

**ORIGINAL ARTICLE**

**Assessing Knowledge and Behaviour Towards HIV/AIDS among the school students:  
A cross sectional study**

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**ABSTRACT**

**Background:** Inadequate knowledge of advance, absence of exact health data, and the prohibitions associated with sex education at homes and schools, indulgence in risky behavior and a lack of access to adequate reproductive health services further lends the adolescents susceptible to AIDS. **Aim & Objectives:** In the present study, the knowledge and behavior towards HIV/AIDS among students in selected school have been assessed. **Material & Methods:** Primary data has been taken from selected school with the help of structured questionnaire tools; school is located at Bhaipur Brahman village in Jewar block of Gautam Budh Nagar district, India. Univariate and Bivariate tables as well as chi-square test have been applied to know the association between demographic variables of students and their response. **Results:** It was found that more than 65 % students were aware about HIV/AIDS. About 31% of students were reported that it cannot be transmit through sharing syringes where equal responses have been observed by male and female students. **Conclusions:** It was observed that they had inadequate knowledge towards HIV/AIDS especially among age group 10-13 years. Most of them have good attitude towards HIV/AIDS infected person.

**Keywords:** chi-square, significant, quantitative tools, infection.

**Introduction**

Adolescence is one of the most rapid phases of development, constitute 10-19 years of age<sup>1</sup> and contribute to 19.6 % of the Indian population<sup>2</sup>. It is one of the most crucial stages in the life of an individual, metamorphosing from being a child into becoming responsible adults. It establishes a strong foundation for adulthood, which propels one to move in the right direction with a right influence and a lack thereof resulting in disastrous consequences, generating an economically productive but a morally precarious population.

Adolescence, a stage of physiological, mental and social transformation which accompanies inquisitiveness, impulsiveness and experimentation, makes them prone for risky health behaviors. This behavior makes them vulnerable to diseases especially sexually transmitted diseases such as AIDS. AIDS caused by HIV stands as a threat to entire mankind stigmatizing those affected and petrifies the rest and has rightly been called a social disease.

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Although, a vast amount of accessible information is available about the disease and a significant progress made in the past two decades on prevention, control and cure, the extent of utilization still remains a challenge to be explored. A report released by UNICEF and UNAIDS revealed, the number of adolescents aged 10-19 officially estimated to be living with HIV in Asia and the Pacific has increased over the past decade, reaching 220,000 in 2014. Despite the reduction in AIDS-related deaths among adults, those 10-19 year olds in the region increased by 110 per cent between 2005 and 2014, which is alarming<sup>3</sup>.

Once the epidemic sets out in this age group, it is tougher to trace and treat. AIDS largely relies on prevention and the right information at the right time is essential to bring about a behavioral change when the population is most receptive. An adequate knowledge is imperative to prevent the increasing burden. Hence, the present study was undertaken to assess the knowledge about HIV and attitude towards people living with HIV among the study population. Keeping above about importance of this study, it may useful for further research especially in Gautam Budh District of Uttar Pradesh.

The main objectives of the study are: to assess the knowledge and behavior among school students towards HIV/AIDS, to assess the knowledge of students according to their parent's occupation wise towards HIV/AIDS and to assess the knowledge and behavior among students according to their gender, sibling and age-interval wise distributions.

### **Material and Methods**

The research design was descriptive survey design as the study intended to assess the knowledge and behavior of the students. This cross sectional study was conducted from November 1, 2021 to December 30, 2021 in Oxford public secondary school which is located at Bhaipur brahmanan village in Jewar block of Gautam Budhnagar, Uttar Pradesh. The population for the study comprised from 8<sup>th</sup> to 11<sup>th</sup> standard students with science and non-science streams.

Using purposive sampling technique, 100 students were selected randomly as study sample. All selected students were contacted and explained the study purpose and its importance. All the willing students were given questionnaire at one single point of time to avoid any contamination.

A structured questionnaire was developed to assess the knowledge of 8<sup>th</sup> to 11<sup>th</sup> standard students regarding HIV/AIDS and its prevention. The selection of content was based on review of literature, opinions of experts, and informal discussions with peers and investigators. It has been divided into two parts (sections): Section-1 included 5 questions of demographic data: age, gender, religion, family type and source of information. Section-2 included 13 questions related to knowledge and behavior. The questionnaire included questions on causes, risk factors, mode of transmission, preventive measures for HIV/AIDS. The tool was validated by a concern expert. For the collection of data, a formal administrative permission was sought from the principal of selected school for conducting the study.

