RELIGIOUS SCHOOLS AND HIV/AIDS: A STUDY TO EXPLORE THE LEVEL OF AWARENESS AMONG ADOLESCENTS ENROLLED IN ISLAMIC RELIGIOUS SCHOOLS (MADRASA) OF KASHMIR VALLEY

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Abstract:

Particularly in the Muslim societies, often the studies to check the awareness level about HIV/AIDS among adolescents is done in schools neglecting Islamic religious schools, also called as Madrasas. Given the importance of religious scholars in awareness campaigns and prevention strategies in religious societies, educating future religious leaders becomes very important in prevention campaigns in the field of HIV/AIDS.. Appreciating the importance of awareness among adolescents enrolled in the Islamic religious schools, the present paper is based on the study to check the level of awareness among the madrasa students of age group of 10-19 years enrolled in two different Islamic religious schools or Madrasas of Kashmir Valley. The paper aims to provide appropriate suggestions in order to increase the level of awareness among the adolescents enrolled in Islamic religious schools or Madrasas.

Keywords: ***Madrasa, HIV/AIDS, Awareness, Adolescence, Religion.***

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INTRODUCTION:

The acquired Immuno Deficiency Syndrome (AIDS) is a fatal illness caused by a retro virus known as human immunodeficiency virus (HIV). It breaks down the body's immune system, leaving the victim vulnerable to a host of life-threatening opportunistic infections, neurological disorders or unusual malignancies. Acquired means it is obtained or received by a person and is something which does not ordinarily exist within one's body. Immune deficiency means the immune system is weakened. AIDS is a syndrome which means it is not one particular isolated disease but one which has a variety of symptoms leading to various disorders and a set of diseases. HIV is transmitted from one person to the next, when a person receives into his body the HIV infected fluids from another person (Winiarski, 1991). AIDS ranks fourth among the leading causes of deaths worldwide and first in Sub-Saharan Africa (Ramani & Kumar, 2008). HIV/AlDS are one of the most challenging, perplexing and alarming realities of recent times (Larson & Narain, 2001; UNAIDS, 2002). The AIDS epidemic has become one of the biggest threats to human survival, development and prosperity in all parts of the world. Powell-Cope and Brown (1992) have labeled HIV/AIDS as the most controversial disease in modern history. It has inflicted untold miseries on victims and posed a daunting challenge to those infected. HIV/AIDS was considered a health problem but now it had become clear that there was no sphere of human activity that remained unaffected by it. The AIDS epidemic has exacerbated poverty and inequality and increased the burden on the most vulnerable people in society i.e. the elderly, the women, children and the poor (Panda, 2002). There is no denial of the enormity of the problem. HIV/AIDS researchers are projecting an estimated 65 million deaths from AIDS by the year 2020-more than triple the number who died in the first 20 years of the epidemic-unless major efforts toward primary prevention or major developments in treatment take place (Altman, 2002).

Despite the large number of people who have already died of AIDS, the epidemic is actually still in its early stages and is now being transmitted to every part of the world. It has affected people, primarily when they were in the most productive age group and led to premature death, thereby severely affecting the socio-economic structure of the whole families, communities and countries. UNAIDS report on the global HIV/AIDS epidemic (2011) and NACO (2010) says that, India has the third highest estimated number of individuals infected by HIV in the world

after South Africa and Nigeria, an estimated 2.3 million people living with HIV/AIDS.

The tragedy of HIV/AIDS was not only the problem of persons living with HIV/AIDS or their families but also the tragedy of the society at large. HIV/AIDS disease was one of the major stumbling blocks to the development and social progress of India. The history of AIDS disease was not merely a history of its microbial spread and the efforts of the medical science to find a cure for it, but it was also a history of mistrust of the AIDS infected persons, their stigmatization and discrimination and at few times a history of sympathy and support for those infected (Desclaux, 2004).

