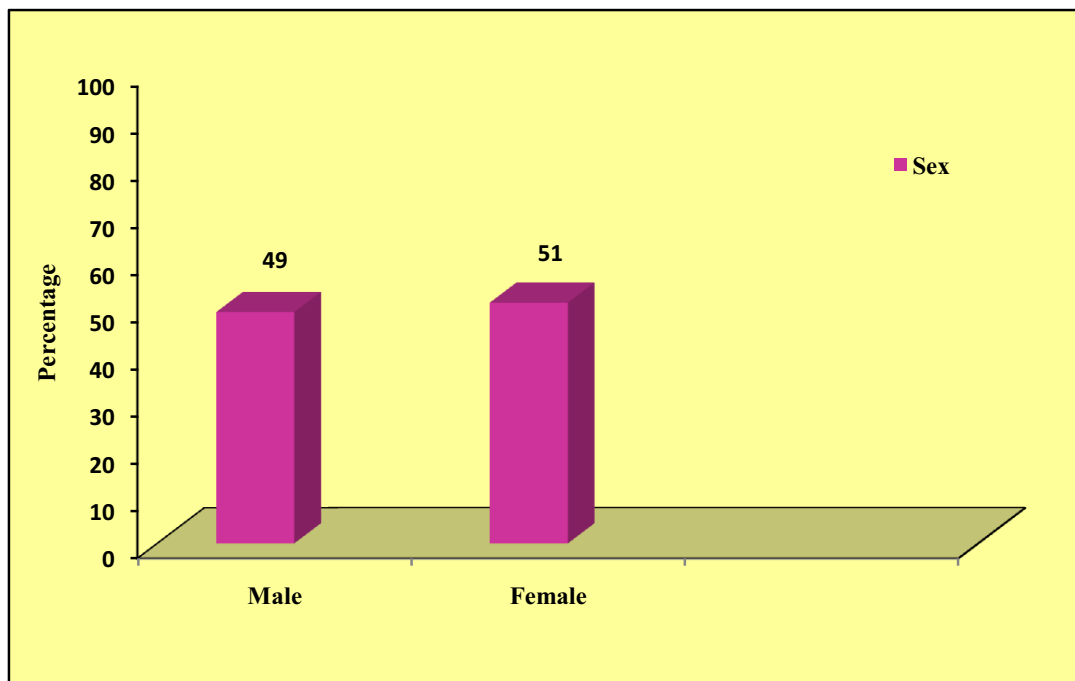


Fig. 3 : Percentage distribution of previous knowledge about AIDS among higher secondary school students

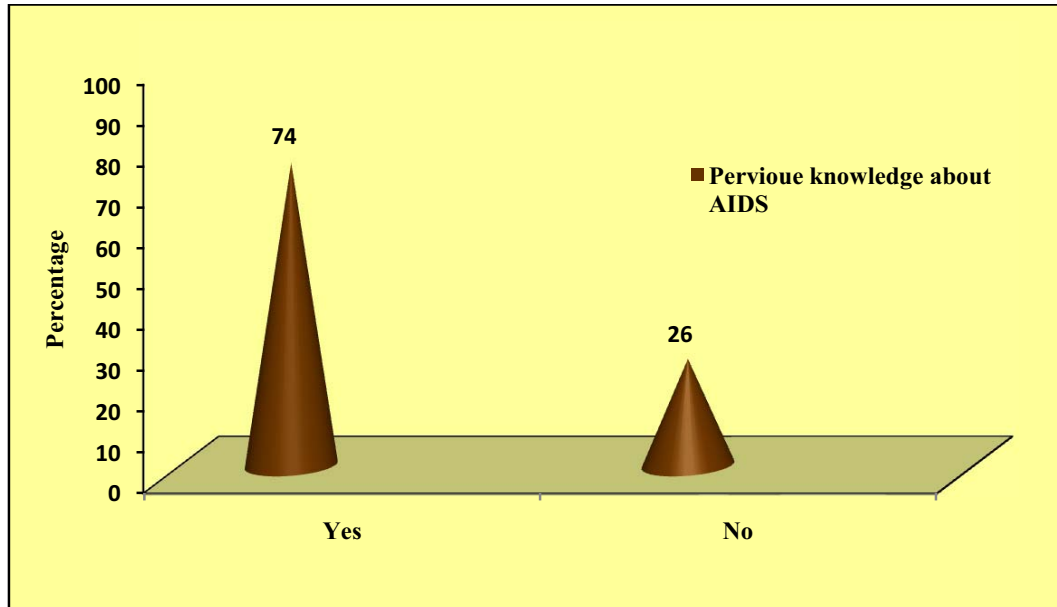
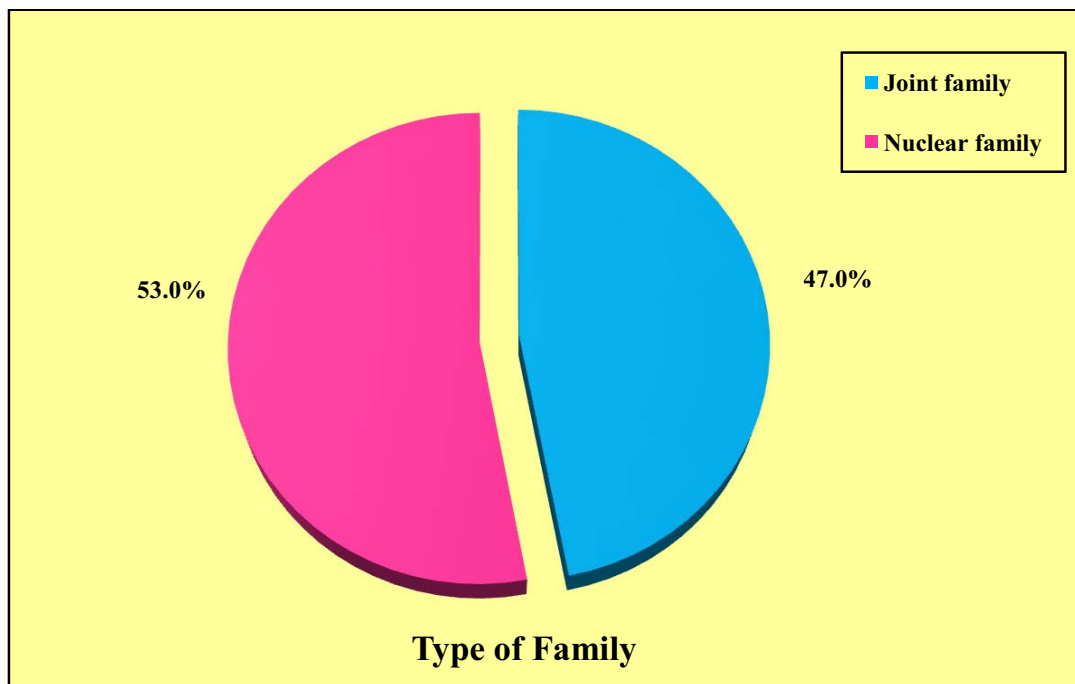


Fig.4: Percentage distribution of type of family among higher secondary school students



SECTION – B

Table 2: Frequency and percentage distribution of pretest level of knowledge about AIDS among higher secondary school students.

N = 100

Knowledge	Inadequate (≤50%)		Moderately Adequate (51 – 75%)		Adequate (>75%)	
	No.	%	No.	%	No.	%
Definition	71	71.0	28	28.0	1	1.0
Causes & Mode of transmission	53	53.0	31	31.0	16	16.0
Pathophysiology & Complication	86	86.0	0	0	14	14.0
Signs & symptoms & Diagnostic Evaluation	73	73.0	0	0	27	27.0
Treatment	70	70.0	23	23.0	7	7.0
Prevention	74	74.0	21	21.0	5	5.0
Overall	66	66.0	34	34.0	0	0

The overall pretest level of knowledge about AIDS among higher secondary school students revealed that majority 66(66%) had inadequate knowledge and 34(34%) had moderately adequate knowledge.

The table 2 shows that in the pretest, with respect to definition of AIDS, majority 71(71%) had inadequate knowledge, 28(28%) had moderately adequate and only one(1%) had adequate knowledge.

Regarding causes and mode of transmission, majority 53(53%) had inadequate knowledge, 31(31%) had moderately adequate knowledge and 16(16%) had adequate knowledge.

Considering Pathophysiology and complication, majority 86(86%) had inadequate knowledge and 14(14%) had adequate knowledge.

With regard to signs & symptoms and diagnostic evaluation, majority 73(73%) had inadequate knowledge and 27(27%) had adequate knowledge.

Considering the treatment, majority 70(70%) had inadequate knowledge, 23(23%) had moderately adequate and 7(7%) had adequate knowledge.

The knowledge on prevention revealed that, majority 74(74%) had inadequate knowledge, 21(21%) had moderately adequate knowledge and 5(5%) had adequate knowledge.