The data were coded and analyzed using SPSS-21 version. The demographic variables of the selected variables were described using frequencies and percentages. Knowledge scores were assessed using percentage wise classification according to their demographic variables. Univariate and bivariate tables have been used to discuss responses of students. Chi-square test has also been applied to know significant relation of demographic variables and their response.

### **Results and Interpretation**

In this section, results using univariate and bivariate have been discussed. Chi-square test has been applied to know the association between demographic variable of students and their knowledge as well as behaviors.

**Knowledge:**

Table-1 shows that percentage wise distribution of respondents according to their demographic variables. It was found that male students (58%) reported more as compared to female (42%). As for as Religion is concern, majority of students (92%) belong to Hindu and followed by Muslims (8%).

In case of occupation of the parents among students, 7.0, 41.0, 19.0, and 33.0 percentages were belonged to professional, agriculture, businessman, professional and others parent’s occupation respectively. Most of parent’s occupations (41%) were belong to agriculture whereas (33%) of parents were not mentioned clearly about their occupations by students.

**Table-1:** Percentage wise distribution of respondents according to their demographic variables

Variables		%
Sex	Male	58
	Female	42
Religion	Hindu	92
	Muslim	8
Parent’s occupation	Professional	7
	Agriculture	41
	Businessman	19
	Others	33
Sibling	One	27
	Two	22
	Three	20
	More than three	31
Age interval	10-13 years	42
	14-18 years	58

In case of sibling of students, most of students (31%) were reported more than three sibling where as 20 % were reported exactly three peers. Majority of students (58%) were found for 14-18 years of age category, followed by 42 % for the age group 10-13 years.

