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# "ASSESSMENT OF THE EFFECTIVENESS OF VIDEO ASSISTED TEACHING VERSUS DEMONSTRATION ON A PENIS MODEL REGARDING KNOWLEDGE OF CONDOM USAGE AMONG PEOPLE LIVING WITH HIV IN A SELECTED HOSPITAL"

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**"It is delightful to transport one's self into the spirit of the past, to see how a wise man has thought before us and to what glorious height we have at last reached."**

**-Johann Wolfgang Von Goethe.**

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**Ms Susan Johnson**

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CHAPTER I

# INTRODUCTION

**“It’s bad enough that people are dying of AIDS but no one should die of ignorance”.**

**-Elizabeth Taylor.[1]**

The Acquired Immuno - Deficiency syndrome is a chronic illness caused by a retrovirus known as the Human Immuno - Deficiency virus which breaks down the body's immune system, leaving the victim vulnerable to life- threatening opportunistic infections, neurological disorders, or unusual malignancies. Human immunodeficiency virus infection is a spectrum of conditions caused by infection with human immunodeficiency virus (HIV).[2]

The modes of transmission of HIV are unprotected sex with HIV positive person, sharing needles, occupational exposure and infected blood. It also transmits from HIV infected mother to child during pregnancy, childbirth as well as breastfeeding. Following initial infection, a person may experience a brief period of influenza-like illness. This is typically followed by a prolonged period without symptoms. The human immunodeficiency virus (HIV) infects cells of the immune system, destroying or impairing their function. Infection with the virus results in progressive deterioration of the immune system, leading to "immune deficiency." The late symptoms of the infection are referred to as AIDS.[2]

AIDS, the acquired immunodeficiency syndrome (sometimes called “SLIM DISEASE”) is a fatal illness caused by a retrovirus known as the human immuno-deficiency virus (HIV) which breaks down the body’s immune system, leaving the victim vulnerable to a host of life-threatening opportunistic infections, neurological disorders, or unusual

malignancies. AIDS refers to the last stage of HIV infection. AIDS can be called our modern pandemic, affecting both industrialized and developing countries. [3]

Infections associated with severe immunodeficiency are known as "opportunistic infections", because they take advantage of a weakened immune system. The priority of controlling this disease is its

prevention. The various preventive methods include safe sex, avoid sharing infected needles and razors and transfusion of safe blood.[4]

To have safe sex condoms can be used to reduce the risk of sexual exposure to HIV and sexually transmitted infections (STIs). Condoms are made of materials that do not allow HIV or STIs to pass through them. Condoms can be highly effective against HIV and STI transmission when used consistently and correctly[5].

Condoms act as a barrier to HIV and STI infection by preventing the persons from being exposed to bodily fluids (such as semen, vaginal fluid and rectal fluid) that can contain HIV and STIs and/or skin infected by an STI (such as herpes and syphilis sores or genital warts).[6]

Condoms have several advantages compared to other HIV prevention strategies. If a condom is used correctly and it doesn't tear, slip or leak, then it is virtually 100% protective against HIV because an exposure cannot occur. The goal of other prevention strategies is to reduce the risk of an exposure leading to an infection, such as post-exposure prophylaxis (PEP) or pre-exposure prophylaxis (PrEP), and also helps in the prevention of sexually transmitted diseases. Condoms can reduce the risk of HIV transmission for both anal and vaginal sex. Condoms can reduce the risk of unintended pregnancy. Condoms are less expensive and more readily available.[7]

The disadvantages of using a condom are that there is still a possibility that condoms will be allergic, tear, slip or leak even when used correctly, allowing for an exposure to occur. Therefore, condoms do not completely eliminate the risk of HIV transmission.[8]

Some condoms are made from a thin membrane of sheep intestine, also known as lambskin condoms. These condoms are not effective at reducing the risk of HIV or STI transmission because bacteria, viruses and other germs can pass through this membrane. Overwhelming scientific evidence indicates that latex condoms stop the spread of HIV and therefore save lives. Latex condoms, used consistently and correctly, are 98-99% effective in preventing HIV transmission.[8]

Two rigorous studies of couples in which one person is infected with HIV and the other is not (known as "discordant couples") indicate that HIV is very rarely transmitted when condoms are always used. In

one study of 123 discordant couples who used condoms every time they had sex, none of the uninfected partners became infected. But among 122 couples who used condoms inconsistently, 12 uninfected partners became infected. A separate study of discordant couples, 3 out of 171 (two percent) uninfected female partners became infected when their HIV-infected partners reportedly always used condoms and 8 of 55 (15 percent) became infected who used condoms inconsistently. It shows that if the condoms are used consistently then the chances of transmission of infection is very less and if the condoms are used inconsistently then the chances of transmission of infection is high.[9]

Studies cited by some to question the effectiveness of condoms in HIV prevention generally have significant design flaws. Certain studies do not distinguish between consistent and inconsistent condom use which is similar to studying the effectiveness of seat belts but including people who do not always use them. Some studies do not always assess HIV status

before enrolling participants; therefore, it is likely that some "uninfected" partners were actually infected before entering the trial.[10]

**BACKGROUND OF THE STUDY**

Condoms were available in India since decades ago. It was accessible at a cost of 25 paise by a few wealthier populations while population rate was highest among the lower income groups. To meet the demand, International agencies extended their help and recommended "social marketing" of condoms. The consistent and correct use of condoms as an effective HIV/STD prevention strategy has become a formidable challenge for interventional research. Sexually experienced young men, report that condoms reduce physical pleasure, are embarrassed to purchase condoms and perceive condoms as an indication of infidelity and HIV/STD seropositive status.[11]

The use of condoms was traced back to several thousand years ago. Condoms were invented in the fifteenth century in response to syphilis epidemic in Europe. The role of male condom for both contraception and prevention of STIs was established in Europe during this century. Since then, the texture of condoms was developed from different kinds of materials such as leather and animal gut. The

technological development improved the quality of condoms during the eighteenth century. Rubber was developed as material because of its strength and elasticity.[12]

The consistent condom use reduces the risk of heterosexual HIV transmission by approximately 80% over the long term. Worldwide use of condom during sexual intercourse, was estimated to be approximately 44 million couples for family planning whereas 60% of all

condoms are used outside marriage (Gardner et al., 2001)[13] .

Similar findings emerged for those engaging in casual relationships. The aspects of both partners being positive lowered the perception of risk, contributing to non-use of condoms. Consistent with other studies, inconsistent or non-use were attributed to inaccurate knowledge, trusting their partner especially in long-term relationships, reduced gratification, myths and beliefs, the effects of alcohol, lack of partner notification, partner objection, denial and guilt and low socio-economic status. This was also attributed to aspects of conception and contraception in addition to the smell of the condoms, excessive lubrication and preference for dry sex. Religion and culture did not significantly affect its use.[14]

**NEED FOR THE STUDY**

According to the World Health Organization (WHO) 2013, there were approximately 35 million people worldwide living with HIV/AIDS. Of these, 2.1 million individuals worldwide became newly infected with HIV in 2013. According to National AIDS Control Organization (NACO) of India, the prevalence of HIV/AIDS was 2.7 million and India has the 3rd highest number of HIV infected people in the year 2013.[15]

HIV continues to be a major global public health issue, having claimed more than 39 million lives so far. In 2013, 1.5 [1.4–1.7] million people died from HIV-related causes globally. In the year 2015, Maharashtra has 7.47 lakh persons infected with HIV/AIDS, ranking second in the country. According to United Nations Programme on HIV/AIDS, 36.7 million people were living with HIV and 2 million people were newly infected with HIV.1.2 million people died from AIDS related illness in the year 2014. According to Fact Sheet 2016 of UNAIDS, 36.7 million people globally were living with HIV, 2.1 million people were newly infected with HIV, 1.1 million people died from AIDS related illness and 78 million people have become infected with HIV since the start of the epidemic.[16]

Despite the fact that the government has implemented different programs to educate people regarding HIV/AIDS and different preventive methods, infection rate remains high. One of the key methods of prevention is the use of condoms during all types of sexual intercourse. The most frequent mode of transmission is through sexual route if condoms are not used. Free condoms are made available by the governmental health institutions throughout the country. This formative assessment is believed to provide baseline information on the level of awareness and use of condom among PLHIV.[17]

Unsafe sexual behavior is common among HIV infected people. A study conducted in Mumbai by Nina A CooperMann revealed that 58% of the participants stated that condom preparation is a male

responsibility, 84% commented that condom use is a sign that trust on partner was lacking and 65% verbalized a possibility of loss of self-respect among males of the female partner insisted on using condoms. According to National AIDS Control Programme (NACP) there is one new infection every 15-20 seconds. 30% to 40% males are exposed to sexual experience and the pre dominant route is heterosexual (96%). [18]

A case-based qualitative study was conducted by Gulnaz Muhamoud to investigate and obtain an understanding of the knowledge, attitudes and perceptions of HIV positive African men in the Shauri Moyo community in Nairobi, regarding the use of condoms as a preventive measure for HIV transmission. These involved face-to-face in-depth interviews with the use of open-ended questions and self- respondent semi-structured questionnaire. The process of triangulation was used in order to enhance the credibility of the results. The study showed that there was a discrepancy between the knowledge and use of condom. Those able to inform their partners of their status had stable relationships and were aware of the risk of transmission used condoms consistently.[19]

Today more tools than ever are available to prevent HIV and its progress. In addition to abstinence limiting the number of sexual partners, never sharing needles and using condoms the right way are also being followed.[20]

A cross sectional study on perceived condom use knowledge and practice, including condom use errors, among 141 incarcerated adolescent males aged 12-17 years by Bortot and colleagues documented that 37% of participants reportedly failed to secure condoms to the penis on withdrawal, 18% had lost erection before condom removal and that 14% had failed to leave any space at the tip of the condom.[21]

After knowing their HIV status, many persons living with HIV (PLHIV) in developed countries adopt safer sex practices to avoid HIV transmission to their sexual partners, although up to one in three PLHIV continues to practice unprotected sex, often with partners of unknown or HIV-negative serostatus.[22]

Given the logic that every HIV infection involves both an HIV-negative and an HIV-positive person, some developed countries have started focusing on helping PLHIV avoid HIV transmission to others while at the same time protecting their own health (positive prevention).[23] Although NACO has

included positive prevention in the strategic plan of the third phase of the National AIDS Control Programme, prevention programs for PLHIV have been inadequate in India.[24]

Venkatesan Chakrapani, Peter A. Newman conducted a study in India on prevalence and contexts of inconsistent condom use among heterosexual men and women living with HIV. The study participants (mostly married) were interviewed during August to November 2006 in five Indian states using a quantitative survey and in-depth interviews on eight focus groups. One third of men and one fourth of women reported inconsistent condom use with regular sexual partners. Facilitators of condom use with regular partners included a feeling of personal responsibility to protect the health of the partner, desire to prevent acquisition and/or transmission of sexually transmitted infections, and the belief that condoms are needed for antiretroviral therapy to be effective.[25]

Barriers to consistent condom use with regular partners included the belief that that condoms are unnecessary in HIV positive seroconcordant relationships, lack of sexual satisfaction with condoms, the desire to have a child and fear that disclosure of HIV status

will bring marital discord and family shame. Alcohol dependence, anxiety and depression of the husband are also barriers to consistent condom use. Inadequate counselling by health care providers was also one of the barrier found.

Positive prevention programs should include counseling about benefits of safer sex in HIV-positive seroconcordant relationships, counseling about integrating condom use with sexual satisfaction and intimacy, condom use self-efficacy and negotiation skill-building, mental health and alcohol dependence treatment, counseling regarding family planning and disclosure of HIV status.[25]

According to NIH (2006), “there are serious shortcomings in this field because of inadequate knowledge concerning heterosexual men's perspectives and behaviors.” Correct and consistent condom use remains the most effective way to reduce HIV/STI transmission during sex, but this method relies on men’s willingness and ability to use male condoms.[26]

According to the Department of Health and Human Services, men are less likely to use healthcare services, and this is especially true for the use of preventive services. Young men are especially unlikely

to receive health services such as counseling by a medical professional and testing for HIV and other STDs. Male condoms are currently the most effective available technology for preventing HIV transmission.[26]

Laboratory research has demonstrated that most latex and polyurethane condoms cannot be penetrated by particles the size of HIV; in contrast, lambskin condoms have pores large enough for HIV to pass through. Studies conducted in the United States and abroad have shown that latex condoms, when used consistently and correctly, can reduce the risk of sexually transmitted infections (STIs), including HIV, by 90 to 96%. For HIV-positive

individuals, condom use during sexual intercourse is still an important preventative measure, both to avoid onward transmission and prevent further infection with other strains of HIV, which could increase the severity of their condition. Condoms are relatively inexpensive, are sold without a prescription, and generally have no side effects when used properly. Due to their effectiveness and the number of educational campaigns aimed at promoting their utilization, condoms as a means of HIV/AIDS prevention have risen in popularity in many parts of the world.[26]

Condoms have played an important role in decreasing prevalence of HIV/AIDS in high-risk populations, such as sex workers and their clients in Malawi, Kenya, Cameroon, Guatemala, and Thailand. Nevertheless, male condoms are not well accepted by some populations. Obstacles that impede the use of condoms include social and cultural stigma, religious beliefs, unequal power dynamics between sexual partners, lack of awareness of condoms' effectiveness, personal reluctance, quality of condoms, and availability.[26]

There is a need for the People living with HIV to have knowledge, a positive attitude towards its use as well as know the skill of condom use in order to prevent infections and hence decrease the progression of the disease. This study is mainly conducted to determine whether demonstration method of condom use is more effective in increasing the knowledge or whether video assisted teaching is effective so that in future the most effective method can be applied for the patients living with HIV.

## PROBLEM STATEMENT

Assessment of the effectiveness of video assisted teaching versus demonstration on a penis model regarding knowledge of condom usage among people living with HIV in a selected hospital.

## OBJECTIVES OF THE STUDY

The objectives of the study are:

1. To assess the pre-test and post-test knowledge scores of video assisted teaching of condom usage among PLHIV.
2. To assess the pre-test and post-test knowledge scores of demonstration on the model of penis of condom usage among PLHIV.
3. To compare the post-test knowledge scores of video assisted teaching and demonstration on the model of penis of condom usage among PLHIV.

## HYPOTHESES

The study is based on the following hypotheses

$H_{0:}$ There will be no significant increase in the knowledge scores of PLHIV who use the demonstration on the penis model as learning modality compared to those who use video assisted teaching of condom usage.

$H_{01}$: There will be no significant increase in the knowledge scores of PLHIV who use the video assisted teaching as learning modality compared to demonstration on the penis model of condom usage.

$H_1$: There will be a significant increase in the knowledge scores of PLHIV who use the demonstration on the penis model as learning modality compared to those who use video assisted teaching of condom usage.

$H_2$: There will be a significant increase in the knowledge scores of PLHIV who use the video assisted teaching of condom usage as learning modality compared to those who use demonstration on the penis model

## OPERATIONAL DEFINITIONS

1. **Assess:** According to the Oxford Dictionary "assess" means "Evaluate or estimate the nature, ability, or quality of".[27]

   In this study assess means estimating the quality of knowledge regarding condom use.

2. **Effectiveness:** Oxford Dictionary "effectiveness" means the degree to which something is successful in producing a desired result.[28]

   In this study Effectiveness means the extent to which the structured teaching programme has achieved the desired effect as expressed by gain in knowledge.

2. **Video assisted teaching:** In this study, it refers to a video comprising of a teaching prepared by investigator regarding meaning, purpose, equipment and procedure of condom use.

3. **Demonstration method:** In this study, it refers to teaching the means, purpose, equipment and procedure of condom use with explanation and demonstration on the anatomical model of penis.

4. **Knowledge:** Oxford Dictionary "knowledge" means facts, information, and skills acquired through experience or education.[27]

   In this study it refers to facts, information, and skills acquired by PLHIV to give correct responses to the questions in the structured questionnaire.

5. **Condom:** Free Dictionary "condom" means a flexible sheath usually made of latex or polyurethane designed to cover the penis during sexual intercourse for contraceptive purposes or as a means of preventing sexually transmitted diseases.[27]

5. **People Living with HIV:** People diagnosed with Human Immuno Deficiency Virus (PLHIV) and admitted in selected cases.

## SCOPE OF THE STUDY

- The study will enhance the knowledge of People living with HIV regarding knowledge of condom usage and will ultimately help to improve the quality of life and thereby decrease the progression of the disease.

- It will also help to assess the problems faced by the patients regarding condom usage among People living with HIV.

## ASSUMPTIONS

1. People living with HIV may have some knowledge regarding condom use
2. Video-assisted teaching method and demonstration method of teaching may bring a change in the knowledge on People living with HIV learning.

## ETHICAL ASPECT OF THE STUDY

- The study proposed was sanctioned by the Institutional Ethical Committee.
- Permission was obtained from the concerned authorities of the hospital.
- Informed written consent was taken from the samples.
- Confidentiality of the records is maintained by the investigator.
- Samples were protected from all types of harm.

## CONCEPTUAL FRAMEWORK

A conceptual framework of a model is made of concepts, which are the mental images of the phenomenon. These concepts are linked together to express the relationship between them. A model is used to denote the symbolic representation of the concept. A conceptual framework is a group of related ideas, statements or concepts. The concepts of framework that influences phases of the research process must guide systematic enquiry.

The conceptual framework for the present study is based on Imogene King's Goal Attainment Theory. King's conceptual framework for nursing consists of three interacting open systems:

1. **Personal system** - The Nurse considers each individual as a personal system.
2. **Interpersonal system** – Interpersonal systems are formed by human beings who interact with each other.
3. **Social system** – Social system is defined as an organized boundary system of social roles, behaviors and practices developed to maintain values and mechanisms to maintain values and the mechanism to regulate the practice and rules.[29]

The theory describes the nature of Nurses interaction with client to establish goals mutually and to explore and agree on means to achieve goals. Mutual goal setting is based on Nurse's assessment of client's and families various problems and disturbances in health, their disturbances in problems and their sharing information with the nurse towards goal attainment. During further interaction with the nurse, the family members verbalize their perceived needs and anxieties about their sick relative/friend.

Concepts integral to King's conceptual framework and most applicable to the study include perception, communication, interaction and transaction.

### Perception

Perception is presented as the major concept of a personal system, the concept that influences all behaviors to which all other behaviors are related. Perception was defined as, 'each person's representation of reality.' Perceptions are related to past experiences, concept of self, socioeconomic groups, biological inheritance, and educational background. King further discussed perception as a process in which data obtained through the sense and from memory are organized, interpreted and transformed.

In this study, the investigator's perception that, there is a need for information for the patient has led to the communication , interaction and transaction .The patients perceive the hospital to be a new setting which generates a fearful atmosphere with patients in acute condition that needs immediate intervention.

**Communication**

Communication is defined as "a process whereby information is given from one person to another either directly in face-to- face meetings or indirectly over the telephone, television or the written word. Communication is the information component of the interaction.

In this study the investigator after mutual goal setting with the patients, uses two processes of communication – both direct and indirect methods. The direct method is the demonstration method, while the video assisted teaching is the indirect method for communicating information regarding condom use.

**Interaction**

King defined interaction as a process of perception and communication between persons and environment and between persons and persons represented by verbal and non-verbal behaviors that are goal oriented.

In this study the interaction takes place between the Nurse and patients in the Experimental group I and between the video assisted teaching and the patients in the Experimental group II. Both methods bring about the information regarding the work flow and physical set up of the preventive method in order to assess the general satisfaction with the information provided to the patients.

**Transaction**

Transaction is the outcome measure of interaction. It is the observable behavior of human beings interacting with the environment. Transaction leads to goal attainment. The characteristic of transactions are that they are unique because each individual has a personal world of reality based on that individual's perception; they have temporal and spatial

dimensions and, and they experience a series of events in time. In this study the transaction is measured using the post test that is provided at the end of the teaching.

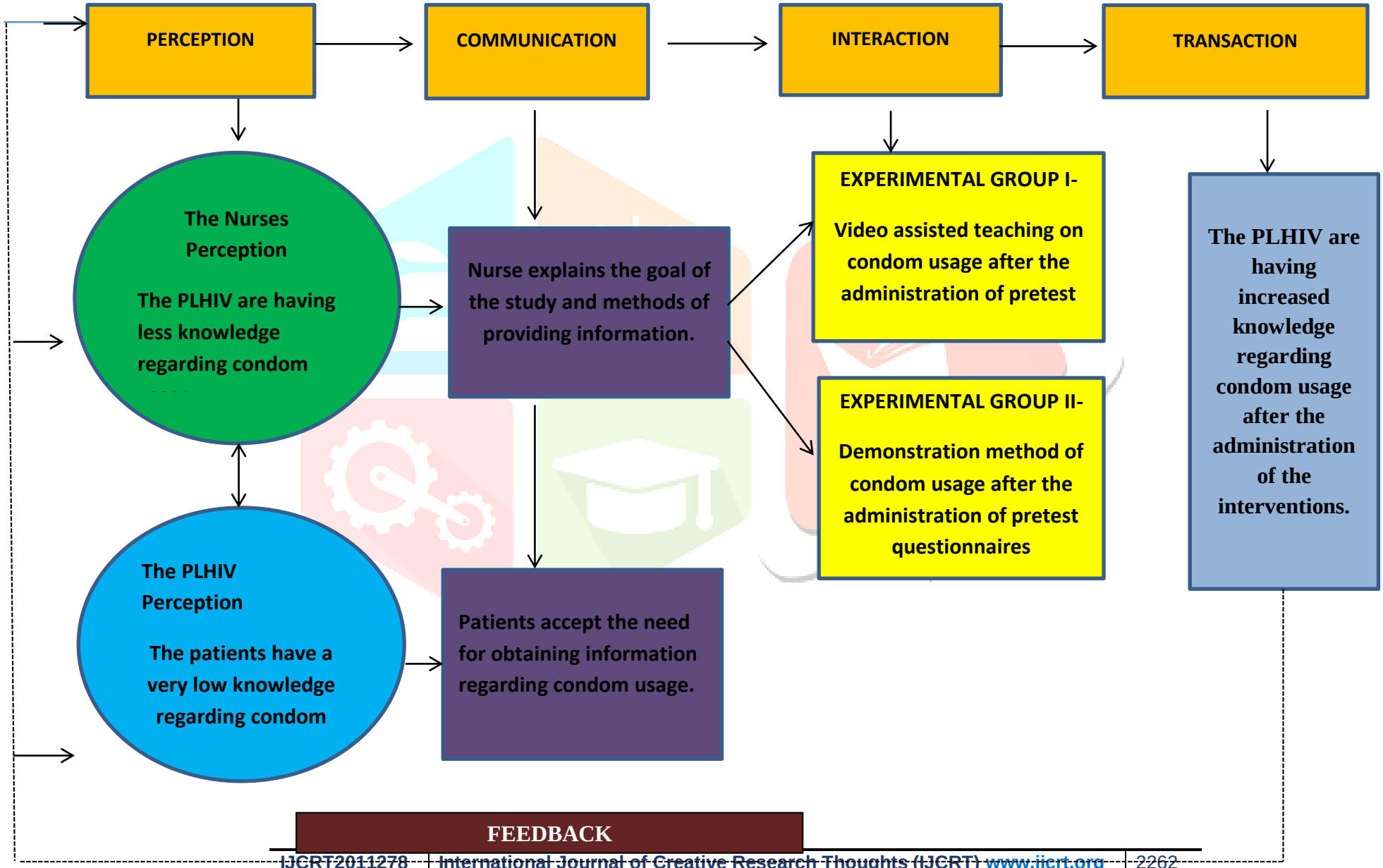



Figure 1: The conceptual framework based on King's Theory of Goal Attainment

## SUMMARY

The present chapter deals with introduction, background and need of the study, problem statement, objectives of the study, operational definitions, scope of study, variables under study assumptions, ethical aspects and conceptual framework used for the study.

# CHAPTER II

## REVIEW OF LITERATURE

**"For the creation of a masterwork of literature two powers must concur, the power of the man and the power of the moment, and the man is not enough without the moment."**

**-James Allen[30]**

A review of literatures gives an insight into the various aspects of the problems under study. A review of literature has the following functions:

- To justify your choice of research question, theoretical or conceptual framework and method.
- To establish the importance of the topic.
- To provide background information needed to understand the study
- To show readers you are familiar with significant and/ or up-to-date research relevant to the topic.
- To establish your study as one link in a chain of research that is developing knowledge I your field.

The review traditionally provides a historical overview of the theory and the research literature with a special emphasis on the literature specific to the thesis topic. It serves as well to support the argument/proposition behind the thesis, using evidence drawn from authorities or experts in the research field.[31]

To achieve the vision of AIDS-free generation with no new HIV infections and no AIDS-related deaths effective HIV prevention efforts are needed globally.[30] Consistently used condoms provide significant protection against HIV, pregnancy and sexually transmitted infections. The degree of protection they offer against HIV and STI is significantly better than any other prevention method taken in isolation, other than sexual abstinence or complete mutual monogamy between two people who have tested negative for HIV.[32]

Condoms act as a barrier to prevent bodily fluids containing HIV from coming into contact with the parts of the body that are vulnerable to HIV infection. There are two main types of condoms: the external (male) and internal (female) condom. The external condom is placed on the erect penis and the internal condom is placed within the vagina or rectum. If a condom is used correctly and doesn't break, slip or leak, then there is no risk of HIV transmission because an exposure to HIV cannot occur. Condoms are the only HIV prevention strategy that can also reduce the risk of STI transmission and pregnancy.[33]

Research suggests many people struggle to use condoms effectively. Analyses combining the results of multiple studies have found that the *consistent* use of condoms only reduced the risk of HIV transmission by 70 or 80%.[34] While participants in these studies said they were using condoms consistently, many participants may not have been using condoms *correctly*. *Incorrect* condom use can compromise the effectiveness of this strategy and research shows condom use errors are common.[35]

The review of literature for the above study is divided under following headings.

1. Review of literature related to the incidence of Patients living with HIV.
2. Review of literature related to the effectiveness of condom in HIV prevention.
3. Review of literature related to the knowledge regarding condom usage.
4. Review of literature related to various educational interventions to promote the study.