Fig.2: Percentage distribution of pretest level of knowledge about AIDS among higher secondary school students

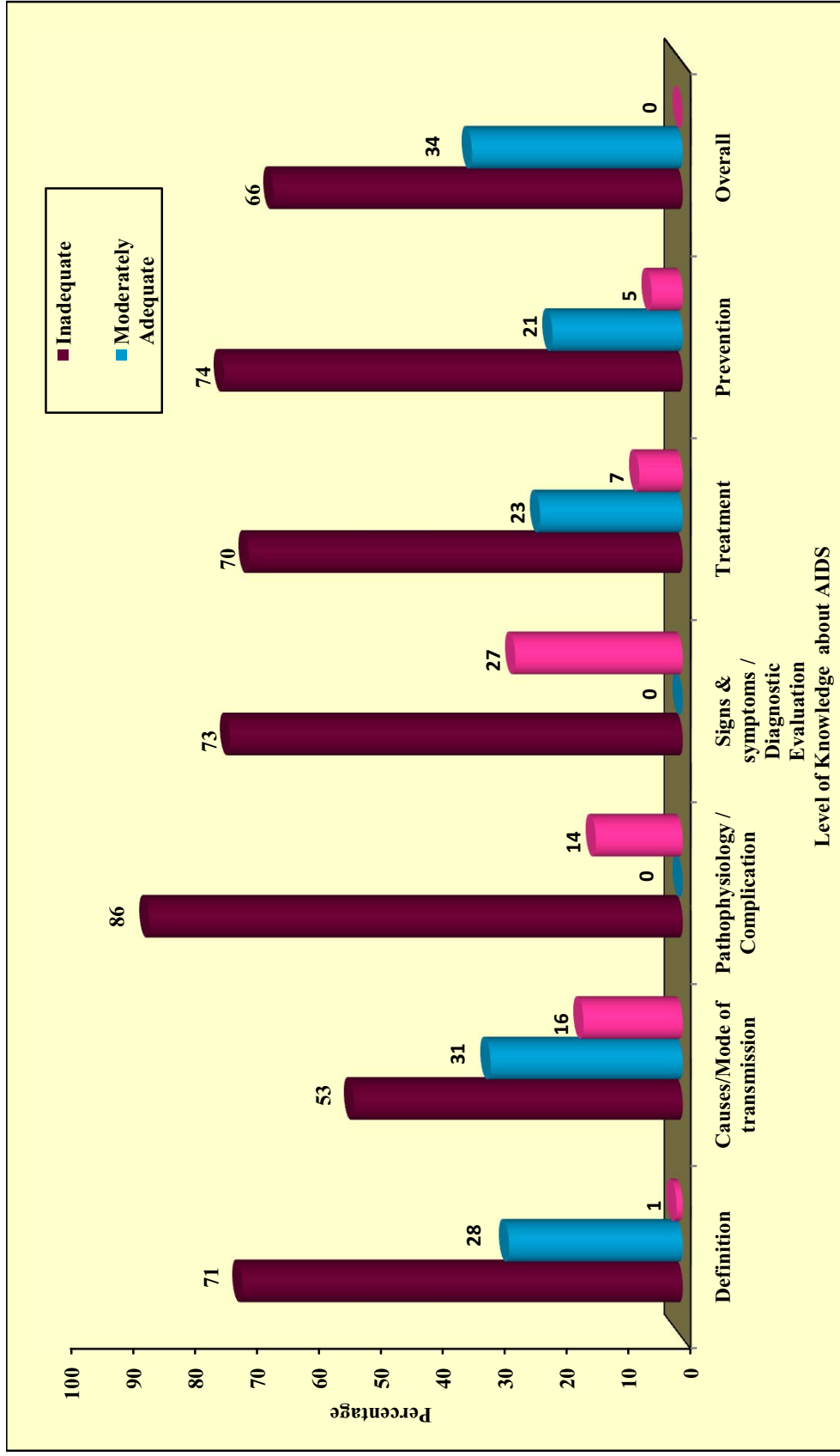


Table 3: Frequency and percentage distribution of post test level of knowledge about AIDS among higher secondary school students.

N = 100

Knowledge	Inadequate ($\leq 50\%$)		Moderately Adequate (51 – 75%)		Adequate ($>75\%$)	
	No.	%	No.	%	No.	%
Definition	0	0	12	12.0	88	88.0
Causes & Mode of transmission	3	3.0	8	8.0	89	89.0
Pathophysiology & Complication	0	0	0	0	100	100
Signs & symptoms & Diagnostic Evaluation	1	1.0	0	0	99	99.0
Treatment	0	0	6	6.0	94	94.0
Prevention	0	0	0	0	100	100
Overall	0	0	0	0	100	100

The overall post test level of knowledge about AIDS among higher secondary school students revealed that all 100(100%) had adequate knowledge.

The table 3 shows that in the post test, with respect to definition of AIDS, majority 88(88%) had adequate knowledge and 12(12%) had moderately adequate knowledge.

Regarding causes and mode of transmission, majority 89(89%) had adequate knowledge, 8(8%) had moderately adequate knowledge and 3(3%) had inadequate knowledge.

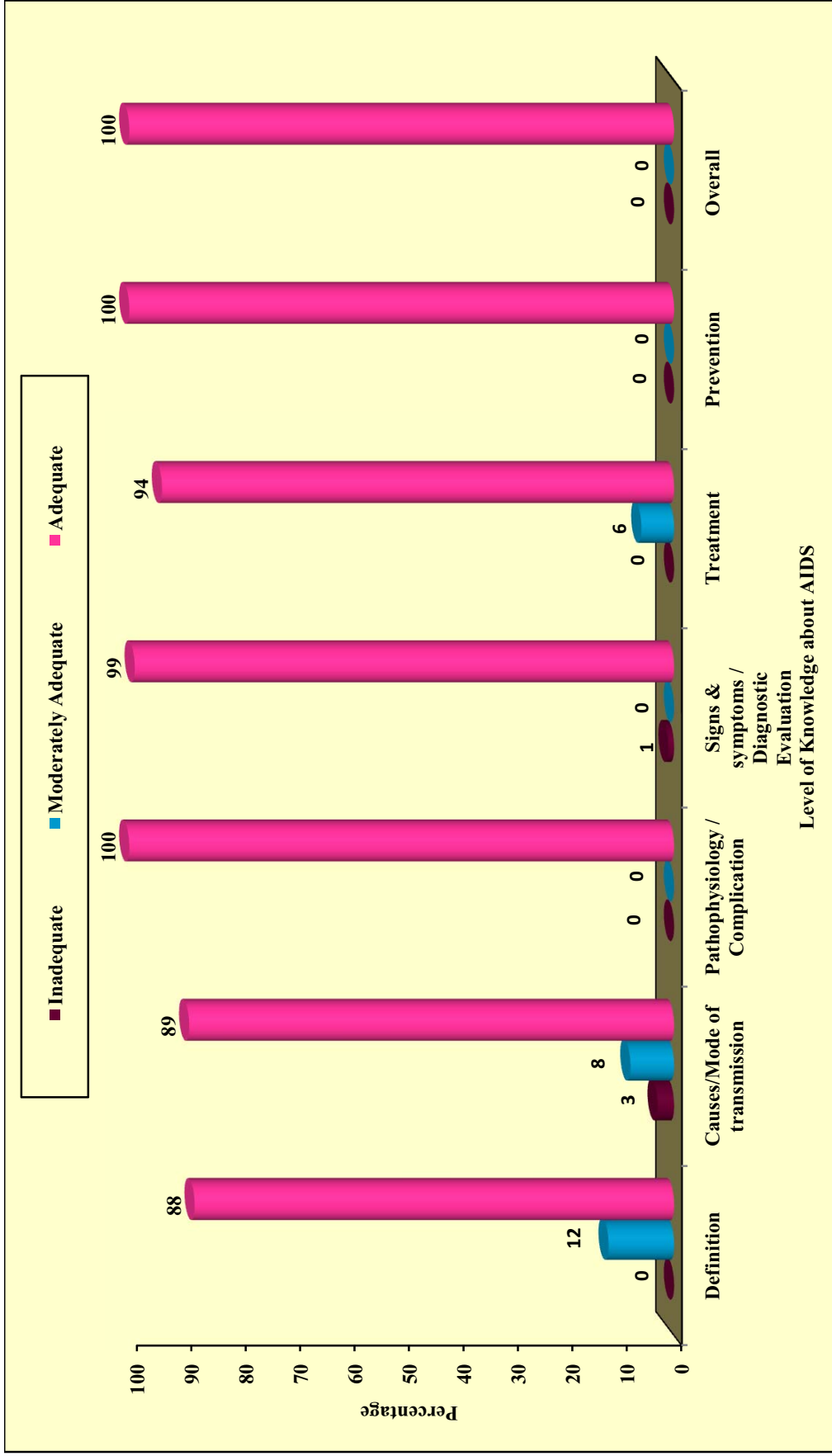
Considering Pathophysiology and complication, all 100(100%) had adequate knowledge.

With regard to signs & symptoms and diagnostic evaluation, majority 99(99%) had adequate knowledge and 1(1%) had inadequate knowledge.

Considering the treatment, majority 94(94%) had adequate knowledge and 6(6%) had adequate knowledge.

The knowledge on prevention revealed that, almost all 100(100%) had adequate.

Fig.3: Percentage distribution of post test level of knowledge about AIDS among higher secondary school students



SECTION – C

Table 4: Comparison of pre test and post test mean score of knowledge about AIDS among higher secondary school students.