**Fig-1:** Demographic variables of students and their knowledge

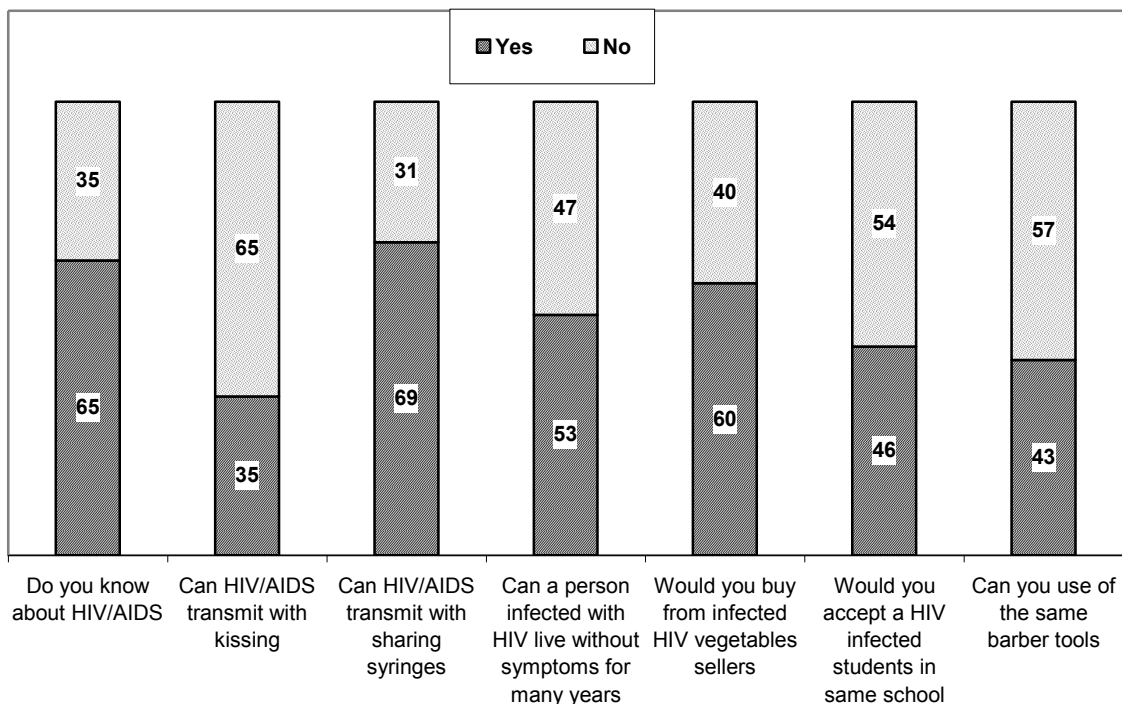


Figure-1 indicates that distribution of respondents according to their response towards knowledge about HIV/AIDS. It was found that most of students (65%) reported that HIV cannot transmit with kissing whereas 35 % were reported that it can transmit. In case of sharing syringes, Most of students (69%) were reported that sharing syringes with HIV infected person can be venerable whereas 31% were reported that there is no effect of sharing syringes.

Most of students (60%) were reported that vegetable can be buying with HIV infected sellers whereas 40 % were reported that vegetable cannot be buy. In case of acceptance of HIV students in the same school, 46 % were reported that there is no problem in studying with the infected students whereas 54 % were not ready to accept such students. In case of use of same barber tools, among 43 % of students were reported that there is no problem to use same barber tools whereas 57% were not ready to use. It is observed from the above study, students did not have proper knowledge about HIV/AIDS. It may be due to most of students belong to rural area.

**Table-2:** Demographic wise distribution of respondents according to their response towards HIV/AIDS infection through Kissing

Demographic variables		Kissing				Total		P value
		Yes		No				
		No.	%	No.	%	No.	%	
Sex	Male	24	41.41	34	58.6	58	100.0	0.046
	Female	11	26.2	31	73.8	42	100.0	
Religion	Hindu	34	37.1	58	63	92	100.0	0.164
	Muslim	1	12.5	7	87.5	8	100.0	
Parent's occupation	Professional	2	28.6	5	71.4	7	100.0	0.041
	Agriculture	11	26.8	30	73.2	41	100.0	
	Businessman	12	63.2	7	36.8	19	100.0	
	Others	10	3.3	23	69.7	33	100.0	
Sibling	One	13	48.1	14	51.9	25	100.0	0.319
	Two	6	27.3	16	72.7	22	100.0	
	Three	5	25.0	15	75	20	100.0	
	More than three	11	35.5	20	64.5	31	100.0	
Age interval	10-13 years	20	47.6	22	52.4	42	100.0	0.024
	14-18 years	15	25.9	43	74.1	58	100.0	

Table-2 shows that demographic wise distribution of respondents according to their response towards HIV/AIDS infection through Kissing. Highest percent (73.8 %) among female students were reported that HIV cannot transmit through kissing whereas 58.6% among male students are also believed the same. In case of occupation category, 71.4, 73.2, 36.8, and 69.0 percentages among Professional, agriculture, businessman and others occupations of student's parent respectively were reported that HIV infections cannot be possible through kissing whereas 28.6, 26.8, 63.2 and 3.3 percentage among corresponding categories were reported that it can be possible. It was observed from the p-value (0.046) that there is significant result at 5 % level of significance. There is sufficient evident to reject null hypothesis. It may be concluded that there is good association between occupation categories and response of students.

Most of students (74.1%) among age group 14-18 years were reported that there may not be chance of HIV infections through kissing whereas 25.9 % among the same age group were reported that there may be chance.

In case of response of students regarding HIV infections through kissing, it was observed from the p-value (0.024) that there is significant result at 5 % level of significance. There is sufficient evident to reject null hypothesis. It may be concluded that there is good association between age groups and response of students.

Table-3 shows that demographic wise distribution of respondents according to their response towards HIV/AIDS infection through sharing syringes. Highest percent (69.0 %) among female students were reported that HIV can be infected through sharing syringes whereas same percentages (69.0%) among male students are also believed the same. In case of sibling wise response, highest percent (81.5%) among one sibling students were reported that HIV can transmit through sharing syringes followed by (74.2%) among more than three siblings and (59.1%) among two siblings. From the p-value, it was observed that there is no good association between sibling categories and response of students.