**a. Review of literature related to the incidence of Patients living with HIV.**

The first data on HIV incidence in India emerged from prospective cohort studies in Pune. Starting in 1993, NARI screened men, women and sex workers attending sexually transmitted disease (STD) clinics in Pune, and followed them for four years. Spouses of STD patients were also tested periodically over this time. The overall HIV sero-prevalence among STD clinic attendees at the time of screening was found to be 22.9%.[36]

HIV estimates that 75,500 Canadians were living with HIV at the end of 2014.This represents an increase of 6,700 people (9.7%) since 2011.The HIV prevalence rate is 212.0 per 100,000 people living in Canada. HIV prevalence increased during the 1980s, slowed down in the mid-1990s, but began to rise again in the late 1990s. This increase is a result of both new HIV infections and fewer deaths due to effective treatment options.[37]

HIV continues to be a major global public health issue. Since 2000, 38.1 million people have become infected with HIV and 25.3 million people have died of AIDS-related illnesses. In 2014, an estimated 36.9 million people were living with HIV (including 2.6 million children) – a global HIV prevalence of 0.8%.[38]

The vast majority of this number live in low- and middle- income countries. In the same year, 1.2 million people died of AIDS-related illnesses. 25.8 million people living with HIV are in sub-Saharan Africa, accounting for 70% of the global total. Only 54% of all people living with HIV know that they have the virus. In 2014, there were roughly 2 million new HIV infections, 220,000 of which were among children. Most of these children live in sub-Saharan Africa and were infected via their HIV-positive mothers during pregnancy, childbirth or breastfeeding.[39]

**Global Health Observatory Report stated that** since the beginning of the epidemic, more than 70 million people have been infected with the HIV virus and about 35 million people have died of HIV. Globally, 36.7 million [34.0–39.8 million] people were living with HIV at the end of 2015. An estimated 0.8% [0.7-0.9%] of adults aged 15–49 years worldwide are living with HIV, although the burden of the epidemic continues to vary considerably between countries and regions. Sub-Saharan Africa remains most severely affected, with nearly 1 in every 25 adults (4.4%) living with HIV and accounting for nearly 70% of the people living with HIV worldwide.[40]

**According to India's National AIDS Control Organization (NACO),** the bulk of HIV infections in India occur during unprotected heterosexual intercourse. Consequently, and as the epidemic has matured, women account for a growing proportion of people living with HIV, especially in rural areas. The low rate of multiple partner concurrent sexual relationships among the wider community seems to have, so far, protected the larger body of people. However, although overall prevalence remains low, even relatively minor increases in HIV infection rates in a country of more than one billion people translate into large numbers of people becoming infected.[41]

All the high prevalence states show a clear declining trend in adult HIV prevalence. HIV has declined notably in Tamil Nadu to reach 0.33% in 2009 down from 0.58% in 2007. However, low prevalence states of Chandigarh, Orissa, Kerala, Jharkhand, Uttarakhand, Jammu

and Kashmir, Arunachal Pradesh and Meghalaya show rising trends in adult HIV prevalence in the last four years. Most encouraging, the decline is also evident in HIV prevalence among

the young population (15-24 yrs) at national level, both among men and women. Stable to declining trends in HIV prevalence among the young population (15-24 yrs) are also noted in most of the states. However, rising trends are noted in some states including Orissa, Assam, Chandigarh, Kerala, Jharkhand and Meghalaya. Recent data suggests there are signs of a decline in HIV prevalence among female sex workers in areas where focused interventions have been implemented, particularly in the southern states, although overall prevalence levels among other high risk group continues to be high. The HIV prevalence as per HSS 2010 are: female sex workers 2.61%; men having sex with men 5.01%; injecting drug users 5.91 %; and transgender 18.80 % .[41]

A retrospective analysis of the data along with the analysis of the presence of HIV among the target population, a comparative analysis of HIV-positive and negative individuals was carried out. Counselors at the ICTC of All India Institute of Medical Sciences recorded responses of the patients, and pre- and posttest counseling was performed appropriately. HIV testing was also performed using rapid tests (EIA) and ELISA. Both pre- and posttest counseling was performed for most of the patients. Out of 979, 84 tested HIV positive. There were discrimination at multiple levels. The 10–14 years age group was 0.56 times more likely to be HIV positive than 15–19 year old. HIV serostatus was strongly associated with risk behavior with heterosexual transmission being the most common and hence the findings highlighted the profile of adolescents in India and their equation with HIV on demographic and psychosocial levels.[42]

A study conducted on mortality in a systematically followed cohort of HIV infected individuals at Pune, Maharashtra, India where a total of 457 HIV infected individuals were enrolled and were evaluated clinically and monitored for CD4 counts at every quarterly visit. Mortality data were collected from the records of hospital facilities provided by the study. If

the death occurred outside such hospitals; relatives of the participants were requested to inform about the death. Median CD4 count in study participants was 218 cells/µl (95% CI: 107-373) at baseline. The median duration of follow up was 15 months (IQR: 12, 22). Mortality was higher in antiretroviral therapy (ART) naive patients compared to those who received treatment (16.59 vs. 7.25 per 100 person years). Participants above 35 year of age, CD4 count less than or equal to 100 cells/µl at baseline, tuberculosis at any study time point and ART status were independently associated with high mortality at advanced immunosuppression highlights the importance of early detection of HIV infection. Emphasis needs to be given at timely diagnosis and management of tuberculosis and ART initiation. It is important to create awareness about availability of free antiretroviral drugs in the government ART roll out programme.[43]

A study was conducted on the HIV incidence from the first population-based cohort study in India in which they re-surveyed a population-based cohort of 12,617 adults in Guntur district of Andhra Pradesh .It reported a baseline HIV prevalence of 1.72% (rural 1.64%, urban 1.89%) among the 15–49 years age group in 2004–2005. Interviews were conducted to assess risk behaviour and performed HIV testing again in 2010–2011. The rate of new HIV infection and its associations were assessed using multiple logistic regression. These first population-based cohort incidence data from India suggest that rural areas of high HIV burden states would need more attention to prevent new HIV infections, and that spouses of

HIV positive persons and some other risk groups need to be targeted more effectively by HIV prevention programmes.[44]

**Director of Division of AIDS Research (DAR) supports** research's to reduce the incidence of HIV/AIDS worldwide and to decrease the burden of living with HIV/AIDS. DAR-supported research encompasses a broad range of studies that includes basic and clinical neuroscience of HIV infection to understand and alleviate the consequences of HIV

infection of the central nervous system (CNS), and basic and applied behavioral science to prevent new HIV infections and limit morbidity and mortality among those infected. DAR places a high priority on interdisciplinary research across multiple populations, including racial and ethnic minorities, over the lifespan. The basic neuroscience of HIV infection includes research to: elucidate the mechanisms underlying HIV-induced CNS dysfunction in the setting of long-term antiretroviral therapy; understand the motor, cognitive, and behavioral impairments that result from HIV infection of the CNS; develop novel treatments to prevent or mitigate the CNS complications of HIV infection; and, minimize the neurotoxicity induced by long-term use of antiretroviral therapy. Critical approaches to this effort require molecular, cellular, and genetic studies to delineate the pathophysiologic mechanisms that lead to HIV induced CNS dysfunction, and to identify potential targets for therapeutic intervention. In addition, eradication of the virus from HIV-infected individuals to achieve a cure or a functional cure is a high priority.[45]




**b. Review of literature related to the effectiveness of condom in HIV prevention.**

A recent meta-analysis of condom effectiveness suggest that condoms are 60 to 70% effective when used for HIV prophylaxis, these studies do not isolate consistent condom use, and therefore provide only a lower bound on the true effectiveness of correct and consistent condom use. A reexamination of HIV seroconversion studies suggests that condoms are 90 to 95% effective when used consistently, i.e. consistent condom users are 10 to 20 times less likely to become infected when exposed to the virus than are inconsistent or non-users. Similar results are obtained utilizing model-based estimation techniques, which indicate that

condoms decrease the per-contact probability of male-to-female transmission of HIV by about 95%. Condoms provide substantial protection against HIV infection and therefore remain an important international priority in the fight against AIDS.[46]

Many studies of serodiscordant heterosexual couples information on condom usage and HIV serology was obtained and classified as always (in 100% of acts of intercourse), sometimes (1-99%, 0-99% or 1-100%) or never (0%). Studies were stratified by design, direction of transmission and condom usage group.[47]

An ongoing multicenter study of female prostitutes in the United States shows that none of 22 women who always use condoms with all male partners has antibody to human immunodeficiency virus (HIV), but differences in HIV antibody status by patterns of condom use are not statistically significant. An educational campaign to promote the proper and consistent use of condoms as prophylactic is needed to stop the spread of gonorrhea, infections with HIV, and other sexually transmitted diseases.[48]

A quantitative study on the condom-use behaviors of eighteen- to twenty-four-year-old urban African American males sought to develop, pilot test, and assess a brief male-centered condom promotion program for urban young adult African American males. For study implementation, both qualitative and quantitative research methods were used, and the project was guided by tenets of two common but integrated theoretical frameworks in HIV/sexually transmitted disease (STD) prevention research: the social cognitive theory and the stages of change model. The purpose of the qualitative component was to identify and explore condom-use barriers and facilitators while that of the quantitative component was to identify the prevalence of condom-related behaviors and the feasibility of program administration. After recruitment of study participants from hang-out spots and street

intercepts, study participants were self-administered a baseline survey regarding their perceived condom-use behaviors prior to random assignment to program conditions (a condom promotion program and an attention-matched comparison condition). The paper reported the findings from the analyses of the quantitative baseline survey data. While the occurrence of HIV/STD-related risk behaviors were highly prevalent among this population; importantly, regression analyses revealed that sexual debut, favorable attitudes toward condom use, social or personal connectedness to HIV/STDs, health beliefs, perceived susceptibility, unprotected sexual encounters, and refusal skills were predictive of retrospective (i.e., prior 30 days) condom use while positive reasons (pros) to use condoms, condom-use beliefs, condom-carrying, health belief, unprotected sexual encounters and refusal skills were also predictive of prospective (i.e., future 30 days) condom-use intentions.[49]

The researchers conducted study on "Condom Use and Consistency Among Male Adolescents in the United States." The researchers gathered their data from the 2002 National Survey of Family Growth (NSFG), which was conducted by the National Center for Health Statistics. Their sample included 542 males ages 15–19 who reported having engaged in sexual intercourse. The researchers looked at four different measures of condom use during vaginal heterosexual intercourse: condom use at first sexual intercourse, condom use at last sexual intercourse, condom consistency with most recent sexual partner, and condom consistency in the last four weeks. They examined a number of characteristics related to sexual history and partners: age at first and last sex, age difference between respondent and his partner, relationship type (steady or casual), whether the respondent's partner used contraception (other than condoms), length of last sexual relationship, number of lifetime partners, and frequency of sex in the last four weeks. They found that 71% of males in the

sample used a condom at first sexual intercourse, 71% used a condom at last sexual intercourse, 50% used a condom consistently with their most recent partner, and 68% used a condom consistently in the four weeks before the interview. One in five respondents had not received any type of sexual education prior to their first sexual experience. These males were 50% less likely to use a condom at first sex than those who had received either abstinence or birth control education. In contrast, talking to parents about sexual health or receiving reproductive health services did not seem to influence condom use or consistency.

African-American males were more likely than their white counterparts to consistently use condoms, while Hispanic males were half as likely as non-Hispanic white teens to use condoms consistently. Respondents who first initiated sexual intercourse with a casual partner were less likely to report using a condom at first sex than those who were in a steady relationship with their first sexual partner. Males who were older at first or last sexual

experience, were younger than their partner, had a partner who used another contraceptive method, were in a longer sexual relationship, or had sexual intercourse more frequently were less likely to consistently use condoms. Males who had more positive attitudes towards condoms were more likely to consistently use them.[50]

**The National Institutes of Health (NIH)** organized a review of the scientific evidence on the effectiveness of condoms in preventing sexually transmitted infections (STIs). The review concluded that condoms were effective in protecting against transmission of HIV to women and men and in reducing the risk of men becoming infected with gonorrhoea. Evidence for the effectiveness of condoms in preventing other STIs was considered to be insufficient. While no published prospective study has found protection against genital human papillomavirus (HPV) infection, two studies reported that condom use was associated with higher rates of regression of cervical intraepithelial neoplasia and clearance of cervical HPV infection in women and with regression of HPV-associated penile

lesions in men. Research findings available since the NIH review add considerably to the evidence of the effectiveness of condoms against STIs. Although condoms are not 100% effective, partial protection can substantially reduce the spread of STIs within populations.[51]

Condom Use Determinants and Practices among People Living with HIV in Kisii County, Kenya sought to establish condom use determinants and practices among people living with HIV (PLHIVs). 340 PLHIVs and 6 health workers were interviewed. Although most PLHIVs had correct knowledge and approved condoms as effective for HIV prevention, consistent use and condom use at last sex were notably low especially among PLHIVs aged 18 – 24, those who depended on remittances from kin as main source of income, as well as during sex with secondary and casual partners. This study notes that knowledge on various

benefits of using condoms is associated with enhanced condom use practices. Non-disclosure of HIV status to secondary and casual partners remains a key barrier to condom use among PLHIV. The observation highlights the need to further promote condom use among specific PLHIVs socio-demographic groups who continue to exhibit low condom use rates.[52]

A study was conducted on Sexual activity and condom use among people living with HIV in Swaziland. The extent to which knowledge of one's HIV status contributes to behavioral change among people living with HIV (PLHIV) has not been comprehensively documented. This paper examines the nature of sexual activity and condom use among PLHIV in Swaziland drawing on an analysis of 37 in-depth interviews and five focus group discussions with PLHIV. The paper explores issues pertaining to behavioral change and safer sex, and how these are influenced by the individual's HIV-positive status and the prevailing social-structural forces. Several factors inhibit the adoption of protective sexual behavior among HIV-positive sexual partners, some of whom have access to life-saving drug therapy. The paper proposes the expansion of the scope of information, education and communication strategies to include activities aimed at continually sensitizing PLHIV regarding safer sex, as

well as activities geared towards improving communication between PLHIV and their health-caregivers with regard to HIV-protective behaviors to promote behavioral change among PLHIV.[53]

Heterosexual transmission has gained importance in the epidemic in Central America. The prevalence of HIV/AIDS in Guatemala among the general population is 0.79%, and 94% of transmission is directly related to sexual contact. Studies have been conducted on high-prevalence HIV-positive populations (men who have sex with men, commercial sex workers and prisoners). A closed-ended structured interview that addressed knowledge of mechanisms

of HIV transmission and condom use was conducted on 283 heterosexual HIV-positive men and women outpatients who attend the Roosevelt Hospital's Clinic of Infectious Diseases in Guatemala City. Of the interviewed persons, 68.5% were either living with a partner or married, and 94.3% were currently using antiretroviral therapy. Most respondents knew the mechanisms of transmission of HIV. Potentially, these HIV-negative persons are at risk of contracting the virus. Among the main reasons given for not using a condom were: "my partner did not want to use a condom"; and "the condom irritates or makes my partner uncomfortable". Since no socio-demographic or sexual behavior variable was associated with inconsistent condom use, we recommend intensive and regular condom counselling for every heterosexual HIV-positive outpatient who attends the clinic. [54]

**c. Review of literature related to the knowledge regarding condom usage.**

A cross sectional study was conducted on randomly selected samples to assess the knowledge, attitude and practice of condom use. The main reason of condom was family planning and about a quarter of respondents reported knowing how to use a condom correctly. It showed that the rate of condom use was low among the subjects. This was due to lack of

knowledge about proper and effective use of condoms, low perception of risk of HIV and other STI.[55]

The aim of the paper was to assess the level of knowledge on HIV/AIDS and its risk factors, attitude towards HIV/AIDS and AIDS patients and its transmission, and to identify high risk behaviors associated with HIV/AIDS among university students in the Xinjiang Uyghur Autonomous Region. The study found most Xinjiang university students had good knowledge, but negative attitude towards HIV/AIDS and HIV/AIDS patients, and 15% of

them reported having at least one high-risk behavior related to sex and unprotected sex. Thus HIV/AIDS health education efforts should be intensified to change attitude and practice among university students.[56]

A study was conducted in Somali and Sudanese immigrants in Denmark with regard to HIV/AIDS and condom use to explore the knowledge, attitudes and practices. Education, sex, and nationality, but not length of residence in Denmark, were positively associated with knowledge about HIV/AIDS. This study suggests that knowledge about HIV/AIDS is low in these two Danish immigrant groups, both of which are characterized by reported incidence rates that are higher than the national average. The groups receive little information, while condom knowledge is particularly low among poorly educated women, and men have a negative attitude to condom use. The findings indicate a need for targeted, culturally sensitive HIV/AIDS information and advice.[57]

A cross sectional study was conducted on Knowledge, attitudes and practice of condom use among males aged (15-49) years on randomly selected sample of 600 males aged 15-49 years from 3 districts of Erbil governorate of Iraqi Kurdistan region by using multistage cluster sampling method to assess their knowledge, attitudes and practice of condom use. Only 12% of respondents had ever used condoms. The main reason for condom use was for family planning in about 91.7%. About a quarter of respondents reported knowing how to use condom correctly. Condoms were considered by respondents as an

effective method of contraception and prevention of sexually transmitted infections 33.2% and 28.3% respectively. While 30.3% of them believed that condom use had some harmful effects. The main reason to non-condom use was lack of need in 45.5%, fertility related reasons in 17% and the use of other methods by the female partner 13.6%. Although 64% of respondents heard about AIDS /HIV and 71.7% about STIS in general, only few felt that they

are at risk of STIs 9.5% and HIV infection 8.5%.The study showed that the rate of condom use was low among the studied sample due to lack of knowledge about proper and effective use of condoms, low perception of risk of HIV and other STIs, misperception about harmful effects of condoms and the use of other family planning methods by respondents and their female sexual partner.[58]

The aim of the study is to investigate knowledge and sexual practices with reference to correct use of condoms among first year South African University students. The sample consisted of 206 participants, 146 female and 60 male with a range from 17 to 34 years. Results indicated that one third (29.2%) of the sample reported never using condoms, 35.4% always, 19.8% regularly and 8.5% irregularly in the past three months. About 90% levels of correct answers for condom use were found for the items of 'condoms as protection against STD and AIDS', 'expiry date of condoms', and 're-using condoms'. More than 15% were not aware that a condom should be put on before any contact with the vagina. The most common mistakes with respect to condom use were ignorance about the correct moment to put on a condom and when to take off a condom .Male sex and especially increasing recent sexual encounters was associated with correct condom knowledge. The most common reasons for not using a condom were 'I do not have the AIDS virus and 'I thought I was safe' seems to indicate a low perceived susceptibility. [59]

A cross sectional study and targeted adolescents from randomly selected secondary schools in Kisumu District. The purpose of this study is to determine the knowledge, attitude and practice of sexual health with regard to condom use and HIV/AIDS among adolescents attending secondary schools in Kisumu District. Primary data was collected from 384 respondents using self-administered pre-tested questionnaires. The results were cross tabulated by gender to facilitate comparison within the study group. Out of 384 respondents,

205 reported that they had sex while the rest had not. The respondents reported early onset of sexual activity, multiple sexual partners and a low and erratic use of condoms. HIV prevention intervention programmes should target both sexually active adolescents and those who have not initiated sexual intercourse.[60]

A study was conducted to assess the prevalence of three misconceptions about correct condom use and determine whether prevalence of these misconceptions varied by gender, sexual intercourse experience, experience using condoms, and the relationship between adolescents' actual and perceived knowledge about correct condom use. Data from the National Longitudinal Study of Adolescent Health were analyzed to determine prevalence of misconceptions among 16,677 adolescents. Misconceptions were: (a) no space at the tip of the condom, (b) Vaseline can be used with condoms, and (c) lambskin protects against the acquired immunodeficiency virus better than latex. There were differences in prevalence of misconceptions between male and female adolescents based on their sexual and condom use experience as well as their level of perceived knowledge about correct condom use. Logistic regression models identified predictors of reporting misconceptions. Depending on intercourse experience and experience using condoms, about one-third to one-half believed the first two misconceptions and about one-fifth believed the latter one. Perception of knowledge about correct condom use was infrequently related to actual knowledge. Misconceptions were less likely among older adolescents, those ever having intercourse, those reporting four or more lifetime intercourse partners, those who had used condoms,

females, and those not reporting a religious affiliation. Misconceptions about correct condom use are common among adolescents. Sexually active adolescents need more complete information about correct condom use.[61]

**d. Review of literature related to various educational interventions to promote the study.**

A study was designed to compare the efficacy of a video-assisted teaching module (lecture combined with video film) versus conventional teaching module (lecture-only), regarding post exposure prophylaxis (PEP) among dental students. The test was repeated following conventional teaching module and the video-assisted teaching module. Data were analyzed using T-test and Chi-square. Conclusions was this study indicated that video-assisted teaching is an effective means of promoting persistent knowledge among students Therefore, this method can be suggested for academic educations.[62]

The video sequences are converted in computed files and together with computer animations of the g ray tracings, text files audio sequences, they are stored in a suitable CBT-programme in a study conducted on Retinoscopy. The CBT program and the specific files are stored on CDs or can be distributed on the internet. A collection of retinoscopy records of patients, some with extraordinary reflex phenomena in also available. Video and animation procedures are more suitable for matching the dynamic phenomena on retinoscopy than photographs or drawings as they offer a more direct basis 36 for understanding of the sometimes difficult processes of retinoscopy.[63]

A study on "Effectiveness of need based video assisted teaching module on temporary methods of contraception among girl students" showed that the mean percentage knowledge score was 12.08% whereas it was increased to 63.26% after video teaching with 51.18% of difference in mean percentage knowledge score. She concluded that VATM was effective.[64]

A study on "Effectiveness of lecture cum demonstration with VATM for Antenatal examination" reported that the mean post test score was 27.38 for lecture cum demonstration and 36.15 for VATM. She 79 concluded that effectiveness of VATM was higher than usual lecture cum demonstration method.[65]

A study was conducted on "Effectiveness of VATM on management of LBW babies related to knowledge on practice among health worker" reported that the mean percentage knowledge score was 39.23% whereas it was increased to 71.12% during posttest with the difference of 31.23% which statistically significant concluded that VATM was effective. Another study was conducted on "Efficacy of compact disc in abdominal surgery" reported that the mean post test knowledge score (90.9%) of experimental group was found to be significantly higher than the post test knowledge score (36.75%) in the control group in abdominal surgery patients on knowledge and practice of breathing exercises. He had concluded that effectiveness of compact disc has increased knowledge. [66]

A study on using video clips to enhance the self-efficacy of nursing students towards dealing with difficult situations and suggested that the video clip materials are effective for enhancing nursing students towards dealing with difficult situations and to effectively communicate with patients. Using online video clips to enhance self-efficiency towards dealing with difficulty and observed that through video clips that show students coping with adverse situations provide an effective teaching approach for enhancing self-efficiency.[66]

A study was conducted to evaluate the effect of a video presentation on reported use of and satisfaction with the female condom. The female condom is effective in preventing sexually transmitted diseases and when used properly reduces risk of HIV infection among

women. Participants were 100 women tested for HIV infection in a community agency. Ages ranged from 17 to 62 years, and one fifth of the samples were African American or Hispanic. The 23 women who viewed an instructional video were significantly more likely than 13 of the control group of 50 to try the condom and report to the researcher. Video viewing was unrelated to liking the product and future intent to use. Almost three quarters of those who used the condoms reported they liked and would use them.[67]

This paper undertook a detail analysis of knowledge of correct condom use and consistency of use, as well as their covariates, among adolescents in Burkina Faso, Ghana, Malawi and Uganda. The strongest predictor of knowledge of correct condom use among both male and female adolescents is exposure to a condom use demonstration. In Burkina Faso, Ghana and Uganda, adolescents who have seen a condom demonstration are 2 to 5 times as likely as those who have not to have good knowledge of correct condom use. Age, ever received sex education in school, ever attended school and exposure to the radio are also significant predictors of knowledge of correct use, particularly among men. As indicated by behavior among young men, the extent to which adolescents use the condom consistently varies across countries.[68]

The study aimed to carry out a systematic literature review on the effectiveness of demonstration as a clinical teaching strategy for nursing. The search was carried out in articles indexed in online databases: Medline/PubMed, Scielo, BVS-WHO, and PeriEnf during the period 2005-2010. The final sample consisted of 8 studies with level 1 or 2 of evidence. All studies concluded that demonstration is effective for clinical teaching related to psychomotor skills. This literature review concluded that demonstration is higly recommended clinical teaching in nursing as well.[69]

The study was aimed to assess effectiveness of demonstration regarding defibrillation technique on knowledge and practices among nurses to assess the knowledge and practice score of staff nurses regarding defibrillation technique before and after Demonstration. The results indicated positive response to the demonstration which was found to be really useful to them. This motivated staff nurses to take prompt decisions, perform defibrillation with confidence and save many lives of in-hospitals cardiac arrest victims.[70]

**SUMMARY**

As we understand from the review of literature there is increase in the incidence of global and national incidence of HIV infection. With HIV continuing to spread across all regions of the world, effective HIV prevention programmes must be rapidly scaled up to match the scope of the AIDS epidemic. The range and mix of interventions needed vary by country depending on local epidemiology and sociocultural context. The interventions should include, but not be limited to, education on the 'ABCs' of prevention (abstinence/delayed sexual initiation, being safer by being faithful to one's partner/reducing the number of sexual partners, and correct and consistent condom use). It should also include treatment and care of sexually transmitted infections, prevention of mother-to-child transmission, harm reduction and safe blood supplies. Voluntary counselling and testing services, addressing discrimination and stigmatization and proper biomedical management should also be included in the prevention strategy.

Condom promotion plays an important role in HIV prevention. The question is how to position this successful public health strategy within a comprehensive HIV prevention strategy which includes the promotion of informed, responsible and safer sexual behavior.

This 'cutting-edge perspective' publication draws attention to policy and programme implications of insights on the role of condoms gained from scientific studies and programme experiences. Its goal is to assist AIDS programme providers and decision makers with particular responsibilities in condom programming, and key community leaders who influence decisions on reproductive health in their constituencies to position condom use optimally within overall prevention programming in their communities and countries.

The above literature review also suggests the effectiveness of information provided through various means to prevent the transmission of infection. There is also evidence of various educational interventions to promote condom usage but there is still less knowledge persisting among the PLHIV regarding condoms and its usage due to which the number of PLHIV is increasing. Thus there is a need to assess this problem in order to prevent the transmission of disease by using the most effective method.

CHAPTER III

# RESEARCH METHODOLGY

**"Methodology should not be a fixed track to a destination but a conversation about everything that could be made of happen"**

**J.C Jones.[71]**

A research methodology defines what the activity of the research is, how to proceed, how to measure the progress, and what constitute success. Research methodology is a way to systematically solve the research problem. It may be understood as all those methods or techniques that are used for conduction of research. The methodological decision paves crucial implications for validity and credibility of the study finding. Methodology of research indicates the general pattern for organizing the procedure for the empirical study together with the method of obtaining valid and reliable data for an investigation.

According to Basavanthappa, "the research methodology refers to set of orderly disciplined procedures involved in the purposeful collection, analysis and interpretation of the data".[71]

This chapter deals with the methodology adopted for assessing the effectiveness of video assisted teaching versus demonstration on a penis model regarding knowledge of condom usage among people living with HIV in a selected hospital.

It includes the description of the research approach, research design, setting of the study, identification of the target and accessible population, sampling technique, sample size, inclusion criteria and exclusion criteria, development of data collection tool, feasibility of the study, pilot study, validity, reliability, method of data collection and plan for data analysis.

## RESEARCH APPROACH:

Research approach refers to the way in which the investigator plans the research process. Research approach indicates the procedure for conducting the study in order to accomplish the objectives of the study. It is a systematic, objective method of discovery with empirical evidence. The research approach spells out the basic strategies that the investigator adopts to develop information that is accurate and interpretable. It is the backbone or structure of the study to provide framework that supports the study and holds it together. Research approach helps the investigator to determine what data to collect and how to analyze it.

Research approach helps the investigator in the selection of the subject, manipulation of independent variables, control observation to be made and the type of statistical analysis to be used to interpret the data. It refers to the way in which the investigator plans and constructs the research process.[72]

The present study was based on quantitative evaluative approach. The purpose of the evaluative research is to measure the effect of a program against the goal it sets out, which contributes to subsequent decision making about the program and improving the future programming. Here the investigator identifies, describes and evaluates the effectiveness of video assisted teaching versus demonstration on a penis model regarding knowledge of condom usage among people living with HIV in a selected hospital.

## RESEARCH DESIGN:

Research Design is defined as "An investigator's overall plan for obtaining answer to the research question or for testing the hypothesis.[73]

The selection of design depends upon the purpose of the study, research approach and variable to be studied. In this study the research design is two group pretest posttest quasi experimental design. This design was used because by this design the investigator can assess the knowledge and effectiveness of video assisted teaching versus demonstration on a penis model regarding knowledge of condom usage among people living with HIV by a pretest and posttest before and after the interventions.

**Table 1: Representation of Research Design.**

| GROUP | PRETEST | INTERVENTION | POSTTEST |
|---|---|---|---|
| People living with HIV in a selected hospital. | Knowledge test 01 | Administration of Video Assisted teaching regarding condom usage X1 | Knowledge test 02 |
| | Knowledge test 03 | Administration of Demonstration on a penis model regarding condom usage X2 | Knowledge test 04 |

The symbols used

01: Pretest knowledge before administration of video assisted teaching.

X1: Administration of video assisted teaching.

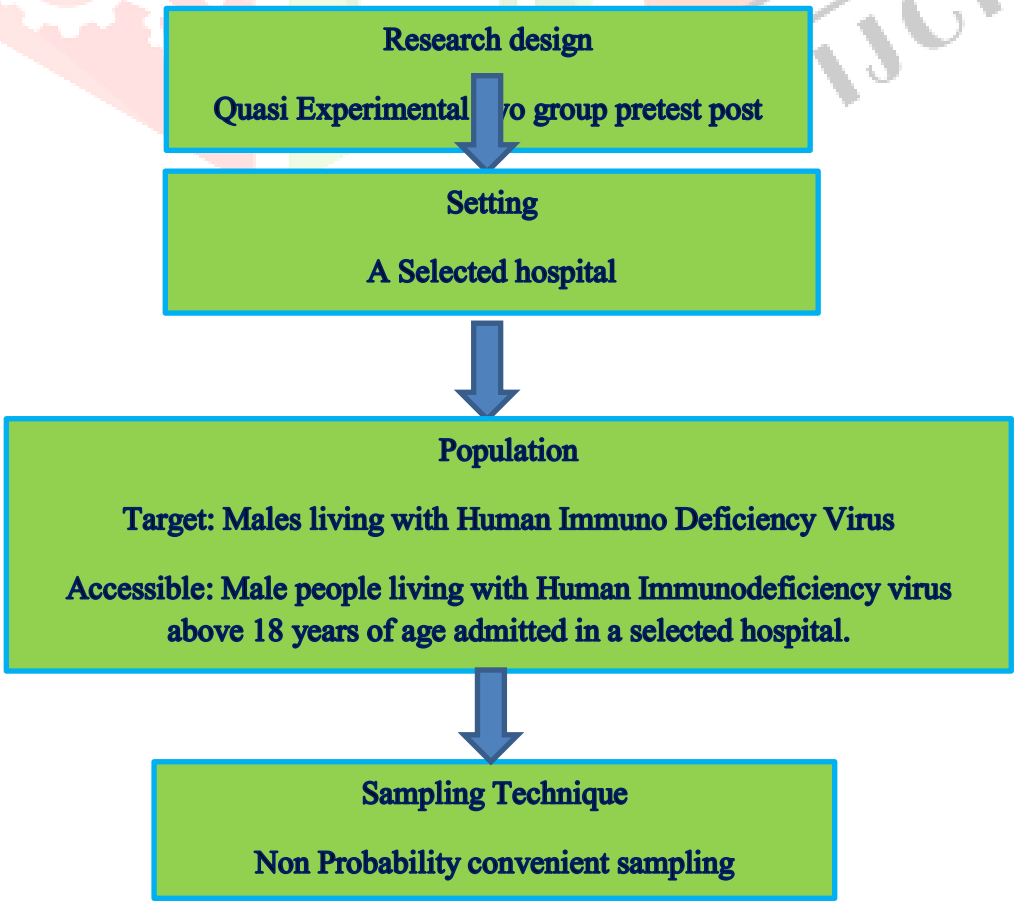
02: Posttest knowledge after administration of video assisted teaching method.