N = 100

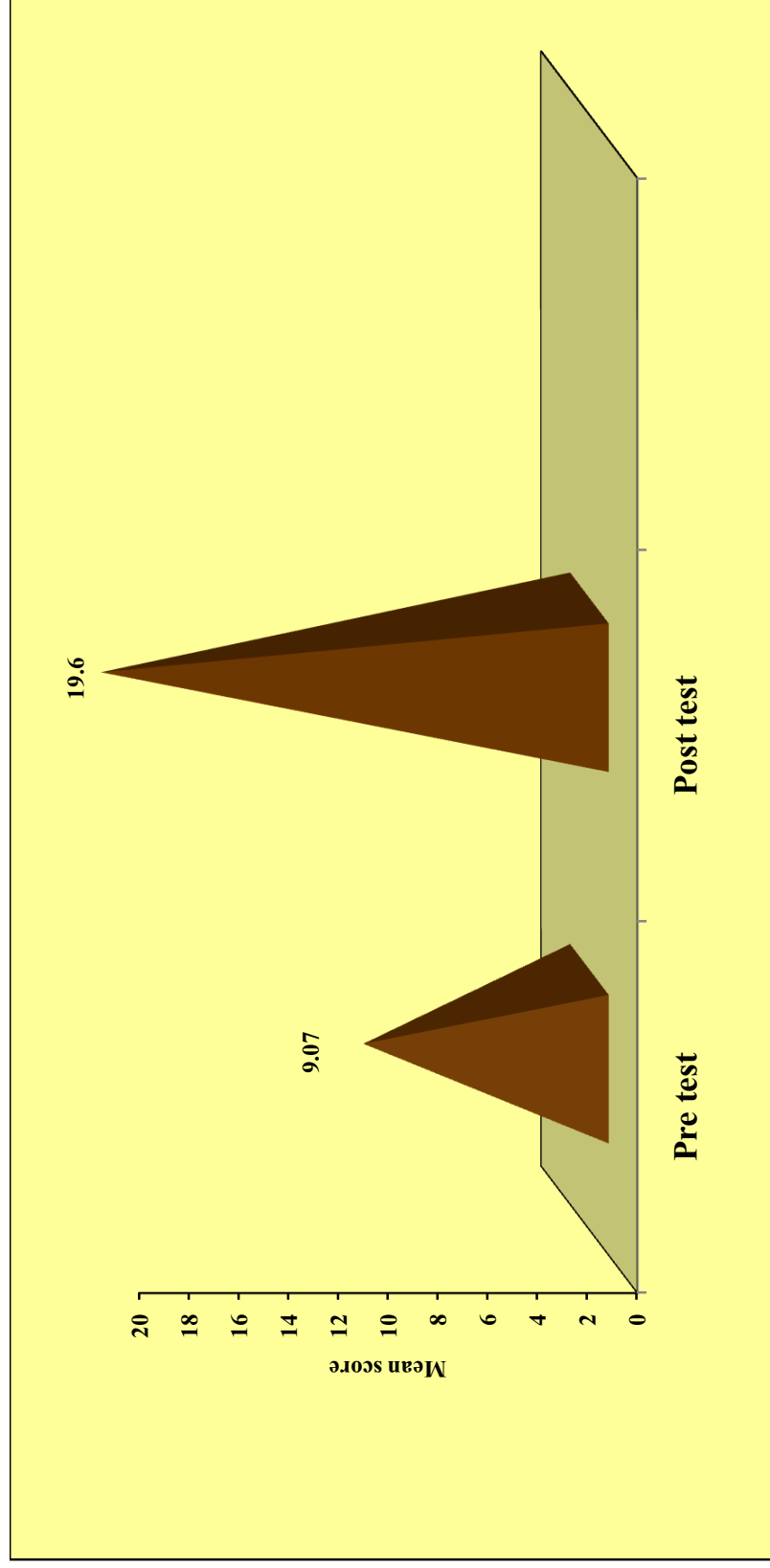
Knowledge	Total score	Mean	S.D	Mean difference	Paired ‘t’ Value
Pretest	20	9.07	2.49	10.53	t=48.179 p=0.000,S***
Posttest	20	19.60	0.88		

***p<0.001, S – Significant

The table 4 shows that the pretest mean score of knowledge was 9.07 ± 2.49 and the post test mean score of knowledge was 19.60 ± 0.88 . The mean difference score was 10.53 and the calculated paired ‘t’ value is $t = 48.179$ was found to be statistically significant at $p < 0.001$ level.

The above findings clearly indicates that the structured teaching programme on knowledge about AIDS imparted to the higher secondary school students had significant improvement in their level of knowledge about AIDS in the post test.

Fig. 9: Comparison of pre test and post test mean score of knowledge about AIDS among higher secondary school students.



SECTION - D

Table 5: Association of pretest mean score of knowledge about AIDS among higher secondary school students with their selected demographic variables.

N= 100

Demographic Variables	Inadequate (≤50%)		Moderately Adequate (51 – 75%)		Chi-Square Value
	No.	%	No.	%	
Age in years					$\chi^2=5.514$ d.f = 3 p = 0.138 N.S
16	15	15.0	11	11.0	
17	38	38.0	22	22.0	
18	12	12.0	1	1.0	
>18	1	1.0	0	0	
Sex					$\chi^2=0.021$ d.f = 1 p = 0.886
Male	32	32.0	17	17.0	
Female	34	34.0	17	17.0	
Religion					-
Hindu	66	66.0	34	34.0	
Christian	-	-	-	-	
Muslim	-	-	-	-	
Others	-	-	-	-	
Previous knowledge about AIDS					$\chi^2=0.312$ d.f = 1 p = 0.577
Yes	50	50.0	24	24.0	
No	16	16.0	10	10.0	
Type of family					$\chi^2=8.716$ d.f = 1 p = 0.003
Joint family	38	38.0	9	9.0	
Nuclear family	28	28.0	25	25.0	

***p<0.01, S – Significant, N.S – Not Significant

The table 5 shows that the demographic variable type of family had shown statistically significant association with pretest level of knowledge about AIDS at $p < 0.001$ level and the other demographic variables had not shown statistically significant association with pretest level of knowledge about AIDS among higher secondary school students.

CHAPTER- V

DISCUSSION

This chapter deals with the discussion of the data analyzed based on the objectives of the study.

The main aim of this study to assess the effectiveness of structured teaching programme on knowledge about AIDS among the secondary school students are discussed below along with the objectives and hypothesis.

The first objective of the study was to assess the level of knowledge about AIDS among higher secondary school students.

The analysis of pretest level of knowledge about AIDS revealed that 66% of higher secondary school students had inadequate knowledge and 34% had moderately adequate knowledge about AIDS.

The analysis of post test level of knowledge revealed that 100% of students had adequate over all knowledge about AIDS.

The second objective of the study was to assess the effectiveness of structured teaching programme on knowledge about AIDS among higher secondary school students.

The pretest mean score of knowledge about AIDS was 9.07 ± 2.49 and post test mean score was 19.60 ± 0.88 , the mean difference was 10.53 .The obtained paired 't' value 48.179 was significant at $p < 0.000$ level.

Based on the findings the stated Hypothesis H1: There will be a significant difference between level of knowledge about AIDS before and after structured teaching programme among higher secondary school students was accepted.

The same significant findings was reported by Mueller LM,et al.(2008) evaluated the effectiveness of a school based AIDS education programme among 717 rural students.. The result showed that the intervention increased subject knowledge significantly, changed their attitudes positively in experimental group.

The third objective of the study was to find the association of pre test level of knowledge about AIDS among higher secondary school students with their selected demographic variables.

Findings revealed that there was a statistically significant association found between the pre test level of knowledge about AIDS and type of family.

There was no significant association found between the pre test level of knowledge about AIDS and the demographic variables of age, sex, religion, previous knowledge about AIDS as the calculated chi-square value was less than the table value at $p < 0.05$ level.

Based on the findings the stated hypothesis H2: There will be a significant association between pre test level of knowledge about AIDS among higher secondary school students and their selected demographic variables was not accepted.

CHAPTER VI

SUMMARY, CONCLUSION, IMPLICATIONS, AND RECOMMENDATIONS

This chapter is divided into two sections. **Section I** deals with summary of the study, findings, and conclusion. **Section II** deals with implication in various areas of nursing practice, nursing education, nursing administration, and nursing research, limitations and recommendations.

SUMMARY OF THE STUDY

The main objective of the study was to assess the effectiveness of structured teaching programme on knowledge about AIDS among the higher secondary school students at Ariyalur district.

Conceptual framework based on Ludwig von Bertalanffy's. This model was used for this study. A quantitative evaluative approach, Pre- experimental pre test-post test design was adopted for this study. Convenient sampling technique was used to select the samples and the samples size was 100.

The tool selected for the present study included interview questions for demographic data and questionnaire tool for the assessment of knowledge about AIDS among the higher secondary school students.

The data collection was done for a period of four weeks. Structured teaching programme was taught to +2 students. Then the post test knowledge was done through structured questionnaire tool for experimental group. Both inferential and descriptive statistics were used to analysis the data, interpreted in terms of objectives and hypotheses of the study.

The study findings shows that the structured teaching programme was effective in improving the level of knowledge about AIDS among the higher secondary school students.

MAJOR FINDINGS OF THE STUDY

I. Demographic variables

- 26% were 16 years, 60% were 17 years, 13% were 18 years and 1% were above >18 years
- 49% of participants were male and 51% of participants were female.
- 100% of participants were Hindu.
- 74% of participants had previous knowledge about AIDS and 26% of participants had no knowledge about AIDS.
- 47% of participants belonged to joint family and 53% of participants belonged to nuclear family.

II. Findings related to effectiveness on knowledge about AIDS among higher secondary school students

The pre test mean score of knowledge about AIDS was 9.07 ± 2.49 and the post test mean score was 19.60 ± 0.88 the mean difference was 10.53. The obtained calculated 't' value (48.179) was greater than the table value at $p < 0.001$ level, which showed that it was statistical significant at $p < 0.05$ level in experimental group.

III. Findings related to association of pre test level knowledge about AIDS among higher secondary school students with their selected demographic variables

Data findings revealed that there was a statistically significant association found between the pre test level so knowledge about AIDS and the demographic variables of type of family. The observed chi-square value of

type of family is (8.716) greater than table value at $p < 0.05$ level of significance.

