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HEALTH EDUCATION OF COMMUNAL MEMBERS REGARDING HIV/AIDS: (A CASE STUDY OF MINGORA CITY, DISTRICT SWAT, PAKISTAN)

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Abstract
The research study has been carried out for the "Health Education of community members Regarding HIV/AIDS". This study was carried out at Mingora city, District Swat and the respondents included 60 members consisting of male, female and transgender. The respondents were selected through stratified random sampling. The data were collected through Interview schedule method. And the result shows that, most of the defendants were aware of the term HIV/AIDS. Respondents were made aware of the sources of transfusion of HIV/AIDS like blood transfusion, sharing needles, sexual intercourse and unsafe sexual relationship etc. Furthermore, majority of the respondents were of the view that there is direct relation between education and HIV/AIDS. Government needs to arrange seminars and workshops for the spreading of general awareness regarding HIV/AIDS, respondents also emphasized on including broad information in academic curriculum about HIV/AIDS. Based on the study It is suggested that literacy ratio need to be increased for better understanding of HIV/AIDS. And for this purpose, health education should be a part of curriculum in educational institutions.

INTRODUCTION

Human Immunodeficiency Virus (HIV) is the primary cause of acquired immunodeficiency syndrome (AIDS), a condition that emerged as a major global health concern following its initial recognition in the US in 1981 (ibrar, 2014).

Among sexually transmitted infections, HIV/AIDS has demonstrated the most rapid and widespread transmission, affecting millions worldwide. Since its emergence, the virus has claimed approximately 39 million lives, while an estimated 36.134 million individuals are presently living with HIV/AIDS. Young people remain particularly vulnerable. A deeply concerning consequence of the epidemic is the growing number of children orphaned by the disease, many of whom face severe social and financial hardships (Zubair, 2002).

In numerous states, the high prevalence of HIV/AIDS is linked to a range of socio-economic factors, including

poverty, limited awareness, inadequate disease prevention efforts, and unsafe health practices. Overcrowded living conditions and unsafe environments further increase the risk of infection (World Bank, 2008). Medical professionals widely agree that HIV is primarily transmitted through unprotected sexual contact. Other significant transmission routes include the transfusion of contaminated blood, the use of infected surgical instruments or needles, and other unsafe medical procedures (Karewa, 2000).

Raising awareness and promoting accurate knowledge about HIV/AIDS remain central to prevention efforts. However, global awareness remains limited. While condom use has gained some traction in certain regions, it has yet to achieve widespread acceptance—particularly among young people in developing nations. Despite these challenges, efforts to combat HIV/AIDS have advanced significantly in recent years, resulting in a reduction in infection rates in some highly affected regions. Several countries have made substantial progress in HIV/AIDS control, thanks to support from international organizations such as the UN Programme on HIV/AIDS (UNAIDS) and partner agencies. Nevertheless, many nations still require considerable assistance to strengthen their response (Afridi, 2012).

The fight against HIV/AIDS hinges on improving knowledge about its transmission and prevention. Currently, only about one-third of individuals in developing countries are aware of the disease's basic facts. While some progress has been made—evidenced by behavioral changes and declining infection rates in specific regions—global commitment remains insufficient. Limited access to health services, particularly in resource-poor settings, continues to pose serious challenges. Increased political will, along with sustained economic and policy support, is essential to achieving meaningful global progress (Khan, 2002).

In Pakistan, particularly in the Khyber Pakhtunkhwa (KP) and Federally Administered Tribal Areas (FATA), the rise in HIV/AIDS cases has become a major concern for health authorities and civil society. A six-month survey conducted by the Department of Health reported 960 new HIV/AIDS cases—comprising 678 men, 236 women, and 46 children (NACP, 2016). The persistence of the epidemic in these areas is linked to limited education, cultural taboos around family planning, low contraceptive use, and inadequate public health interventions. By 2015, at least 6,853 cases had been documented in the region of sexual transmitted diseases (KPHD, 2019), underscoring the need for urgent and coordinated action (Naila et al. 2025).

Statement of the Problem

Countries with robust healthcare systems tend to contribute more effectively to national development across all sectors. In Pakistan, however, the deteriorating state of healthcare has become a major concern, compounding the nation's socio-economic challenges. The healthcare system in Pakistan is currently ranked 154th out of 195 countries in terms of quality and accessibility, falling behind regional neighbors such as India and Bangladesh (Frontier, 2018). This low ranking reflects the longstanding lack of commitment and inadequate investment in the delivery of healthcare services.