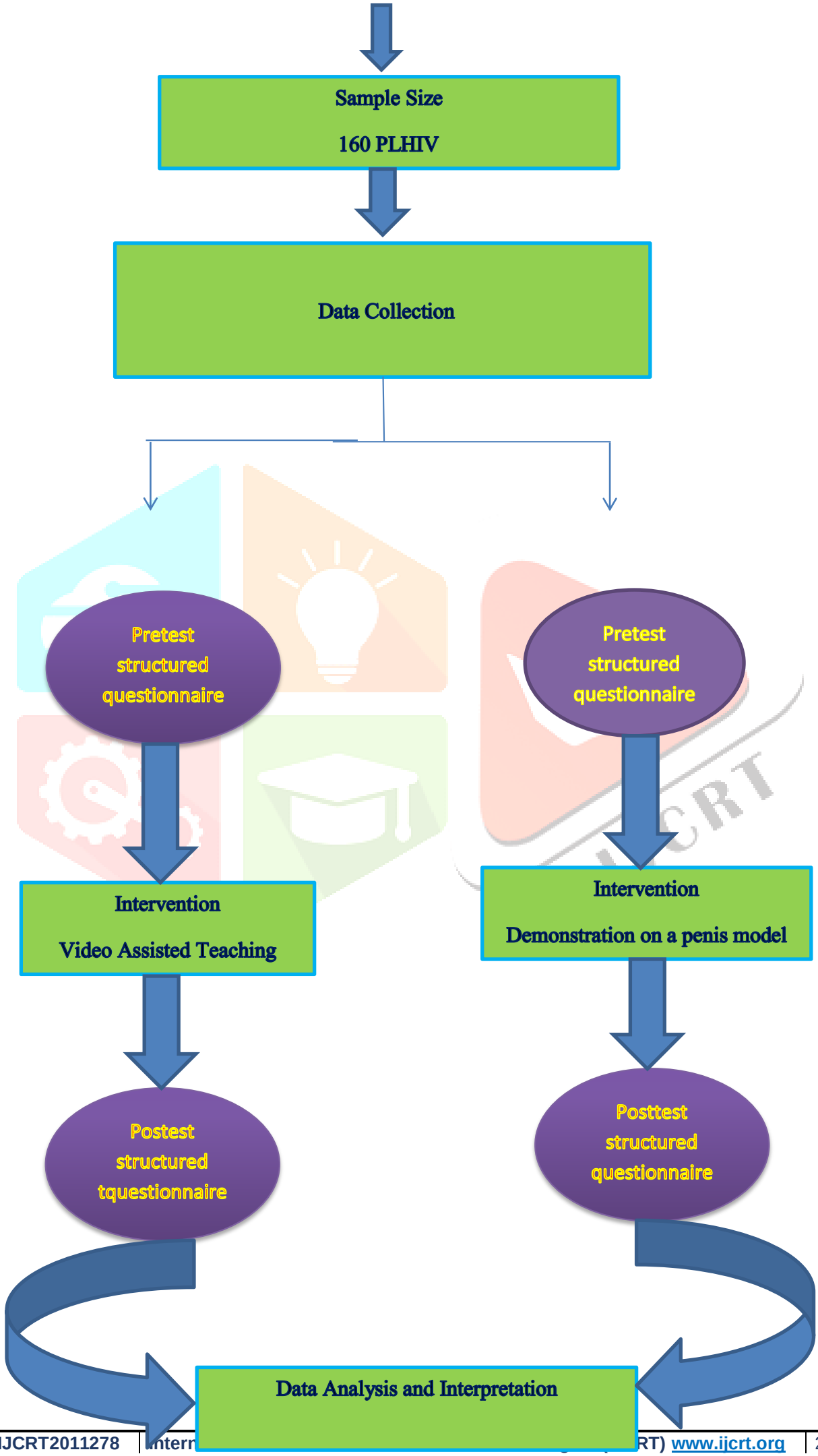
03: Pretest knowledge before administration of demonstration method.

X2: Administration of demonstration method on the model of penis.

04: Posttest knowledge after administration of demonstration method.

**FIGURE 2: SCHEMATIC REPRESENTATION OF THE RESEARCH METHODOLOGY**




Sample Size
160 PLHIV
Data Collection
Pretest structured questionnaire
Intervention
Video Assisted Teaching
Postest structured tquestionnaire
Pretest structured questionnaire
Intervention
Demonstration on a penis model
Posttest structured questionnaire
Data Analysis and Interpretation


## VARIABLES OF THE STUDY

Variables are the qualities, quantities, properties, or characteristics, of a people, things, or situations that change or vary. The experimenter manipulates, controls or observes..[74]

In this study two types of variables are identified they are independent variable and dependent variable.

### Independent variable

Independent variable is the treatment or experimental activity that is manipulated or varied by the investigator to cause an effect on the dependent variable.

In this study the independent variables were administration of video assisted teaching and demonstration on the model of penis regarding condom usage among PLHIV.

### Dependent Variable

Dependent variable is the effect or the variable influenced by the investigator's manipulation of the independent variable.

The response, behavior or outcome that is predicted or explained in research changes in the dependent variable are presumed to be caused by the independent variable.

In this study the dependent variable was knowledge of the PLHIV regarding condom usage. Age, marital status, duration since knowing one's HIV status, residence, employment, and addiction was taken as demographic variables.

**SETTING OF THE STUDY**

"Setting" refers to the specific place where information is gathered.

The study was conducted in a selected hospital.

**POPULATION**

The population is a complete set of individuals or objects that posess some common characteristics of interest to the investigator.

**Target population:**

Target population or universe is composed of the entire group of people or objects to which the investigator wishes to generalize the findings of the study.

The target population for the present study was male People living with HIV.

**Accessible population:**

Accessible population is the aggregate of participants who conforms to the designated criteria and are accessible as a pool of subjects for a study.

The accessible population for the study was male people living with Human Immuno Deficiency Virus above 18 years of age in a selected hospital.

**SAMPLE:**

The sample consists of a subject of the unit which comprises the population.

Sample for the present study comprised of Male people living with HIV in a selected hospital and willing to participate in the study.

**SAMPLING TECHNIQUE:**

Sampling refers to the process of selecting a portion of the population that represents the entire population. Non Probability Convenient sampling technique was selected for the present study.

The non-probability convenient sampling involves choosing readily available people or objects for a study. The subjects are chosen from the population by nonrandom methods.

**SAMPLE SIZE:**

According to Polit and Beck (2009), sample size is the numerical value assigned to a subject of population selected to participate in a study.

The sample for the present study consisted of 160 PLHIV, Group I=80 and Group II=80, who met the inclusion criteria from a selected hospital. They were selected conveniently to suit the study.

**CRITERIA FOR SAMPLING:**

**Inclusion Criteria:**

1. Males living with HIV above 18 years of age.
2. Males living with HIV who are able to read and write Marathi and English.

**Exclusion Criteria:**

1. Those PLHIV males who are having visual and hearing impairment.
2. Those PLHIV who are not willing to participate in the study.
3. Those PLHIV males who are having Central nervous system toxoplasmosis, HIV encephalopathy, cryptococcal meningitis, other $4^{th}$ Stage diseases.

**TOOL PREPARATION**

An instrument is a written device that a researcher uses to collect data. The instrument selected in the research should be as far as possible the vehicle which would be the best for obtaining the data to draw conclusions pertaining to the study.

Research tool is the means whereby data can be collected. It is the instrument that the investigator uses to enhance the process of data collection. The investigator developed the tool after updating the knowledge by reviewing the relevant literature on condom usage. The

investigators own experience, theoretical knowledge and guidance from the experts along with the review of literature helped in developing the tool necessary for the study.

A Structured knowledge questionnaire (Five Point Likert Scale) was used to assess the effectiveness of video assisted teaching versus demonstration on a penis model regarding knowledge of condom usage among people living with HIV in a selected hospital.

**DEVELOPMENT OF VIDEO ASSISTED TEACHING PROGRAMME AND DEMONSTRATION ON THE MODEL OF PENIS REGARDING CONDOM USAGE.**

The steps adopted for the development of Video assisted teaching programme and Demonstration are;

- The content of the structured teaching plan regarding knowledge of condom usage among people living with HIV was developed based on objectives, extensive review of literature and suggestions obtained after consulting experts.
- Identification and stating of objectives in behavioural terms depending on needs of learner.
- The content regarding condom usage among PLHIV was selected through literature search and in consultation with the guide and experts.
- The content of video assisted teaching programme and demonstration was given to experts in the field of Medicine, Nursing, HIV/AIDS, Social work and Statistician along with the tool.
- The necessary modifications were incorporated in the structured teaching plan based on suggestions of experts..
- The video assisted teaching programme and the lesson plan draft was modified based on the suggestions of the experts.

**DESCRIPTION OF DATA COLLECTION TOOL:**

The study instrument used by the investigator consists of two sections.

**Section A**: It consists of Socio demographic Variables. It consists of 7 items.

**Section B**: Structured knowledge questionnaire (Five Point Likert Scale) to assess the knowledge regarding condom use.

The questionnaire consisted of 30 items and the interviewees were asked to reply according to five point Likert scales ranging from "strongly agree" to "strongly disagree". The response "neither agree nor disagree" was considered separately. The questionnaire included was based on the review of literature related to condom usage, opinions and suggestions from experts determining the important areas to be included. It consists of questions related to condoms, condom usage and disposal of condoms.

**PILOT STUDY:**

The pilot study was conducted on 8 selected PLHIV in the first group and 8 selected PLHIV in the second group. Non-Probability convenient sampling was used to collect the subjects. Administrative permission was procured formally from the Administrator of the hospital and Nursing Superintendent of the selected hospital for the pilot study.

The participants were informed about the purpose of the study and obtained the consent after assuring about the confidentiality of the data. Pretest was given to the subjects of both the groups which were followed immediately by administration of video assisted teaching to the first group and direct demonstration to the second group. On seventh day, post test was conducted with same structured questionnaire for both the groups.

The findings of the study have helped the investigator to visualize practical problems that could be encountered while conducting the main study. Pilot study did not show any major flaw. The tool was found satisfactory in terms of simplicity and found feasible to conduct the

main study. Pilot study also gave the investigator an insight into the actual process of data collection and analysis.

**FEASIBILITY OF THE STUDY**

The investigator found that the study was feasible. These samples were excluded from the main study.

## CONTENT VALIDITY OF THE TOOL

It refers to "the degree to which an instrument measures what it is intended to measure"[74].The prepared tool along with objectives, the video assisted teaching programme and direct demonstration was submitted to various experts in the field of Medicine, Nursing, HIV/AIDS, and Social Work. The tool was validated by subject experts and corrections were made based on their recommendations and suggestions obtained from the guide.

## RELIABILITY OF THE TOOL

Reliability of the research instrument is defined as the extent to which the instrument yields the same results on repeated measures. It is then concerned with consistency, accuracy, precision, stability, equivalence and homogeneity. Pre-testing of the tool was done to find reliability of the tool. The Structured Questionnaire was administered to study participants in each group.

The reliability of the tool was computed by using simplified Split Half Karl Pearson's correlation formula (Raw score method).The reliability co-efficient of half test of Structured Questionnaire ($r_{1/2}$) is found to be 0.97.

The reliability of the tool is computed by using $r_1 = 2r_{1/2}/1+r_{1/2}$ and is found to be 0.99. Hence the tool was found to be reliable.

## DATA COLLECTION: METHOD OF DATA COLLECTION

A formal permission was obtained from the authorities of selected hospital, prior to data collection. During this period the investigator collected both pretest and post test data and also implemented the administered video assisted teaching regarding condom usage for one group and direct demonstration regarding condom usage for the second group.

The investigator approached the subjects after being introduced by the Sister-in charge and the Social worker who explained the purpose of the study to the patients in short. The subjects was divided into two groups, GI and GII. The investigator explained the nature, purpose and benefits of the study to the subjects. The investigator enquired their willingness to participate in the study. After their approval

and consent, the investigator conducted pretest to assess their knowledge of condom usage with the help of structured questionnaire of the first group.

After the pretest the video assisted teaching was administered to the subjects by the investigator. The post test was carried out by using the same questionnaire after 7 days.

For the second group the investigator conducted pretest to assess their knowledge of condom usage with the help of structured questionnaire of the subjects who received video assisted teaching regarding condom usage. The direct demonstration regarding condom usage was done for the subjects in the second group by the investigator. The post test was carried out by using the same questionnaire after 7 days. After data collection the investigator thanked all the subjects as well as the authorities for their cooperation.

**PLAN FOR DATA ANALYSIS:**

Analysis was done based on the objectives and hypothesis to be tested. Data analysis is planned by using descriptive and inferential statistics. The plan for data analysis was developed based on the opinion of the experts. The investigator planned to analyze the data in the following manner.

**METHOD OF DATA ANALYSIS**

The data was analyzed in terms of objectives of the study. The plan for data analysis is as follows;

1) Descriptive statistics. 2) Inferential statistics.

It is analyzed based on the objectives and research question of the study under the following headings.

- Preparation of Master sheet
- Description of subjects with regard to demographic information in terms of frequency and percentage.
- Analysis of data related to effectiveness of video assisted teaching and demonstration method.

- Comparison of effectiveness of video assisted teaching and demonstration on the penis model regarding condom usage.

**SUMMARY**

This chapter deals with research methodology adopted for the study and includes detail description of research approach, research design, identification of target and accessible population, setting of the study, sampling technique, sampling size, sample inclusion and exclusion criteria, tool and feasibility of the study, pilot study, validity, reliability, data collection and method of data collection and plan for data analysis.

# CHAPTER IV

# ANALYSIS AND INTERPRETATION OF DATA

**"The goal is to turn data into information and information into insight"**

**Carly Fiorina.**[75]

Analysis is an important aspect of research process once the raw data has been collected and organized in the form of systematic tables, graphs and diagrams. Analysis of data means studying the tabulated material in order to determine inherent facts or meanings. Interpretation of data means the task of drawing conclusions or inferences and of explaining the significance after careful analysis of collected data.[74]

The present chapter deals with the analysis and interpretation of data collected from 160 PLHIV above the age group of 18 years in a selected hospital. The analysis and interpretation of data was done in R programme.

The objectives of the study were:

1. To assess the pre-test and post-test knowledge scores of video assisted teaching of condom usage among PLHIV.
2. To assess the pre-test and post-test knowledge scores of demonstration on the model of penis of condom usage among PLHIV.
3. To compare the post-test knowledge scores of video assisted teaching and demonstration on the model of penis of condom usage among PLHIV.

The collected data is tabulated, analyzed, organized and presented in following sections:

**Section I**: Description of subjects with regard to demographic information in terms of frequency and percentage.

**Section II**: Analysis of data related to the effectiveness of video assisted teaching and demonstration method regarding condom usage among PLHIV on knowledge score.

**Section III**: Analysis of data related to the comparison between the post-test knowledge scores of video assisted teaching and demonstration on the model of penis of condom usage among PLHIV on knowledge score.

## SECTION I: ANALYSIS OF DEMOGRAPHIC CHARACTERISTICS OF SUBJECTS UNDER STUDY

The frequency and percentage distribution of respondents according to demographic data are shown in the following tables and figures.

**TABLE 2: Frequency and percentage distribution of subjects according to Age**

**(N=160)**

| SR.NO | Age of the subjects in years | Frequency | Percentage (%) |
|---|---|---|---|
| 1 | <=29years | 25 | 15.625 |
| 2 | 30-39years | 53 | 33.125 |
| 3 | 40-49years | 59 | 36.875 |
| 4 | 50-59years | 18 | 11.25 |
| 5 | >=60 years | 5 | 3.125 |
| | TOTAL | 160 | 100% |

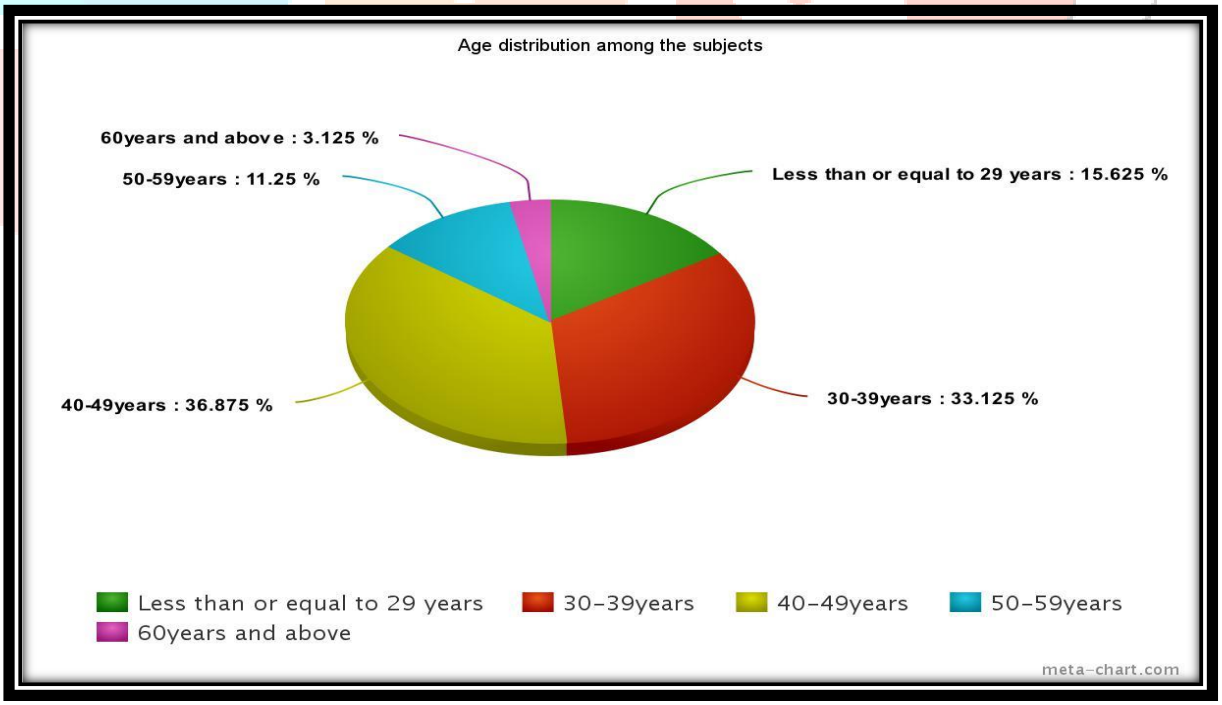



**Figure 3: Pie diagram showing age wise distribution of subjects in the study group.**

- The study distribution in the Table 2 and Figure 3 shows 59 (36.875%) of subjects were in the age group of 40-49 years, 53(33.125%) were in the age group of 30-39

years, 25 (15.625%) were in the age group of less than or equal to 29 years, 18 (11.25%) were in the age group of 50-59 years and 5 (3.125%) were in the age group of 60 years and above.

**TABLE 3: Frequency and percentage distribution of subjects according to Marital Status.**

**(N=160)**

| SR.NO | Marital Status | Frequency | Percentage (%) |
|---|---|---|---|
| 1 | Married | 126 | 78.75 |
| 2 | Single | 19 | 11.875 |
| 3 | Separated | 8 | 5 |
| 4 | Widowed | 6 | 3.75 |
| 5 | Divorced | 1 | 0.625 |
| | **TOTAL** | 160 | 100% |

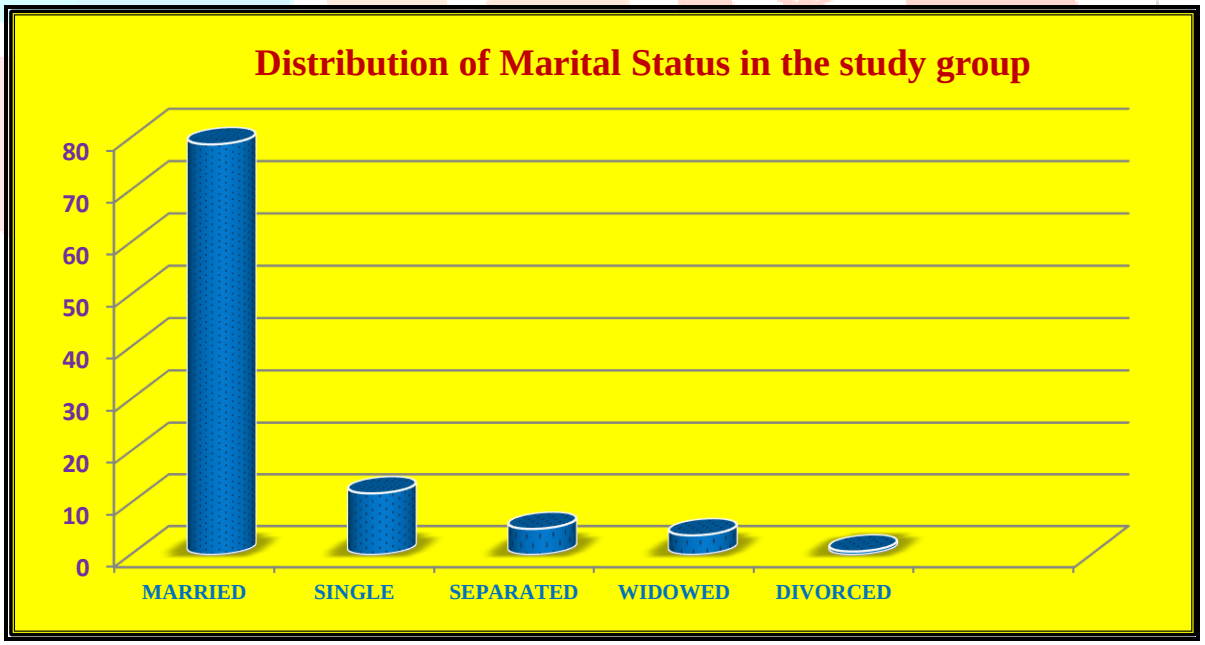



**Figure 4: Bar diagram showing distribution of subjects on the basis of marital status in the study group.**

Table 3 and Figure 4 deals with the distribution of marital status among the subjects. Majority of the subjects 126 (78.75%) were married whereas single were 19

(11.875%). 8 (5%) of the subjects were separated, 6 (3.75%) widowed and only 1 (0.625%) divorced.

**TABLE 4: Frequency and percentage distribution of subjects according to Educational Qualification**

**(N=160)**

| SR.NO | Education Qualification | Frequency | Percentage (%) |
|---|---|---|---|
| 1 | Primary | 41 | 25.62 |
| 2 | Secondary | 87 | 54.375 |
| 3 | Tertiary | 32 | 20 |
| | **TOTAL** | 160 | 100% |

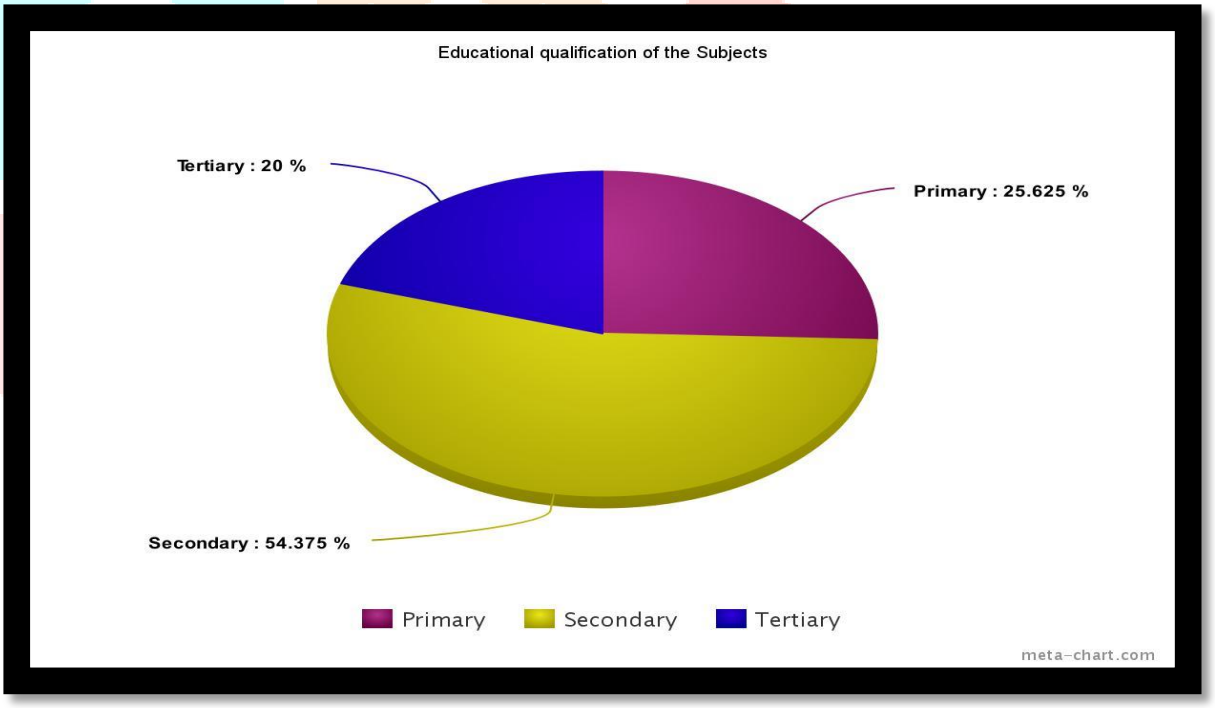



**FIGURE 5: Pie diagram showing distribution of subjects on the basis of educational qualification in the study group.**

Table 4 and Figure 5 shows the education distribution in which 87 (54.375%) of the subjects were belonging to the secondary education group, 41 (25.625%) of the

subjects belonged to the primary education group and 32 (20%) belonged to the tertiary education group.

**TABLE 5: Frequency and percentage distribution of subjects according to Duration since knowing ones HIV status.**

**(N=160)**

| SR.NO | Duration since knowing ones HIV status. | Frequency | Percentage (%) |
|---|---|---|---|
| 1 | >= 5 years | 113 | 70.625 |
| 2 | <= 6 years | 47 | 29.375 |
| | **TOTAL** | 160 | 100% |

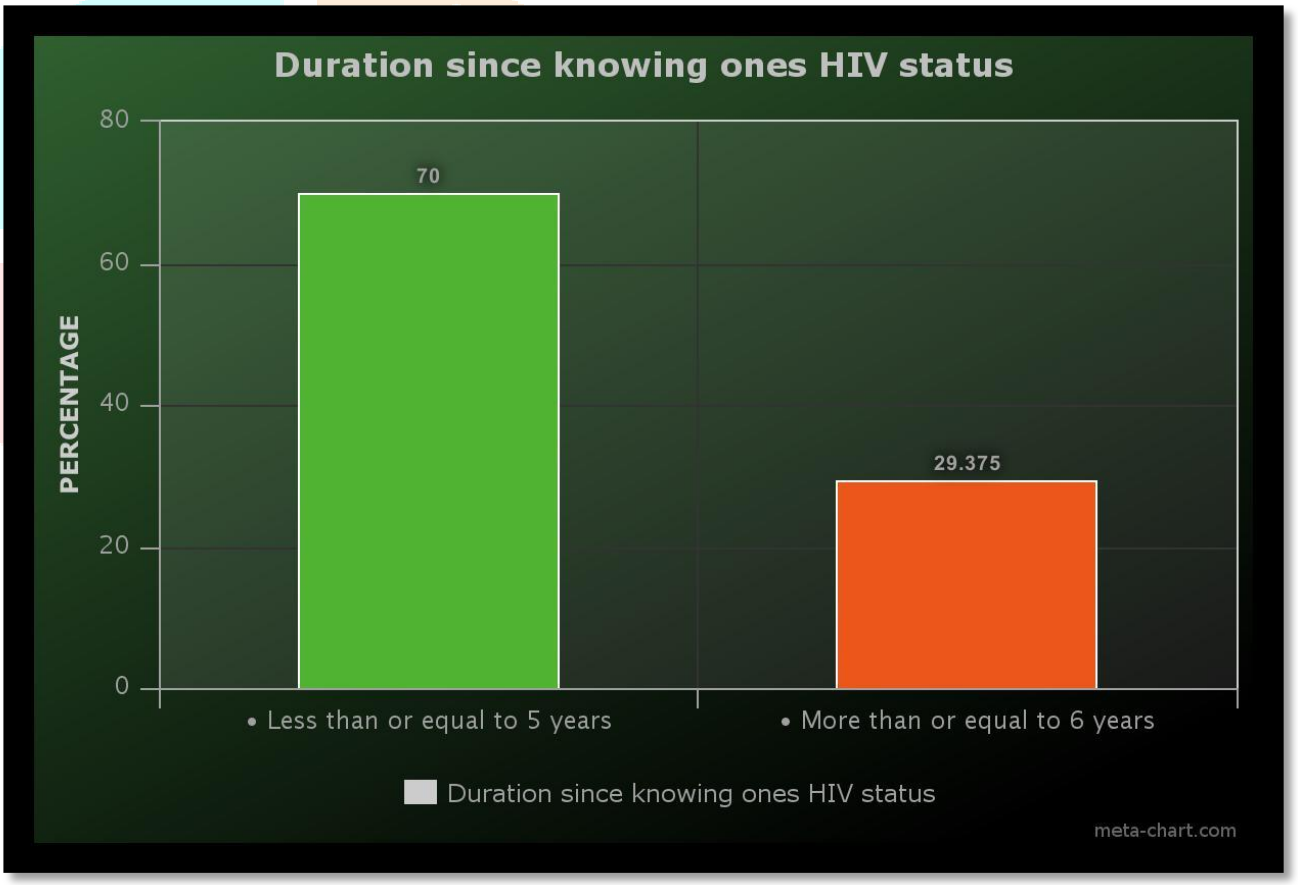



**FIGURE 6: Bar diagram showing distribution of the subjects on the basis of knowing ones HIV status.**

Table 5 and Figure 6 shows the maximum of the subjects. 113 (70.625%) knew their HIV status less than or equal to five years and 47 (29.375%) subjects knew their HIV status since equal to or more than 6 years.

**TABLE 6: Frequency and percentage distribution of subjects according to Residence.**

**(N=160)**

| SR.NO | Residence | Frequency | Percentage (%) |
|---|---|---|---|
| 1 | Urban | 44 | 27.5 |
| 2 | Rural | 116 | 72.5 |
| | **TOTAL** | 160 | 100% |

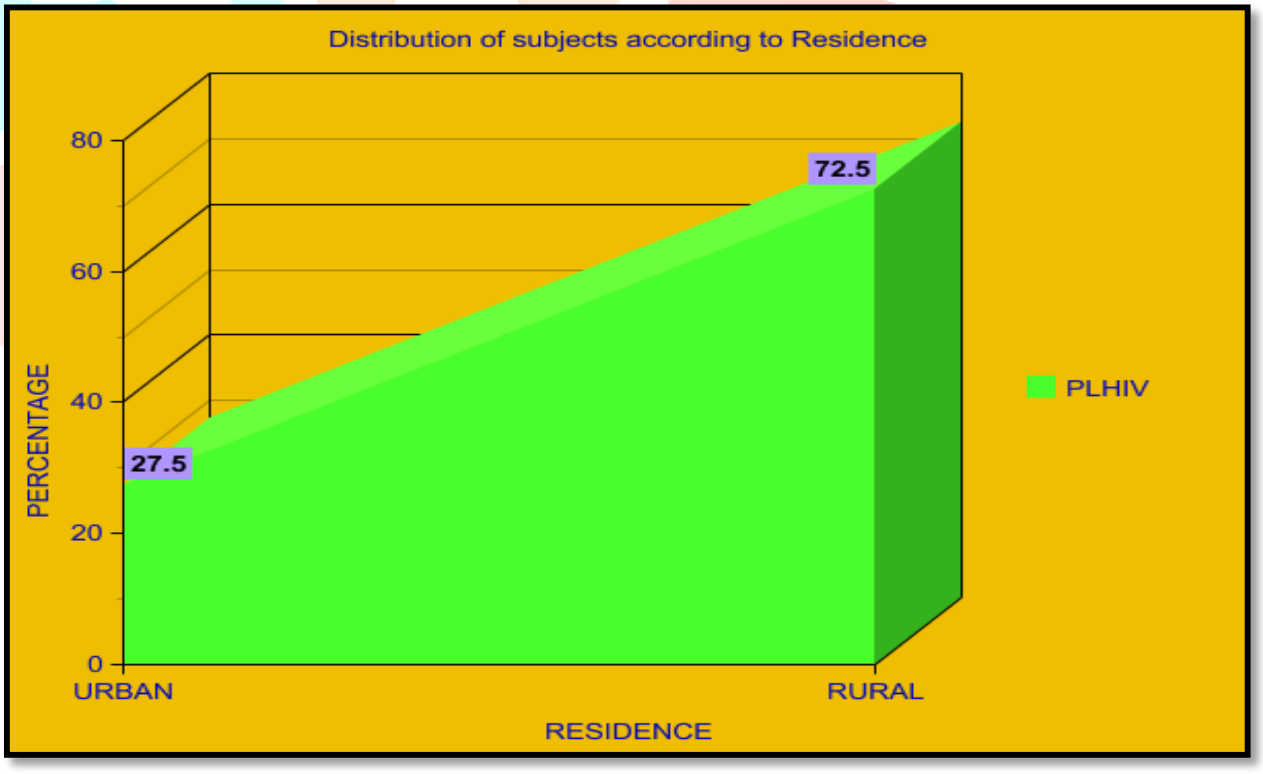



**Figure 7: Area diagram showing distribution of the subjects on the basis of knowing ones HIV status.**

Table 6 and Figure 7 shows that most of the subjects 116 (72.5%) lived in the rural area and only 44 (27.5%) lived in the urban area.