Adolescents and HIV

Although the overall world population living with HIV/AIDS appears to be declining, evidence shows that new HIV infections among adolescents are rising. Worldwide, more than half of all new HIV infections occur in the 15 to 24 age group (UNAIDS, 2006). India has a young population of almost 200 million. One of every three Indians is young and vulnerable to this disease. Considering the fact that more than 50 per cent of HIV/AIDS affected belong to the age group of 15-24 years, a majority of them do not even have proper access to the right kind of education and prevention programmes (Tombing, 2004). Sexual activity, one of the main routes of transmission of HIV, begins in adolescence for majority of the people. Yet young people remain practically uninformed about the most basic facts about HIV and its prevention. Adolescence is also the time when many young people are at risk of experimenting with drugs. Approximately 10 per cent of new infections worldwide-mostly among young people results from the sharing of needles in injecting drugs. Young people often do not have the skills or the incentives to avoid using drugs. Once they have started, many quickly progress from inhaling or snorting to injecting, which dramatically increases their risk of infection (UNICEF, 2006). Young people are much more vulnerable to HIV/AIDS than older people because, they do not hesitate to experiment with risk behavior (often with little awareness of danger). This behaviour can be attributed to their incomplete psychosocial development. In fact, risky sexual behavior is often a part of a larger pattern of adolescent behavior, including defiance, impertinence, alcohol and drug use, delinquency, etc.Often they are unable to comprehend fully the extent of their exposure to the risk. Societies also compound this

by making it difficult for them to secure proper information about sex, sexuality, and the risks involved in seeking gratification through experimentation. Frequently, social policies reflect intolerance and discrimination against adolescents, virtually because, they are in a period of transition - that is, no longer are they either children or adults. Hence, public health responses to their needs are often conflicting and confused. Thus, under restrictive social norms, the immature, inexperienced, but highly curious adolescents may fall for peer pressure and become victims of the health risks. The risks of HIV/AIDS may be particularly hard for young people to grasp. Since HIV has a long incubation period, a person's risk behavior does not have immediate apparent consequences. At the same time, the potential social cost of preventing HIV infection-including loss of relationship, loss of trust, and loss of peer acceptance-can be too high a price for most adolescents to bear (Lewis, Maslow, & Ireland, 1997). Many young adolescents may be drawn into the trap through what looks like a playful, casual behavior of experimentation with tobacco chewing and smoking. But this may further draw them to alcohol, drugs, etc., which may serve as the means of passage to sexual activity. This is obviously because the tendency to take risks applies to all sorts of risky behavior. This often happens when the adolescent tries to show off and earn the approval and acceptance of his/her peer group, or when he/she is unaware of what constitutes risky sexual behavior, and is anxious to know but embarrassed to discuss it. Some of the young people, who may know how to protect themselves from HIV/AIDS, often may lack the social skills to do so. Some young people, especially women, are at risk of HIV/AIDS because they have a poor self image or are uncomfortable with their sexuality. Often, young people do not believe that they can control their sexual or contraceptive behavior. They deny that they need contraceptives or exaggerate the difficulty of obtaining them. Many avoid decisions about self-protection altogether. Denying risk is a common way that most people cope with stress. Young people who deny their personal risk of HIV/AIDS can ignore AIDS-prevention messages, dismiss their relevance, or think that they do not bear the responsibility for protection. Most young people are keenly sensitive to peer-opinion. Especially among older adolescents, perceptions of what peers think often have a greater influence on sexual and other risk-taking behavior than the opinions of parents and other adults. Studies in the US and elsewhere have shown that the sexual behavior of friends influences young people's own sexual behavior. When adolescents believe that their peers think that unprotected sex is not risky, then they are more likely to have

unprotected sex themselves (Smikle et al., 2000). Such sexual act may subject them to the infection of STDs, which in turn may make them prone to the infection of HIV.

PURPOSE OF THE STUDY:

Scientific knowledge about HIV/ AIDS is essential for the adolescents leading them to take rational decisions regarding sexual life and how they can protect themselves against HIV infection. Since school going adolescents can have access to information regarding HIV. Madrasas or Islamic schools can be considered as the main educational institutions of Muslim community, which are established to provide religious education as well as the education of other needed areas. To look at the madrasas who have introduced the western education and the one that has not exposed its students to modern education.