The calculated value was less than the table value at $p < 0.05$ level for age, sex, religion, previous knowledge about AIDS. So there was no significant association found between the pre test level of knowledge about AIDS the demographic variables of age, sex, religion, previous knowledge about AIDS.

IMPLICATION OF THE STUDY

The findings of the study have implication in various areas of nursing practice, nursing education, nursing administration, and nursing research and recommendation for further study are present.

Implication for Nursing Practice

The medical surgical nurses have a vital role in providing structured teaching programme about AIDS among higher secondary school students.

This can be facilitated by motivating the medical surgical nurses to,

- Acquire depth knowledge on structured teaching programme about AIDS in +2 students.
- Nurses and other health professional recognize the benefits of safe sexual practice, safe blood transfusion, prevention of AIDS; will improve the awareness about AIDS.
- The findings of the study suggest that nurses should increase their knowledge on early identification and management and preventive measure of AIDS among the +2 students.
- This study recommends that nurses should increase focus on school health with a view of AIDS causes and management.

Implication for Nursing Education

- The study enhances the nursing curriculum to provide opportunities for students to learn about AIDS.
- The study will enable the students nurse to acquire knowledge about AIDS, causes, symptoms, prevention, treatment and complication.
- Extensive use of structured teaching programme can help in the prevention of AIDS in the country.
- Encourage the students for effective utilization of evidence based practices.

Implication for Nursing Administration

- This study suggests that nurse administrators should conduct in service education for the nursing staff about AIDS and its preventive measures.
- These findings will help the administrator to implement health education program on prevention of AIDS during school health camps.
- The findings of the study emphasize the nurse administrators to conduct various mass awareness programme focusing on AIDS.
- The nurse administrator should plan for continuing nursing education about prevention of AIDS.

Implication for Nursing Research

- As there is prevalence of AIDS throughout the country, more research needs to be conducted in the school students in various aspects.
- The association between various other prevention and AIDS can be explored.

- The study can be published in journals to disseminated knowledge about AIDS among the higher secondary school.
- The nurse researcher should motivate the clinical nurse to apply the research findings in practice and follow the evidence based practice in order to bring a quality nursing care.
- Disseminate the findings of the research through conferences, seminars and publishing in nursing journal.

LIMITATIONS

- Data collection period is 4 weeks only.
- Generalization will be better if large sample included.
- Due to time constraints, the researcher was unable to take more than 100 samples for the study.

RECOMMENDATIONS

The study recommends the following future research,

- A similar study can be done in all schools of both urban and rural area.
- A similar study can be done in all groups of students.
- A similar study can be done on a large population for better generalization.
- A similar study can be done on AIDS students.

CONCLUSION

The purpose of this study was used to assess effectiveness of structured teaching programme on knowledge about AIDS among the higher secondary school students. From the above findings it is evident that structured teaching programme is very effective in improvement of knowledge among higher secondary school students.

On the whole, carrying out the present study was really an enriching experience to the investigator. It also helped a great deal to explore and improve the knowledge of the researcher and the respondents.

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ANNEXURE I

LETTER SEEKING PERMISSION FOR RESEARCH PURPOSE

From

Reg. No: 301411703,
II - Year M.sc [Nursing],
Thanthai Roever College of Nursing,
Perambalur.

To

Head Master,
Government Higher secondary school,
Ariyalur district.

Respected Madam / Sir,

Sub: Requisition for granting permission regarding,

I am doing II- Year M.sc [Nursing] in Thanthai Roever College of Nursing , Perambalur, under the Tamilnadu Dr.M.G.R. Medical University Chennai. As a partial fulfillment of my M.sc [Nursing] Degree programme, I am going to conduct a study on , **“A study to assess the effectiveness of structured teaching programme on knowledge about AIDS among the higher secondary school students”**. I would like to select your place for my data collection. Hence, I kindly request you to give me permission to conduct the study in your place.

Thanking you

Place:
Sincerely,

Yours

Date:

Reg. No: 301411703

ANNEXURE II
LETTER SEEKING EXPERTS OPINION FOR CONTENT
VALIDITY

From

Reg. No: 301411703,
II-Year M.sc [Nursing],
Medical Surgical Nursing Department,
Thanthai Roever College of Nursing,
Perambalur .

To

Respected Madam/ Sir

Sub: Requisition for content validity of tool regarding,

I am doing II- year M.sc [Nursing] in Thanthai Roever College of Nursing, Perambalur, under the Tamilnadu Dr.M.G.R. Medical University Chennai. As a partial fulfillment of my M.sc [Nursing] Degree programme, I am conducting a research on. **“A study to assess the effectiveness of structured teaching programme on knowledge about AIDS among the higher secondary school students”**. A tool has been developed for the research study. I am sending the above stated for your expert and valuable opinion. I will be thankful for your kind consideration. Kindly return it to the Undersigned.

Thanking you

Place:

Yours Sincerely,

Date:

Reg. No: 301411703

ANNEXURE III

EVALUATION CRITERIA CHECK LIST FOR VALDATION

INTRODUCTION

The expert is requested to go through the following criteria for evaluation. Three columns are given for responses and a column for remarks. Kindly place tick mark in the appropriate column and give remarks.

Interpretation of column:

Column I : Meets the criteria

Column II : Partially meet the criteria

Column III : Does not meet the criteria

S.NO	Criteria	1	2	3	Remarks
1.	Scoring				
	Adequacy				
	Clarity				
	Simplicity				
2.	Content				
	Logical sequence				
	Adequacy				
	Relevance				
3.	Language				
	Appropriate				
	Clarity				
	Simplicity				
4.	Practicability				
	It is easy to score				
	Does it precisely				
	Utility				

Signature : Any Other Suggestion

Name :

Designation :

Address :

ANNEXURE IV

LIST OF EXPERTS OPINION FOR CONTENT VALIDITY OF RESEARCH TOOL

1. Prof.R.Punithavathi. M.Sc.(N)
Principal,
Thanthai Roever College of Nursing,
Perambalur.
2. Prof.V.J.Elizabeth.M.Sc.(N)
Vice principal,
Thanthai Roever College of Nursing,
Perambalur.
3. Dr.Rajina Rani M.Sc.(N), Phd
Principal,
RAASU Academy college of nursing
Poovanthi
4. Prof.M.Shanthi M.Sc (N)
Professor,
Dr.G.Sagunthala college of Nursing
Tirchy.
5. Prof.K.S Pushpalatha M.Sc(N)
Professor,
Shanmuga college of nursing,
Salem.

ANNEXURE V (A)

CERTIFICATE OF ENGLISH EDITING

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Reg. No: 301411703, II- Year M.Sc. [Nursing] Student of Thanthai Roever College of Nursing has done a dissertation study on **“A study to assess the effectiveness of structured teaching programme on knowledge about AIDS among the higher secondary school students”**. This study was edited for English language appropriateness.

ANNEXURE V (B)

CERTIFICATE OF TAMIL EDITING

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Reg. No: 301411703, II- Year M.Sc. [Nursing] Student of Thanthai Roever College of Nursing has done a dissertation study on **“A study to assess the effectiveness of structured teaching programme on knowledge about AIDS among the higher secondary school students”**. This study was edited for Tamil language appropriateness.

ANNEXURE VI

ஓப்புதல் படிவம்

தந்தை ரோவர் செவிலியர் கல்லூரியில் முதுகலை செவிலியர் பட்டப்படிப்பு பயிலும் வெ.கிருஷ்ணபிரியா அவர்களால் நடத்தப்படுகின்ற ஆராய்ச்சி எய்ட்ஸ் நோயினைப் பற்றிய விளக்கமும் மற்றும் தடுப்பு முறைகளைப் பற்றியும் எனக்கு தெளிவாக தெரிவிக்கப்பட்டது. இதில் பங்கேற்பதற்கு எனக்கு எந்த ஆட்சேபனையும் இல்லை. மேலும் இந்த விவரங்களை வெளியிடுவதற்கும் அச்சிடுவதற்கும் முழு சம்மதம் அளிக்கிறேன்.

கையெழுத்து

பெயர்:

தேதி:

இடம்:

ANNEXURE VII

DATA COLLECTION TOOL

SECTION-A

Kindly furnish the following details by placing a tick () mark in appropriate choice

1. Age in years
A) 16 B) 17 C) 18 D) > 18

2. Sex
A) Male B) Female

3. Religion
A) Hindu B) Christian C) Muslim D) Others

4. Previous knowledge about AIDS
A) Yes B) No

5. Type of family
A) Joint B) Nuclear

SECTION-B
QUESTIONNAIRE

1. What is AIDS?
 - a. Non Communicable disease
 - b. Communicable disease
 - c. Hereditary disease
 - d. Gene abnormalities

2. What is the expansion for AIDS?
 - a. Acute infectious disease syndrome system
 - b. Acute immune deficiency
 - c. Acquired immunodeficiency syndrome
 - d. None of the above

3. What type of disease is AIDS?
 - a. Transmittable
 - b. Preventable
 - c. Controllable
 - d. All the above

4. Which of the following causes AIDS?
 - a. Bacteria
 - b. Fungus
 - c. Retro Virus
 - d. Protozoa

5. What is the expansion of HIV?
 - a. Human Infective deficiency Virus Virus
 - b. Human Inactive deficiency
 - c. Human Immune deficiency Virus
 - d. All the above

6. How AIDS is transmitted?
 - a. Sexual contact with infected person
 - b. Infected blood transfusion
 - c. Injection by disinfected needle
 - d. All the above