**TABLE 7: Frequency and percentage distribution of subjects according to Employment**

| **Residence** | **Frequency** | **Percentage (%)** |
|---|---|---|
| Yes | 108 | 67.5 |
| No | 52 | 32.5 |
| **TOTAL** | 160 | 100% |

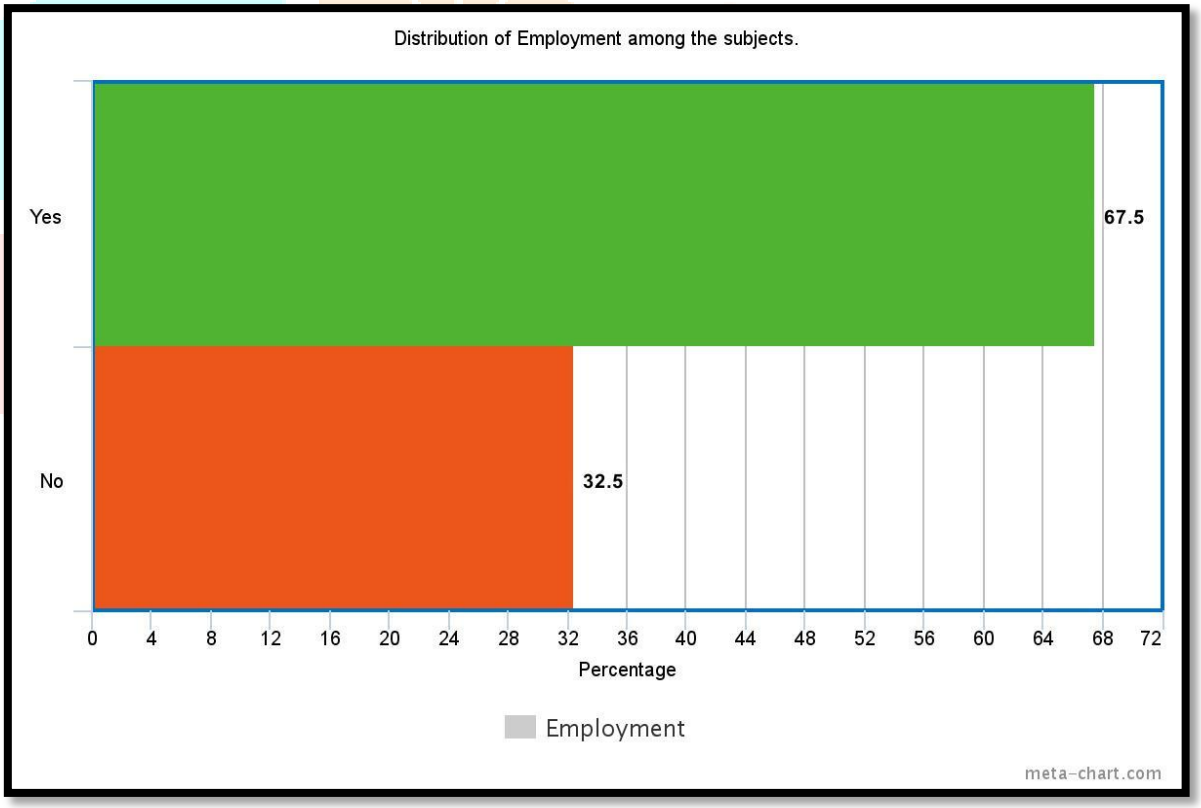



**Figure 8: Horizontal Bar diagram showing distribution of subjects on the basis of employment.**

Table 7 and Figure 8 shows distribution of Employment among the subjects. It is found that majority of the subjects 108 (67.5%) were employed and 52 (32.5%) subjects were unemployed.

**TABLE 8: Frequency and percentage distribution of subjects according to Addiction.**

| Addiction | Frequency | Percentage (%) |
|---|---|---|
| Tobacco | 91 | 56.875 |
| Alcohol | 20 | 12.5 |
| Others | 0 | 0 |
| None | 57 | 35.625 |
| **TOTAL** | 160 | 100% |

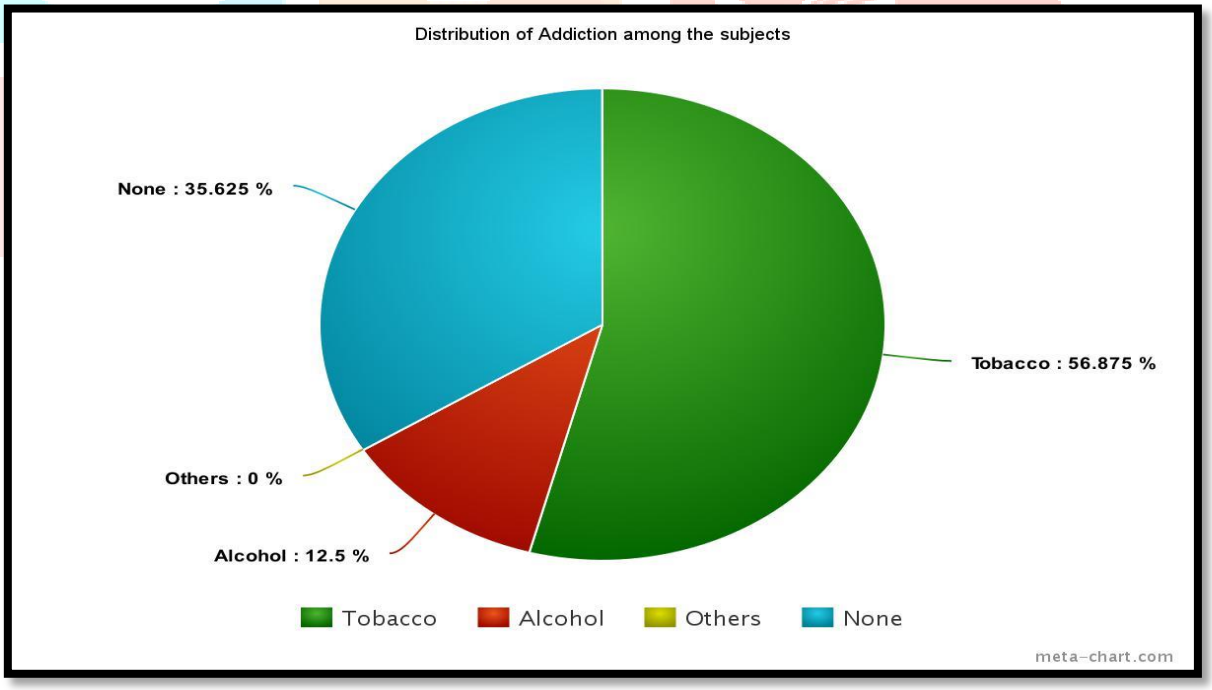



**FIGURE 9: Pie diagram showing distribution of addiction in the study group.**

Table 8 and Figure 9 shows the distribution of subjects according to addiction. 91 (56.875%) were addicted to tobacco and 20 (12.5%) were addicted to alcohol. There were 57 (35.625%)

with absolutely no addiction. The subjects did not report of any other addictions other than tobacco and alcohol

**SECTION - II: ANALYSIS OF EFFECTIVENESS OF VIDEO ASSISTED TEACHING PROGRAMME AND DEMONSTRATION METHOD REGARDING CONDOM USAGE ON KNOWLEDGE SCORES.**

**a) Analyzing the pretest and posttest knowledge score of PLHIV of group I (Video Assisted Teaching)**

**TABLE-9: PRETEST AND POSTTEST KNOWLEDGE SCORES OF PLHIV IN GROUP I (VIDEO ASSISTED TEACHING)**

| TEST | N | $\sum X$ | Mean | $\sum X^2$ | Variance | Std. dev | Std error | F ratio |
|---|---|---|---|---|---|---|---|---|
| PRETEST | 80 | 287.76 | 3.59 | 1042.67 | 0.09 | 0.30 | 0.03 | 76.845 |
| POSTTEST | 80 | 328.80 | 4.11 | 1365.45 | 0.178 | 0.42 | 0.04 | |
| TOTAL | 160 | 616.56 | 3.85 | 2408.12 | 0.20 | 0.44 | 0.03 | |

TABLE-9 shows that the pretest knowledge regarding condom usage among PLHIV is (3.59±0.30) and posttest knowledge score of PLHIV is (4.11±0.42). The F ratio value is 76.845.The P value is <0.00001. The result is significant at p<0.005.

This shows that there is a significant increase in the knowledge regarding condom usage among PLHIV after administration of video assisted teaching.

**b) Analyzing the pretest and posttest knowledge score of PLHIV of Group II (DEMONSTRATION ON THE MODEL OF PENIS)**

**TABLE-10: PRETEST AND POSTTEST KNOWLEDGE SCORES OF PLHIV IN GROUP II (DEMONSTRATION ON THE MODEL OF PENIS)**

| TEST | N | $\sum X$ | Mean | $\sum X^2$ | Variance | Std. dev | Std error | F ratio |
|---|---|---|---|---|---|---|---|---|
| PRETEST | 80 | 286.16 | 3.57 | 1032.5 | 0.11 | 0.33 | 0.03 | 698.07 |
| POSTTEST | 80 | 384.93 | 4.81 | 1857.03 | 0.06 | 0.24 | 0.03 | |
| TOTAL | 160 | 671.10 | 4.19 | 2889.61 | 0.47 | 0.68 | 0.05 | |

TABLE-10 showed that the pretest knowledge regarding condom usage among PLHIV in Group II is (3.57±0.33) and posttest knowledge score of PLHIV is (4.81±0.24). The F ratio value is 698.07.The P value is <0.00001. The result is significant at p<0.005.

This shows that there is a significant increase in the knowledge regarding condom usage among PLHIV after administration of demonstration regarding condom usage on the model of penis.

**c. Analysis of Pre-test Knowledge Score by group.**

**TABLE 11: Classification of Pretest score by group regarding knowledge of condom usage.**

| Name of the group | N | Mean | Std. dev | Std error |
|---|---|---|---|---|
| Group 1 (Video Assisted teaching) | 80 | 3.59 | 0.30 | 0.03 |
| Group 2 (Demonstration) | 80 | 3.57 | 0.33 | 0.03 |

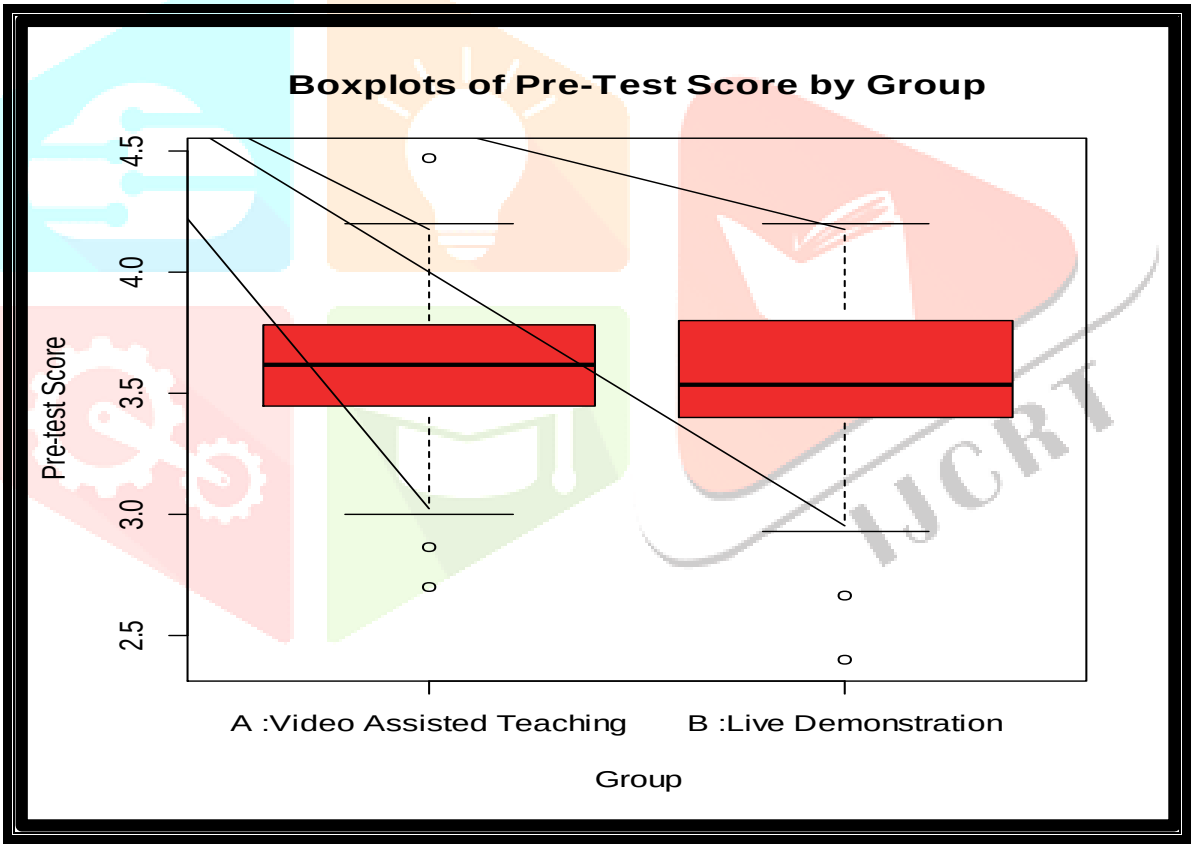



**FIGURE 10: Boxplot of pretest knowledge by group.**

Table 8 and Figure 11 shows the classification of pretest score by group regarding knowledge of condom usage. The data showed that the mean of subjects who were in group one of Video

assisted teaching (n=80) was 3.59 with standard deviation of 0.03 and group two of Demonstration (n=80) was 3.57 with standard deviation of 0.33.

Hence, there was no much significant difference between the pretest scores of video assisted teaching and pretest scores of demonstration of condoms among PLHIV.

**d.) Analysis of Post-test Knowledge Level of groups.**

**TABLE-12: Classification of Posttest score of groups regarding knowledge of condom usage.**

| Name of the group | N | Mean | Std. dev | Std. error |
|---|---|---|---|---|
| Group 1 (Video Assisted teaching) | 80 | 4.11 | 0.42 | 0.05 |
| Group 2 (Demonstration) | 80 | 4.81 | 0.24 | 0.03 |

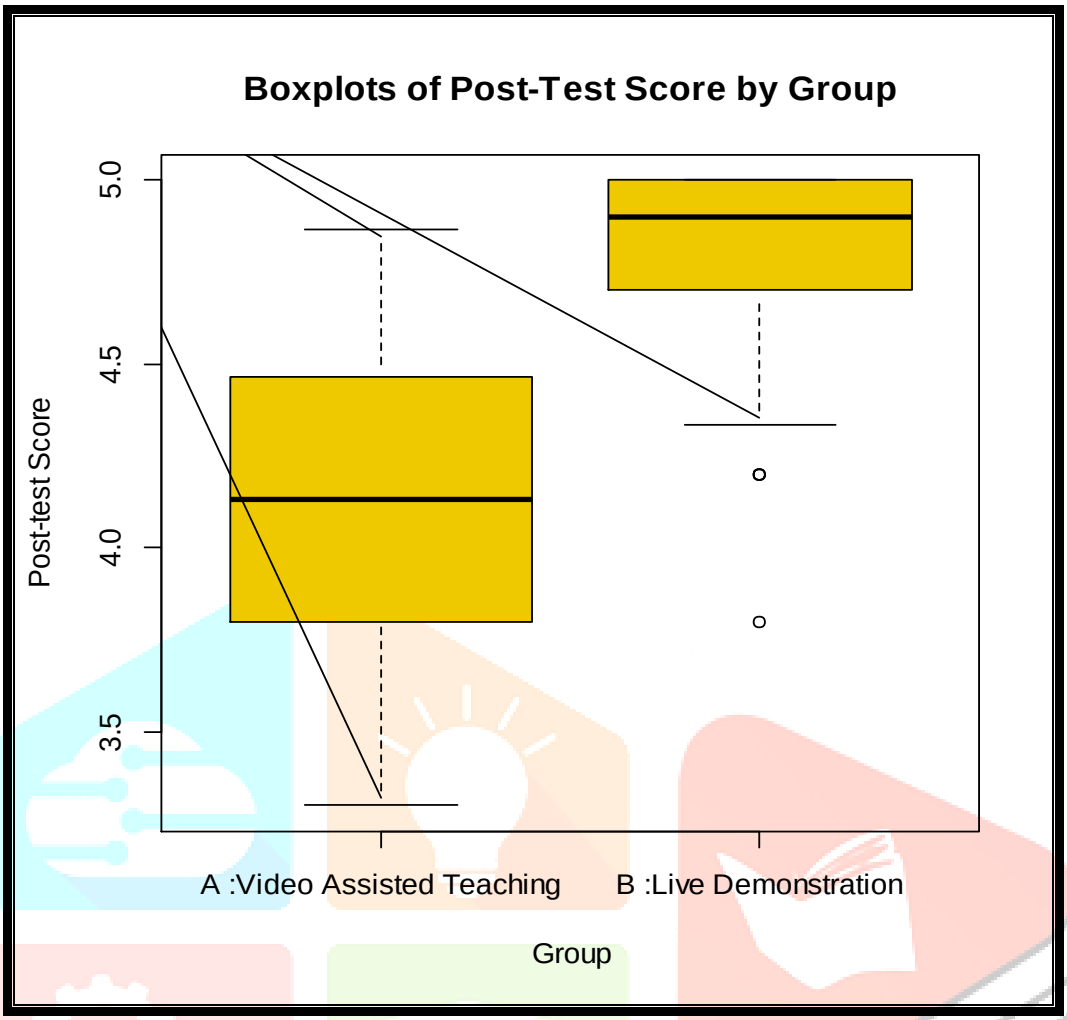



**Figure 11: Boxplot of posttest knowledge of groups**

Table 10 and Figure 11 shows the classification of posttest score by group regarding knowledge of condom usage. The data showed that the post test knowledge score in group one (Video assisted teaching) was (4.11±0.42) and group two (Demonstration) was (4.81±0.24). Hence, there was a significant difference between the post test scores of both the groups.

**Section III**: **Analysis of data related to the comparison between the post-test knowledge scores of video assisted teaching and demonstration on the model of penis of condom usage among PLHIV.**

**TABLE-13: ANALYSIS OF COVARIANCE**

| | Df | Sum of squares | Mean square | F value | P value |
|---|---|---|---|---|---|
| Pretotal | 1 | 0.02 | 0.02 | 0.23 | 0.62 |
| Group | 1 | 19.75 | 19.75 | 164.82 | <0.000 |
| Pretotal group | 1 | 0.19 | 0.19 | 1.64 | 0.20 |
| Residuals | 156 | 18.70 | 0.12 | | |

Table 13 showed analysis of covariance in the study. There is significant difference for the groups that is video assisted teaching and demonstration method but none of the covariates were significant between pretest and posttest. The F value for the group is 164.82 with degree of freedom 1.The value showed F (1,157) =164.16. The t value is -12.8 and the P value is <0.000. The result is significant at p<0.005. The estimation of 0.505 indicated that the condition accounts for 50% of the total variance in the post test scores in the population.

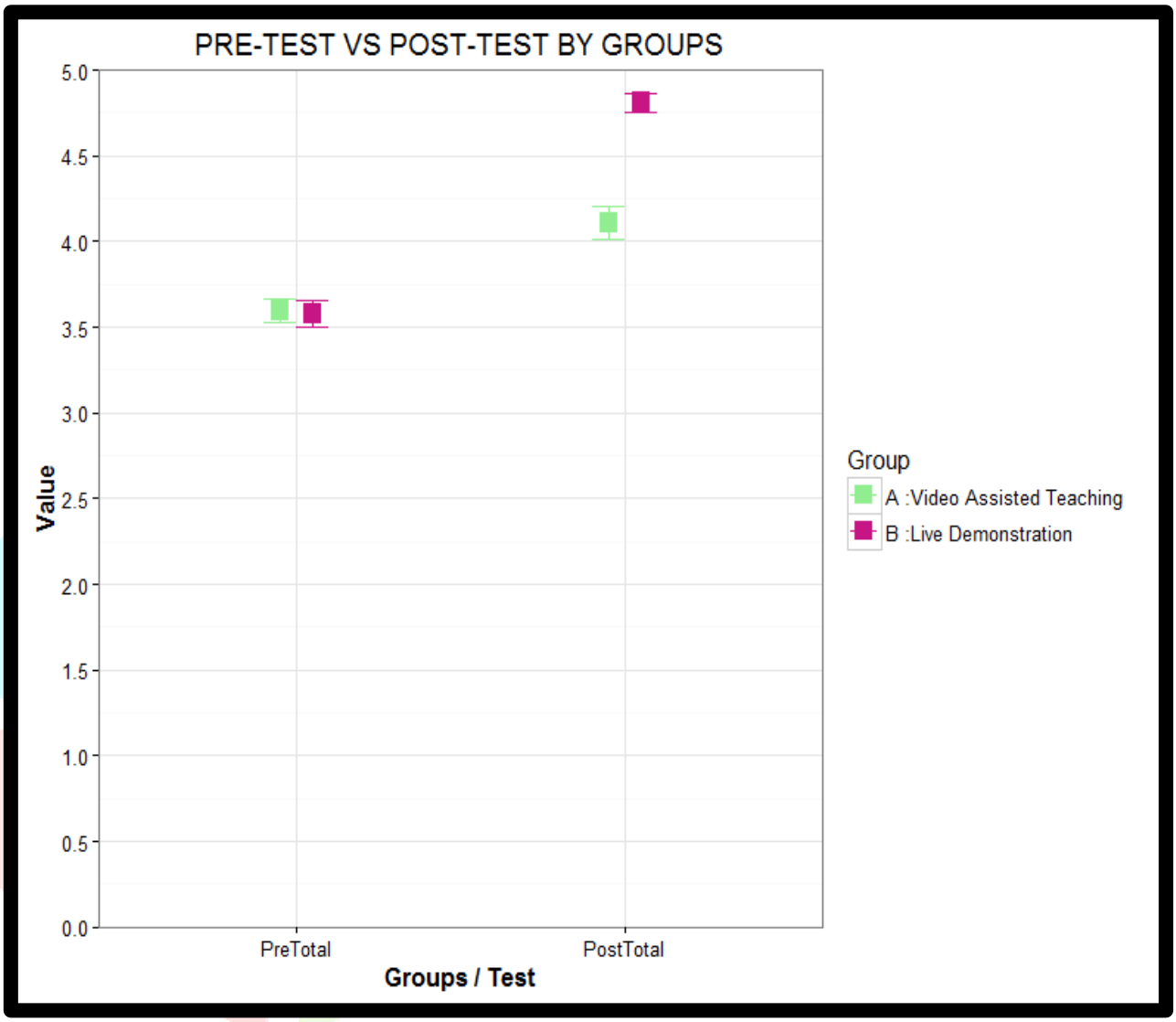



**Figure 12: Scatter Graph of Pretest versus Posttest**

## SUMMARY

This chapter dealt with the analysis and interpretation of data through descriptive and inferential statistics. The findings of the study were presented in the following sections

**Section I**: Description of subjects with regard to demographic information in terms of frequency and percentage.

**Section II**: Analysis of data related to the effectiveness of video assisted teaching and demonstration method regarding condom usage on knowledge score.

**Section III**: Analysis of data related to the comparison between the post-test knowledge scores of video assisted teaching and demonstration on the model of penis of condom usage among PLHIV.

# CHAPTER V

## SUMMARY AND RECOMMENDATIONS

**"New opinions often appear first as jokes and fancies, then as blasphemies and treason, then as questions open to discussion, and finally as established truths."**

- **George Bernard Shaw.**[76]

A research is never completed unless the findings of the study are being discussed and summarized. The present chapter deals with summary, discussion, conclusion and recommendations as per the findings of the present study.

It has been found that the incidence of HIV/AIDS has been on the rise. There is a need for the People living with HIV to have knowledge, a positive attitude towards its use as well as know the skill of condom use in order to prevent infections and hence decrease the progression of the disease. This study is mainly conducted to determine whether demonstration method of condom use is more effective in increasing the knowledge or whether video assisted teaching is effective so that in future the most effective method can be applied for the patients living with HIV. With this aim the study selected problem statement as follows:-

"Assessment of the effectiveness of video assisted teaching versus demonstration on a penis model regarding knowledge of condom usage among people living with HIV in a selected hospital."

## OBJECTIVES

1. To assess the pre-test and post-test knowledge scores of video assisted teaching of condom usage among PLHIV.
2. To assess the pre-test and post-test knowledge scores of demonstration on the model of penis of condom usage among PLHIV.
3. To compare the post-test knowledge scores of video assisted teaching and demonstration on the model of penis of condom usage among PLHIV.

## ASSUMPTIONS

1. People living with HIV may have some knowledge regarding condom use
2. Video-assisted teaching method and demonstration method of teaching may bring a change in the knowledge on People living with HIV learning.

## APPROACH AND DESIGN

Quasi Experimental two group pretest posttest design with quantitative evaluative approach was used for the study.

## MAJOR FINDINGS OF THE STUDY

- The study distribution showed that 59 (36.875%) of subjects were in the age group of 40-49 years, 53(33.125%) were in the age group of 30-39 years, 25 (15.625%) were in the age group of less than or equal to 29 years, 18 (11.25%) were in the age group of 50-59 years and 5 (3.125%) were in the age group of 60 years and above.
- However majority of the subjects 126 (78.75%) were married whereas single were 19 (11.875%). 8 (5%) of the subjects were separated, 6 (3.75%) widowed and only 1 (0.625%) divorced.

- The education distribution showed that 87 (54.375%) of the subjects were belonging to the secondary education group, 41 (25.625%) of the subjects belonged to the primary education group and 32 (20%) belonged to the tertiary education group.
- Maximum of the subjects 113 (70.625%) knew their HIV status less than or equal to five years and 47 (29.375%) subjects knew their HIV status since equal to or more than 6 years.
- Most of the subjects 116 (72.5) lived in the rural area and only 44 (27.5%) lived in the urban area. It is found that majority of the subjects 108 (67.5%) were employed and 52 (32.5%) subjects were unemployed. 91 (56.875%) were addicted to tobacco and 20 (12.5%) were addicted to alcohol. There were 57 (35.625%) with absolutely no addiction. The subjects did not report of any other addictions other than tobacco and alcohol.
- The pretest knowledge regarding condom usage among PLHIV is (3.59±0.30) and posttest knowledge of PLHIV is (4.11±0.42). The F ratio value is 76.845.The P value is <0.00001. The result is significant at p<0.005. This showed that there was a significant increase in the knowledge regarding condom usage among PLHIV after administration of video assisted teaching.
- The pretest knowledge regarding condom usage among PLHIV in Group II is (3.57±0.33) and posttest knowledge score of PLHIV is (4.81±0.24). The F ratio value is 698.07.The P value is <0.00001. The result is significant at p<0.005. This showed that there was a significant increase in the knowledge regarding condom usage among PLHIV after administration of demonstration regarding condom usage on the model of penis.

- The mean of subjects who were in group one (Video assisted teaching) was 3.59 with standard deviation of 0.30 and group two (Demonstration) was 3.57 with standard deviation of 0.33. Hence, there was no much significant difference between the pretest scores of video assisted teaching and pretest scores of demonstration of condoms among PLHIV.
- The mean of subjects who were in group one (Video assisted teaching) was 4.11 with standard deviation of 0.42 and group two (Demonstration) was 4.81 with standard deviation of 0.24. Hence, there was a significant difference between the post test scores of both the groups.
- The mean pretotal of both (Video assisted teaching and Demonstration) is 3.58 and the post total of the group is 4.46 with the mean difference of 0.87. There is significant difference for the groups that is video assisted teaching and demonstration method but none of the covariates were significant between pretest and posttest.
- The F value for the group is 164.82 with degree of freedom 1.The value showed F (1,157) =164.16. The t value is -12.8 and the P value is <0.0001. The result is significant at $p<0.005$.
- The estimation of 0.505 indicated that the condition accounts for 50% of the total variance in the post test scores in the population

## DISCUSSION

The findings of the study have been discussed with reference to the objectives and hypotheses stated and with the findings of the study.

### 1) Description of baseline variables

The baseline variables of PLHIV were gathered as these variables could influence the effectiveness of the interventions (Independent variables) on the knowledge (dependent variable) of the patients regarding the information provided about the condom usage. The baseline variables include age, marital status, educational qualification, duration since one knows his HIV status, residence, employment and addiction. In the present study, 59 (36.875%) of subjects were in the age group of 40-49 years, 53(33.125%) were in the age group of 30-39 years. This study also shows that most of the subjects 126 (78.75%) were married. The education distribution shows 87 (54.375%) of the subjects were belonging to the secondary education grouip. Maximum of the subjects 113 (70.625%) knew their HIV status less than or equal to five years.