The valley of Kashmir being predominantly Muslim dominated area has a large number of madrasas. The Islamic schools/ Madrasas in Kashmir are located in urban as well as rural areas. The emergence of large number of madrasas in Kashmir can be attributed to the armed conflict that resulted in thousands of deaths rendering a large number of children as orphans. It is pertinent to mention that many of the madrasas are also orphanages housing children who are actually victims of armed conflict. There are some madrasas who have introduced the modern education in addition to the traditional Islamic education while many are there who are still going on with the traditional Islamic education. Although a number of studies have been carried out on the level of awareness regarding HIV among students of mainstream schools leaving Islamic religious schools or Madrasas unattended. The curriculum of madrasas is designed in such a way that the concepts pertaining to sexual health do not figure in it. As a result, large numbers of adolescent enrolled in madrasa remain unaware about the various sexual complicacies as well as diseases, which directly pose a threat to the health of students and inversely endanger the madrasa neighborhood as lack of sex education makes the students vulnerable to sexually transmitted diseases, HIV/AIDS. With no access to electronic media, the madrasa students remain dependent on peers and other traditional information sources like friendly elders to get information about sexual health in general and HIV in particular.

Keeping in view the importance of awareness among the adolescent madrasa students regarding HIV/AIDS, the current study explored the areas like; sex education, magnitude of unawareness,

and means of attaining sex education. Moreover, the study shall propose some measures in order to impart sex education in madrasas without harming the basic fabric of the Madrasa system. The present study was conducted to know the level of awareness among madrasa students of Kashmir valley. It involves a comparative study involving and traditional madrasa and one that is offering modern education as well.

Objectives:

1. To assess the level of awareness regarding HIV/AIDS among male adolescent students enrolled in Islamic religious schools or Madrasas.
2. To assess the means of attaining education in Islamic religious schools or Madrasas related to Sexually Transmitted Diseases with a special focus on HIV/AIDS.
3. To suggest measures aimed at imparting education pertaining to HIV/AIDS in Islamic religious schools or Madrasas.

METHODOLOGY:

The sample setting of the study consisted of two Islamic religious schools or madrasas (located in District Srinagar of Jammu and Kashmir), one operating on Traditional Islamic education and other imparting both Traditional Islamic education as well as Modern Education. The sample for the study consisted of 100 male adolescent students in the age group of 14-19 years. Purposive sampling technique was used for the selection of sample. A primary source of information was collected through pretested interview schedule cum questionnaire. The tool comprises of two major parts- (i) Background information, which consisted of questions like name, age, education, qualification and type of family etc., (ii) Specific information regarding common diseases, STDs, awareness about HIV/AIDS, preference of seeking information etc. After the collection of data the procedure of content analysis was adopted, coding was done on the basis of categories.

MAJOR FINDINGS:

Knowledge and awareness of Male Adolescents of two Madrasa (Schools) (one imparting Islamic Religious Education only and one imparting both Islamic Religious and Modern Education) about HIV/AIDS *(n*=100)

Table 1.1.

Knowledge Regarding Etiology and mode of transmission.	**AWARE** Madrasa with only Islamic Religious Education N (%)	**AWARE** Madrasa with Both Islamic and Modern Education N (%)
Full form of HIV and AIDS	6 (12%)	29 (58%)
Is there any difference between HIV and AIDS	5 (10%)	23 (46%)
HIV/AIDS can be transmitted through sexual intercourse	43 (86%)	47 (94%)
HIV/AIDS can be transmitted from pregnant mother to foetus	22 (44%)	31 (62%)
HIV/AIDS can be transmitted by injecting the drugs	13 (26%)	37 (74%)
HIV/AIDS can be transmitted through blood transfusion	8 (16%)	41 (82%)

Table 1.1 shows that only 12% students of only religious education Madras knew the full form of HIV and AIDS in comparison to 58% students of Madrasas imparting religious education as well as modern education.