7. Which type of body fluids carry HIV?
 - a. Saliva
 - b. Blood
 - c. Urine
 - d. Lymphatic fluids

8. What is the effect of HIV virus in human body?
- Destroy the WBC count decrease the immunity
 - Damages and produces changes in the heart.
 - Lungs destruction and breathing difficulty occurs
 - Reduces renal function and causes low urine output
9. What are the common symptoms for AIDS patient?
- Weight loss, fever, diarrhea
 - Hair loss, heamaturia
 - Weight gain, polyuria, polyphagia
 - All the above
10. What is the primary test to detect AIDS?
- ELISA
 - Western blot
 - Urine test
 - Widal test
11. What kind of treatment given for AIDS Patient
- Antiretroviral
 - Antibiotics
 - Antimicrobial
 - None of the above
12. Which is the measure taken by AIDS infected pregnant women to protect her baby?
- Preventive treatment
 - surgical treatment
 - Radiation therapy
 - None of the above
13. What is the duration for AIDS treatment?
- lifelong
 - 10 years
 - 5 years
 - 3 years
14. Where will AIDS patients get free medical treatment?
- Government hospitals
 - primary health centre
 - private hospital
 - All the above
15. How human is severely affected by AIDS?
- Tuberculosis
 - Recurrent infection
 - Cancer
 - All the above

16. How to prevent AIDS?

- a. Safer sex
- b. Avoid using infected needles
- c. Receiving blood from authorized blood bank
- d. All the above

17. How AIDS cannot be transmitted?

- a. Living with AIDS person
- b. Touching with AIDS person
- c. Sharing food, bathroom
- d. All the above

18. Which day is world AIDS day?

- a. 25 January
- b. 1 December
- c. 3 March
- d. 6 May

19. Who is responsible for HIV prevention?

- a. Individual person
- b. Health team members
- c. Government
- d. All the above

20. What is the function of red ribbon club?

- a. Create awareness
- b. To treat HIV affected person with dignity
- c. Reduce new HIV infection among youth
- d. All the above

தகவல் சேகரிப்பு படிவம்

பகுதி — 1

சொந்தக் குறிப்பு :

கீழே கொடுக்கப்பட்ட விபரங்களை படித்து சரியான இடத்தில் (✓) குறிப்பிடவும்

1. வயது ?

- அ) 16 வயது
- ஆ) 17 வயது
- இ) 18 வயது
- ஈ) 19 வயது

2. பாலினம்?

- அ) ஆண்
- ஆ) பெண்

3. மதம்?

- அ) இந்து
- ஆ) கிறிஸ்தியன்
- இ) முஸ்லிம்
- ஈ) மற்றவை

4. எய்ட்ஸ் பற்றிய முந்திய அறிவு?

- அ) ஆம்
- ஆ) இல்லை

5. எந்த வகை குடும்பத்தினர்

- அ) கூட்டுக்குடும்பம்
- ஆ) தனிக்குடும்பம்
- இ) மற்றவை

வடிவமைக்கப்பட்ட வினாத்தாள்

பகுதி — 2

கீழே கொடுக்கப்பட்டுள்ள கேள்விகளுக்கு சரியான விடையை (✓)
குறிக்கவும்

1. எய்ட்ஸ் என்றால் என்ன?
அ) தொற்றுநோய் அல்ல ஆ) தொற்றுநோய்
இ) பரம்பரைநோய் ஈ) மரபுசார்ந்தநோய்
2. எய்ட்ஸ் விரிவாக்கம் என்ன?
அ) அக்ஃயூட் இன்பெஃசியஸ் டிஸிஸ் சின்ட்ரோம்
ஆ. அக்ஃயூட் இம்யுன்டெபிசியன்சி சின்ட்ரோம்
இ) அக்கொயர்ட் இம்யுனொ டெபிசியன்சி சின்ட்ரோம்
ஈ) இவை ஏதுமில்லை
3. எய்ட்ஸ் எவ்வகை நோய்?
அ) பரவக்கூடிய ஆ) தடுக்கக்கூடிய
இ) கட்டுப்படுத்தக்கூடிய ஈ) இவை அனைத்தும்
4. எய்ட்ஸ் பரவும் காரணிகள் எவை?
அ) நுண்ணுயிரி ஆ) பூஞ்சை
இ) ரெட்ரோ வைரஸ் ஈ) ஒட்டுண்ணி
5. எச்.ஐ.வி விரிவாக்கம் என்ன?
அ) ஹியுமன் இன்பெஃடிவ் டெபிசியன்சி வைரஸ்
ஆ) ஹியுமன் இன்ஆக்டிவ் டெபிசியன்சி வைரஸ்
இ) ஹியுமன் இம்யுனோ டிஃபிசியன்சி வைரஸ்
ஈ) இவை அனைத்தும்
6. எய்ட்ஸ் நோய் எவ்வாறு பரவுகிறது?
அ) எச்.ஐ.வி தெற்றுள்ள நபரிடம் உடலுறவு கொள்ளுதல்
ஆ) எச்.ஐ.வி கிருமி உள்ள இரத்தத்தை செலுத்துவதன் மூலம்
இ) சுத்திகரிக்கப்படாத ஊசிகளை உபயோகித்தல்
ஈ) இவை அனைத்தும்

7. உடலின் எந்த திரவத்தின் மூலம் எச்.ஐ.வி பரவுகிறது?
- அ) உமிழ்நீர் ஆ)இரத்தம்
- இ)சிறுநீர் ஈ)நிணநீர்
8. எச்.ஐ.வி.கிருமி உடலில் ஏற்படுத்தும் விளைவுகள் என்ன?
- அ) இரத்த வெள்ளை அணுக்களை அழித்து நோய் எதிர்ப்புதிறனை குறைக்கிறது
- ஆ) இருதயம் பாதிக்கப்பட்டு இருதய துடிப்பில் மாற்றம் ஏற்படுகிறது
- இ) நுரையீரல் பாதிக்கப்படுவதால் மூச்சி திணரல் ஏற்படுகிறது
- ஈ) சிறுநீரக செயல்பாடு குறைந்து சிறுநீர் குறைந்து வெளியேறுகிறது
9. எய்ட்ஸ்யின் பொதுவான அறிகுறிகள் யாவை?
- அ)எடை குறைவு, காய்ச்சல், வயிற்றுப்போக்கு
- ஆ)முடி உதிர்தல், இரத்தம் கலந்த சிறுநீர்
- இ)அதிக எடை போடுதல், அதிகளவில் சிறுநீர் கழித்தல், அதிகளவில் பசி
- ஈ)இவை அனைத்தும்
10. எய்ட்ஸ் நோயை கண்டுபிடிக்க உதவும் முதன்மையான பரிசோதனை எது?
- அ)எலிசா ஆ)வெஸ்டன் பிளாட்
- இ)சிறுநீர் பரிசோதனை ஈ)வைடால் பரிசோதனை
11. எய்ட்ஸ் நோயாளிகளுக்கு எவ்வகை மருந்து அளிக்கப்படுகிறது?
- அ)ஆண்டிரெட்ரோ வைரல் ஆ)ஆண்டிபயாடிக்ஸ்
- இ)ஆண்டிமைக்ரோபியல் ஈ)இவை ஏதுமில்லை
12. எவ்விதமான சிகிச்சை அளிப்பதன் மூலம் எய்ட்ஸ் நோய் பாதிக்கப்பட்ட கர்ப்பிணி பெண்களின் குழந்தைகளை பாதுகாக்கலாம்?
- அ)தடுப்பு மருந்து சிகிச்சை ஆ)அறுவை சிகிச்சை
- இ)கதிர் வீச்சு சிகிச்சை ஈ)இவை ஏதுமில்லை
13. எய்ட்ஸ் நோய் சிகிச்சையின் கால அளவு?
- அ)வாழ்நாள் முழுவதும் ஆ)10 வருடம்
- இ)5 வருடம் ஈ) 3 வருடம்
14. எய்ட்ஸால் பாதிக்கப்பட்டோர் எங்கே இலவச சிகிச்சை பெறுவார்கள்?
- அ)அரசு மருத்துவமனை ஆ)ஆரம்ப சுகாதார நிலையம்
- இ)தனியார் மருத்துவமனை ஈ) இவை அனைத்தும்

15. எய்ட்ஸால் மனிதன் எவ்வாறு கடுமையான பாதிப்புக்குள்ளாகிறார்?
- அ) காசநோய் ஆ) மீண்டும்மீண்டும் தொற்றுக்கொள்வது
 இ)புற்றுநோய் ஈ) இவை அனைத்தும்
16. எய்ட்ஸ் நோயை எவ்வாறு தடுக்கலாம்?
- அ) பாதுகாப்பான உடலுறவு
 ஆ)கிருமி நீக்கம் செய்யப்படாத ஊசிகளைத் தவிர்த்தல்
 இ) அங்கீகரிக்கப்பட்ட இரத்த வங்கியில் இரத்தம் செலுத்துதல்
 ஈ) இவை அனைத்தும்
17. எய்ட்ஸ் எவ்வாறு பரவாது?
- அ)எய்ட்ஸ் நோயுள்ள நபருடன் வீட்டில் வசித்தல்
 ஆ)தொற்றுநோய் உள்ளோரை தொடுதல்
 இ)உணவு மற்றும் கழிப்பறையை பகிர்ந்து கொள்ளுதல்
 ஈ) இவை அனைத்தும்
18. உலக எய்ட்ஸ் தினம் எந்த நாள்
- அ) 25 ஜனவரி ஆ) 1 டிசம்பர்
 இ) 3 மார்ச் ஈ) 6 மே
19. எய்ட்ஸ் நோயை தடுப்பது யாருடைய பொறுப்பு?
- அ)தனி நபர் ஆ)மருத்துவ குழு
 இ)அரசாங்கம் ஈ)இவை அனைத்தும்
20. எய்ட்ஸ் கட்டுப்பாடு சங்கத்தின் செயல்பாடு என்ன?
- அ)விழிப்புணர்வை உருவாக்குதல்
 ஆ)எய்ட்ஸ் பாதிக்கப்பட்டோருக்கு சுயமரியாதையுடன் கூடிய சிகிச்சை அளித்தல்
 இ)இளைஞர்களுக்கு புதியதாக தொற்றுநோய் ஏற்படும் வாய்ப்பைக் குறைத்தல்
 ஈ)இவை அனைத்தும்