In the present study, majority of the subjects, i.e. 116 (72.5%) lived in the rural area. It is found that majority of the subjects 108 (67.5%) were employed and 91 (56.875%) were addicted to tobacco.

### 2. Findings related to effectiveness of video assisted teaching programme and demonstration method regarding condom usage.

A study was conducted to evaluate the effect of condom use demonstration among male and female adolescents in Burkina, Faso, Ghana and Uganda. The adolescents who have seen a condom demonstration are five times likely as their peers who have not seen such a

demonstration to know key facts about how to use a condom. It was noted that demonstration method of condoms usage increases knowledge among the subjects.[68]

There were many other studies aimed to carry out a systematic literature review on the effectiveness of demonstration as a clinical teaching strategy for nursing. All studies concluded that demonstration is effective for clinical teaching related to intellectual and psychomotor skills. This literature review concluded that demonstration is highly recommended clinical teaching in nursing.[69]

Similar findings were reported in a study conducted among males where (33.2%) of participants thought that condoms are effective method of contraception and (25.8%) of them had proper knowledge about condom use.[5] A study conducted in Ethiopia showed that (84.2) of participants considered STIs transmission can be reduced through proper use of condoms and (44.8%) of them feels uneasy to buy condom from shop and other place.[77]

A demonstration project used 12 student nurses on community deployment to provide health instruction amonvg rural school-age populations in Zimbabwe. A quasi-experimental (pre- and post-test), non-equivalent control group design was used and consisted of 141 school pupils in the intervention group and 144 pupils in the comparison group (N = 285). A gain in health knowledge scores among the intervention group was reported at post-test. More than 70% of the pupils who received health instruction from student nurses gave a high approval rating of student nurses' performance.[78]

Similarly, in this study it was concluded that there was a significant difference at 0.05 levels with regard to knowledge of condom usage among PLHIV, thus the null hypothesis (H0) and ($H0_1$) is rejected in case of knowledge. It was noted that there is a significant increase in the knowledge score of PLHIV regarding condom usage among PLHIV who use

the demonstration on the model of penis as learning modality as compared to those who use video assisted teaching of condom usage.

## CONCLUSION

It was found that there was a difference between the pretest and post test of both video assisted teaching and demonstration on the model of penis among PLHIV. It was also found that there was a significant (50%) increase among the knowledge level of PLHIV who received demonstration on the model of penis as compared to that of those who received video assisted teaching among PLHIV. Hence it is concluded that demonstration on the model of penis is the most effective method to provide knowledge to PLHIV.

## PERSONAL EXPERIENCE

The entire research study was an enriching experience and it helped the investigator to develop her skill in the importance of effective communication with the respondents. The study also helped the investigator to better understand the concept of research as a whole. The entire research went on smoothly and gave a sense of satisfaction and accomplishment to the investigator. It was worth and a good learning experience.

## NURSING IMPLICATIONS

The results obtained from the study helped the researcher to drive certain implications for Nursing practice, Nursing education, Nursing administration and Nursing research.

### Nursing practice

- Health education is an important tool for a health care agency. It is one of the most cost effective interventions to promote healthy living.
- Most of the PLHIV are not aware regarding measures to prevent the progression of HIV/AIDS and sometimes even though they have the knowledge regarding preventive measures, they are not ready to practice safe sex due to their positive attitude towards negligence regarding health.
- The knowledge regarding condom usage among PLHIV is very important for them. The nurses should take initiative in providing education regarding condom usage to PLHIV and remove their misconceptions about condoms and thereby provide them with the correct method of using condoms.
- Thus, the information provided through demonstration method regarding condom usage to prevent the transmission of the disease helps them to improve their knowledge regarding condom usage which they have to follow throughout their life and hence improve the quality of their life.

### Nursing education

- The findings of the present study justify the involvement of direct demonstration of condoms in Diploma and Bachelor level nursing programme curriculum.
- Today's nursing students will be tomorrow's fully fledged nurses who will be practicing at bed side and also at the community level to educate the rural people.

- So it is recommended to the nursing education department that implementation of direct demonstration of condoms in their curriculum will bring good result in their learning and improve their knowledge and skills regarding many aspects like prevention of transmission of HIV/AIDS and its progression.
- The direct demonstration of condoms on the penis model stimulates the students learning and it will help them to educate the PLHIV.

**Nursing administration**

- The Nursing administration can make it mandatory for all nursing personnel to provide extended care to PLHIV.
- The administrator can plan for an inservice education for all the nursing personnel regarding the importance of counselling PLHIV regarding Prevention of transmission of HIV focusing on the usage of condoms.

**Nursing research**

- Similar type of teaching programme can be prepared to provide education regarding condom usage among PLHIV and can be tested for their effectiveness.
- A more extensive and intensive study can be conducted in this area by using different methods of tl seeaching, settings, samples and sampling technique.
- An educational material to suit the learning needs of PLHIV can be prepared to create public awareness regarding condom usage and also educating people in preventing the transmission of HIV/AIDS.

## RECOMMENDATIONS

In the light of the study the following recommendations are made,

- An exploratory study can be conducted to assess the barriers of condom usage among PLHIV.
- A study can be replicated on a larger sample to assess the knowledge, attitude and skill of condom usage among PLHIV.
- A study can be conducted to assess the utilization of various governmental services regarding condom usage among PLHIV.
- A study can be conducted to assess the knowledge and attitude regarding condom usage among adolescents.
- A study can be conducted to assess the knowledge and attitude regarding condom usage among the staff nurses.

## SUMMARY

The overall experience of conducting this study was satisfying and adventurous. This study has given a broad area of social, personal and professional experience for student researcher in applying steps of research process and in overcoming difficulties and problems faced at rural areas during the study. There was good co-operation from the staffs of the selected hospital. The respondents were satisfied and happy with the information they received.

The study revealed that demonstration on the penis model could be used as an effective teaching strategy to increase the knowledge regarding condom usage among PLHIV in hospitals.

## REFERENCES


1. The Elizabeth Taylor AIDS Foundation. Available at http://elizabethtayloraidsfoundation.org/liz-taylor-is-gone-but-her-work-as-an-hiv-activist-lives-on/
2. AIDS- The First 20 Years. The New England Journal of Medicine; Vol 344, 1764-1772
3. Park. K. Essentials of Community Health Nursing, 21st ed. Jabalpur: Banarsidas Bhanot Publisher; 2011.Pg.316-317
4. Condoms for the prevention of HIV and STI transmission. Available at www.catie.ca/en/fact-sheets/prevention/condoms
5. Ismael A.S. Knowledge, Attitudes and Practice of Condom Use among Males IN Erbil Goveronate. Global Journal of Health Science; Vol. 4, No. 4; 2012.
6. Black M.J et al, Medical Surgical Nursing Clinical Management for Positive outcomes Vol II. 8th edn, New Delhi, Elseiver publication 2010.Pg.2092-2094
7. Advantages of using condoms. Available at https://www.google.co.in/?gfe_rd=cr&ei=u1eoV6WXLdjaugSUyio&gws_rd=ssl#q=advantages+of+using+condoms
8. Disadvantages of using a condom. Available at http://www.onlymyhealth.com/disadvantages
9. Davis KR, Weller sc. The effectiveness of condoms in reducing heterosexual transmission of HIV. Fam.PlannPerspect 1999:272-279.
10. Marin BV, Marin G. Predictors of condom accessibility among Hispanics in San Francisco, Am J Public Health.1992; 82: 592-595.

11. Maharaj P. Obstacles to negotiating dual protection: Perspective of men and women. Afr J Reprod Health. 2001; 5: 150-161.)
12. Mohammad G. The knowledge, attitudes and perceptions of condom use in HIV positive African men in the Shauri Moyo community, Kenya.2009.Available at http://www.phcfm.org/index.php/phcfm/thesis/view/27
13. Current Epidemiological Scenario of HIV/AIDS in India: National Response, a Rhetoric or reality. International Journal of 2014, Vol 1, No.8, 191-201. Available at http://www.ijims.comISSN:2348-0343
14. The knowledge, attitudes and perceptions of condom use. Available at http://www.phcfm.org/index.php/phcfm/thesis/view/27
15. The Facts about HIV and STD Prevention. Available at http://www.aidschicago.org/resources.legacy/condoms.ltoyw_fact.pdf
16. Fact Sheet 2016. Available at http://www.unaids .org/en/resources/fact-sheet
17. "Condom effectiveness where are we no?" Available at https://en.m.wikipedia.org/wiki/Prevention_of_HIV/AIDS
18. Exploring the HIV transmission Rates: Health line, Sept 11,2014 Available at http://www.healthline.com/health/hiv-aids/hiv-transmission-rates/overview
19. Mohamoud G. The knowledge, attitudes and perceptions of condom use in HIV positive African men in the ShauriMoyo community, Kenya. 2009.
20. HIV/AIDS Prevention. Available at http://www.cdc.gov/hiv/basics/prevention.html.
21. Bortat AT, Riser WL, Cromwell pf. Condom use in incarcerated adolescent males; knowledge and practice. Sex Transm Dis. 2006;33:2-4
22. De Rosa CJ, Marks G Preventive counseling of HIV-positive men and self-disclosure of sero status to sex partners: new opportunities for prevention. Health Psychol. 1998 May; 17(3):224-31.

23. Ridge D, Ziebland S, Anderson J, Williams I, Elford J Positive prevention: contemporary issues facing HIV positive people negotiating sex in the UK. Soc Sci Med. 2007 Aug; 65(4):755-70.
24. National AIDS Control Organisation (NACO) Strategy and Implementation Plan-National AIDS Control Programme Phase III [2007–2012] New Delhi: NACO; 2006.
25. Venkatesan Chakrapani, Peter A. Newman etal, Prevalence and Contexts of Inconsistent Condom Use among Heterosexual Men and Women Living with HIV in India: Implications for Prevention. AIDS Patient Care STDS. 2010 Jan; 24(1): 49–58.
26. Possible Barriers to correct condom use. Available at http://www.indiana.edu/~kinsey/research/condom_barriers.html
27. Di Clemente RJ, Lodico M, Grinstead OA, etal, African- American adolescents resising in high risk urban environments do use condoms: Correlates and Predictors of condom use among adolescents in public housing developments. Pediatrics.1996;98: 269-278.
28. Donald Clark. Babylon Dictionary [Online][Cited on 2012]'Available at http://dictionary.babylon.com/instructional _module/
29. Francis Galton.Research Methodology Quotes [Online] 2012 [Cited on 2012 Nov]; Available at http://www.google.co.in/search?hl=en&bo=d&output=search &sclient=psyab&q=effectiveness=research+methodology+quotes&oq=research+metho dology+quotes
30. James Allen: Literature Review Quotes Available at http://www.searchquotes.com/search/Literature_Review/
31. Polit D. F and Hunger. B. Nursing Research. Principles and Methods.6th Ed. Baltimore: Lippincott: 1999.P.79

32. The Office of the Global AIDS Coordinator (2012) : Creating an AIDS-Free Generation Available at http://www.pepfar.gov/documents/organization/201386.pdf.Accessed.

33. HIV and AIDS: Sharing knowledge. Available at http://mobile.aidsmap.com.Do-condomsp-work/page/

34. Smith DK, Herbst JH, Zhang X, Rose CE. Condom Effectiveness for HIV Prevention by Consistency of Use among Men Who Have Sex with Men (MSM) in the U.S. *Journal of Acquired Immune Deficiency Syndrome*s. 2014 Dec 2.

35. Sanders SA, Yarber WL, Kaufman EL, Crosby RA, Graham CA, Milhausen RR. Condom use errors and problems: a global view. *Sexual Health*. 2012 Feb 17; 9(1):81–95.

36. Incidence of HIV in India. Available at http://infochangeindia.org/hiv-aids/research/biomedical-research-on-hivaids-in-india.html

37. Public Health Agency of Canada. Summary : Estimates of HIV Incidence, Prevalence and Proportion Undiagnosed in Canada, 2014. Available at http://www.catie.ca/sites/default/files/2014-HIV-Estimates-in-Canada-EN.pdf

38. HIV/AIDS in India. Available at http://www.worldbank.org/en/news/feature/2012/07/10/hiv-aids-india.

39. UNAIDS (2015) 'How AIDS Changed Everything' Available at https://www.avert.org/global-hiv-and-aids-statistics#footnote2_6adjcl9

40. Fact Sheet 2014. Available at https://www.avert.org/global-hiv-and- aids-statistics#footnote2_6adjcl9

41. Global Observatory Report Data Available at http://www.who.int/gho/hiv/en/

42. AIDS Research and Treatment Volume 2012 (2012), Article ID 576149, 7 pages Available at http://dx.doi.org/10.1155/2012/576149

43. Manisha Ghate.et al. Mortality in HIV infected individuals in Pune, India. Indian Journal of Medical Research.2011 April; 133(4):414-420.
44. Lalit Dandona.et al. HIV incidence from the first population-based cohort study in India.Published online 2013 Jul 17. doi: 10.1186/1471-2334-13-327
45. Overview of Division of AIDS Research: Available http://www.nimh.nih.gov/about/organization/dar/index.shtml
46. Pinkerton SD, Abramson PR. Effectiveness of condoms in preventing HIV transmission. SocSci Med 1997;44 (9):1303-1312.
47. Davis KR, Weller SC. The effectiveness of condoms in reducing heterosexual transmission of HIV. FamPlannPerspect 1999:272-279.
48. Darrow D WW. Condom use and use-effectiveness in high-risk populations. Sex Transm Dis 1989;16(3):157-160.
49. Stephen B Kennedy et al. A Quantitative Study on the Condom-Use Behaviors of Eighteen- to Twenty-Four-Year-Old Urban African American Males. Available at http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1950730/
50. Jennifer Manlove, Erum Ikramullah, and Elizabeth Terry-Humen, "Condom Use and Consistency among Male Adolescents in the United States," *Journal of Adolescent Health* (June 2008): 1-9.
51. King K Holmes, Ruth Levine and Marcia Weaver. Effectiveness of condoms in preventing sexually transmitted infections. Bull World Health Organ vol.82 n.6 Genebra Jun. 2004.
52. Wamalwa Emmanuel et al .Condom Use Determinants and Practices Among People Living with HIV in Kisii County, Kenya. Open AIDS J. 2015; 9: 104–111.Published online 2015 Nov 13. doi: 10.2174/1874613601509010104

53. *Agostino M Zamberia et al.* Sexual activity and condom use among people living with HIV in Swaziland. *African Journal of AIDS Research 2009, 8(1): 69–81.*

54. Juan J Jelgado Hertado. Knowledge of HIV transmission and condom use among HIV-positive heterosexual men and women in Guatemala. Published online 2011 Dec 19. doi: 10.1186/1758-2652-14-58

55. Ismael AS, Zangana JMS. Knowledge, attitudes and practice of condom use among males aged (15-49) years in Erbil Governorate. Global journal of health science 2012;4(4):p27.

56. Maimaiti N, Shamsuddin K, Abdurahim A, Tohti N, Maimaiti R. Knowledge, attitude and practice regarding HIV/AIDS among university students in Xinjiang. Global Journal of Health Science 2010; 2(2):p51.

57. Lazarus JV, Himedan HM, Ostergaard LR, Liljestrand J. HIV/AIDS knowledge and condom use among Somali and Sudanese immigrants in Denmark. Scand J Public Health 2006; 34(1):92-99.

58. Ismael AS, Sabir Zangana JM Knowledge, attitudes and practice of condom use among males aged (15-49) years in Erbil Governorate. Glob J Health Sci. 2012 May 21; 4(4):27-36. doi: 10.5539/gjhs.v4n4p27.

59. K Peltzer. Knowledge and practice of condom use among first year students at University of the North, South Africa. Ph.D., Department of Psychology, University of the North. Available at http://www.curationis.org.za/index.php/curationis/article/viewFile/800/737

60. Mary Aswan Ochieng, Rose Kakai and Kisia Abok. Knowledge, Attitude and Practice of Condom use among Secondary School Students in Kisumu District, Nyanza Province Asian Journal of Medical Sciences 3(1): 32-36, 2011

61. Richard A Crosby. Perceived versus actual knowledge about correct condom use among U.S. adolescents: results from a national study. Available at http://www.jahonline.org/article/S1054-139X(00)00213-5/abstract

62. Z. Malaki, M. Mahdian. Assessment of the efficacy of a video assisted teaching program on the knowledge of undergraduate students. Available at https://www.ijsr.net/archive/v4i10/SUB158391.pdf

63. Roth EH, Ludwig H, Schmitz F, Werner W. Retinoscopy. A multi-media teaching program on CD. Ophthalmologe. 2001 Oct;98(10):964-7. Accessed from: http://www.ncbi.nlm.nih.gov/pubmed/11699319

64. "Effectiveness of lectur cum demonstration with VATM for Antenatal examination". Available at https://www.scribd.com/doc/66389052/Statement-Problem-Nsg

65. "Effectiveness of lecture cum demonstration with VATM for Antenatal examination" www.rguhs.ac.in/cdc/onlinecdc/uploads/05_N071_23910.doc

66. Review of literature about video assisted teaching Available at file:///E:/RESEARCH%20ABSTRACTS%20CONDOMS/09_chapter%202.pdf

67. Zimmers E, Privette G, Lowe RH, CHAPPA F. Increasing use of the female condom through video instruction. Percept Mot Skills 1999; 88(3c):1071-1077.

68. Akinrinola Bankole. Knowledge of correct condom use and consistency of use among adolescents in four countries in Sub-Saharan Africa. Available at http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2367135/

69. *Isabel Cristina Fonseca da Cruz* Demonstration and nursing clinical teaching Systematic Literature Review. Available at http://www.objnursing.uff.br/index.php/nursing/article/view/j.1676-4285.2010.2837

70. Vidya Rajesh Gupta. Effectiveness of Simulated Demonstration regarding Defibrillation Technique on Knowledge and Practices among Nurses. International Journal of Science

and Research (IJSR) ISSN (Online): 2319-7064 Impact Factor (2012): 3.358 Volume 3 Issue 6, June 2014.

71. J.C Jones Quotes Available at http://www.slideshare.net/lgalli/jones-quotes
72. Basvanthappa B.T Nursing Research, 2nd EDN. New Delhi. Jaypee Brothers Medical Publishers (P) Ltd; 2007.278
73. Niewswaidomy R, M. Foundation of Nursing Research 3rd edn. Dorling Kinderslay. Publishers. India (P) Ltd 2009.144,188,189,196.
74. Polit D.F. Hunger B.P. Nursing Research Principles and Methods. 9thedn. New Delhi. Wolters Kluwer Lippincott Williams and Wilkins: 2011.49,50,51,58,59.
75. *Carly Fiorina*, former CEO, Hewlett-Packard Co. Speech given at Oracle Open World Quotes Available at http://www.statistics.com/landing-page/data-science/data-science-quotes/
76. George Bernard Shaw. The Doctors Dilemma [Online] [Cited on 2012]; Available at http://en.wikiquote.org/wiki/George_Bernard_Shaw
77. Gelaw BK, Gelaw YK, Aneley Y, Bizuye YA. Knowledge, attitude, practice and determinants of condom use among people living with HIV/AIDS in Gondar University Hospital, North West Ethiopia. International Journal of Pharma Sciences 2014; 4(1):408-16.
78. Munodawafa D, Effectiveness of health instruction provided by student nurses in rural secondary schools of Zimbabwe: a feasibility study. Available at http://www.ncbi.nlm.nih.gov/pubmed/7730003.

## BIBLIOGRAPHY


1. Advantages of using condoms. Available at https://www.google.co.in/?gfe_rd=cr&ei=u1eoV6WXLdjaugSUyio&gws_rd=ssl#q=advantages+of+using+condoms
2. *Agostino M Zamberia et al. Sexual activity and condom use among people living with HIV in Swaziland. African Journal of AIDS Research 2009, 8(1): 69–81.*
3. AIDS Research and Treatment Volume 2012 (2012), Article ID 576149, 7 pages Available at http://dx.doi.org/10.1155/2012/576149
4. AIDS- The First 20 Years. The New England Journal of Medicine; Vol 344, 1764-1772
5. Akinrinola Bankole. Knowledge of correct condom use and consistency of use among adolescents in four countries in Sub-Saharan Africa. Available at http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2367135/
6. Basvanthappa B.T Nursing Research, 2nd EDN. New Delhi. Jaypee Brothers Medical Publishers (P) Ltd; 2007.278
7. Black M.J et al, Medical Surgical Nursing Clinical Management for Positive outcomes Vol II. 8thedn, New Delhi, Elseiver publication 2010.Pg.2092-2094
8. Bortat AT, Riser WL, Cromwell pf. Condom use in incarcerated adolescent males; knowledge and practice. Sex Transm Dis. 2006;33:2-4
9. *Carly Fiorina*, former CEO, Hewlett-Packard Co. Speech given at Oracle Open World Quotes Available at http://www.statistics.com/landing-page/data-science/data-science-quotes/

10. Condom effectiveness where are we no? Available at https://en.m.wikipedia.org/wiki/Prevention_of_HIV/AIDS
11. Condoms for the prevention of HIV and STI transmission.Available at www.catie.ca/en/fact-sheets/prevention/condoms
12. Current Epidemiological Scenario of HIV/AIDS in India: National Response, a Rhetoric or reality. International Journal of 2014, Vol 1, No.8, 191-201. Available at http://www.ijims.comISSN:2348-0343
13. Darrow D WW. Condom use and use-effectiveness in high-risk populations. Sex Transm Dis 1989;16(3):157-160.
14. Davis KR, Weller sc. The effectiveness of condoms in reducing heterosexual transmission of HIV. Fam.PlannPerspect 1999:272-279.
15. De Rosa CJ, Marks G Preventive counseling of HIV-positive men and self-disclosure of sero status to sex partners: new opportunities for prevention. Health Psychol. 1998 May; 17(3):224-31.
16. Di Clemente RJ, Lodico M, Grinstead OA, etal, African- American adolescents resising in high risk urban environments do use condoms: Correlates and Predictors of condom use among adolescents in public housing developments. Pediatrics.1996;98: 269-278.
17. Disadvantages of using a condom. Available at http://www.onlymyhealth.com/disadvantages
18. Donald Clark. Babylon Dictionary [Online][Cited on 2012]'Available at http://dictionary.babylon.com/instructional _module/
19. Effectiveness of lectur cum demonstration with VATM for Antenatal examination. Available at https://www.scribd.com/doc/66389052/Statement-Problem-Nsg

20. Effectiveness of lecture cum demonstration with VATM for Antenatal examination" www.rguhs.ac.in/cdc/onlinecdc/uploads/05_N071_23910.doc
21. Exploring the HIV transmission Rates: Health line, Sept 11,2014 Available at http://www.healthline.com/health/hiv-aids/hiv-transmission-rates/overview
22. Fact Sheet 2016. Available at http://www.unaids .org/en/resources/fact-sheet
23. Francis Galton.Research Methodology Quotes [Online] 2012 [Cited on 2012 Nov]; Available at http://www.google.co.in/search?hl=en&bo=d&output=search &sclient=psyab&q=effectiveness=research+methodology+quotes&oq=research+meth odology+quotes
24. Gelaw BK, Gelaw YK, Aneley Y, Bizuye YA. Knowledge, attitude, practice and determinants of condom use among people living with HIV/AIDS in Gondar University Hospital, North West Ethiopia. International Journal of Pharma Sciences 2014; 4(1):408-16.
25. George Bernard Shaw. The Doctors Dilemma [Online] [Cited on 2012]; Available at http://en.wikiquote.org/wiki/George_Bernard_Shaw
26. Global Observatory Report Data Available at http://www.who.int/gho/hiv/en/
27. HIV and AIDS: Sharing knowledge. Available at http://mobile.aidsmap.com.Do-condomsp-work/page/
28. HIV/AIDS in India. Available at http://www.worldbank.org/en/news/feature/2012/07/10/hiv-aids-india
29. HIV/AIDS Prevention. Available at http://www.cdc.gov/hiv/basics/prevention.html.
30. Incidence of HIV in India. Available at http://infochangeindia.org/hiv-aids/research/biomedical-research-on-hivaids-in-india.html

31. *Isabel Cristina Fonseca da Cruz* Demonstration and nursing clinical teaching - Systematic Literature Review. Available at http://www.objnursing.uff.br/index.php/nursing/article/view/j.1676-4285.2010.2837

32. Ismael AS, Zangana JMS. Knowledge, attitudes and practice of condom use among males aged (15-49) years in Erbil Governorate. Global journal of health science 2012;4(4):p27.

33. Ismael AS, Sabir Zangana JM. Knowledge, attitudes and practice of condom use among males aged (15-49) years in Erbil Governorate. Glob J Health Sci. 2012 May 21; 4(4):27-36. doi: 10.5539/gjhs.v4n4p27.

34. J.C Jones Quotes Available at http://www.slideshare.net/lgalli/jones-quotes

35. James Allen: Literature Review Quotes Available at http://www.searchquotes.com/search/Literature_Review/

36. Jennifer Manlove, Erum Ikramullah, and Elizabeth Terry-Humen, "Condom Use and Consistency among Male Adolescents in the United States," *Journal of Adolescent Health* (June 2008): 1-9.

37. Juan J Jelgado Hertado. Knowledge of HIV transmission and condom use among HIV-positive heterosexual men and women in Guatemala. Published online 2011 Dec 19. doi: 10.1186/1758-2652-14-58

38. K Peltzer. Knowledge and practice of condom use among first year students at University of the North, South Africa. Ph.D., Department of Psychology, University of the North. Available at http://www.curationis.org.za/index.php/curationis/article/viewFile/800/737

39. King K Holmes, Ruth Levine and Marcia Weaver. Effectiveness of condoms in preventing sexually transmitted infections. Bull World Health Organ vol.82 n.6 Genebra Jun. 2004.

40. Knowledge, Attitudes and Practice of Condom Use among Males. Global Journal of Health Science; Vol. 4, No. 4; 2012.

41. Lalit Dandona.et al. HIV incidence from the first population-based cohort study in India.Published online 2013 Jul 17. doi: 10.1186/1471-2334-13-327

42. Lazarus JV, Himedan HM, Ostergaard LR, Liljestrand J. HIV/AIDS knowledge and condom use among Somali and Sudanese immigrants in Denmark. Scand J Public Health 2006; 34(1):92-99.

43. Maharaj P. Obstacles to negotiating dual protection: Perspective of men and women. Afr J Reprod Health. 2001; 5: 150-161.)

44. Maimaiti N, Shamsuddin K, Abdurahim A, Tohti N, Maimaiti R. Knowledge, attitude and practice regarding HIV/AIDS among university students in Xinjiang. Global Journal of Health Science 2010; 2(2):p51.

45. Manisha Ghate.et al. Mortality in HIV infected individuals in Pune, India. Indian Journal of Medical Research.2011 April; 133(4):414-420.

46. Marin BV, Marin G. Predictors of condom accessibility among Hispanics in San Francisco, Am J Public Health.1992; 82: 592-595.

47. Mary Aswan Ochieng, Rose Kakai and Kisia Abok. Knowledge, Attitude and Practice of Condom use among Secondary School Students in Kisumu District, Nyanza Province Asian Journal of Medical Sciences 3(1): 32-36, 2011

48. Mohammad G. The knowledge, attitudes and perceptions of condom use in HIV positive African men in the Shauri Moyo community, Kenya.2009.Available at http://www.phcfm.org/index.php/phcfm/thesis/view/27

49. Mohamoud G. The knowledge, attitudes and perceptions of condom use in HIV positive African men in the ShauriMoyo community, Kenya. 2009.
50. Munodawafa D, Effectiveness of health instruction provided by student nurses in rural secondary schools of Zimbabwe: a feasibility study. Available at http://www.ncbi.nlm.nih.gov/pubmed/7730003.
51. National AIDS Control Organisation (NACO) Strategy and Implementation Plan-National AIDS Control Programme Phase III [2007–2012] New Delhi: NACO; 2006.
52. Niewswaidomy R, M. Foundation of Nursing Research 3rd edn. Dorling Kinderslay. Publishers. India (P) Ltd 2009.144,188,189,196.
53. Overview of Division of AIDS Research: Available http://www.nimh.nih.gov/about/organization/dar/index.shtml
54. Park.K. Essentials of Community Health Nursing, 21sted. Jabalpur: Banarsidas Bhanot Publisher; 2011.Pg.316-317
55. Pinkerton SD, Abramson PR. Effectiveness of condoms in preventing HIV transmission. SocSci Med 1997;44 (9):1303-1312.
56. Polit D. F and Hunger. B. Nursing Research. Principles and Methods.6th Ed. Baltimore: Lippincott: 1999.P.79
57. Polit D.F. Hunger B.P. Nursing Research Principles and Methods. 9thedn. New Delhi. Wolters Kluwer Lippincott Williams and Wilkins: 2011.49,50,51,58,59.
58. Possible Barriers to correct condom use. Available at http://www.indiana.edu/~kinsey/research/condom_barriers.html
59. Publi Health Agency of Canada: Summary: Estiamtes of HIV incidence, Prevalence and Proportion Undiagnosed in Canada, 2014. Avaialble at http://www.catie.ca/sites/default/files/2014-HIV-Estimates-in-Canada-EN.pdf

60. Review of literature about video assisted teaching Available at file:///E:/RESEARCH%20ABSTRACTS%20CONDOMS/09_chapter%202.pdf

61. Richard A Crosby. Perceived versus actual knowledge about correct condom use among U.S. adolescents: results from a national study. Available at http://www.jahonline.org/article/S1054-139X(00)00213-5/abstract

62. Ridge D, Ziebland S, Anderson J, Williams I, Elford J Positive prevention: contemporary issues facing HIV positive people negotiating sex in the UK. Soc Sci Med. 2007 Aug; 65(4):755-70.

63. Roth EH, Ludwig H, Schmitz F, Werner W. Retinoscopy. A multi-media teaching program on CD. Ophthalmologe. 2001 Oct;98(10):964-7. Accessed from: http://www.ncbi.nlm.nih.gov/pubmed/11699319

64. Sanders SA, Yarber WL, Kaufman EL, Crosby RA, Graham CA, Milhausen RR. Condom use errors and problems: a global view. *Sexual Health*. 2012 Feb 17; 9(1):81–95.