. Similarly when asked about the difference between HIV and AIDS only 10% adolescents from Madrasa imparting only religious education were able to differentiate between HIV and AIDS as against (46%) students from Madrasa imparting religious education as well as modern education.

In response to the questions on modes of transmission the data shows that the students from Madrasa imparting only Islamic education have very less knowledge as compared to the students from schools having both types of education. It is quite evident from the above findings that there is a significant difference between students of two madrasas regarding the different modes of HIV/AIDS transmission as the students of modern Islamic madrasas are exposed to literature, technology etc.

Table 1.2

Beliefs about Communicability	Response (Yes) Madrasa with Islamic religious education only N (%)	Response (Yes) Madrasa with Both Islamic and modern education N (%)
Can a healthy person transmit HIV/AIDS?	13(26%)	23(46%)
Is HIV/AIDS prevalent in Kashmir?	7(14%)	19(38%)
Is HIV/AIDS prevalent among Youth?	3(6%)	28(56%)

Table 1.2 reveals that 13 (26%) students of only religious education Madrasa believed that HIV/AIDS can be transmitted from a healthy person in comparison to 23 (46%) students of Madrasas imparting religious education as well as modern education.

Similarly, 7(14%) students from only religious education Madras believed that HIV/AIDS is prevalent in Kashmir compared to students of Madrasas imparting religious education as well as modern education where 19 (38%) students were of view that HIV/AIDS is prevalent in Kashmir.

When asked about HIV/AIDS prevalence among youth 3(6%) students of only religious education Madras believed that HIV/AIDS is prevalent among youth as against 28 (56%) students from students of Madrasas imparting religious education as well as modern education. The above findings reflect that a very little number of only Islamic madrasa students agreed that HIV/AIDS is prevalent in Kashmir.

Table 1.3

Prevention and Cure	Response (Yes) Madrasa With Islamic religious education only N (%)	Response (Yes) Madrasa with Islamic and modern education N (%)
Is HIV/AIDS curable?	27(54%)	12(24%)
Is HIV/AIDS preventable?	13(26%)	43(86%)
Abstinence from sexual intercourse	33(66%)	47(94%)
Soaking of blade in bleach	19(38%)	38(76%)

Table 1.3 shows that 27 (54%) students from only religious education Madras believed that HIV/AIDS can be cured where as only 12 (24%) students from Madrasas imparting religious education as well as modern education believed that HIV and AIDS can be cured.

Further it was found that 13 (26%) students from only religious education Madras said HIV/AIDS can be prevented in comparison to 43 (86%) students from Madrasas imparting religious education as well as modern education.

The data further reveals that 33 (66%) students from only religious education Madras believed that HIV /AIDS can be prevented by abstinence from sexual intercourse as against 47 (94%) students from Madrasas imparting religious education as well as modern education who believed that HIV /AIDS can be prevented by abstinence from sexual intercourse.

Similarly, 19 (38%) students from only Islamic religious madrasa said that by soaking blade in bleach HIV/AIDS can be prevented as against 38 (76%) students from Madrasas imparting religious education as well as modern education.

Majority of Islamic religious madrasa students believe that HIV/AIDS can be cured where as majority of modern Islamic madrasa students are of the view that HIV/AIDS can be prevented if there is abstinence from sexual intercourse.

Table 1.4

Source of Information	Yes Madrasa with Islamic religious education N (%)	Yes Madrasa with Islamic and modern education N (%)
Teacher	4(8%)	43(86%)
Television	17(34%)	29(58%)
Newspaper	29(58%)	32(64%)
Internet	3(6%)	39(78%)

Table 1.4 reflects that Only 4 (8%) students from only Islamic religious madrasa had received information on HIV/AIDS from teachers as against 43 (86%) students from madras imparting both Islamic religious as well modern education, 17 (34%) students from only Islamic religious madrasa received information from television in comparison to 29(58%) students from both Islamic religious as well as modern education madrasa and 3(6%) students from only Islamic

religious madrasa had retrieved information from internet as against 39(78%) students from both Islamic as well as modern education madrasa. The above table reflects that the teachers of Islamic religious Madrasas have little information/knowledge pertaining to HIV/AIDS as they are not able to sensitize the students regarding HIV/AIDS whereas the teachers of Modern Islamic Madrasas have sound knowledge regarding HIV/AIDS as is clear from awareness among their students. The teachers of Islamic Madrasas are not exposed to modern education that is the primary reason of their unawareness regarding STDs.