**Table-3:** Demographics wise distribution of respondents according to their response towards HIV/AIDS infections through sharing syringes

Demographic variables		Sharing syringes				Total		P value
		Yes		No		No.	%	
		No.	%	No.	%			
Sex	Male	40	69.0	18	31.0	58	100.0	0.991
	Female	29	69.0	13	31.0	42	100.0	
Religion	Hindu	65	70.7	27	29.3	92	100.0	0.226
	Muslim	4	50.0	4	50.0	8	100.0	
Parent's occupation	Professional	5	71.4	2	28.6	7	100.0	0.236
	Agriculture	26	63.4	15	36.6	41	100.0	
	Businessman	11	57.9	8	42.1	19	100.0	
	Others	27	81.8	6	18.2	33	100.0	
Sibling	One	22	81.5	5	18.5	25	100.0	0.158
	Two	13	59.1	9	40.9	22	100.0	
	Three	11	55.0	9	45.0	20	100.0	
	More than three	23	74.2	8	25.8	31	100.0	
Age interval	10-13 years	29	69.0	13	31.0	42	100.0	0.993
	14-18 years	40	69.0	18	31.0	58	100.0	

Most of students (69.0%) among both age groups (10-13, and 14-18 years) were reported that HIV can be infected through sharing syringes whereas 31.0% were among same age groups were reported that there is no chance of HIV infections.

Table-4 shows that demographic wise distribution of respondents according to their response towards HIV/AIDS. According to demographic variables such as Gender, occupation of parents, peers and age group wise and their responses ( towards question) have been observed, almost all demographic variables of students have been responded equally except some of the variables regarding question (can person infected with HIV live without symptoms for many years) asked. It may be due to fact that students might have inadequate knowledge towards HIV/AIDS. It was observed from the p-values for all demographic variables regarding above mentioned question that there is no significant result at 5 % level of significance. There is no sufficient evident to reject null hypothesis for all variables. It may be concluded that there is no good association between all demographic variables and their responses towards infected person with HIV live without symptoms for many years.

**Table-4:** Demographic wise distribution of respondents according to their response towards HIV/AIDS

Demographic variables		Can a person Infected with HIV live without symptoms for many years?				Total		P value
		Yes		No				
		No.	%	No.	%	No.	%	
Sex	Male	28	48.3	30	51.7	58	100.0	0.226
	Female	25	59.9	17	40.5	42	100.0	
Religion	Hindu	47	51.1	45	48.9	92	100.0	0.194
	Muslim	6	75.0	2	25.0	8	100.0	
Parent's occupation	Professional	3	42.9	4	58.1	7	100.0	0.361
	Agriculture	18	43.9	23	56.1	41	100.0	
	Businessman	12	63.2	7	36.8	19	100.0	
	Others	20	60.6	13	39.9	33	100.0	
Sibling	One	11	40.7	16	59.3	25	100.0	0.495
	Two	13	59.1	9	40.9	22	100.0	
	Three	12	60.0	8	40.0	20	100.0	
	More than three	17	54.8	14	45.2	31	100.0	
Age interval	10-13 years	20	47.6	22	52.4	42	100.0	0.359
	14-18 years	33	56.9	25	43.1	58	100.0	