65. Smith DK, Herbst JH, Zhang X, Rose CE. Condom Effectiveness for HIV Prevention by Consistency of Use among Men Who Have Sex with Men (MSM) in the U.S. *Journal of Acquired Immune Deficiency Syndrome*s. 2014 Dec 2.

66. Stephen B Kennedy et al. A Quantitative Study on the Condom-Use Behaviors of Eighteen- to Twenty-Four-Year-Old Urban African American Males. Available at http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1950730/

67. The Elizabeth Taylor AIDS Foundation. Available at http://elizabethtayloraidsfoundation.org/liz-taylor-is-gone-but-her-work-as-an-hiv-activist-lives-on/

68. The Facts about HIV and STD Prevention. Available at http://www.aidschicago.org/resources.legacy/condoms.ltoyw_fact.pdf

69. The knowledge, attitudes and perceptions of condom use. Available at http://www.phcfm.org/index.php/phcfm/thesis/view/27

70. The Office of the Global AIDS Coordinator (2012): Creating an AIDS-Free Generation. Available at http://www.pepfar.gov/documents/organization/201386.pdf.Accessed

71. UNAIDS (2015) 'How AIDS Changed Everything' Available at https://www.avert.org/global-hiv-and-aids-statistics#footnote2_6adjcl9

72. UNAIDS (2015) Fact Sheet 2014. Available at https://www.avert.org/global-hiv-and-aids-statistics#footnote2_6adjcl9

73. Venkatesan Chakrapani, Peter A. Newman etal, Prevalence and Contexts of Inconsistent Condom Use among Heterosexual Men and Women Living with HIV in India: Implications for Prevention. AIDS Patient Care STDS. 2010 Jan; 24(1): 49–58.

74. Vidya Rajesh Gupta. Effectiveness of Simulated Demonstration regarding Defibrillation Technique on Knowledge and Practices among Nurses. International Journal of Science and Research (IJSR) ISSN (Online): 2319-7064 Impact Factor (2012): 3.358 Volume 3 Issue 6, June 2014.

75. Wamalwa Emmanuel et al .Condom Use Determinants and Practices Among People Living with HIV in Kisii County, Kenya. Open AIDS J. 2015; 9: 104–111.Published online 2015 Nov 13. doi: 10.2174/1874613601509010104

76. Z. Malaki, M. Mahdian. Assessment of the efficacy of a video assisted teaching program on the knowledge of undergraduate students. Available at https://www.ijsr.net/archive/v4i10/SUB158391.pdf

77. Zimmers E, Privette G, Lowe RH, CHAPPA F. Increasing use of the female condom through video instruction. Percept Mot Skills 1999; 88(3c):1071-1077.

**78.** Munodawafa D, Effectiveness of health instruction provided by student nurses in rural secondary schools of Zimbabwe: a feasibility study. Available at http://www.ncbi.nlm.nih.gov/pubmed/7730003.

## ANNEXURE A

## LETTER SEEKING PERMISSION TO CONDUCT THE STUDY

To,

_____

_____

_____

Subject: Seeking permission to Conduct Research

Respected Sir/ Madam,

This is to introduce you, _____. She is working to conduct a research on the topic "**Assessment of the effectiveness of video assisted teaching versus demonstration on a penis model regarding knowledge of condom usage among people living with HIV in a selected hospital"** which is to be submitted to Maharashtra University of Health Sciences, Nashik, as a part of fulfilling the requirements for Master's degree in nursing.

I request you to kindly allow her to conduct the research in your hospital.

I hope you will do the needful.

Thanking you

Yours sincerely,

Principal

**ANNEXURE: B**

**LETTER REQUESTING FOR VALIDATION OF RESEARCH TOOL**

From,

_____
_____
_____

To,

_____
_____
_____

Subject: Requisition For content validity of research tool.

Respected Madam/Sir,

I, Ms._____, Second Year M.Sc. nursing student of _____ is conducting a Nursing research study as a requirement of M.Sc. Nursing Programme under MAHARASHTRA UNIVERSITY OF HEALTH SCIENCE, NASHIK.

**Topic:** Assessment of the effectiveness of video assisted teaching versus demonstration on a penis model regarding knowledge of condom usage among people living with HIV in a selected hospital.

I have prepared a questionnaire to collect data from the people living with HIV/AIDS in a selected hospital, Satara. I kindly request you to give me your valuable suggestion regarding appropriateness, clarity and stability of the items in my tool.

Thanking you in anticipation

Yours sincerely

Place:
Date:

Hereby I enclose:

- Statement of the problem, Objectives and hypothesis of the study
- Demographic variables
- Structured Questionnaire
- Lesson Plan for demonstration and Video assisted teaching.
- Content Validity certificate

## ANNEXURE C

## CONTENT VALIDITY ASSESSMENT DATA COLLECTION FORM- FOR EXPERT REVIEWERS

**Name of the Expert:**_____

This content validity assessment tool has been developed to assess the content validity of structured questionnaire regarding condom usage. We would like you to evaluate the degree to which each item in a scale.
Each item will be evaluated separately and should be considered on its own merit. The knowledge questions are listed together with the other items in their scale, which is designed to measure stigma in a specific target population.

**[Please Note: If the item is clear please put a tick over it. If the item is not clear please specify what was not clear.]**

| Item | Is the item clear | Suggested Revisions /Other Comments |
|---|---|---|
| 1. Condoms offer protection against Sexually transmitted diseases. | Yes/No | |
| 2. Condoms offer protection against HIV/AIDS | Yes/No | |
| 3. Condoms are 100% effective method of avoiding pregnancy and HIV/AIDS. | Yes/No | |
| 4. Condoms are a barrier method of contraception. | Yes/No | |
| 5. Condoms should be stored in wallets, handbags and purses for a long period of time. | Yes/No | |
| 6. Do not use only latex or polyurethane (plastic) condoms. | Yes/No | |
| 7. Condoms are available in various sizes. | Yes/No | |
| 8. Use a female and a male condom at the same time during sex. | Yes/No | |
| 9. Condoms are available in only | Yes/No | |

| | | |
|---|---|---|
| one flavor and fragrance. | | |
| 10. The expiry date on condoms should be checked. | Yes/No | |
| 11. Condoms can be reused | Yes/No | |
| 12. Condom package should not be opened using fingers. | Yes/No | |
| 13. Condom package should be opened carefully to avoid damaging the condom inside. | Yes/No | |
| 14. Air in the condoms can cause it to break. | Yes/No | |
| 15. Condoms should be checked for leaks and holes. | Yes/No | |
| 16. Oil based lubricants(Vaseline, oil, cold cream)should be used with a condom | Yes/No | |
| 17. Lubricated condoms are available in the market. | Yes/No | |
| 18. Condoms should be rolled before putting on the penis | Yes/No | |
| 19. It is alright to put on condom during ejaculation | Yes/No | |
| 20. Hold the condom when removing it while the penis is still erect | Yes/No | |
| 21. A knot should be tied on the condom to prevent spilling or leaking out of semen after the sexual intercourse. | Yes/No | |
| 22. Condoms should be put on the penis before an oral sex, anal sex or oro-anal sex. | Yes/No | |
| 23. If a condom tears or rips then throw it away and use a new one. | Yes/No | |
| 24. One should dispose the condom | Yes/No | |

| | | |
|---|---|---|
| in a safe place where it cannot be handled by another person. | | |
| 25. Wrap the used condom in a tissue or a piece of paper and throw it in the trash. | Yes/No | |
| 26. Condoms are not required in sero discordant couples | Yes/No | |
| 27. If a condom breaks during the sexual intercourse with a HIV negative partner, go for a sexual health checkup and PEP (Post exposure Prophylaxis). | Yes/No | |
| 28. Use of condoms help to prevent reinfection among HIV partners | Yes/No | |
| 29. Condoms are not used among HIV positive patients. | Yes/No | |
| 30. The government distributes condom to the public for free. | Yes/No | |

- Lesson Plan on Demonstration of condoms:_____
- Video assisted teaching: _____

**Suggestions:** _____

_____

**THANKYOU.**

# ANNEXURE: D

## CERTIFICATE OF VALIDATION

This is to Certify that the tools (Demographic Data, Structured questionnaire, draft of video assisted teaching and demonstration ) is to be used as reference by_____, final year MSc nursing student in her study titled, **"Assessment of the effectiveness of video assisted teaching versus demonstration on a penis model regarding knowledge of condom usage among people living with HIV in a selected hospital"** is found to be

Valid / not valid.

Overall remarks

Date and Place

Signature and Designation with seal:

# ANNEXURE: E

## EDITOR'S CERTIFICATE

This is to certify that I _____ have edited the Dissertation/ Thesis of Ms._____, a postgraduate (M.Sc.) of Nursing on the below mentioned topic in partial fulfillment of the requirement for the degree of Master of science in Nursing.

**TOPIC:**

**"Assessment of the effectiveness of video assisted teaching versus demonstration on a penis model regarding knowledge of condom usage among people living with HIV in a selected hospital"**

Name:

Designation:

Institution:

Date:

Place

Editor's signature

## ANNEXURE F

## CERTIFCATE FOR LANGUAGE TRANSLATION

This is to certify that Ms._____ conducting a research on the topic:

**"Assessment of the effectiveness of video assisted teaching versus demonstration on a penis model regarding knowledge of condom usage among people living with HIV in a selected hospital"**

The tool (Structured questionnaire- Five Point Likert Scale) for data collection is translated from English to Marathi by me. Her Marathi tool is valid to collect the data for research.

Name of translator:

Designation:

Signature:

Date:

Place:

## ANNEXURE G

## CERTIFCATE FOR VALIDITY OF TRANSLATED TOOL

This is to certify that Ms. _____II year M.Sc Nursing student is conducting a research on the topic:

**"Assessment of the effectiveness of video assisted teaching versus demonstration on a penis model regarding knowledge of condom usage among people living with HIV in a selected hospital"**

The structured tool for data collection is translated from English to Marathi is checked and verified by me. Her Marathi tool is valid to collect the data for research.

Name:

Designation:

Signature:

Date:

Place:

# ANNEXURE H-1a

## REQUEST FORM TO PARTICIPATE IN THE STUDY

I_____, a second year M.Sc. Nursing student of Bel-Air College of Nursing _____ am interested to conduct a research study in the aspect of Prevention of HIV/AIDS and its transmission focusing mainly on the condom usage. I would like to gain information from you regarding condom usage. This study will surely increase your knowledge regarding condom usage and it will help to improve the quality of life.

I request you to participate in the research study. I assure you that your identity and responses will be kept confidential and will be used only for this research study.

I am thankful to you for participating in the study.

Yours Faithfully,

# ANNEXURE H-1b

## CONSENT FORM

I _____hereby give my consent for participation in the study.

**"Assessment of the effectiveness of video assisted teaching versus demonstration on a penis model regarding knowledge of condom usage among people living with HIV in a selected hospital"**

I have been explained about the study and I am willing to participate.

Signature of the Participant.

**ANNEXURE H-2a**

# अभ्यासामध्ये सहभागी होण्यासंबधीचा विनंती अर्ज

मी _____ या संस्थे मधील एम. एस. सीची एक विध्यार्थींनि आहे. अभ्यास क्रमाचा एक हिस्सा म्हणून एच आई वी संसर्गाचा प्रतिबंध या भागाचा संदर्भात कंडोम वापर बद्दल ज्ञान देण्याची अभ्यास करण्याची इच्छा आहे. निरोध आणि निरोधचा वापर करणे किती गरजेचे आहे त्या बाबत आपल्याकडून माहिती घेणार आहे.

निरोधाचा वापरआणी प्रात्यक्षिक ह्या अध्यायनाद्वारे तुमच्या ज्ञानात भर पडेल. तुमच्या जीवनाच्या दर्जा सुधारण्या मध्ये ते मदती चे होईल. आपणास ह्या अध्ययनामध्ये सामील होण्याची विनंती करण्यात येत आहे. माझे हे अध्ययन चिकित्सासमयी अढखळण ठरणार नाही. तुमचे प्रेमळ सहकार्य अधिक मौलाचे आहे.

तुम्च्या द्वारे मिळालेली माहिती गोपनीय राहील आणी त्याचा उपयोग केवळ संशोधन करण्याकरिता केला जाईल.तुमचे सहकार्य अति म्ह्त्वपूर्ण मानले जाईल.

प्रश्नावरील सहभागी झाल्याबद्दल आम्ही आपले आभारी आहोत.

तुमची विश्वासू

**ANNEXURE H-2b**

रुगाणाची समंती

मी_____निव डक इस्पितळामध्ये निरोधचे वापर करण्याचा ज्ञान मिळविण्यासाठी तसेच स्वयंसूचनावजा भागाच्या परिणामकारकतेचे मूल्याकन करण्यासंधार्भातील अध्ययनामध्ये सहभागी होण्यास इच्छुक आहे.

हा अध्ययनाचे फायदे व धोके मला स्पष्टरीत्या समजून देण्यात आलेले आहेत. हि सर्व माहिती गुप्त ठेवण्यात येईल अशी मी खात्री देतो / देते. उपयुक्त अध्ययनामध्ये सहभागी होण्यास मी इच्छुक आहे.

भागीदारीची सही

## ANNEXURE I-1

## SECTION A

## SOCIO DEMOGRAPHIC VARIABLES

Kindly go through the questions and place a tick ( ) against each item in the column provided and fill in the blanks with regard to its accuracy and appropriateness.

1. Age _____

2. Marital status
   - Married [ ]
   - Single [ ]

- Separated [ ]
- Widowed [ ]
- Divorced [ ]

3. Educational qualification _____

4. Duration since knowing ones HIV status. _____

5. Residence
   - Urban [ ]
   - Rural [ ]

6. Employment
   - Yes [ ]
   - No [ ]

7. Addiction
   - Tobacco [ ]
   - Alcohol [ ]
   - Others (Please specify) [ ] _____
   - None [ ]

## SECTION B

## KNOWLEDGE QUESTIONNAIRE REGARDING CONDOM USAGE

Dear participants,

We invite you to kindly participate in this study and answer the questionnaire to the best of your ability. The purpose of this questionnaire is to identify your knowledge regarding condom usage. I assure you that your identity and responses will be kept strictly confidential.

- Please circle the number that best reflects how much you agree or disagree with each statement.
- Do not mark more than one answer for each question.
- Please attempt to answer all the questions given.

| | ***Scale: 1=Strongly Disagree, 2=Disagree, 3=Neither agree nor disagree 4=Agree, 5=Strongly Agree*** | ***Strongly disagree*** | ***Disagree*** | ***Neither agree nor disagree*** | ***Agree*** | ***Strongly agree*** |
|---|---|---|---|---|---|---|
| 1 | Condoms offer protection against Sexually transmitted diseases. | 1 | 2 | 3 | 4 | 5 |
| 2 | Condoms offer protection against HIV/AIDS | 1 | 2 | 3 | 4 | 5 |
| 3 | Condoms are 100% effective method of avoiding pregnancy and HIV/AIDS. | 1 | 2 | 3 | 4 | 5 |
| 4 | Condoms are a barrier method of contraception. | 1 | 2 | 3 | 4 | 5 |
| | ***Scale: 1=Strongly Disagree, 2=Disagree, 3=Neither agree nor disagree 4=Agree, 5=Strongly Agree*** | ***Strongly disagree*** | ***Disagree*** | ***Neither agree nor disagree*** | ***Agree*** | ***Strongly agree*** |
| 5 | Condoms should be stored in wallets, handbags and purses for a long period of time. | 1 | 2 | 3 | 4 | 5 |
| 6 | Do not use only latex or polyurethane (plastic) condoms. | 1 | 2 | 3 | 4 | 5 |
| 7. | Condoms are available in various | 1 | 2 | 3 | 4 | 5 |

| | | | | | | |
|---|---|---|---|---|---|---|
| | sizes. | | | | | |
| 8. | Use a female and a male condom at the same time during sex. | 1 | 2 | 3 | 4 | 5 |
| 9. | Condoms are available in only one flavor and fragrance. | 1 | 2 | 3 | 4 | 5 |
| 10. | The expiry date on condoms should be checked. | 1 | 2 | 3 | 4 | 5 |
| 11. | Condoms can be reused | 1 | 2 | 3 | 4 | 5 |
| 12. | Condom package should not be opened using fingers. | 1 | 2 | 3 | 4 | 5 |
| | ***Scale: 1=Strongly Disagree, 2=Disagree, 3=Neither agree nor disagree 4=Agree, 5=Strongly Agree*** | ***Strongly disagree*** | ***Disagree*** | ***Neither agree nor disagree*** | ***Agree*** | ***Strongly agree*** |
| 13. | Condom package should be opened carefully to avoid damaging the condom inside. | 1 | 2 | 3 | 4 | 5 |
| 14. | Air in the condoms can cause it to | 1 | 2 | 3 | 4 | 5 |

| | | | | | | |
|---|---|---|---|---|---|---|
| | break. | | | | | |
| 15. | Condoms should be checked for leaks and holes. | 1 | 2 | 3 | 4 | 5 |
| 16 | Oil based lubricants(Vaseline, oil, cold cream)should be used with a condom | 1 | 2 | 3 | 4 | 5 |
| 17 | Lubricated condoms are available in the market. | 1 | 2 | 3 | 4 | 5 |
| 18. | Condoms should be rolled before putting on the penis | 1 | 2 | 3 | 4 | 5 |
| 19 | It is alright to put on condom during ejaculation . | 1 | 2 | 3 | 4 | 5 |
| 20 | Hold the condom when removing it while the penis is still erect | 1 | 2 | 3 | 4 | 5 |
| | ***Scale: 1=Strongly Disagree, 2=Disagree, 3=Neither agree nor disagree 4=Agree, 5=Strongly Agree*** | ***Strongly disagree*** | ***Disagree*** | ***Neither agree nor disagree*** | ***Agree*** | ***Strongly agree*** |
| 21 | A knot should be tied on the condom to prevent spilling or leaking out of semen after the sexual intercourse. | 1 | 2 | 3 | 4 | 5 |
| 22 | Condoms should be put on the penis | 1 | 2 | 3 | 4 | 5 |

| | | | | | | |
|---|---|---|---|---|---|---|
| | before an oral sex, anal sex or oro-anal sex. | | | | | |
| 23. | If a condom tears or rips then throw it away and use a new one. | 1 | 2 | 3 | 4 | 5 |
| 24 | One should dispose the condom in a safe place where it cannot be handled by another person. | 1 | 2 | 3 | 4 | 5 |
| 25 | Wrap the used condom in a tissue or a piece of paper and throw it in the trash. | 1 | 2 | 3 | 4 | 5 |
| 26 | Condoms are not required in sero discordent couples | 1 | 2 | 3 | 4 | 5 |
| 27 | If a condom breaks during the sexual intercourse with a HIV negative partner, go for a sexual health checkup and PEP (Post exposure Prophylaxis). | 1 | 2 | 3 | 4 | 5 |
| 28 | Use of condoms help to prevent reinfection among HIV partners | 1 | 2 | 3 | 4 | 5 |
| ***Scale: 1=Strongly Disagree, 2=Disagree, 3=Neither agree nor disagree 4=Agree, 5=Strongly Agree*** | ***Strongly disagree*** | ***Disagree*** | ***Neither agree nor disagree*** | ***Agree*** | ***Strongly agre*** | ***Scale: 1=Strongly Disagree, 2=Disagree, 3=Neither agree nor disagree 4=Agree, 5=Strongly Agree*** |
| 29 | Condoms are not used among HIV positive patients. | 1 | 2 | 3 | 4 | 5 |
| 30. | The government distributes condom | 1 | 2 | 3 | 4 | 5 |

| | | | | | | |
|---|---|---|---|---|---|---|
| | to the public for free. | | | | | |

Thankyou!!!

**ANNEXURE I-2**

# विभाग - अ

आम्हाला तुमच्याबद्दल काही माहिती हवी आहे.

१. वय _____

२. वैवाहिक स्थिती

- विवाहित [ ]
- अविवाहित [ ]
- विभक्त [ ]
- विधुर [ ]
- घटस्फोटीत [ ]

३. शिक्षण _____

४. एच आय व्ही स्तिथी माहित असलेल्या कालावधी - _____

५. निवास

- शहरी [ ]
- ग्रामीण [ ]

६. रोजगार

- होय [ ]
- नाही [ ]

७. व्यसन

- तंबाकू (धूम्रपान, खाणे,मिश्री) [ ]

- दारू [ ]
- इतर (निर्देशीत करा) [ ]

_____

- काहीही नाही [

## विभाग- ब

## कंडोम वापर संबंधित ज्ञान प्रश्नावली

प्रिय सहभागी,

मी तुम्हाला नम्रपणे या अभ्यासात सहभागी होण्यासाठी आमंत्रित करते. कृपया आपल्या क्षमते अनुसार खाली विचारलेले प्रश्नाची उत्तरे लिहा.या प्रश्नावलीचा उद्देश निरोध वापरा संबंधित आपल्याला किती माहितीआहे हे ओळखण्यासाठी आहे.तुम्ही दिलेली माहिती पूर्णपणे गुप्त ठेवली जाईल.

- खालील पैकी ज्याचा बद्दल तुम्ही जास्त सहमत असाल त्या क्रमांकाला गोल करा.
- एकापेक्षा अधिक उत्तर चिन्हांकित करू नका
- खालील दिलेल्या सर्व प्रश्नाची उत्तरे देण्याची प्रयत्न करा.

| **प्रमाण :१- एकदम असहमत, २- असहमत, ३- मत नाही, ४- सहमत, ५- एकदम सहमत** | **एक दम अस हमत** | **असह मत** | **मत नाही** | **सह मत** | **एक दम सह मत** |
|---|---|---|---|---|---|
| १. निरोध लैंगिक संबंधातून पसरणाऱ्या रोगांपासून संरक्षण देतात. | १ | २ | ३ | ४ | ५ |
| २. निरोध एच आय व्ही / एड्स विरुद्ध संरक्षण देतात. | १ | २ | ३ | ४ | ५ |
| ३. निरोध गर्भधारणा आणि एच आय व्ही / | १ | २ | ३ | ४ | ५ |

| | | | | | |
|---|---|---|---|---|---|
| एड्स विरोधी<br>१००% प्रभावी पद्धत आहे. | | | | | |
| ४. निरोध गर्बधारणेसाठी प्रतिबंधात्मक उपचार आहे. | १ | २ | ३ | ४ | ५ |
| ५. निरोध हे पाकीट, पिशवी आणि पर्समध्ये दीर्घकाळासाठी साठवून ठेवावे. | १ | २ | ३ | ४ | ५ |
| ६. फक्त कच्चे रबर किंवा पॉलीयुरेथेनचे (प्लास्टिक) निरोध वापर करू नका. | १ | २ | ३ | ४ | ५ |
| ७. निरोध विविधआकारामध्ये उपलब्ध आहे. | १ | २ | ३ | ४ | ५ |
| ८. स्त्रियांनी वापरायचे आणि पुरुषाने वापरायचे निरोध संभोग समयी एकत्र वापरावे. | १ | २ | ३ | ४ | ५ |
| **प्रमाण :१- एकदम असहमत, २- असहमत, ३- मत नाही,<br>४- सहमत, ५- एकदम सहमत** | **एक दम अस हमत** | **असह मत** | **मत नाही** | **सह मत** | **एक दम सह मत** |
| ९. निरोध फक्त एक चव आणि सुगंदमध्ये उपलब्ध आहेत. | १ | २ | ३ | ४ | ५ |
| १०. निरोध वापरायची कालावधी समाप्ती | १ | २ | ३ | ४ | ५ |

| | | | | | |
|---|---|---|---|---|---|
| तारीख तपासले पाहिजे. | | | | | |
| ११. निरोध पुन्हा वापरला जाऊ शकतो. | १ | २ | ३ | ४ | ५ |
| १२. निरोध पॅकेज बोटांचा वापर करून उघडले जाऊ नये. | १ | २ | ३ | ४ | ५ |
| १३.निरोध पॅकेजचा आतील निरोधाचे नुकसान न होण्यासाठी काळजीपूर्वक उघडले पाहिजे. | १ | २ | ३ | ४ | ५ |
| १४. निरोधमध्ये अडकलेल्या हवेमुळे तो फाटण्याची शक्यता आहे. | १ | २ | ३ | ४ | ५ |
| १५. निरोध गळती आणि छिद्रेसाठी तपासले पाहिजे. | १ | २ | ३ | ४ | ५ |
| १६.निरोध तेळ आधारित वंगण (व्हॅसलीन, तेळ, थंडमलई) यांसहित वापरले पाहिजे. | १ | २ | ३ | ४ | ५ |
| १७. बाजारामध्ये वंगणयुक्त निरोध सुद्धा उपलब्ध आहे. | १ | २ | ३ | ४ | ५ |
| १८. नीरोधाची गोल कडी पुरुषाचे जनेन्द्रीयावर घालण्याचा आधी गोल फिरवत वर आणली | १ | २ | ३ | ४ | ५ |

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| पाहिजे. | | | | | |
| १९. वीर्य बाहेर पडण्यावेळी निरोध वापरणे बरोबर आहे. | १ | २ | ३ | ४ | ५ |
| २०.पुरुषाचे जनेनद्रीय अजूनही ताठ असताना नीरोधाची कडी धरून काढावा. | १ | २ | ३ | ४ | ५ |
| २१. वीर्य बाहेर येणे टाळण्यासाठी निरोधला एक गाठ बांधली पाहिजे. | १ | २ | ३ | ४ | ५ |
| २२. योनी संभोग, गुदसंभोग, किंवा मुख मैथुन या सर्व संभोग प्रकारात निरोध लिंगावर घातला पाहिजे. | १ | २ | ३ | ४ | ५ |
| **प्रमाण :१- एकदम असहमत, २- असहमत, ३- मत नाही, ४- सहमत, ५- एकदम सहमत** | **एक दम अस हमत** | **असह मत** | **मत नाही** | **सह मत** | **एक दम सह मत** |
| २३.निरोध फाटलेला किंवा कापलेला असेल तर त्याचा वापर टाळावा व त्याऐवजी नवीन निरोधाचा वापर करावा. | १ | २ | ३ | ४ | ५ |

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| २४.निरोधची सुरक्षित टिकाणी विल्हेवाट लावणे गरजेचे आहे<br>ज्यामुळे दुसरा कोणीही त्याचा वापर करणार नाही. | १ | २ | ३ | ४ | ५ |
| २५.वापरलेला निरोध कागदमध्ये व्यवस्थित गुंडाळून<br>कचर्याच्या पेटीत टाकावा. | १ | २ | ३ | ४ | ५ |
| २६. ज्या जोडप्यांमध्ये एकास एच आय व्ही झालेला आहे व<br>दुसर्यास नाही अश्यामध्ये निरोध वापरण्याची गरजनाही. | १ | २ | ३ | ४ | ५ |
| २७. ज्या जोडप्यांमध्ये एकास एच आय व्ही झालेलाआहे व<br>दुसर्यास नाही अश्यामध्ये संभोगाच्यावेळी निरोध फाटले<br>तर डॉक्टरांकडून शारीरिक तपासणी करून घ्या व<br>संसार्गानंतर रोगप्रतिबंधक उपचार घ्या. | १ | २ | ३ | ४ | ५ |
| २८. एच आय व्ही बाधित जोडप्यांमध्ये निरोधचा वापर पुन्हा | १ | २ | ३ | ४ | ५ |

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| एचआयव्ही जंतुसंसर्ग प्रतिबंध करण्यास उपयोगी ठरतो. | | | | | |
| २९. निरोध एच आय व्ही पॉझिटिव्ह रुग्णांमध्ये वापरले जात नाही. | १ | २ | ३ | ४ | ५ |
| ३०.सरकारकडून वाटप करण्यात येणारे निरोध मोफत मिळतात. | १ | २ | ३ | ४ | ५ |

| | SECTION A | |
|---|---|---|
| | **SOCIODEMOGRAPHIC VARIABLES** | |
| **NO** | **VARIABLES** | **CODE** |
| **1** | **AGE** | In Years |
| **2** | **MARITAL STATUS** | |
| | MARRIED | 1 |
| | SINGLE | 2 |
| | SEPARATED | 3 |
| | WIDOWED | 4 |
| | DIVORCED | 5 |

**MASTER SHEET – DATA CODES**

| | | |
|---|---|---|
| **3** | **EDUCATIONAL QUALIFICATION** | In numbers |
| 4 | **DURATION SINCE KNOWING HIV STATUS** | In years |
| **5** | **RESIDENCE** | |
| | URBAN | 1 |
| | RURAL | 2 |
| **6** | **EMPLOYMENT** | |
| | YES | 1 |
| | NO | 2 |
| **7** | **ADDICTION** | |
| | TOBACCO | 4 |
| | ALCOHOL | 3 |
| | OTHERS | 2 |
| | NONE | 1 |
| | **GROUP** | |
| | **VAT** | VIDEO ASSISTED TEACHING |
| | **DEM** | DEMONSTRATION |

**REVERSE CODED ITEMS IN SECTION B**

- Q3,Q5,Q6,Q8,Q9,Q11,Q12,Q16,Q18,Q19,Q26,Q29.