In response to the growing threat of HIV/AIDS, Pakistan launched the National AIDS Control Program in 1987, with continued support from international organizations including WHO, UNDP, UNICEF, ILO, and UNAIDS. Despite these collaborative exertions, recent data reveals a troubling surge in HIV/AIDS cases within the country. Pakistan is now among the top 11 countries with the highest number of HIV/AIDS cases. According to UNAIDS (2019), approximately 150,000 individuals in Pakistan are living with HIV/AIDS—of whom 99,000 are men, 43,000 are women, and 3,500 are children under the age of 15 (Jan et al. 2020).

While the government has initiated various campaigns to raise public awareness about HIV/AIDS, the overall impact remains limited (Ibrar, 2014). Recognizing this gap, the current research was undertaken to explore public perceptions and the level of awareness regarding HIV/AIDS among individuals in the targeted study area.

Objectives of the Study

- Evaluating the extent of public awareness regarding HIV/AIDS in relation to health education.
- Investigating public attitudes and perceptions regarding HIV/AIDS.

Research Questions

This study seeks to address the following research questions:

1. How does public awareness of the incidence of HIV/AIDS in the research region change as a result of health education?
2. How is HIV/AIDS seen by the local population in the target area?
3. In what ways can health education aid in HIV/AIDS prevention?

Significance of the Study

This research may serve as a foundational reference for scholars interested in conducting further studies on HIV/AIDS. It provides valuable insights that can guide future academic inquiries in this field. Additionally, the findings of this study will be beneficial for health practitioners by offering a deeper understanding of community perceptions related to HIV/AIDS. Moreover, the study can assist development sector organizations by providing relevant information that may inform their strategies and interventions aimed at addressing the challenges associated with HIV/AIDS.

Literature Review

Health and medical knowledge is generally acquired through various interactive and accessible sources. These include healthcare providers, family members, peers, workplaces, and mass media platforms such as television, radio, magazines, and publications. In recent years, digital platforms like the internet and social media have emerged as significant channels for disseminating health-related information. One of the most effective ways to control the spread of HIV/AIDS is by increasing public knowledge about its modes of transmission. However, only about one-third of people in developing countries possess basic knowledge about the disease. Although condom use is gaining recognition in some areas, it still lacks widespread acceptance, particularly among the youth in developing regions—who are among the most vulnerable to infection. Another pressing concern is the growing number of children orphaned by HIV/AIDS, many of whom face severe financial and social challenges.

Studies from countries such as China, Pakistan, India, and Bangladesh have identified television and newspapers as the primary sources of HIV/AIDS awareness (Kaur, 2014). With increasing globalization, platforms like Facebook, Twitter, and YouTube are also playing an essential role in health education.

Unsafe sexual practices, both homosexual and heterosexual, remain a major contributor to HIV/AIDS transmission. In Pakistan, men who have sex with men (MSM) and transgender individuals often lack adequate information about sexually transmitted infections (STIs), including HIV/AIDS. Media reports have highlighted concerning trends, such as young boys engaging in sexual relationships with peers or adult men, and married men maintaining sexual relationships with other males. In certain areas of Khyber Pakhtunkhwa, including Bannu, cultural tolerance toward adolescent sexual partners has been observed. Additionally, male prisoners in Pakistan are also reported to engage in homosexual activities. For example, a survey in Sindh province revealed that 4% of 3,392 male inmates reported having had sexual relations with other prisoners. These individuals, often lacking access to health education, remain particularly vulnerable to HIV/AIDS (Khan, 2002).

Injecting drug use is another significant risk factor in Pakistan. Drug users not only face a heightened risk of HIV infection through shared needles but also tend to engage in unprotected sex under the influence of drugs, further increasing their vulnerability. Much of the illicit drug supply in Pakistan originates from Afghanistan and is trafficked through the frontier areas of Khyber Pakhtunkhwa. According to a national survey, over three million individuals in Pakistan were reported as drug users, with the number increasing at a rate of 7% annually (National Survey on Drug Abuse in Pakistan, 1993).

The rapid spread of HIV/AIDS in Pakistan is largely attributed to the low levels of awareness and education about transmission modes among the general population. There is a scarcity of studies exploring the knowledge, awareness, and attitudes of Pakistani citizens toward HIV/AIDS. The presence of high-risk groups—such as commercial sex workers, drug users, prisoners, and blood recipients—combined with inadequate knowledge and awareness, further complicates the public health response. Cultural and religious sensitivities also pose major barriers to openly discussing sexual health and related diseases in Pakistani society. These socio-cultural constraints hinder the development of comprehensive public health campaigns and education initiatives.