**Behaviors**

**Figure-2:** Demographic variable and their behavior towards HIV/AIDS infected persons

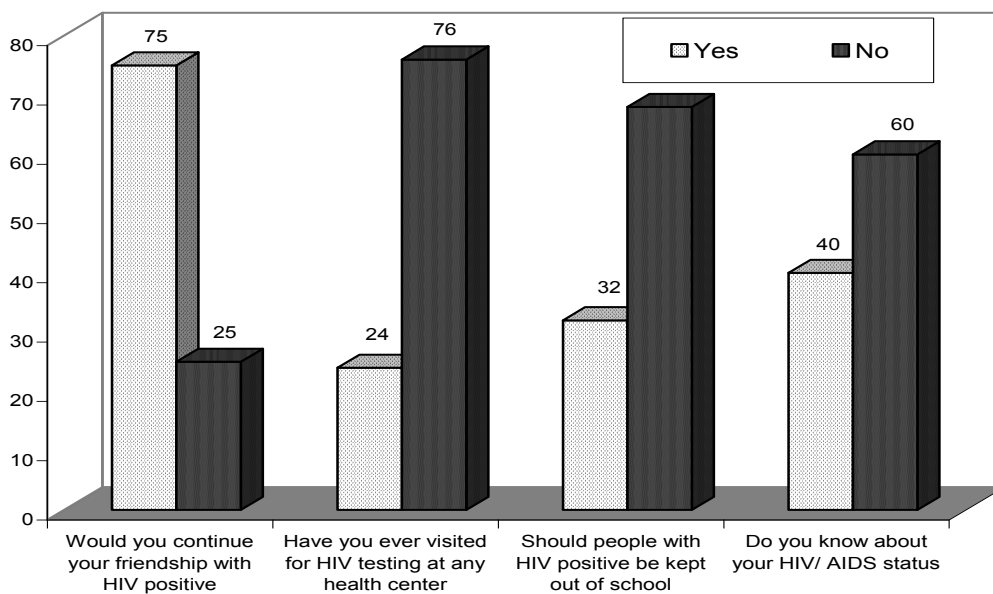


Figure 2 shows that distribution of respondents according to their response towards behavior with HIV/AIDS infected person. It was found that most of students (75%) reported that they can continue their friendship with HIV infected students whereas 25 % were not agreed. Most of students (76%) were not visited at any health center for testing of HIV. Most of students (68%) were reported that HIV infected students should not be keep out of school whereas (32 %) were ready to keep out of school.

Majority of the students (60%) were found confident about themselves and reported that they did not have HIV/AIDS whereas 40 % students reported that they don't know properly.

**Table-5:** Demographics wise distribution of respondents according to their response towards behavior with HIV/AIDS positive students

Demographic variables		Would you accept HIV infected person in the same school?				Total		P value
		Yes		No				
		No.	%	No.	%	No.	%	
Sex	Male	27	46.6	31	53.4	58	100.0	0.896
	Female	19	45.2	23	54.8	42	100.0	
Religion	Hindu	45	48.9	47	51.1	92	100.0	0.047
	Muslim	1	12.5	7	87.5	8	100.0	
Parent's occupation	Professional	5	71.4	2	28.6	7	100.0	0.361
	Agriculture	17	41.5	24	58.5	41	100.0	
	Businessman	7	36.8	12	63.2	19	100.0	
	Others	17	31.5	16	48.5	33	100.0	
Sibling	One	13	48.1	14	51.9	25	100.0	0.675
	Two	8	36.4	14	63.6	22	100.0	
	Three	11	55.0	17	45.0	20	100.0	
	More than three	14	45.2	17	54.8	31	100.0	
Age group	10-13 years	13	31.0	29	69.0	42	100.0	0.010
	14-18 years	33	56.9	25	43.1	58	100.0	

Table-5 shows that demographic wise distribution of respondents according to their response towards behavior with HIV/AIDS positive students. About 53.4 % among female students were reported that HIV infected students can be accepted in the same school whereas almost same percentages (54.8%) among male students were also believed the same. It may be due fact that students might have inadequate knowledge towards HIV/AIDS.

In case of occupation category, 71.4, 41.5, 36.8, and 31.5 percentages among Professional, agriculture, businessman and others occupations of student's parents respectively were reported that HIV infected person can be accepted in the same school whereas 28.6, 58.5, 63.2 and 48.5 percentages among corresponding student's parents were not agreed to accept such person. It was observed from the p-value (0.361) that there is no significant result at 5 % level of significance.

Most of students (69.0%) among age groups 10-13 years reported that HIV infected students cannot be accepted in the same school whereas 31.0 % among the same age group reported that HIV infected students can be accepted. However, responses from the age group 14-18 years of students have been observed better than age group 10-13 years,

because 56.9% students among age group 14-18 year have been reported that HIV infected students can be accepted in the same school. It may be due to knowledge of students increasing with their increased ages.

In case of response of students towards above question and their age groups, it was observed from the p-value (0.010) that there is highly significant result at 5 % level of significance. It may be concluded that there is very good association between age groups and responses of students.