CORRECT ANSWER

- | | |
|-------|-------|
| 1. b | 11. a |
| 2. c | 12. a |
| 3. d | 13. a |
| 4. c | 14. d |
| 5. c | 15. d |
| 6. e | 16. d |
| 7. b | 17. d |
| 8. a | 18. b |
| 9. a | 19. d |
| 10. b | 20. d |

சரியான விடைகள்

- | | |
|-------|-------|
| 1. ஆ | 11. அ |
| 2. இ | 12. அ |
| 3. ஈ | 13. அ |
| 4. இ | 14. ஈ |
| 5. இ | 15. ஈ |
| 6. ஈ | 16. ஈ |
| 7. ஆ | 17. ஈ |
| 8. அ | 18. ஆ |
| 9. அ | 19. ஈ |
| 10. ஆ | 20. ஈ |

LESSON PLAN

TOPIC	: AIDS
GROUP	: 12 to 19 years of school students
PLACE	: Higher secondary school at Ariyalur district
DURATION	: 30 mints
METHOD OF TEACHING	: Lecture cum Discussion
TEACHING MEDIUM	: Tamil
TEACHING AID	: Hand out, Slide show, chart.

GENERAL OBJECTIVE:

On completion of the planned intervention, the school children will gain knowledge regarding various aspects on prevention of aids and develop positive attitude AIDS.

SPECIFIC OBJECTIVE: On completion of the planned intervention, the students will be able to

1. define the AIDS & Causes of AIDS
2. enumerate the MOTS of AIDS
3. describe the Pathophysiology of AIDS
4. list out the symptoms & diagnostic evaluation of AIDS
5. enumerate the management & complications of AIDS
6. explain the preventive measures of AIDS

S.N O	SPECIFIC OBJECTIVE	TIME	CONTENT	A.V AIDS	TEACHING ACTIVITY	LEARNING ACTIVITY	EVALUATION
1.	Introduce The topic define the AIDS & Causes of AIDS	2 mts 2 mts	<p style="text-align: center;">AIDS</p> <p>Introduction: Acquired Immune Deficiency syndrome (AIDS) remains one of the most important communicable diseases. It is an infection associated with serious disease, persistently high lost of treatment & care significant of deaths & shortened life expectancy.</p> <p>Definition: Acquired Immune Deficiency Syndrome is a chronic potentially life threatening condition caused by the HIV.</p> <p>Causes: Human Immune deficiency is a retrovirus which attacks the immune system & causes a life severe illness with a long incubation period.</p>		Explaining	Listening	What is AIDS?
2.	enumerate the MOT of AIDS	4 mts	<p>Mode of Transmission: 1. Sexual Transmission; The retrovirus can be</p>	Hand out	Explaining	Listening	How was AIDS is transmitted?

3.	describe The Pathophysiol ogy for AIDS	3mts	<p>transmitted from any infected person to her sexual partner.</p> <p>2. Blood Transmission; Blood transmission means this may occur blood or plasma transmission when the donor is an infected person & use of blood contaminated needles, syringes or other skin piercing instrument.</p> <p>3. Drug Abuse; Drug and alcohol use are a major factor in the spread of HIV infection. The drug abuser shared equipment can spread HIV from one to another person.</p> <p>4. Perinatal Transmission; This refers to transmission of infection from mother to foetus before, during & shortly after birth.</p> <p>Pathophysiology:</p> <ul style="list-style-type: none"> • Infected e body fluids are introduced into the body of an uninfected person. • The HIV virus crosses into the T-4 white cell (Immune cell). • The virus uses the genetic mechanisms of the 	Explaining	Listening	
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4.	list out the symptoms & diagnostic evaluation	3 mts	<p>cell to produce millions of new viruses.</p> <ul style="list-style-type: none"> • The cell dies & the new viruses are released into the blood to infect new uninfected cells. • The T-4 is killed & the patient becomes immune deficient. • The person becomes susceptible to opportunistic infections or AIDS related cancer. <p>Clinical Manifestation:</p> <ul style="list-style-type: none"> ➤ Weight loss ➤ Chronic diarrhea for more than one month ➤ Prolonged fever for more than one month ➤ Persistent cough for more than one month ➤ Generalized pruritic dermatitis ➤ Oropharyngeal candidiasis ➤ Chronic progressive herpes simplex infection ➤ Kaposi sarcoma is the most common cancer associated with HIV 	Explaining	Listening	What are the symptoms occurs in AIDS patient?
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	3mts	<p>➤ Tuberculosis (TB) can occur early in the course of HIV infection, often when CD4 counts are slightly below normal.</p> <p>➤ Night sweat , Weakness</p> <p>DIAGNOSTIC EVALUATIONS: HIV ANTIBODY TEST:</p> <p>i) ENZYME LINKED IMMUNOSORBENT ASSAY (ELISA) ELISA test identifies antibodies directed specifically against HIV. The ELISA test does not establish a diagnosis of AIDS. It shows that the person has been exposed to (or) infected with HIV. It can be done after 14 months of initial symptoms. If recent risk is found encourage to retest at 3 weeks, 6 weeks and 3 months. If ELISA is positive then confirmative test, western blot is done.</p> <p>ii) WESTERN BLOT Western blot testing uses purified HIV Antigens electrophoresed on gels. These are incubated with serum samples. If any antibody in the serum is present, it can be detected.</p>		Explaining	Listening	How do detect AIDS?
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5	<p>enumerate the management & complication of AIDS</p>	3 mts	<p>It should be done after patient is said to seropositive, people whose blood contains antibodies for HIV are seropositive. It is the confirmatory test.</p> <p>iii) CD4 TEST</p> <p>CD4 cells are immune cells. Total number of CD4 cell count is 800 -1200 cell/μl are considered to be normal. In HIV patient it is less than eils/ 200μ.</p> <p>Management;</p> <p>The management of AIDS normally includes the use of multiple ART drugs in an attempt to control AIDS.</p> <p>Antiretroviral therapy is a life – long treatment that helps people with AIDS live longer, healthier lives. But effective ART depends on medication adherence – taking AIDS medication adherence – taking AIDS medicines everyday and exactly as prescribed.</p> <p>Antiretroviral Therapy:</p> <p>Azidothymidine, Zidovudin, Saquinovir</p> <p>COMPLICATIONS</p> <p>Tuberculosis ,Recurrent infection, Cancer,Death</p> <p>Prevention of AIDS</p>	Explaining	Listening	
				Explaining	Listening	

	<p>Safe sex: Practice safe sex to prevent AIDS. Reduce your number of sex. Follow safe sex practices such as using condom consistently & correctly, condoms are highly effective in preventing AIDS.</p> <p>Proper Blood Management:</p> <ul style="list-style-type: none"> ➤ Screening of blood donors & donated blood units ➤ Mandatory testing of transfusion transmitted infection ➤ Licensing of blood bank ➤ Guidelines to conduct blood donations camps <p>Avoid infected needle, drug abuse: Drug users should be advised that stopping all drug use, including drug injection is the most effective way to reduce their risk for contracting AIDS and other blood –borne diseases. Stop using & injection drugs. Enter & complete drug abuse treatment, including relapse prevention.</p> <p>Prevention of mother –to-child transmission of AIDS: AIDS infected pregnant women take medicine during pregnancy & childbirth to reduce the risk of passing AIDS to their babies</p> <p>Conclusion:</p>		Explaining	listening	How to prevent the AIDS?
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				<p>Red Ribbon Club is a movement by the government of India in educational institutions through which students will be making awareness of AIDS. Through Red Ribbon Club youth are encouraged to learn about safe & healthy life styles.</p> <p>Worldwide distribution of AIDS is a major global problem infecting millions of people including men, women and children in developing and developed countries, including all continents on the earth. World AIDS day is held on 1 December every year and is about Increasing awareness, fighting stigma improving education, mobilizing resources & raising funds for the global response to AIDS.</p>			
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வடிவமைக்கப்பட்ட பாடத்திட்டம்

தலைப்பு	:	எய்ட்ஸ்
குழு	:	16 – 19 வயது பள்ளி மாணவர்கள்
இடம்	:	மேல் நிலை பள்ளி, அரியலூர் மாவட்டம்.
காலம்	:	30 நிமிடம்
கற்பிக்கும் முறை	:	விளக்குதல் மற்றும் கலந்தாலோசனை
கற்பிக்கும் மொழி	:	தமிழ்
ஆடியோ வீடியோ காட்சி	:	விளக்கப்படம்துண்டு பிரசுரங்கள் ,

பொதுநோக்கம்

வடிவமைக்கப்பட்ட நலகல்வி போதனையின் முடிவில் பள்ளி மாணவர்கள் எய்ட்ஸ் மற்றும் எய்ட்ஸ் தடுப்பு முறைகளைப்பற்றி விளக்கமுடியும்.