Until 1993, there was an official ban on discussing HIV/AIDS on national television and radio. This significantly limited public access to information. The ban was eventually lifted, and in March 1994, the first television and newspaper advertisements promoting condom use were broadcast (Mahmood, 2002). Despite these steps, the role of mass media and government in promoting HIV/AIDS awareness remains limited, emphasizing the need for more inclusive, culturally sensitive, and far-reaching health education strategies.

Literacy and Health Education

According to the Global Monitoring Report (2005), a person who cannot read or write a simple statement relevant to daily life is considered illiterate. Literacy plays a vital role in shaping an individual's understanding and awareness of health-related issues, including HIV/AIDS. There is a strong correlation between literacy and the level of knowledge about HIV/AIDS—literate individuals are more likely to access, comprehend, and apply health information effectively. Studies conducted by WHO and UNESCO (2010) affirm that higher literacy rates are associated with improved health outcomes, greater utilization of health facilities, and increased life expectancy. With a literacy rate of just 54%, Pakistan, one of the utmost populated countries in South Asia, continues to face significant challenges in public health education. The lack of education leads to limited awareness of family planning, HIV/AIDS prevention, and treatment options (Mahmood, 2002).

Literacy empowers individuals to access and understand information related to HIV/AIDS, while illiteracy increases vulnerability to infection. Women, in particular, face greater risks due to lower education levels compared to men, which contributes to reduced awareness and increased exposure to HIV/AIDS (Juliana, 2013). According to a study by USAID (2002), illiteracy is a key factor contributing to the spread of HIV/AIDS. Okoli (2006) also highlights that illiterate individuals are less likely to access written materials on HIV/AIDS, especially in print form, thus facing significant barriers in acquiring essential knowledge.

Health literacy, a subset of general literacy, is defined as "the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions." Even in developed nations, approximately 90 million people are affected by low health literacy (Howard, 2017). Limited health literacy is linked to the prevalence of chronic illnesses such as diabetes and HIV/AIDS. It affects an individual's ability to access medical care, understand healthcare instructions, and follow treatment plans—all of which are critical in managing HIV/AIDS. Research has shown that people with low health literacy often have limited understanding of HIV/AIDS and struggle to manage treatment regimens effectively compared to those with adequate health literacy (Howard, 2017).

Education, particularly when delivered through peers and family networks, is crucial in preventing the spread of HIV/AIDS. Studies have demonstrated that peer- and family-based education initiatives are successful in improving both knowledge and behavior related to disease prevention (Lubna, 2012). In some countries, HIV/AIDS education has been incorporated into school curricula, although the content and depth of instruction vary significantly. According to the Anti-AIDS Association (2003), drug abuse can be effectively addressed within school settings, but topics related to sexual health are often considered taboo and therefore excluded.

The role of healthcare professionals is essential in promoting awareness and dispelling myths about HIV/AIDS. Community health workers, in particular, are well-positioned to educate individuals on the use of contraceptives and safe sexual practices. They can also counsel married individuals on maintaining monogamous relationships as a means of prevention. Additionally, moral values and religious teachings can reinforce safe behaviors by discouraging extramarital relationships, which are potential risk factors for HIV transmission (Hassan, 2002).

Health literacy should be viewed in the context of the responsibilities individuals must fulfill to maintain good health and protect themselves from disease. It encompasses all necessary actions taken to prevent, manage, and treat illnesses (Howard, 2017). Although women are often perceived as less experienced in sexual matters due to cultural norms, both men and women require adequate knowledge of HIV/AIDS to effectively prevent its transmission. Awareness and education must be inclusive to ensure that both genders are equally informed and protected (Karewa, 2000).

Methodology

Research Methodology

Methodology is a fundamental component of any research project, encompassing the tools, techniques, and procedures employed by the researcher to gather accurate and relevant information (Coopler, 2008). The present study adopted specific methods and instruments to ensure the collection of reliable and meaningful data, as detailed below.

Nature of the Study

This research was **quantitative** in nature. A quantitative approach was chosen to systematically measure variables and obtain statistically valid results related to the awareness and perceptions of HIV/AIDS.

Locale of the Study

According to Faisal (2015), the term "universe" refers to any group of individuals or objects that share common observable characteristics. The study was conducted in **Mingora City, District Swat, Khyber Pakhtunkhwa (KP)**. This locale was selected due to the rising challenges associated with HIV/AIDS in the region, making it a relevant area for this research.

