Chapter 16

A Quasi-Experiment on Computer Multimedia Integration into AIDS Education:
A Study of Four Senior High Schools in Chennai, India

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ABSTRACT

India is the third most HIV (Human Immunodeficiency Virus) /AIDS (Acquired Immune Deficiency Syndrome) -infected country in the world. The behavior of adolescents puts them at an increased risk for HIV and other STIs (Sexually Transmitted Infections). Additionally, their knowledge about HIV/AIDS is often inadequate. A quasi experiment was designed to be conducted at four high schools with a random sampling of 451 students. Two high schools used computers and other multimedia methods to promote AIDS education while two other schools used traditional lectures. Each school had two class-hours of AIDS education. Findings determined a gap in knowledge, attitude and behavior about HIV/AIDS issues within these different groups. The implications for current teaching approaches are discussed in this study.

INTRODUCTION

Globally, HIV (Human Immunodeficiency Virus) continues to exact a substantial toll on the health and well-being of millions, causing considerable suffering, morbidity, and death (DiClemente & Crosby, 2009). Asia, consisting of 60% of people in the world, is second only to sub-Saharan Africa in terms of the number of people living with HIV. India accounts for roughly half of Asia's HIV prevalence. India is one of the largest and most populated countries in the world, with over one billion inhabitants. Of this number, it's estimated that around 2.4 million people are currently living with HIV (UNAIDS, 2009). It is now recognized that, in India, AIDS (Acquired Immune Deficiency Syndrome) constitutes a humanitarian crisis of immense proportions.

Per a United Nations Development Programme (UNDP) 2010 report, India had 2.39 million people living with HIV at the end of 2009, up from 2.27 million in 2008. Adult prevalence also rose from 0.29% in 2008 to 0.31% in 2009 (Sharma, 2010). While this percentage may seem low, because India's population is so large, it places India third in the world of the terms of the number of people who are HIV infected.

Throughout 1990s, it was clear that even individual states and cities had some epidemics, but in the same decade HIV had spread to the general population. Increasingly, cases of HIV infection were observed among people that had earlier been seen as 'low-risk', such as housewives and high-ranking members of society (Baria, Menon, Nagchoudhury, David, & Menon, 1997). Furthermore, Nath (1998) indicates "HIV infection is now common in India; exactly what the prevalence is, is not really known, but it can be stated without any fear of being wrong that infection is widespread…It is spreading rapidly into those segments that society in India does not recognize as being at risk. AIDS is coming out of the closet."

The India Government subsequently set up an AIDS society, which aimed to focus on HIV prevention initiatives. A safe-sex campaign was launched, encouraging condom use and attacking the stigma and ignorance associated with HIV. In 2007, HIV prevalence among antenatal clinic attendees was 0.25%. HIV prevalence among injecting drug users was 16.8%, third highest out of all reporting states. HIV prevalence among men who have sex with men and female sex workers was 6.6% and 4.68% respectively.

For understanding the vast array of factors associated with Indian adolescents' HIV risk behavior and subsequent intervention, carefully calibrated programs of research that also engender community support are needed (DiClemente, Crosby, & Salazar, 2007). In this regard, it is necessary to educate people and students in India about HIV prevalence and to raise their awareness through HIV/AIDS education.

The International Problems of HIV/AIDS

HIV infections are not limited to India by any means, and a significant percentage of youth are affected worldwide. Chifunyise, Benoyb, and Mukiibi (2002) pointed out that twenty-five percent of all global HIV infections occur among people between the ages of 15 and 24 years, with new infections among some subgroups reaching record proportions. Africa has been disproportionately impacted by HIV; almost three quarters of all youth living with HIV/AIDS reside there, with HIV the leading cause of death among adolescents/young adults 15 to 29 years old.

Moreover, Zimbabwe is facing a serious AIDS epidemic. In the year 2000, 25% of adults were estimated to be HIV infected (UNAIDS, 2000). Young people are at a high risk of HIV infection because of their frequency of changing sexual partners.

In addition, Malawi has a serious rate of HIV infection. According to the Malawi National AIDS

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