Conclusion:

HIV/AIDS infection is rapidly spreading in India. Unfortunately, even in the 21st century, awareness of people about the disease is still low. Around the world, there continues to be a great deal of fear and stigmatization of people living with HIV, which is fuelled by misunderstanding and misinformation. This not only has a negative impact on people living with HIV, but can also fuel spread of HIV by discouraging people from seeking testing and treatment. Scientific knowledge about HIV/AIDS is essential for the adolescents leading them to take rational decisions regarding sexual life and how they can protect themselves against HIV infection. HIV and AIDS education plays a vital role in reducing stigma and discrimination. Providing the general information with basic AIDS education contributes to the spread of accurate information; promoting awareness and tackling stigma and discrimination. The research findings reveal that although a small percentage of adolescents had correct knowledge about HIV/AIDS however they lack in depth knowledge about the disease. It is also clear that the students of madrasa imparting only Islamic religious education are less aware about HIV/AIDS compared to the one imparting both religious as well as modern education. This result emphasizes the need of school adolescent education programmes in the madrasas of the state so that this group is properly informed about this disease such that they would act accordingly. Parents and teachers have a role to play to educate the youths on the pandemic and thus help in prevention and control of the disease

Suggestions:

- Besides curriculum development madrasa students should be encouraged to actively participate in the different campaigns pertaining to HIV/AIDS such that they may develop in-depth knowledge and understanding about the epidemic. Moreover, such measures shall minimize the gap between the madrasa students and modern education to a modest extent
- .It is also important that the literature that should be used to educate the adolescent enrolled in these religious schools should be in both English and Urdu language.
- Thus there is a dire need to design syllabi in such a way that it is ably linked to the Islamic after due consultations with religious scholars/ulemas.
- Emphasizing the need of 'Madrasa Adolescent Education Programmes' in the state such that this high-risk group is properly informed about this disease so that they would act accordingly and inclusion of specific chapters on HIV/AIDS (keeping the sensitivity of madrasa environment in consideration) will also help in preventing the spread of this pandemic to a large extent.
- The right to participate has been recognized as a cornerstone of good development practice. Youth-led organizations like other community-based organizations (CBO's) have in-depth knowledge of the challenges within their own contexts and are often able to access the hardest to reach populations within their networks. Actively involving young people within the leadership, development and evaluation of HIV programmes results in more tailored approaches that address the real needs and gaps identified by the young people themselves.
- The students should also be encouraged to read by making literature on HIV/AIDS available in their schools. Peer health educators could also be trained to educate their peers on HIV/AIDS issues.
- There are a great variety of methods and materials that can be used to educate people about HIV and AIDS, including radio and television, booklets, comic strips, street theaters, billboards and many more. The form in which HIV and AIDS education should be delivered depends on those who are being educated. In order to reach the target group, it needs to be considered which environments they will be most receptive in, and what media is relevant to them.
- It is not just teachers who can provide education; peoples knowledge about HIV and

AIDS can be influenced by a variety of different people, including family, friends, and the wider community. Peer education provided by somebody who is either directly part of the group receiving the information, or who is from a similar social background.

- Peer education is a less formal method of education, which can be more accessible to people who are not used to or dislike a formal classroom environment. At the same time, peer educators are trained on the subject, ensuring that the information they provide is accurate and reliable. This makes a peer education a very effective way of reaching marginalized groups.
- It is also important that people who are already infected with HIV receive HIV and AIDS education. This can help people to live positively without passing on the virus to anyone else; to prevent themselves becoming infected with a different strain of the virus; and to ensure a good quality of life by informing them about medication and the support that is available to them.
- The most common place for people to learn about HIV and AIDS is school. Due to their capacity and universality, schools are crucial setting for educating young people about AIDS.

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