| MASTER SHEET OF DEMOGRAPHIC VARIABLES OF GROUP ONE- VIDEO ASSISTED TEACHING AND GROUP TWO – DEMONSTRATION. | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SR NO | ID | GROUP | AGE | MARITAL | EDU | DURATION | RES | EMPLOY | ADDICT_TOBA | ADDIC_ALC | ADDIC_OTH | ADDIC_OSPE | ADDIC_NONE |
| 1 | VAT1 | 1 | 46 | 1 | 7 | 8 | 2 | 1 | 0 | 0 | 0 | 0 | 1 |
| 2 | VAT2 | 1 | 45 | 1 | 10 | 4 | 2 | 2 | 1 | 0 | 0 | 0 | 0 |
| 3 | VAT3 | 1 | 39 | 1 | 7 | 8 | 2 | 1 | 0 | 0 | 0 | 0 | 1 |
| 4 | VAT4 | 1 | 39 | 1 | 8 | 10 | 1 | 1 | 0 | 0 | 0 | 0 | 1 |
| 5 | VAT5 | 1 | 20 | 2 | 10 | 6 | 2 | 2 | 0 | 0 | 0 | 0 | 1 |
| 6 | VAT6 | 1 | 19 | 2 | 12 | 4 | 2 | 2 | 0 | 0 | 0 | 0 | 1 |
| 7 | VAT7 | 1 | 23 | 2 | 11 | 4 | 2 | 1 | 0 | 0 | 0 | 0 | 1 |
| 8 | VAT8 | 1 | 55 | 4 | 10 | 2 | 2 | 1 | 1 | 0 | 0 | 0 | 0 |
| 9 | VAT9 | 1 | 33 | 1 | 6 | 7 | 1 | 1 | 0 | 0 | 0 | 0 | 1 |
| 10 | VAT10 | 1 | 39 | 1 | 8 | 6 | 1 | 1 | 1 | 0 | 0 | 0 | 0 |
| 11 | VAT11 | 1 | 35 | 1 | 7 | 1 | 2 | 1 | 1 | 0 | 0 | 0 | 0 |
| 12 | VAT12 | 1 | 49 | 1 | 12 | 5 | 1 | 1 | 0 | 0 | 0 | 0 | 1 |
| 13 | VAT13 | 1 | 25 | 1 | 13 | 4 | 1 | 1 | 1 | 0 | 0 | 0 | 0 |
| 14 | VAT14 | 1 | 43 | 1 | 10 | 15 | 2 | 1 | 1 | 0 | 0 | 0 | 0 |
| 15 | VAT15 | 1 | 42 | 1 | 12 | 5 | 2 | 1 | 0 | 0 | 0 | 0 | 1 |
| 16 | VAT16 | 1 | 46 | 4 | 13 | 12 | 2 | 2 | 0 | 0 | 0 | 0 | 1 |
| 17 | VAT17 | 1 | 40 | 1 | 9 | 6 | 2 | 1 | 1 | 0 | 0 | 0 | 0 |
| 18 | VAT18 | 1 | 45 | 1 | 5 | 2 | 2 | 1 | 0 | 0 | 0 | 0 | 1 |
| 19 | VAT19 | 1 | 35 | 5 | 9 | 1 | 2 | 1 | 0 | 0 | 0 | 0 | 1 |
| 20 | VAT20 | 1 | 40 | 1 | 9 | 7 | 2 | 1 | 1 | 0 | 0 | 0 | 0 |
| 21 | VAT21 | 1 | 52 | 1 | 1 | 1 | 2 | 2 | 1 | 0 | 0 | 0 | 0 |
| 22 | VAT22 | 1 | 36 | 1 | 16 | 2 | 2 | 2 | 1 | 0 | 0 | 0 | 0 |
| 23 | VAT23 | 1 | 42 | 1 | 6 | 10 | 2 | 1 | 1 | 0 | 0 | 0 | 0 |
| 24 | VAT24 | 1 | 47 | 1 | 10 | 3 | 2 | 2 | 1 | 0 | 0 | 0 | 0 |
| 25 | VAT25 | 1 | 65 | 1 | 7 | 10 | 2 | 1 | 1 | 0 | 0 | 0 | 0 |
| 26 | VAT26 | 1 | 24 | 2 | 10 | 1 | 2 | 2 | 1 | 0 | 0 | 0 | 0 |
| 27 | VAT27 | 1 | 44 | 1 | 10 | 0.2 | 2 | 2 | 1 | 0 | 0 | 0 | 0 |
| 28 | VAT28 | 1 | 36 | 1 | 8 | 2 | 1 | 1 | 1 | 0 | 0 | 0 | 0 |
| 29 | VAT29 | 1 | 30 | 1 | 10 | 1 | 2 | 1 | 1 | 0 | 0 | 0 | 0 |
| 30 | VAT30 | 1 | 46 | 1 | 10 | 3 | 2 | 1 | 1 | 0 | 0 | 0 | 0 |
| 31 | VAT31 | 1 | 30 | 1 | 10 | 2 | 2 | 1 | 0 | 0 | 0 | 0 | 0 |
| 32 | VAT32 | 1 | 45 | 1 | 6 | 1 | 2 | 2 | 1 | 0 | 0 | 0 | 0 |
| 33 | VAT33 | 1 | 45 | 1 | 12 | 6 | 1 | 1 | 1 | 0 | 0 | 0 | 0 |
| 34 | VAT34 | 1 | 23 | 1 | 10 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 1 |
| 35 | VAT35 | 1 | 40 | 1 | 9 | 5 | 2 | 1 | 1 | 0 | 0 | 0 | 0 |
| 36 | VAT36 | 1 | 35 | 1 | 10 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 0 |
| 37 | VAT37 | 1 | 48 | 1 | 9 | 2 | 2 | 2 | 1 | 0 | 0 | 0 | 0 |
| 38 | VAT38 | 1 | 32 | 1 | 10 | 2 | 2 | 2 | 1 | 0 | 0 | 0 | 0 |
| 39 | VAT39 | 1 | 50 | 1 | 9 | 12 | 2 | 2 | 1 | 0 | 0 | 0 | 0 |

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 40 | VAT40 | 1 | 28 | 1 | 10 | 3 | 2 | 1 | 1 | 0 | 0 | 0 | 0 |
| 41 | VAT41 | 1 | 58 | 1 | 10 | 5 | 2 | 2 | 0 | 0 | 0 | 0 | 1 |
| 42 | VAT42 | 1 | 52 | 1 | 7 | 2 | 2 | 2 | 0 | 0 | 0 | 0 | 1 |
| 43 | VAT43 | 1 | 54 | 1 | 4 | 2 | 2 | 2 | 0 | 0 | 0 | 0 | 1 |
| 44 | VAT44 | 1 | 40 | 1 | 12 | 10 | 2 | 1 | 0 | 1 | 0 | 0 | 0 |
| 45 | VAT45 | 1 | 66 | 4 | 10 | 1 | 2 | 2 | 1 | 0 | 0 | 0 | 0 |
| 46 | VAT46 | 1 | 47 | 1 | 8 | 1 | 2 | 1 | 1 | 0 | 0 | 0 | 0 |
| 47 | VAT47 | 1 | 45 | 1 | 8 | 2 | 2 | 2 | 1 | 0 | 0 | 0 | 0 |
| 48 | VAT48 | 1 | 39 | 1 | 5 | 1 | 2 | 1 | 1 | 0 | 0 | 0 | 0 |
| 49 | VAT49 | 1 | 36 | 1 | 5 | 2 | 2 | 1 | 1 | 0 | 0 | 0 | 0 |
| 50 | VAT50 | 1 | 23 | 2 | 9 | 2 | 2 | 2 | 0 | 0 | 0 | 0 | 1 |
| 51 | VAT51 | 1 | 43 | 1 | 10 | 5 | 2 | 1 | 0 | 0 | 0 | 0 | 1 |
| 52 | VAT52 | 1 | 30 | 1 | 5 | 3 | 2 | 1 | 0 | 0 | 0 | 0 | 1 |
| 53 | VAT53 | 1 | 54 | 4 | 10 | 2 | 2 | 1 | 0 | 0 | 0 | 0 | 1 |
| 54 | VAT54 | 1 | 50 | 1 | 10 | 2 | 1 | 1 | 0 | 0 | 0 | 0 | 0 |
| 55 | VAT55 | 1 | 32 | 1 | 10 | 1 | 2 | 1 | 1 | 0 | 0 | 0 | 0 |
| 56 | VAT56 | 1 | 43 | 1 | 8 | 2 | 1 | 1 | 0 | 0 | 0 | 0 | 0 |
| 57 | VAT57 | 1 | 40 | 1 | 10 | 8 | 2 | 2 | 1 | 0 | 0 | 0 | 0 |
| 58 | VAT58 | 1 | 38 | 1 | 12 | 9 | 2 | 1 | 1 | 0 | 0 | 0 | 0 |
| 59 | VAT59 | 1 | 30 | 1 | 6 | 4 | 2 | 1 | 0 | 0 | 0 | 0 | 1 |
| 60 | VAT60 | 1 | 30 | 1 | 8 | 5 | 2 | 1 | 0 | 0 | 0 | 0 | 1 |
| 61 | VAT61 | 1 | 55 | 1 | 5 | 4 | 2 | 1 | 1 | 0 | 0 | 0 | 0 |
| 62 | VAT62 | 1 | 27 | 2 | 9 | 2 | 2 | 1 | 0 | 0 | 0 | 0 | 1 |
| 63 | VAT63 | 1 | 30 | 1 | 8 | 7 | 2 | 1 | 1 | 0 | 0 | 0 | 0 |
| 64 | VAT64 | 1 | 38 | 1 | 7 | 0.5 | 2 | 1 | 0 | 1 | 0 | 0 | 0 |
| 65 | VAT65 | 1 | 45 | 1 | 5 | 14 | 2 | 1 | 0 | 0 | 0 | 0 | 1 |
| 66 | VAT66 | 1 | 55 | 4 | 3 | 2 | 1 | 1 | 1 | 0 | 0 | 0 | 0 |
| 67 | VAT67 | 1 | 42 | 1 | 10 | 3 | 2 | 1 | 0 | 0 | 0 | 0 | 1 |
| 68 | VAT68 | 1 | 61 | 1 | 11 | 10 | 2 | 2 | 0 | 0 | 0 | 0 | 1 |
| 69 | VAT69 | 1 | 32 | 1 | 8 | 1 | 1 | 2 | 1 | 0 | 0 | 0 | 0 |
| 70 | VAT70 | 1 | 62 | 1 | 7 | 2 | 2 | 1 | 1 | 0 | 0 | 0 | 0 |
| 71 | VAT71 | 1 | 50 | 1 | 11 | 6 | 1 | 1 | 0 | 0 | 0 | 0 | 1 |
| 72 | VAT72 | 1 | 38 | 1 | 10 | 5 | 2 | 2 | 0 | 0 | 0 | 0 | 1 |
| 73 | VAT73 | 1 | 35 | 1 | 12 | 2 | 2 | 2 | 1 | 0 | 0 | 0 | 0 |
| 74 | VAT74 | 1 | 41 | 1 | 5 | 6 | 2 | 2 | 1 | 0 | 0 | 0 | 0 |
| 75 | VAT75 | 1 | 34 | 1 | 12 | 12 | 2 | 2 | 0 | 0 | 0 | 0 | 1 |
| 76 | VAT76 | 1 | 25 | 2 | 9 | 5 | 2 | 1 | 0 | 0 | 0 | 0 | 1 |
| 77 | VAT77 | 1 | 46 | 1 | 8 | 4 | 2 | 1 | 1 | 0 | 0 | 0 | 0 |
| 78 | VAT78 | 1 | 45 | 1 | 12 | 3 | 1 | 1 | 0 | 0 | 0 | 0 | 1 |
| 79 | VAT79 | 1 | 53 | 1 | 12 | 1 | 2 | 2 | 0 | 0 | 0 | 0 | 1 |
| 80 | VAT80 | 1 | 46 | 1 | 10 | 5 | 2 | 1 | 0 | 0 | 0 | 0 | 1 |
| 81 | DEM1 | 2 | 50 | 1 | 2 | 0.41 | 2 | 1 | 0 | 0 | 0 | 0 | 1 |
| 82 | DEM2 | 2 | 32 | 1 | 4 | 0.17 | 2 | 1 | 1 | 0 | 0 | 0 | 0 |
| 83 | DEM3 | 2 | 46 | 1 | 5 | 0.17 | 1 | 1 | 1 | 0 | 0 | 0 | 0 |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 84 | DEM4 | 2 | 34 | 1 | 9 | 0.08 | 2 | 2 | 1 | 0 | 0 | 0 | 0 |
| 85 | DEM5 | 2 | 40 | 1 | 7 | 2 | 2 | 2 | 0 | 0 | 0 | 0 | 1 |
| 86 | DEM6 | 2 | 35 | 1 | 5 | 1 | 1 | 2 | 0 | 0 | 0 | 0 | 1 |
| 87 | DEM7 | 2 | 48 | 3 | 10 | 20 | 2 | 1 | 1 | 1 | 0 | 0 | 0 |
| 88 | DEM8 | 2 | 47 | 1 | 10 | 0.08 | 2 | 1 | 1 | 0 | 0 | 0 | 0 |
| 89 | DEM9 | 2 | 38 | 1 | 10 | 2 | 1 | 1 | 1 | 1 | 0 | 0 | 0 |
| 90 | DEM10 | 2 | 30 | 1 | 10 | 3 | 1 | 1 | 1 | 0 | 0 | 0 | 0 |
| 91 | DEM11 | 2 | 40 | 1 | 12 | 11 | 2 | 1 | 1 | 1 | 0 | 0 | 0 |
| 92 | DEM12 | 2 | 35 | 1 | 12 | 5 | 2 | 1 | 1 | 1 | 0 | 0 | 0 |
| 93 | DEM13 | 2 | 45 | 1 | 9 | 2 | 2 | 1 | 1 | 0 | 0 | 0 | 0 |
| 94 | DEM14 | 2 | 32 | 1 | 8 | 1 | 2 | 1 | 1 | 1 | 0 | 0 | 0 |
| 95 | DEM15 | 2 | 31 | 1 | 8 | 2 | 2 | 1 | 1 | 0 | 0 | 0 | 0 |
| 96 | DEM16 | 2 | 28 | 1 | 3 | 0.41 | 1 | 1 | 1 | 1 | 0 | 0 | 0 |
| 97 | DEM17 | 2 | 45 | 1 | 2 | 0.16 | 2 | 1 | 1 | 1 | 0 | 0 | 0 |
| 98 | DEM18 | 2 | 44 | 1 | 9 | 7 | 1 | 1 | 0 | 1 | 0 | 0 | 0 |
| 99 | DEM19 | 2 | 28 | 2 | 3 | 0.08 | 1 | 2 | 1 | 0 | 0 | 0 | 0 |
| 100 | DEM20 | 2 | 42 | 1 | 9 | 2 | 1 | 1 | 1 | 1 | 0 | 0 | 0 |
| 101 | DEM21 | 2 | 55 | 1 | 10 | 5 | 2 | 1 | 0 | 0 | 0 | 0 | 1 |
| 102 | DEM22 | 2 | 32 | 1 | 9 | 2 | 2 | 2 | 0 | 0 | 0 | 0 | 1 |
| 103 | DEM23 | 2 | 40 | 1 | 10 | 4 | 1 | 2 | 0 | 0 | 0 | 0 | 1 |
| 104 | DEM24 | 2 | 42 | 1 | 8 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 0 |
| 105 | DEM25 | 2 | 23 | 1 | 10 | 4 | 2 | 1 | 1 | 1 | 0 | 0 | 0 |
| 106 | DEM26 | 2 | 29 | 2 | 4 | 3 | 1 | 1 | 1 | 1 | 0 | 0 | 0 |
| 107 | DEM27 | 2 | 50 | 2 | 4 | 4 | 2 | 2 | 0 | 1 | 0 | 0 | 0 |
| 108 | DEM28 | 2 | 30 | 2 | 11 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 0 |
| 109 | DEM29 | 2 | 36 | 1 | 10 | 2 | 1 | 1 | 1 | 1 | 0 | 0 | 0 |
| 110 | DEM30 | 2 | 25 | 1 | 10 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 |
| 111 | DEM31 | 2 | 30 | 2 | 6 | 1 | 1 | 1 | 0 | 1 | 0 | 0 | 0 |
| 112 | DEM32 | 2 | 40 | 1 | 9 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 |
| 113 | DEM33 | 2 | 46 | 1 | 10 | 0.1 | 2 | 2 | 1 | 0 | 0 | 0 | 0 |
| 114 | DEM34 | 2 | 34 | 1 | 7 | 2 | 1 | 1 | 1 | 0 | 0 | 0 | 0 |
| 115 | DEM35 | 2 | 35 | 2 | 10 | 1 | 2 | 1 | 1 | 1 | 0 | 0 | 0 |
| 116 | DEM36 | 2 | 29 | 1 | 10 | 1 | 1 | 1 | 1 | 1 | 0 | 0 | 0 |
| 117 | DEM37 | 2 | 60 | 4 | 8 | 10 | 2 | 1 | 1 | 0 | 0 | 0 | 0 |
| 118 | DEM38 | 2 | 48 | 1 | 10 | 10 | 2 | 1 | 0 | 0 | 0 | 0 | 1 |
| 119 | DEM39 | 2 | 43 | 1 | 7 | 14 | 2 | 1 | 0 | 0 | 0 | 0 | 1 |
| 120 | DEM40 | 2 | 42 | 3 | 8 | 19 | 2 | 1 | 0 | 0 | 0 | 0 | 1 |
| 121 | DEM41 | 2 | 26 | 2 | 8 | 4 | 1 | 1 | 0 | 0 | 0 | 0 | 1 |
| 122 | DEM42 | 2 | 36 | 2 | 10 | 12 | 2 | 2 | 1 | 0 | 0 | 0 | 1 |
| 123 | DEM43 | 2 | 26 | 1 | 13 | 6 | 2 | 1 | 0 | 0 | 0 | 0 | 1 |
| 124 | DEM44 | 2 | 42 | 1 | 5 | 16 | 1 | 1 | 0 | 0 | 0 | 0 | 1 |
| 125 | DEM45 | 2 | 35 | 1 | 10 | 20 | 1 | 1 | 0 | 0 | 0 | 0 | 1 |
| 126 | DEM46 | 2 | 45 | 1 | 15 | 9 | 1 | 1 | 0 | 0 | 0 | 0 | 1 |
| 127 | DEM47 | 2 | 40 | 1 | 10 | 18 | 1 | 1 | 0 | 0 | 0 | 0 | 1 |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 128 | DEM48 | 2 | 40 | 1 | 12 | 2 | 2 | 1 | 1 | 0 | 0 | 0 | 0 |
| 129 | DEM49 | 2 | 32 | 1 | 10 | 7 | 1 | 1 | 1 | 0 | 0 | 0 | 0 |
| 130 | DEM50 | 2 | 38 | 1 | 8 | 9 | 2 | 2 | 0 | 1 | 0 | 0 | 0 |
| 131 | DEM51 | 2 | 46 | 3 | 7 | 2 | 2 | 1 | 1 | 0 | 0 | 0 | 0 |
| 132 | DEM52 | 2 | 41 | 3 | 12 | 6 | 2 | 1 | 1 | 0 | 0 | 0 | 0 |
| 133 | DEM53 | 2 | 33 | 1 | 7 | 2 | 2 | 2 | 1 | 0 | 0 | 0 | 0 |
| 134 | DEM54 | 2 | 31 | 1 | 13 | 1 | 2 | 2 | 0 | 0 | 0 | 0 | 1 |
| 135 | DEM55 | 2 | 33 | 2 | 9 | 1 | 2 | 1 | 1 | 0 | 0 | 0 | 0 |
| 136 | DEM56 | 2 | 46 | 3 | 7 | 2 | 1 | 1 | 0 | 0 | 0 | 0 | 0 |
| 137 | DEM57 | 2 | 30 | 1 | 6 | 2 | 2 | 2 | 1 | 0 | 0 | 0 | 0 |
| 138 | DEM58 | 2 | 57 | 1 | 12 | 2 | 1 | 1 | 0 | 0 | 0 | 0 | 1 |
| 139 | DEM59 | 2 | 22 | 1 | 10 | 0.25 | 1 | 1 | 0 | 0 | 0 | 0 | 1 |
| 140 | DEM60 | 2 | 25 | 1 | 11 | 0.5 | 2 | 2 | 0 | 0 | 0 | 0 | 0 |
| 141 | DEM61 | 2 | 40 | 1 | 12 | 8 | 2 | 1 | 0 | 0 | 0 | 1 | 0 |
| 142 | DEM62 | 2 | 24 | 2 | 12 | 4 | 2 | 2 | 0 | 0 | 0 | 0 | 1 |
| 143 | DEM63 | 2 | 30 | 1 | 8 | 1 | 2 | 1 | 1 | 0 | 0 | 0 | 0 |
| 144 | DEM64 | 2 | 43 | 3 | 8 | 9 | 2 | 1 | 1 | 0 | 0 | 0 | 0 |
| 145 | DEM65 | 2 | 45 | 1 | 9 | 12 | 2 | 1 | 0 | 0 | 0 | 0 | 1 |
| 146 | DEM66 | 2 | 42 | 1 | 8 | 3 | 1 | 2 | 1 | 0 | 0 | 0 | 0 |
| 147 | DEM67 | 2 | 44 | 1 | 8 | 4 | 2 | 2 | 1 | 0 | 0 | 0 | 0 |
| 148 | DEM68 | 2 | 50 | 3 | 10 | 10 | 2 | 2 | 0 | 0 | 0 | 1 | 0 |
| 149 | DEM69 | 2 | 54 | 3 | 9 | 12 | 2 | 2 | 1 | 0 | 0 | 0 | 0 |
| 150 | DEM70 | 2 | 30 | 1 | 12 | 2 | 2 | 2 | 0 | 0 | 0 | 0 | 1 |
| 151 | DEM71 | 2 | 30 | 1 | 8 | 5 | 2 | 2 | 1 | 0 | 0 | 0 | 0 |
| 152 | DEM72 | 2 | 32 | 1 | 7 | 3 | 2 | 1 | 1 | 1 | 0 | 0 | 0 |
| 153 | DEM73 | 2 | 45 | 2 | 9 | 12 | 2 | 1 | 1 | 0 | 0 | 0 | 0 |
| 154 | DEM74 | 2 | 22 | 2 | 12 | 1 | 2 | 1 | 1 | 0 | 0 | 0 | 0 |
| 155 | DEM75 | 2 | 23 | 1 | 12 | 1 | 2 | 1 | 0 | 0 | 0 | 0 | 1 |
| 156 | DEM76 | 2 | 27 | 1 | 10 | 4 | 1 | 2 | 1 | 0 | 0 | 0 | 0 |
| 157 | DEM77 | 2 | 38 | 1 | 7 | 8 | 2 | 2 | 1 | 0 | 0 | 0 | 0 |
| 158 | DEM78 | 2 | 28 | 1 | 10 | 2 | 2 | 2 | 1 | 0 | 0 | 0 | 0 |
| 159 | DEM79 | 2 | 40 | 1 | 9 | 10 | 2 | 2 | 1 | 0 | 0 | 0 | 0 |
| 160 | DEM80 | 2 | 39 | 1 | 12 | 5 | 2 | 1 | 0 | 0 | 0 | 0 | 1 |

PRETEST MASTERSHEET OF PEOPLE LIVING WITH HIV IN THE GROUP ONE - VIDEO ASSISTED TEACHING

| GROUP 1 | Q1 | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | Q8 | Q9 | Q10 | Q11 | Q12 | Q13 | Q14 | Q15 | Q16 | Q17 | Q18 | Q19 | Q20 | Q21 | Q22 | Q23 | Q24 | Q25 | Q26 | Q27 | Q28 | Q29 | Q30 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VAT1 | 5 | 5 | 4 | 4 | 4 | 4 | 2 | 4 | 4 | 4 | 3 | 3 | 4 | 4 | 4 | 2 | 4 | 4 | 2 | 4 | 4 | 4 | 4 | 4 | 2 | 4 | 2 | 4 | 2 | 4 |
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| VAT5 | 4 | 4 | 4 | 4 | 2 | 4 | 2 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 2 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 2 | 4 | 4 | 4 | 4 | 4 |
| VAT6 | 4 | 4 | 5 | 2 | 4 | 4 | 2 | 4 | 2 | 4 | 4 | 2 | 4 | 4 | 4 | 2 | 2 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 2 | 4 | 2 | 2 | 4 | 4 |
| VAT7 | 4 | 4 | 4 | 4 | 4 | 4 | 1 | 4 | 4 | 4 | 4 | 1 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 2 | 4 | 2 | 2 | 2 | 4 |
| VAT8 | 5 | 5 | 3 | 5 | 3 | 3 | 1 | 1 | 3 | 5 | 1 | 1 | 5 | 5 | 5 | 5 | 3 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 1 | 5 | 5 | 3 | 5 | 5 |
| VAT9 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 2 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 2 | 4 | 2 | 2 | 2 | 4 |
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| VAT38 | 3 | 3 | 3 | 3 | 3 | 4 | 1 | 1 | 4 | 4 | 4 | 3 | 3 | 3 | 3 | 3 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 3 | 3 | 3 | 3 | 4 |

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| VAT40 | 5 | 4 | 2 | 5 | 2 | 2 | 4 | 1 | 2 | 5 | 1 | 1 | 5 | 5 | 5 | 1 | 5 | 1 | 1 | 5 | 5 | 5 | 5 | 5 | 3 | 3 | 3 | 3 | 3 | 5 |
| VAT41 | 3 | 5 | 5 | 3 | 3 | 3 | 1 | 2 | 5 | 1 | 5 | 5 | 5 | 5 | 1 | 4 | 1 | 5 | 5 | 4 | 4 | 4 | 4 | 3 | 3 | 3 | 3 | 3 | 3 | 4 |
| VAT42 | 5 | 5 | 5 | 5 | 1 | 1 | 3 | 3 | 3 | 5 | 1 | 5 | 5 | 5 | 5 | 3 | 3 | 3 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
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| VAT44 | 5 | 5 | 5 | 5 | 1 | 3 | 3 | 3 | 3 | 5 | 1 | 3 | 5 | 3 | 5 | 3 | 3 | 3 | 1 | 1 | 5 | 5 | 5 | 5 | 1 | 5 | 3 | 3 | 5 | 5 |
| VAT45 | 5 | 5 | 1 | 5 | 1 | 1 | 5 | 3 | 5 | 1 | 5 | 1 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 3 | 5 | 5 | 5 | 5 | 1 | 5 | 3 | 5 | 3 |
| VAT46 | 5 | 5 | 5 | 2 | 2 | 2 | 2 | 3 | 4 | 2 | 2 | 4 | 4 | 4 | 4 | 2 | 2 | 3 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| VAT47 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| VAT48 | 5 | 5 | 5 | 5 | 5 | 3 | 3 | 3 | 3 | 3 | 1 | 1 | 5 | 5 | 1 | 3 | 3 | 3 | 3 | 3 | 5 | 4 | 4 | 4 | 1 | 5 | 5 | 1 | 1 | 5 |
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| VAT52 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 1 | 5 | 5 | 5 | 5 | 5 | 3 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 1 | 5 | 5 | 1 | 5 | 5 |
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| VAT57 | 4 | 4 | 4 | 4 | 2 | 1 | 4 | 4 | 2 | 4 | 2 | 4 | 4 | 4 | 4 | 2 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 2 | 1 | 1 | 2 | 4 | 4 |
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| VAT65 | 5 | 5 | 5 | 5 | 5 | 3 | 3 | 3 | 5 | 5 | 1 | 3 | 5 | 3 | 5 | 3 | 3 | 3 | 3 | 5 | 5 | 5 | 5 | 1 | 1 | 3 | 5 | 5 | 5 | 5 |
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| VAT68 | 5 | 5 | 3 | 1 | 1 | 3 | 5 | 3 | 3 | 5 | 1 | 3 | 5 | 5 | 5 | 5 | 3 | 3 | 1 | 3 | 5 | 5 | 5 | 3 | 5 | 5 | 3 | 5 | 5 | 5 |
| VAT69 | 5 | 5 | 5 | 5 | 5 | 1 | 1 | 5 | 5 | 5 | 1 | 1 | 5 | 5 | 5 | 3 | 3 | 3 | 5 | 5 | 3 | 5 | 5 | 5 | 5 | 5 | 5 | 3 | 5 | 3 |
| VAT70 | 3 | 5 | 1 | 5 | 3 | 5 | 3 | 3 | 5 | 5 | 3 | 5 | 3 | 5 | 3 | 5 | 5 | 3 | 3 | 5 | 3 | 5 | 3 | 5 | 5 | 3 | 5 | 3 | 5 | 3 |
| VAT71 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| VAT72 | 4 | 4 | 4 | 4 | 4 | 3 | 3 | 3 | 3 | 4 | 2 | 3 | 4 | 4 | 3 | 3 | 3 | 3 | 3 | 4 | 4 | 4 | 4 | 4 | 1 | 5 | 5 | 3 | 5 | 4 |
| VAT73 | 2 | 2 | 5 | 5 | 2 | 2 | 2 | 3 | 5 | 1 | 1 | 2 | 4 | 4 | 1 | 1 | 4 | 4 | 4 | 4 | 4 | 1 | 4 | 4 | 1 | 4 | 4 | 1 | 4 | 4 |
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| VAT76 | 5 | 5 | 5 | 1 | 5 | 1 | 3 | 3 | 3 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 3 | 5 | 5 | 3 | 5 | 5 |
| VAT77 | 5 | 5 | 5 | 5 | 1 | 3 | 3 | 3 | 3 | 3 | 1 | 3 | 5 | 5 | 3 | 3 | 5 | 5 | 1 | 5 | 5 | 5 | 5 | 5 | 1 | 5 | 4 | 4 | 4 | 5 |
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| VAT79 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 2 | 2 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 1 | 5 | 5 | 1 | 5 | 5 |
| VAT80 | 1 | 5 | 5 | 5 | 5 | 1 | 5 | 5 | 5 | 5 | 2 | 5 | 5 | 5 | 5 | 2 | 2 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 2 | 5 | 5 | 5 | 5 | 5 |