Sampling and Sample Size

A **sample** is defined as a subset of the population selected for participation in a study. An effective sample size must adequately represent the population and reflect the characteristics relevant to the research objectives (Kumar, 2008). From a total population of **599,040** in Mingora city, a sample of **60 respondents** was selected using stratified sampling. The population was divided into three strata, with **20 respondents** randomly selected from each stratum to ensure diversity and representativeness.

Tool of Data Collection

To collect primary data, the researcher utilized an **interview schedule**, chosen for its effectiveness in capturing structured and consistent responses. This tool allowed the researcher to gather in-depth information from the selected participants.

Data Analysis

The collected data were organized, coded, and analyzed using **Microsoft Excel** and **Statistical Package for the Social Sciences (SPSS)**. The results were presented in the form of **frequency tables** and **percentages**, providing a clear and quantitative interpretation of the respondents' awareness and perceptions of HIV/AIDS.

Results and Discussion

This chapter presents the findings derived from the collected data. It includes detailed analysis, interpretation, and discussion of results based on respondents' responses. The data are examined in relation to the research objectives, offering insights into the general awareness and attitudes toward HIV/AIDS in the study area.

General Awareness regarding HIV/AIDS

S.No	Statement	Yes	No	Don't Know	Total
1	You are aware of AIDS.	60 (100%)	0 (0%)	0 (0%)	60 (100%)
2	Through blood transfusions, HIV/AIDS can be spread.	47 (78.3%)	9 (15%)	4 (6.7%)	60 (100%)
3	HIV/AIDS can be transmitted through blood transfusion.	50 (83.3%)	3 (5%)	7 (11.7%)	60 (100%)
4	Sharing needles might result in HIV/AIDS.	45 (75%)	6 (10%)	9 (15%)	60 (100%)

5	A sexually transmitted disease is what you believe HIV/AIDS to be.	52 (86.7%)	3 (5%)	5 (8.3%)	60 (100%)
6	You are aware that engaging in risky sexual interactions can lead to HIV/AIDS.	47 (78.3%)	6 (10%)	7 (11.7%)	60 (100%)
7	Does using condoms help prevent HIV/AIDS?	31 (51.7%)	10 (16.7%)	19 (31.6%)	60 (100%)
8	Having personal contact with an HIV/AIDS patient might spread the virus.	27 (45%)	30 (50%)	3 (5%)	60 (100%)
9	You are aware of the HIV/AIDS testing facilities in your community.	17 (28.3%)	43 (71.7%)	0 (0%)	60 (100%)
10	Have you ever had an HIV/AIDS test?	7 (11.7%)	53 (88.3%)	0 (0%)	60 (100%)
11	It is possible to cure an individual with HIV/AIDS.	22 (36.7%)	20 (33.3%)	18 (30%)	60 (100%)

Explanation:

The data above illustrates the general awareness levels among 60 respondents concerning HIV/AIDS. Every participant (100%) reported familiarity with the term AIDS, indicating widespread baseline awareness of the disease.

A majority—47 respondents (78.3%)—recognized HIV/AIDS as a fatal disease. However, 9 participants (15%) believed it is not fatal, and 4 (6.7%) were unsure. Regarding blood transfusion as a transmission mode, 50 individuals (83.3%) answered correctly, while 3 (5%) said no, and 7 (11.7%) lacked knowledge.

When asked about transmission via shared needles, 45 respondents (75%) acknowledged it as a risk factor. This aligns with research by Mahmood (2002), which highlighted needle-sharing practices as a significant cause of HIV spread in certain Pakistani communities. Most participants—52 (86.7%)—accurately identified HIV/AIDS as a sexually transmitted disease. Three (5%) disagreed, and 5 (8.3%) were unsure. Similarly, 47 (78.3%) believed unsafe sexual relationships could lead to HIV/AIDS, reinforcing Ibrar's (2014) findings on the role of unsafe sex in spreading the virus.

On the question of condom effectiveness in HIV prevention, only 31 respondents (51.7%) believed they are effective. A notable 19 (31.6%) were uncertain, and 10 (16.7%) did not believe in their effectiveness. This highlights an ongoing gap in preventive awareness that calls for enhanced sexual health education.

Misconceptions persist about casual contact; 27 respondents (45%) incorrectly thought that physical contact with HIV-positive individuals could transmit the virus, while 30 (50%) correctly disagreed. Three were uncertain.