குறிப்பிட்ட நோக்கம்

1. எய்ட்ஸ் மற்றும் எய்ட்ஸ் காரணிகளை வரையறுக்க
2. எய்ட்ஸ் பரவும் முறையை கணக்கீடுக
3. எய்ட்ஸ் உடல்கூறு விவரிக்க
4. எய்ட்ஸ் அறிகுறிகள் மற்றும் நோய் கண்டறியும் முறையை பட்டியலிடுக
5. எய்ட்ஸ் சிகிச்சை மற்றும் பின்னல் கோளாறுகளை குறிப்பிடுக
6. hhhiighihighidhjhkdtdfghhdஎய்ட்ஸ் தடுப்பு முறைகளை விளக்கு

வெண்	நேரம்	குறிப்பிட்ட நோக்கம்	பொருளடக்கம்	ஆடிபோ வீடியோ காட்சி	ஆசிரியர் செயல்பாடுகள்	மாணவரின் செயல்பாடுகள்	மதிப்பீடு
1.	2 நிமிடம்	எய்ட்ஸ் மற்றும் எய்ட்ஸ் காரணிகளை வரையறுக்க	<p>முன்னுரை:- எய்ட்ஸ் நோயானது மனிதர்களின் நோய் எதிர்ப்பாற்றல் முறைமையின் செயற்படுத்திற் றன் வலுவற்றதாகும் நிலையை படிப்படியாகத் தீவிரமடையச் செய்தது. வாய்ப்பை எதிர் நோக்கியிருக்கும் தொற்றுநோய் ஆகும்.</p> <p>பொருள் விளக்கம்: பெறப்பட்ட நோய்த்தடுப்பாற்றல் குறைபாடுகளின் நோய்க்கூட்டநிகுறி அல்லது பெறப்பட்ட மனித நோய் எதிர்ப்புத் திறன் குறைபாட்டு நோய்க்கூட்டநிகுறி (Acquired immune deficiency syndrome) என்பது எய்ட்ஸ் எனப்படும்.</p> <p>காரணி : ரெட்ரோ வைரஸ் ஒரு மீள்ஊட்டு நச்சுயிரியாகும் (Retrovirus). அது சி.டி.4 4⁺ "டி" செல்களை நேரடியாகவோ மறைமுகமாகவோ அழிக்கிறது.</p> <p>பரவுதல்: உடலுறவின் வாயிலாக பரவுதல்: பெருமாலான எச்.ஐ.வி நோய்த்தொற்றுக்கள், ஒருவரிடமிருந்து மற்றவருக்கு பாதுகாப்பற்ற உடலுறவின் மூலம் பரப்பப்படுகிறது. உலகம் முழுவதும் எச் ஐ வி நோய் பரப்பலுக்கான முக்கிய காரணம் ஆனும் பெண்ணும் கொள்ளும்</p>		விளக்குதல்	கவனித்தல்	எய்ட்ஸ் என்றால் என்ன?
2.	2 நிமிடம்	எய்ட்ஸ் பரவும் முறையை கணக்கீடுக	<p>உடலுறவின் வாயிலாக பரவுதல்: பெருமாலான எச்.ஐ.வி நோய்த்தொற்றுக்கள், ஒருவரிடமிருந்து மற்றவருக்கு பாதுகாப்பற்ற உடலுறவின் மூலம் பரப்பப்படுகிறது. உலகம் முழுவதும் எச் ஐ வி நோய் பரப்பலுக்கான முக்கிய காரணம் ஆனும் பெண்ணும் கொள்ளும்</p>	துண்டு பிரசுரங்கள்	விளக்குதல்	கவனித்தல்	எய்ட்ஸ் எவ்வாறு பரவுகிறது

		<p>உடலுறினால் விளைவதேயாகும்.</p> <p>தாயிடமிருந்து குழந்தைக்கு நோய் பரவுதல்:</p> <p>தாயிடமிருந்து குழந்தைக்கு, குழந்தை கருப்பையில் இருக்கும்போதே கர்ப்பகாலத்தின் கடைசிவாரங்களிலும் பிரசவத்தின் போதும் நோய்த் தொற்றல் நடக்கிறது. சிகிச்சை அளிக்காத பொழுது கர்ப்பகாலத்தின் போதோ, பிரசவ வலியின் போதோ அல்லது பிரசவத்தின் போதோ தாயிடமிருந்து குழந்தைக்கு நோய் பரவுதல் 25 சதவிகிதமாகும்.</p> <p>போதை மருந்துகள் உட்செலுத்தப் பயன்படும் ஊசிபகிர்மானம்:</p> <p>இரத்தத்தால்கிருமிதாக்கப்பட்ட ஊசிகளை பகிர்ந்து கொள்ளுதல் மற்றும் பலமுறை பயன்படுத்துதல் எச் ஐ வி பரப்பு முக்கியமான காரணமாய் இருக்கிறது. இந்த நோய்த் தொற்றல் வழி பெரும்பாலும் சிரை வழியாக போதைமருந்துபோடுபவர்களுக்கும், இரத்தம் உறையாமையால் பாதிக்கப்பட்டவர்களுக்கும் இரத்ததானம் மற்றும் இரத்த பொருட்கள் தானம் பெறுபவர்களுக்கும் பொருத்தமானது.</p> <p>விளைவுகள்:</p> <p>இரத்தத்தில் ஒரு மைக்ரோவிட்டருக்கு, இருநூறு செல்களே இருக்கும் அளவிற்கு சி.டி4 "டி" செல்களின் அளவு எச் ஐ வி யால் அழிக்கப்பட்ட உடன் செல்வழி நோயெதிர்ப்பு ஒழிக்கப்படுகிறது. இரத்த வெள்ளையணுக்களை அழித்து நோய் எதிர்ப்பு திறனை குறைக்கிறது. இரத்தத்தில் மீதமிருக்கும் சி.டி4 "டி" செல்களின் அளவைப்பொருத்தும், மேலே குறிப்பிட்டதைப் போல ஏனைய தொற்றுக்களினைப் பொருத்தும் தீவிர எச் ஐ வி தொற்று நாளடைவில் நோய் உட்புதை எச் ஐ வி தொற்றாகவும், அதன்பின்னர் ஆரம்ப</p>	<p>விளக்குதல்</p>	<p>கவனித்தல்</p>	<p>?</p>
3.	<p>எய்ட்ஸ் உடல்கூறு விவரிக்க</p>				