**POST TEST MASTERSHEET OF PEOPLE LIVING WITH HIV IN GROUP TWO – DEMONSTRATION ON THE MODEL OF PENIS.**

| Group 2 | Q1 | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | Q8 | Q9 | Q10 | Q11 | Q12 | Q13 | Q14 | Q15 | Q16 | Q17 | Q18 | Q19 | Q20 | Q21 | Q22 | Q23 | Q24 | Q25 | Q26 | Q27 | Q28 | Q29 | Q30 |
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| DEM38 | 5 | 5 | 5 | 5 | 3 | 5 | 5 | 5 | 1 | 5 | 3 | 1 | 3 | 3 | 3 | 3 | 3 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 1 | 5 |
| DEM39 | 5 | 5 | 5 | 3 | 5 | 1 | 5 | 5 | 1 | 5 | 1 | 5 | 5 | 5 | 5 | 1 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 1 | 5 | 5 | 1 | 5 |
| DEM40 | 5 | 5 | 5 | 3 | 1 | 1 | 1 | 1 | 5 | 5 | 1 | 5 | 5 | 5 | 1 | 1 | 5 | 5 | 1 | 1 | 5 | 3 | 5 | 5 | 5 | 1 | 1 | 5 | 1 | 5 |
| DEM41 | 5 | 1 | 5 | 1 | 5 | 3 | 3 | 3 | 3 | 1 | 5 | 1 | 3 | 1 | 5 | 5 | 3 | 3 | 5 | 5 | 3 | 3 | 3 | 5 | 1 | 5 | 1 | 3 | 5 | 1 |
| DEM42 | 5 | 1 | 5 | 1 | 5 | 3 | 5 | 3 | 3 | 1 | 5 | 1 | 5 | 1 | 5 | 5 | 3 | 5 | 1 | 1 | 1 | 3 | 5 | 5 | 1 | 5 | 1 | 5 | 5 | 5 |
| DEM43 | 5 | 5 | 5 | 5 | 5 | 3 | 1 | 5 | 2 | 5 | 1 | 3 | 5 | 5 | 4 | 1 | 2 | 3 | 2 | 3 | 5 | 2 | 5 | 5 | 5 | 1 | 5 | 3 | 2 | 5 |
| DEM44 | 5 | 5 | 5 | 1 | 3 | 1 | 5 | 3 | 3 | 5 | 1 | 3 | 5 | 5 | 5 | 3 | 5 | 1 | 1 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| DEM45 | 5 | 5 | 5 | 4 | 2 | 5 | 4 | 2 | 1 | 5 | 1 | 4 | 5 | 4 | 4 | 2 | 3 | 2 | 4 | 4 | 2 | 4 | 5 | 5 | 5 | 1 | 5 | 5 | 1 | 5 |
| DEM46 | 5 | 5 | 5 | 5 | 5 | 3 | 1 | 2 | 3 | 1 | 1 | 3 | 2 | 5 | 5 | 3 | 5 | 5 | 5 | 5 | 1 | 5 | 5 | 5 | 5 | 1 | 5 | 3 | 1 | 5 |
| DEM47 | 5 | 5 | 5 | 5 | 1 | 3 | 1 | 1 | 5 | 5 | 1 | 5 | 5 | 1 | 5 | 1 | 3 | 1 | 1 | 1 | 5 | 5 | 5 | 5 | 5 | 1 | 5 | 5 | 1 | 5 |
| DEM48 | 5 | 5 | 5 | 5 | 3 | 3 | 3 | 3 | 3 | 5 | 5 | 5 | 5 | 5 | 5 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 5 | 5 | 5 | 5 | 3 | 3 | 3 | 3 |
| DEM49 | 5 | 5 | 5 | 3 | 3 | 3 | 5 | 3 | 3 | 3 | 5 | 5 | 5 | 5 | 5 | 3 | 3 | 3 | 3 | 5 | 5 | 3 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| DEM50 | 5 | 5 | 5 | 5 | 3 | 3 | 3 | 3 | 3 | 5 | 5 | 5 | 5 | 5 | 5 | 3 | 3 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 3 | 3 | 3 | 3 | 3 |
| DEM51 | 5 | 5 | 1 | 3 | 3 | 1 | 1 | 1 | 5 | 1 | 1 | 5 | 5 | 5 | 1 | 5 | 1 | 3 | 3 | 5 | 3 | 3 | 3 | 3 | 3 | 3 | 4 | 4 | 4 | 4 |
| DEM52 | 5 | 5 | 1 | 5 | 1 | 1 | 3 | 3 | 3 | 5 | 1 | 3 | 5 | 3 | 1 | 1 | 3 | 5 | 1 | 3 | 5 | 3 | 5 | 5 | 5 | 1 | 5 | 5 | 3 | 5 |
| DEM53 | 5 | 5 | 5 | 5 | 5 | 3 | 3 | 3 | 3 | 4 | 1 | 1 | 5 | 5 | 5 | 3 | 3 | 3 | 3 | 5 | 5 | 5 | 5 | 5 | 5 | 1 | 5 | 5 | 1 | 5 |
| DEM54 | 5 | 5 | 5 | 5 | 3 | 3 | 5 | 5 | 3 | 5 | 3 | 5 | 5 | 5 | 5 | 5 | 5 | 3 | 3 | 5 | 3 | 3 | 5 | 5 | 5 | 3 | 5 | 5 | 3 | 5 |
| DEM55 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 2 | 5 | 5 | 4 | 4 | 4 | 4 | 4 | 3 | 3 | 3 | 3 | 3 | 4 | 4 | 3 | 4 | 2 | 3 | 3 | 4 | 4 | 4 |
| DEM56 | 5 | 5 | 1 | 5 | 3 | 3 | 1 | 1 | 1 | 1 | 5 | 1 | 1 | 5 | 5 | 5 | 1 | 5 | 1 | 3 | 3 | 5 | 3 | 3 | 3 | 3 | 4 | 4 | 4 | 4 |
| DEM57 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 1 | 1 | 4 | 4 | 4 | 4 | 3 | 3 | 3 | 3 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| DEM58 | 5 | 5 | 4 | 4 | 2 | 2 | 4 | 1 | 4 | 1 | 1 | 2 | 4 | 4 | 4 | 2 | 5 | 4 | 2 | 1 | 5 | 3 | 5 | 5 | 5 | 1 | 5 | 5 | 2 | 4 |
| DEM59 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 1 | 5 | 5 | 1 | 1 | 5 | 5 | 3 | 3 | 1 | 1 | 1 | 5 | 5 | 5 | 5 | 5 | 5 | 1 | 3 | 3 | 1 | 5 |
| DEM60 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 1 | 5 | 5 | 5 | 5 | 3 | 3 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 3 | 3 | 3 | 5 |
| DEM61 | 5 | 5 | 5 | 2 | 2 | 5 | 5 | 3 | 5 | 1 | 5 | 5 | 5 | 5 | 5 | 1 | 3 | 5 | 3 | 5 | 5 | 5 | 5 | 5 | 5 | 4 | 4 | 4 | 4 | 3 |
| DEM62 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 1 | 1 | 5 | 5 | 3 | 3 | 3 | 3 | 5 | 3 | 5 | 5 | 1 | 5 | 5 | 5 | 5 |
| DEM63 | 5 | 5 | 1 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 1 | 1 | 1 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 3 | 3 | 3 | 3 |
| DEM64 | 5 | 5 | 5 | 5 | 5 | 3 | 3 | 3 | 3 | 3 | 5 | 1 | 1 | 5 | 5 | 5 | 3 | 3 | 3 | 3 | 3 | 3 | 5 | 5 | 5 | 3 | 3 | 3 | 3 | 4 |
| DEM65 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 3 | 3 | 3 | 3 | 3 | 3 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 3 | 3 | 3 | 3 | 3 |
| DEM66 | 5 | 5 | 5 | 5 | 5 | 3 | 3 | 5 | 5 | 2 | 5 | 5 | 5 | 5 | 5 | 3 | 3 | 3 | 5 | 4 | 4 | 4 | 5 | 5 | 5 | 3 | 3 | 5 | 5 | 3 |
| DEM67 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 3 | 3 | 5 | 2 | 2 | 5 | 5 | 5 | 3 | 3 | 3 | 3 | 5 | 5 | 5 | 5 | 5 | 5 | 3 | 3 | 5 | 5 | 5 |
| DEM68 | 5 | 5 | 5 | 5 | 5 | 3 | 3 | 3 | 3 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 3 | 3 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 4 | 5 | 5 | 1 | 4 |
| DEM69 | 5 | 1 | 1 | 1 | 1 | 5 | 5 | 5 | 5 | 5 | 3 | 3 | 5 | 5 | 5 | 3 | 3 | 3 | 5 | 5 | 3 | 5 | 5 | 5 | 5 | 5 | 5 | 3 | 3 | 5 |
| DEM70 | 5 | 5 | 5 | 5 | 3 | 3 | 3 | 3 | 3 | 5 | 1 | 1 | 1 | 5 | 5 | 1 | 3 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 1 | 4 | 4 | 4 | 5 |
| DEM71 | 5 | 5 | 5 | 5 | 5 | 5 | 3 | 3 | 3 | 5 | 4 | 4 | 4 | 5 | 5 | 1 | 1 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 1 | 5 | 5 | 5 | 5 |
| DEM72 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 1 | 1 | 5 | 5 | 5 | 1 | 1 | 1 | 1 | 1 | 5 | 5 | 1 | 1 | 5 | 5 | 5 | 5 | 5 | 4 |
| DEM73 | 5 | 5 | 4 | 5 | 3 | 3 | 3 | 3 | 5 | 1 | 1 | 5 | 5 | 5 | 1 | 1 | 1 | 1 | 3 | 5 | 5 | 3 | 5 | 5 | 5 | 1 | 5 | 5 | 5 | 5 |
| DEM74 | 5 | 5 | 1 | 5 | 1 | 1 | 5 | 5 | 1 | 5 | 1 | 5 | 5 | 5 | 5 | 1 | 1 | 1 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| DEM75 | 5 | 5 | 5 | 5 | 5 | 3 | 3 | 3 | 3 | 5 | 1 | 1 | 5 | 5 | 5 | 1 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 1 | 5 | 5 | 5 | 5 |
| DEM76 | 5 | 5 | 5 | 5 | 1 | 1 | 5 | 1 | 5 | 5 | 1 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 1 | 5 | 5 | 5 | 5 | 5 |
| DEM77 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| DEM78 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 1 | 1 | 5 | 5 | 5 | 5 | 5 | 5 | 3 | 3 | 3 | 5 | 5 | 5 | 5 | 5 | 1 | 3 | 3 | 5 |
| DEM79 | 5 | 5 | 5 | 5 | 5 | 5 | 3 | 3 | 3 | 3 | 1 | 1 | 5 | 5 | 3 | 3 | 3 | 3 | 3 | 3 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 3 | 5 | 5 |
| DEM80 | 5 | 5 | 5 | 5 | 1 | 3 | 5 | 5 | 3 | 5 | 1 | 1 | 5 | 5 | 5 | 3 | 3 | 3 | 3 | 5 | 5 | 5 | 5 | 5 | 5 | 1 | 1 | 3 | 3 | 4 |

# *LESSON PLAN*

# *ON*

# DEMONSTRATION OF CONDOMS

**Name of the student teacher**: Ms. Elamkunnapuzha Susan Johnson.

**Name of the subject**: Research and Statistics

**Name of the topic**: Condom Demonstration

**Class of group/ Batch**: M.Sc. Nursing Second Year.

**Venue:** A selected hospital.

**Previous knowledge**: The People living with HIV have some knowledge of condom use.

**Method of teaching:** Lecture cum Demonstration

**A.V Aids:** Blackboard, Model of the Penis

**General objectives**: After this class People living with HIV will be able to acquire knowledge in depth about condom use and apply the knowledge in their practical life.

**Specific objectives:** At the end of the class the People Living with HIV will be able to;

- define condom.
- state the effectiveness of condom usage.
- list the guidelines for using condoms.
- demonstrate condom usage.
- explain the use of lubricants with condoms

- list the steps to follow if the condom breaks.
- enumerate the advantages of condom usage.
- identify the disadvantage of condoms

| TIME | SPECIFIC OBJECTIVE | CONTENT | TEACHING LEARNING ACTIVITY | A.V AIDS | EVALUATION |
|---|---|---|---|---|---|
| ½ min | At the end of the health education the people living with HIV will be able to | **INTRODUCTION**<br><br>According to the World Health Organization (WHO) 2013, there were approximately 35 million people worldwide living with HIV/AIDS. Of these, 2.1 million individuals worldwide became newly infected with HIV in 2013.<br>Despite the fact that the government has implemented different programs to educate people regarding HIV/AIDS and different preventive methods, infection rate remains high. One of the key methods of prevention is the use of condoms during all types of sexual intercourse. Free condoms are made available by the governmental health institutions throughout the country.<br>There is a need for the People living with HIV to have knowledge, a positive attitude towards its use as well as know the skill of condom use in order to prevent infections and hence decrease the progression of the disease. | The researcher introduces the topic and the listener listens to it. | Blackboard | |

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| | | **ANNOUNCEMENT OF THE TOPIC**<br><br>Demonstration of condom usage | | | |
| ½ min | define condom. | **DEFINITION OF A CONDOM**<br>A thin rubber sheath worn on a man's penis during sexual intercourse as a contraceptive or as a protection against infection. | The researcher defines condom and the listener listens to it. | Materials | What is the definition of condom? |
| ½ min | state the effectiveness of condom usage. | **EFFECTIVENESS OF CONDOM**<br>The only 100 % safe choice of preventing sexually transmitted diseases including HIV is not to have sex. According to the CDC (Centre of disease control), condoms when used consistently and correctly, latex condoms are "highly effective" in preventing the sexual transmission of HIV and many other STDs. Condoms are also **98 percent** effective in preventing pregnancy when used correctly, every time. | The researcher states the effectiveness of condom usage and the listener listens to it. | Chart | What is the effectiveness of condom? |
| ½ min | list the guidelines for using condoms. | **GUIDELINES FOR USING CONDOMS:**<br><br>• Check the expiry date (don't use condoms that have expired) | The researcher lists the guidelines for using condoms and the listener listens to | Materials | What are the guidelines for using condoms? |

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| 3 min | demonstrate condom usage. | • Before use, check the condom has not discoloured or become brittle.<br>• Find the right size. A condom that's too small can break and be very uncomfortable. A condom that's too big can fall off.<br>• Store condoms in a cool dark place. Condoms should not be kept for any length of time in a wallet, purse or handbag.<br>• Never re-use condoms.<br><br>**Demonstration of Condom Usage**<br><br>• Open the packet carefully so that you don't tear the condom.<br><br>  <br><br>• Don't unroll the condom before putting it on the penis.<br>• Put the condom on when the penis is hard (erect). | it.<br><br>The researcher demonstrates condom usage and the listener observes the demonstration and redemonstrates it. | Model Charts | What is the demonstration of condom usage? |

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| | | • Don't start having sex before putting it on.<br>• Squeeze the tip of the condom and hold it against the tip of the penis. Squeezing removes any air left in the condom. Air in the condom can cause it to break.<br>  <br>• Use lubricant on the outside of the condom.<br>• Unroll the condom as far down as it will go. | | | |

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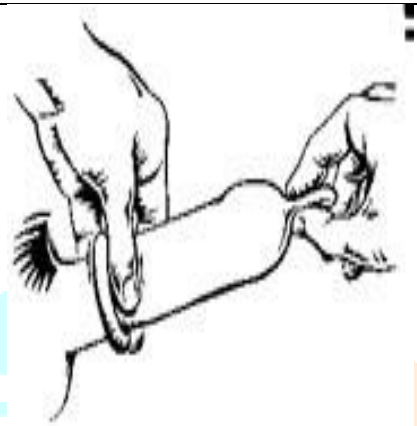
|---|---|---|---|---|---|
| | |  <br>• The penis should be withdrawn soon after ejaculating (cumming) and while it is still hard. Hold on to the condom at the base of the penis so it doesn't come off and spill semen.<br>• After removing the condom, wipe any semen from the penis.<br>• A knot should be tied at the tip of the condom.<br>• Get rid of the condom by wrapping it in paper and putting it in a bin. Never flush a condom down the toilet. | | | |

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| ½ min | explain the use of lubricants with condoms. |  <br>**LUBRICANT.**<br>• Lubricant reduces the risk of condom's breaking and can also make sex more enjoyable. ONLY use water based lubricant. Do not use oil based products such as baby oil, vaseline or massage oils as they weaken condoms and lead them to break.<br>• Do not use saliva as lube - it can dry out quickly, as well as cause condoms to break down.<br>• Dry intercourse (no lube) is a common way for a condom to break, making it riskier. The more lube the better.<br>• Using plenty of lube- "the wetter, the better". If you need to, re-apply lube several times during intercourse. | The listener explains the use of lubricants with condoms and the listener listens to it. | Materials | What is the use of lubricant? |
| ½ min | list the steps to follow if the condom breaks. | | The researcher lists the steps to follow if the condom breaks and the listener listen to it. | Blackboard | What are the steps to follow if the condom breaks? |

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| ½ min | enumerate the advantages of condom usage. | **STEPS TO FOLLOW IF THE CONDOM BREAKS.**<br>• Stay calm, and withdraw the penis immediately.<br>• Wash the genitals with water (not soap or detergent) and pass urine. Don't douche or spray water into the vagina or anus - this can increase the risk of STI.<br>• If semen is present be careful not to allow contact with your partner's genitals, mouth or anus.<br>• Wash your hands after removing a condom.<br>• Consider arranging a sexual health checkup and find out about PEP. | The researcher enumerates the advantages of condom usage and the listener listens to it. | Blackboard | What are the advantages of condoms? |
| ½ min | identify the disadvantage of condoms | **ADVANTAGES OF CONDOM**<br>• If a condom is used correctly and it doesn't break, slip or leak, then it is virtually 100% protective against HIV because an exposure cannot occur.<br>• Condoms can prevent an exposure to HIV from occurring in the first place<br>• The goal of other prevention strategies is to reduce the risk of an exposure leading to an infection, such as post-exposure prophylaxis (PEP) or pre-exposure prophylaxis (PrEP), and also helps in the prevention of sexually transmitted diseases. | The researcher identifies the disadvantages of condoms and the listener listens to it. | Backboard | What are the disadvantages of condoms? |

- Condoms can reduce the risk of HIV transmission for both anal and vaginal sex.
- Condoms can reduce the risk of unintended pregnancy.
- Condoms are less expensive and more readily available.

**DISADVANTAGES OF CONDOMS**

- The disadvantages of using a condom are that there is still a possibility that condoms will be allergic, break, slip or leak even when used correctly, allowing for an exposure to occur. Therefore, condoms do not completely eliminate the risk of HIV transmission.
- Some condoms are made from a thin membrane of sheep intestine, also known as lambskin condoms. These condoms are not effective at reducing the risk of HIV or STI transmission because bacteria, viruses and other germs can pass through this membrane.

**SUMMARY**

The lack of awareness and proper knowledge about how to use a condom amongst clients compounds their vulnerability.Direct demonstration of condoms will help the People Living with HIV to gain more knowledge regarding condom use and prevent reinfection.

IJCRT

# VIDEO ASSISTED TEACHING ON CONDOM USAGE

| SR.NO | SLIDES | DESCRIPTION |
|---|---|---|
| 1. |  | Namaskaar and Welcome to all of You. |
| 2. |  | Bel-Air College of Nursing<br>Video Assisted teaching on Demonstration of Condom usage. This video assisted teaching will help you to gain knowledge regarding condom use and the various steps involved in it. |
| 3. |  | According to Report of UNAIDS 2014, 36.9 million people are living with HIV/AIDS.2 million are newly infected with HIV, 1.2 million died from AIDS related illnesses. From this particular information the number of patients living with HIV/AIDS is increasing and it is important to have information about the prevention of the progression of the disease condition. |

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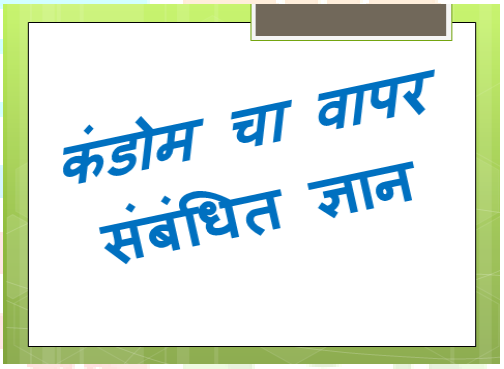
| 4. |  | There are various modes of transmission of HIV/AIDS but the main route of transmission of HIV/AIDS is through sexual route having unprotected sex. |
| 5 |  | Knowledge regarding condom usage. |
| 6 |  | Condom is also termed as Nirodh in Marathi.<br>Definition of Condom: A thin rubber sheath worn on a man's penis during sexual intercourse as a contraceptive or as a protection against infection. |

| | | |
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| 7 |  | According to the CDC(Centre of disease control), condoms when used consistently and correctly, are "highly effective" in preventing the sexual transmission of HIV and many other STDs. Condoms are also **98 percent** effective in preventing pregnancy when used correctly, every time. |
| 8 |  | The only 100 % safe choice of preventing sexually transmitted diseases including HIV is not to have sex. |
| 9 |  | The only 100 percent of preventing sexual diseases including HIV is abstaining from sex. |

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| 10 |  | Check the expiry date (don't use condoms that have expired) |
| 11 |  | Find the right size. A condom that's too small can break and be very uncomfortable. A condom that's too big can fall off. |
| 12 |  | Store condoms in a cool dark place. Condoms should not be kept for any length of time in a wallet, purse or handbag. |
| 13 |  | Never re-use condoms. |

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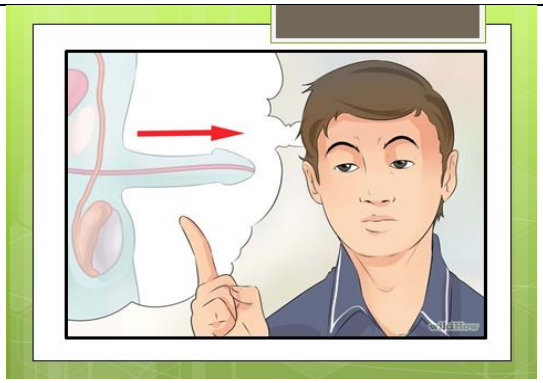
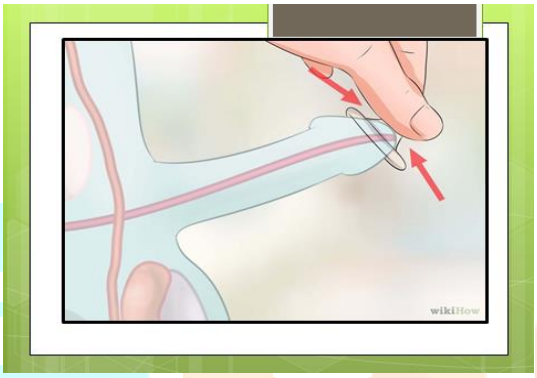
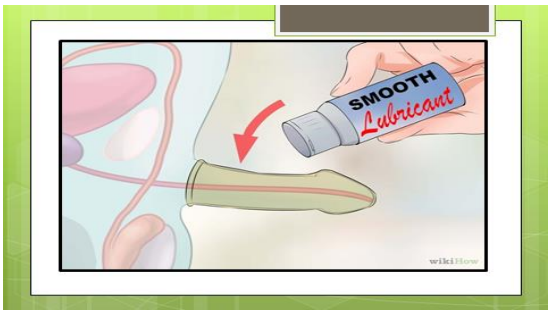
| 14 |  | There are some important steps while using condoms |
| 15 |  | It is very important to remember to use condoms during every act of sexual intercourse |
| 16 |  | Open the packet carefully so that you don't tear the condom. Don't unroll the condom before putting it on the penis. |
| 17<br><br>18 |  | Check for leaks and holes in the condom. Do not use the condom that is torn .<br><br>Put the condom on when the penis is hard (erect).<br><br>Squeeze the tip of the condom and hold it against the tip of the penis. Squeezing removes any air left in the condom. Air in the condom can cause it to break. |

| | | |
|---|---|---|
| 19<br><br>20 |  <br>  <br>  | Unroll the condom as far down as it will go.<br><br>Unroll the condom till the base of the penis. |
| 22 |  | Nowadays lubricated condoms are available.<br>Avoid using oil based lubricants like oil, vaseline etc….<br>Use water based lubricants. |

| | | |
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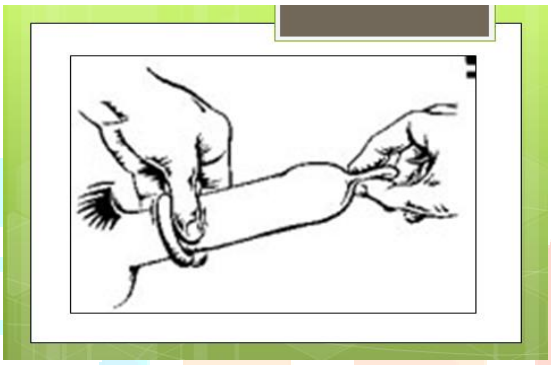
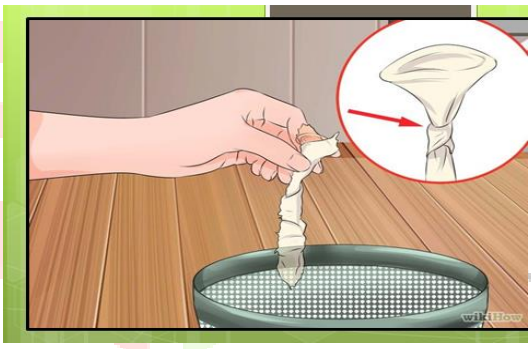
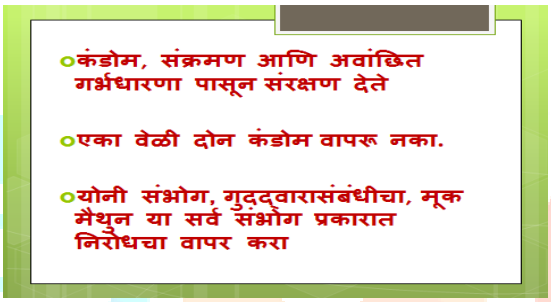
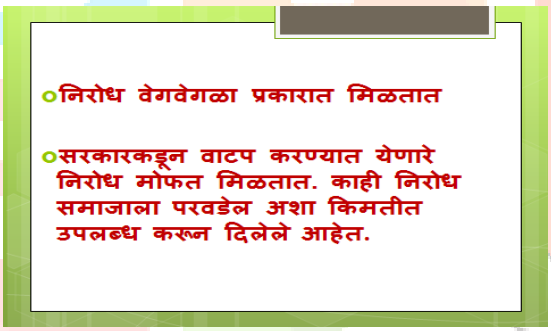
| 23 |  | After the condom is put on the erected penis do the sexual intercourse. The penis should be withdrawn soon after ejaculating and while it is still hard. |
| 24 |  | Hold on to the condom at the base of the penis so it doesn't come off and spill semen.<br>After removing the condom, wipe any semen from the penis. |
| 25 |  | A knot should be tied at the tip of the condom.<br>Get rid of the condom by wrapping it in paper and putting it in a bin. Never flush a condom down the toilet. |
| 26 |  | Reviewing of steps. |

| | | |
|---|---|---|
| |  | |
| 28 |  <br>  | • Condoms protect from unwanted pregnancy.<br>• Do not use more than one condom at a time.<br>• Use condoms during vaginal, anal and oral intercourse.<br>• Condoms are available in different types.<br>• The government provides condoms for free.<br>• Some condoms are available in the market according to the financial level in the society. |
| 30 |  | Steps to follow if the condom breaks.<br>Remain calm. Remove the penis immediately from the vagina. Ask the female partner to wash her vagina. Do not use soap and medicine. |

| | | |
|---|---|---|
| 31 |  | Ask the female partner to urinate. Do not let the semen come in contact with the vagina, anus and mouth. |
| 32 |  | Wash your hands after the removal of the condoms. |
| 33 |  | Get a sexual health checkup for both yourself and your partner done by the doctor and start with Post exposure prophylaxis immediately as per doctors order. |
| 34 |   | Thankyou. I hope you have adequate knowledge regarding condom usage after watching this video.<br>Thank you. |

{Note: Background voice is added to the video prepared by the investigator.}

I would like to thank

- Fr. Tomy K – Director of Bel-Air Institution.
- Sr. Lourdu Mary – Principal of Bel-Air College of nursing.
- Mrs. Sophy Thomas – Research Guide
- Experts who validated the draft.
- My friends for helping me to prepare the video.
- And the participants for their cooperation.

# ABSTRACT

## ABSTRACT

**TITLE:** Assessment of the effectiveness of video assisted teaching versus demonstration on a penis model regarding knowledge of condom usage among people living with HIV in a selected hospital.

**OBJECTIVES:**

- To assess the pre-test and post-test knowledge scores of video assisted teaching of condom usage among PLHIV.
- To assess the pre-test and post-test knowledge scores of demonstration on the model of penis of condom usage among PLHIV.
- To compare the post-test knowledge scores of video assisted teaching and demonstration on the model of penis of condom usage among PLHIV.

**RATIONALE**

Despite the fact that the government has implemented different programs to educate people regarding HIV/AIDS and different preventive methods, infection rate remains high. One of the key methods of prevention is the use of condoms during all types of sexual intercourse. The most frequent mode of transmission is through sexual route if condoms are not used. The priority of controlling HIV infection is its prevention and transmission of the virus from an infected person to the other. To have safe sex condoms can be used to reduce the risk of sexual exposure to HIV and sexually transmitted infections when used consistently and correctly. There is a need for the People living with HIV to have knowledge, a positive attitude towards its use as well as

know the skill of condom use in order to prevent infections and hence decrease the progression of the disease.

## METHOD

A quantitative evaluative approach with quasi experimental two group pretest posttest design was used with non-probability convenient sampling to select the sample (N=160). A structured questionnaire (Five Point Likert scale) was used to assess the knowledge .Video assisted teaching and Demonstration on the model of penis was administered to find its effectiveness. The collected data was analyzed by using descriptive & inferential statistics.

## RESULTS

The pretest knowledge score of subjects who were in group one (Video assisted teaching) was (3.59±0.30) and group two (Demonstration) was (3.57±0.33). The posttest knowledge score of subjects who were in group one (Video assisted teaching) (4.11±0.42) and group two (Demonstration) was (4.81 ±0.24). The F value for the group is 164.82 with degree of freedom 1.The value showed F (1,157) =164.16. The t value is -12.8 and the P value is <0.000. The result is significant at p<0.005.

The estimation of 0.505 indicated that the condition accounts for 50% of the total variance in the post test scores in the population.

## INTERPRETATION AND CONCLUSION

The findings of the study showed that there was a deficit in knowledge of PLHIV before administration of Video assisted teaching and Demonstration on the model of penis regarding condom usage. The results indicated that the Video assisted teaching and Demonstration is effective in increasing the knowledge of PLHIV regarding condom usage but when the two groups were compared to each other there was a significant increase in the knowledge scores of PLHIV who use the demonstration on the penis model as learning modality compared to those who use video assisted teaching of condom usage.

**KEYWORDS: effectiveness, video assisted teaching, demonstration, condom usage.**