Awareness of local HIV testing facilities was relatively low, with only 17 respondents (28.3%) aware of testing centers, and 43 (71.7%) unaware. Similarly, only 7 individuals (11.7%) reported ever being tested for HIV. Finally, when asked whether HIV/AIDS is curable, responses were mixed. Twenty-two (36.7%) believed it is curable, 20 (33.3%) believed it is not, and 18 (30%) were unsure—indicating confusion between "cure" and long-term treatment through antiretroviral therapy.

Literacy and health education

S.No	Statement	Yes	No	Don't Know	Total
1	Do you believe that a person's literacy level influences their understanding of HIV/AIDS?	48 (80%)	6 (10%)	6 (10%)	60 (100%)

2	In your opinion, are illiterate individuals less likely to take preventive measures against HIV/AIDS?	50 (83.3%)	8 (13.3%)	2 (3.3%)	60 (100%)
3	Have you ever received information about HIV/AIDS in your school, college, or university?	21 (35%)	39 (65%)	0 (0%)	60 (100%)
4	Do you think educational institutions should conduct awareness sessions on HIV/AIDS?	52 (86.7%)	7 (11.7%)	1 (1.6%)	60 (100%)
5	Should health education, including topics like HIV/AIDS, be part of the school curriculum?	52 (86.7%)	6 (10%)	2 (3.3%)	60 (100%)
6	Have you ever attended a seminar or workshop focused on HIV/AIDS or general health education?	7 (11.7%)	50 (83.3%)	3 (5%)	60 (100%)

Explanation:

The updated responses provide insight into how respondents view the relationship between education and awareness of HIV/AIDS. A strong majority—48 respondents (80%)—believe that a person's literacy level directly impacts their understanding of the disease. A minority (10%) disagreed, while another 10% were uncertain.

Similarly, when asked whether illiterate individuals are less likely to take preventive actions against HIV/AIDS, 50 participants (83.3%) agreed, suggesting a widespread perception that education enhances health-conscious behavior. Only 8 disagreed, and 2 were unsure.

Despite the recognized importance of education, just 21 respondents (35%) indicated that they had received information on HIV/AIDS in their school, college, or university. This highlights a noticeable lack of formal education on the topic within academic settings.

Encouragingly, 52 respondents (86.7%) felt that educational institutions should organize awareness sessions or seminars on HIV/AIDS. Only 7 disagreed, and 1 remained undecided. Similarly, the majority (86.7%) also supported integrating health education, including HIV/AIDS, into the school curriculum, indicating a strong demand for structured educational content on this issue.

However, real-life exposure to awareness programs remains limited. Only 7 respondents (11.7%) had participated in a seminar or workshop on HIV/AIDS or general health education. The

(83.3%) had not, which signals an implementation gap that public health and educational authorities could address through collaborative initiatives.

Conclusion and Recommendations

The study titled **"Health Education and Awareness of Community Members Regarding HIV/AIDS"** was conducted in District Swat, involving respondents of all genders, including males, females, and transgender individuals. Employing a quantitative and cross-sectional research design, the study utilized stratified random sampling to select a total of 60 respondents. Data was collected through structured interview schedules and analyzed using MS Excel and SPSS software.

The primary objective of the study was to assess the general awareness of HIV/AIDS based on health education. Findings revealed that the majority of respondents were knowledgeable about AIDS and recognized it as a transmissible disease. Most participants demonstrated awareness of the modes of transmission and acknowledged that condom use is an effective preventive measure against HIV/AIDS. However, respondents also highlighted the lack of adequate facilities in their area for HIV/AIDS testing.

A clear correlation was observed between education levels and awareness of HIV/AIDS. The participants emphasized the need for seminars and workshops to enhance general awareness and advocated for the inclusion of comprehensive information about HIV/AIDS in academic curricula.

It is advised that initiatives be undertaken to raise literacy rates in order to promote a better comprehension of HIV/AIDS in light of these findings. Furthermore, in order to promote knowledgeable and preventive behaviors in the community, health education—with an emphasis on HIV/AIDS—must be included in the curriculum.

Suggestions

The following actions are recommended in light of the findings and outcomes mentioned above:

• It was necessary to hold several seminars in public spaces and educational institutions to raise awareness and knowledge about HIV/AIDS.

• To improve knowledge of HIV/AIDS, the literacy ratio must be raised.

• The curriculum of educational institutions ought to include health education.

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