4.	3 நி மி ட ம்	<p>எய்ட்ஸ் அறிகுறிகள் மற்றும் நோய் கண்டறியும் முறையை பட்டியலிடுக</p>	<p>அறிகுறிகளுடைய எச் ஐ வி தொடராகவும், இறுதியாக எயிட்சாகவும் முன்னேறுகிறது. எச் ஐ வி நோய்த்தொற்றின் மிகக் கடுமையான உந்துதலில் விளைவுதே எயிட்சு நோயாகும்.</p> <p>எய்ட்ஸ் நோயின் அறிகுறிகள்:</p> <p>எடை குறைதல்: எடை குறைவது எய்ட்ஸ் நோயின் முன்னேற்றத்தை குறிப்பதாக இருக்கும். நோய் எதிர்ப்பு சக்தி மிகவும் மோசமாக பாதிக்கப்பட்டு உடல் எடையில் வேகமான மாற்றங்கள் அதாவது வழக்கத்தை விடவும் வேகமாக உடல் எடை குறைந்து காணப்படும்.</p> <p>வயிற்றுபோக்கு: நோய் தாக்கத்தில் ஏற்படும் நாள்பட்ட வயிற்றுபோக்கு ஒரு மாதத்திற்கும் மேலும் நீடிக்கும்.</p> <p>காய்ச்சல்: தொடர்ந்து காய்ச்சல் ஒரு மாதத்திற்கும் மேலும் நீடிக்கும்.</p> <p>தொடர இருமல்:- தொடர்ச்சியான இருமல் எய்ட்ஸ் நோயின் அறிகுறியே. ஆனால், குப்பைகளை சுவாசிப்பதால் ஏற்படும் அலர்ஜியாகவும் கூட இது இருக்கலாம். எனினும், தொடர்ந்து வரும் காலங்களில் எச்.ஐ.வி வளர்ந்து வந்தால், இருமலும் அதிகரிக்கும்.</p> <p>களைப்பு: எய்ட்ஸ் நோய் உள்ளவர்களுக்கு களைப்பு ஆரம்ப கால அறிகுறிகளில் ஒன்றாகவே இந்த களைப்பு நிலை உள்ளது. நாட்களின் பெரும்பாலான நேரங்கள் நீங்கள் மந்தமாகவும், சோர்வாகவும் இருப்பதாக உணர்ந்தால், அதனை எய்ட்ஸ் பாதிப்பாக கருத முடியும்.</p> <p>தலைவலி: தலைவலி வாழ்க்கையின் ஒரு அங்கமாகவே மாறி விட்டால், அதனையும் எய்ட்ஸ் பாதிப்பின் அறிகுறியாக கருதலாம். அது எச்.ஐ.வி-க்கான ஆரம்ப அறிகுறியாக இருக்கலாம்.</p> <p>தசைகள் மற்றும் மூட்டுகளில் வலி: தசைகள் மற்றும் மூட்டுகளில்</p>	ஸ்லடு ஷோ	விளக்குதல்	பதில் அளித்தல்	எய்ட்ஸ் நோயாளிகளின் அறிகுறிகள் யாவை?
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		<p>தாங்கவொண்ணாத வலிகள் இருந்தால். இதுவும் எச்.ஐ.வி-ன் அறிகுறியானது.</p> <p>தோல் நோய்:- எச்.ஐ.வி நோயின் ஆரம்பமற்றும் முற்றிய நிலைகளில் தோல் சொரசொரப்பாக மாறிவிடும். இதனால் உங்கள் தோலில் எரிச்சல மற்றும் அரிப்பு மிக்க பகுதிகள் உருவாகின்றன.</p> <p>காபோசிபின் சதைப்புற்று : காபோசிபின் சதைப்புற்று எய்ட்ஸ் நோயாளிகளில் சாதாரணமாக காணப்படும் கட்டியாகும்.</p> <p>சுவாச நோய் தாக்கம்: எய்ட்ஸ் - யின் ஆரம்ப நிலையில் ஏற்படலாம். காய்ச்சல், தலைவலி, மயக்கம், வியர்வை (குறிப்பாக இரவு நேரங்களில்) வாந்தி எடுக்கவேண்டும் என்ற உணர்வு மற்றும் வாந்தியை ஏற்படுத்தலாம். நோயாளிகளுக்கு வலிப்பு மற்றும் மன குழப்பத்தையும் ஏற்படுத்தலாம். சிகிச்சை அளிக்கத் தவறினால் மரணமும் ஏற்படலாம்.</p> <p>பரிசோதனைகள்: இரத்த பரிசோதனை பொதுவாக எய்ட்ஸ் நோயை கண்டுபிடிக்க செய்யப்படுகிறது.</p> <p>எலிசா:- எலிசா இரத்த பரிசோதனை முதன்மையாக செய்யப்படுகிறது. நோயாளிகளிடம் எதிர்காரணியோ அல்லது எதிர்புரதமோ கண்டறியும் பட்சத்தில் அது எய்ட்ஸ் நோய்க்கு சான்றாகும்.</p> <p>வெஸ்டன் பிளாட்:- வெஸ்டன் பிளாட் நோயாளிகளின் முதலாம் மாதிரி எய்ட்ஸ் நோய் கூறுகளை வெளிப்படுத்தினால் அவர்கள் அதனை உறுதிபடுத்தும் படிக்கு அவர்கள் பிறிதொரு இரத்த மாதிரி மூலம் இரண்டாம் சோதனைக்கு உட்படுத்துவார். முதலாம் நோய் தோற்றிருக்கும் அதற்கு எதிராக கண்டுபிடிக்க வல்ல நோய் எதிர் காரணிகள் உருவாகும். காலத்திற்கும் இடைப்பட்ட காலமான ஜன்னல் காலம் ஊனீர் மாற்றம்</p>	விளக்கப்படும்	விளக்கூதல்	கவனித்தல்	எய்ட்ஸ் கண்டறியும் முறைகள் யாவை?
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5.	3 நி மி ட ம் எய்ட்ஸ் சிகிச்சை மற்றும் பின்னல் கோளாறுக ளை குறிப்பிடுக	<p>அடைந்து நேர்மறை என சொதித்தரிவதற்கு 3-6 மாதங்கள் ஆகும். இரத்த அணு(சி.டி+4) பரிசோதனை: இரத்த அணு(சி.டி+4) பரிசோதனையானது எய்ட்ஸ் நோயாளியின் இரத்த வெள்ளையணுக்களின் அளவை பரிசோதிக்க பயன்படுகிறது.</p> <p>சிகிச்சை: தீவிர ரெட்ரோ வைரல் எதிர்மருந்து அல்லது மிகுதிநன்மிக்க மீனூட்டுநச்சுயிரி எதிர்ப்பொருள் சிகிச்சையினைக் கொண்டது. தற்போதைய அனுசூலமான மிகுதிநன்மிக்க மீனூட்டுநச்சுயிரி எதிர்ப்பொருள் சிகிச்சையின் தேர்வுகள் குறைந்தது மூன்று மருந்துகளை உள்ளடக்கிய, இரண்டு வித ரெட்ரோ வைரல் எதிர்மருந்துகளின் சேர்வுகளைக் கொண்டிருக்கும். மிகுதிநன்மிக்க மீனூட்டுநச்சுயிரி எதிர்ப்பொருள் சிகிச்சையின் முக்கிய குறிக்கோள் நோயாளியின் வாழ்க்கைத் தரத்தை உயர்த்துவது, நோய் சிக்கல்களைக் குறைப்பது இரத்தத்தின் எச் ஐ வி அளவை கண்டுபிடிக்க முடியாத அளவிற்குக் குறைப்பது. மேலும் மிகுதிநன்மிக்க மீனூட்டுநச்சுயிரி எதிர்ப்பொருள் சிகிச்சையினைப் பயன்படுத்தி எச் ஐ வி யிலிருந்து விடுபடுவதற்கு ஒருவருக்கு அவரது வாழ்நாள் காலமே போதுவதில்லை.</p> <p>மிகுதிநன்மிக்க மீனூட்டுநச்சுயிரி எதிர்ப்பொருள் சிகிச்சை இல்லாத பொழுது எச் ஐ வி நோய்த்தாக்கம் எயிட்சு ஆக வளர்ச்சியடைவதற்கு ஒன்பது முதல் பத்து வருடங்கள் கால இடைநிலையும் எயிட்சு ஆக மாறியபிறகு உயிர் வாழும் காலத்திற்குரிய கால இடைநிலை 9.2 மாதங்களேயாகவும் இருக்கிறது . மிகுதிநன்மிக்க மீனூட்டுநச்சுயிரி எதிர்ப்பொருள் சிகிச்சை உயிர்வாழும் கால இடைநிலையை 4 முதல் 12 வருடங்கள் அதிகப்படுத்தும்</p>		விளக்குதல்	கவனித்தல்	
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6	3 நி மி ட ம்	<p>என எண்ணப்படுகிறது.</p> <p>பின்னல் கோளாறுகள் காசநோய், மீண்டும் மீண்டும் தொற்றுக்கொள்வது ,புற்றுநோய்.</p> <p>தடுக்கும் முறைகள்: உடலுறவு நிகழ்வின் போது ஆணுறை அல்லது பெண்ணுறை உபயோகிப்பது மட்டுமே எச் ஐ வி மற்றும் ஏனைய பாலவினை நோய்கள் தொற்றும் அபாயத்தையும் குறைக்கிறது. ஒவ்வொரு தருணத்திலும் ஆணுறைகளை சரியாக உபயோகப்படுத்தும்போது அதிக பலன் விளைவதாகத் தற்போதைய ஆதாரங்கள் தெரிவிக்கின்றன இருவரில் ஒருவரை இந்நோய் தாக்கியிருக்கும் பட்சத்தில், விடாது ஆணுறை உபயோகிக்கும் பொழுது, நோய்த்தாக்கம் இல்லாதவரை இந்நோய்த் தொற்றும் வாய்ப்பு வருடம் ஒரு சதவிகிதத்திற்குக் கீழ் என கணவன்-மனைவிகளிடம் நடத்திய ஆய்வுகள் தெரிவிக்கின்றன.</p> <p>தாயிடமிருந்து குழந்தைக்கு நோய் பரவுதல்_ ஏற்றுக்கொள்ளத்தக்க, எளிதாகப் பெற்றுக்கொள்ளவல்ல, தடுப்பு மருந்து சிகிச்சை கர்பகாலங்களிலும் எய்ட்ஸ் பாதிக்கப்பட்ட கர்ப்பிணி பெண்களுக்கு அளிப்பதன் மூலம் குழந்தைக்கு எய்ட்ஸ் நோய் பரவுதலை தடுக்கலாம்.நிலையான மற்றும் பாதுகாப்பான, மாற்று உணவு இருப்பின் எச் ஐ வி யால் பாதிக்கப்பட்ட தாய்மார்கள் தங்கள் சிசுவிற்குத் தாய்ப்பாலூட்டுவதைத் தவிர்க்க வேண்டுமென தற்போதைய பரிந்துரைகள் அறிவிக்கின்றன.</p>		விளக்குதல்	கவனித்தல்	எய்ட்ஸி னை எவ்வாறு தடுக்கலாம் ?
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Audio Visual Aids

எய்ட்ஸ்

எய்ட்ஸ் எவ்வாறு பரவுகிறது ?

- ❖ பாதுகாப்பற்ற முறையில் பலருடன் உடலுறவு கொண்டால் எச்.ஐ.வி தொற்றுள்ள நபரிடமிருந்து பரவும்.
- ❖ பரிசோதிக்கப்படாத எச்.ஐ.வி கிருமி உள்ள இரத்தத்தை செலுத்துவதன் மூலம் பரவும்.
- ❖ எச்.ஐ.வி தொற்றுள்ள கர்ப்பிணிப் பெண்ணிடமிருந்து கருவில் இருக்கும் குழந்தைக்கு பரவும் வாய்ப்பு உள்ளது.
- ❖ கிருமி தொற்றுள்ள சுத்திகரிக்கப்படாத ஊசிகளை பகிர்ந்து கொள்வதாலும் பரவும்.

எய்ட்ஸ் எவ்வாறு பரவாது?

- ❖ ஒன்று சேர்ந்து விளையாடுவது போன்ற சாதாரண பழக்க வழக்கங்களினால் பரவாது.
- ❖ எச்.ஐ.வி தொற்றுள்ள ஒரு நபரின் இருமல் மற்றும் தும்மல் மூலம் மற்றவர்க்கு பரவாது.
- ❖ எச்.ஐ.வி தொற்றுள்ள ஒரு நபர் பயன்படுத்திய கழிவறையை பயன்படுத்துவதன் மூலம் பரவாது.
- ❖ எச்.ஐ.வி உள்ள நபர் உபயோகப்படுத்திய பொருட்களைப் பயன்படுத்துவதால் பரவாது.
- ❖ கொசுக்கடி மூலம் கண்டிப்பாக எச்.ஐ.வி பரவாது.