**Table-6:**Demographics wise distribution of respondents according to their response towards behavior with HIV/AIDS infected person

Demographic variables		Should people with HIV positive be kept out of school?				Total		P value
		Yes		No				
		No.	%	No.	%	No.	%	
<b>Sex</b>	Male	17	29.3	41	70.7	58	100.0	0.498
	Female	15	35.7	27	64.3	42	100.0	
<b>Religion</b>	Hindu	30	32.6	62	67.4	92	100.0	0.498
	Muslim	2	25.0	6	75.0	8	100.0	
<b>Patent's occupation</b>	Professional	2	28.6	5	71.4	7	100.0	0.962
	Agriculture	13	31.7	28	68.3	41	100.0	
	Businessman	7	36.8	12	63.2	19	100.0	
	Others	10	30.3	23	69.7	33	100.0	
<b>Sibling</b>	One	9	33.3	18	66.7	25	100.0	0.171
	Two	11	50.0	11	50.0	22	100.0	
	Three	5	25.0	15	75.0	20	100.0	
	More than three	7	22.6	24	77.4	31	100.0	
<b>Age group</b>	10-13 years	22	52.4	20	47.6	42	100.0	0.000
	14-18 years	10	17.2	48	80.8	58	100.0	

Table-6 shows that demographic wise distribution of respondents according to their response towards behavior with HIV/AIDS positive persons. About 70.7 % among male students were reported that HIV infected person cannot be kept out of the school whereas 64.3% among female students are also reported the same. It may be due fact that among female students might have inadequate knowledge towards HIV/AIDS.

In case of Religion wise classification, there is no significant difference in the responses given by Hindu and Muslim categories. Majority (67.4 % & 75.0 %) of students among both categories (Hindu & Muslim) were reported that HIV infected person cannot be kept out of the school.

In case of age group of students, 80.8.0% among age groups14-18years reported that HIV infected person should not be kept out of the school whereas 52.4 % among the age group 10-13 years reported that HIV infected person should be kept out. However, responses from the age group 14-18 years of students have been observed better than age group 10-13 years. It may be due to knowledge of students increasing with their increased ages towards HIV/AIDS.

Age wise distribution of respondent and their response, it was observed from the p-value (0.000) that there is highly significant result at 5 % level of significance. There is sufficient evident to reject null hypothesis. It may be concluded that there is very good association between age groups and responses of students.



## **Discussions**

It was found from the above analysis, more than 65 % students were aware about HIV/AIDS, while more than 30% students were having inadequate knowledge. In similar study conducted by Bhalla et al (2005) in Jamnager, Gujarat reported that 96% students were aware and in another study in Kathmandu, Nepal by Jaiswal et al. noticed 45.8%<sup>4,5</sup>.

According to the response of the students towards HIV/AIDS infection through Kissing, it was found that highest percent (73.8 %) among female students were reported that HIV cannot transmit through kissing whereas 58.6% among male students are also believed the same and it was found significant at 5 % level of significance. Similar results were observed by Chandrasekhar et al in their study where 56.38% participants were knew that hugging and shaking hands will not transmit HIV virus. In another studies done by Singh et al reported 53.9% of participants, Koksai et al reported 73.1%, Gaash et al reported 82.22% and Bhalla et al reported 90.8% participants knew that shaking hands with HIV/AIDS infected person will not transmit HIV virus<sup>6,7,8,9</sup>.

In present study it was found that infection through sharing syringes. Highest percent (69.0 %) among female students were reported that HIV can transmit through sharing syringes whereas same percentages (69.0%) among male students were also reported the same. In a similar study conducted by Gupta et al reveals the similar finding regarding mode of transmission of HIV/AIDS reported that it was through unprotected sex (92.1%) followed by sharing injections (88.2%) and blood transfusion (84.3%) as mentioned by female students. Sarkar et al describe in their study in Pondicherry that 83% women knew one or more modes of spread of HIV/AIDS<sup>10,11,12,13</sup>.

The similar findings were observed by Kotech et al<sup>12</sup> in their study carried out in urban slums of Vadodara city revealed that the knowledge regarding modes of transmission were the sexual act followed by needles and blood transfusion. Most of students (60%) were reported that vegetable can buy with HIV infected sellers. In case of use of same barber tools, 43 % were reported that there is no problem to use of same barber tools whereas 57 % were not ready to use. It is observed from the above study, students did not have adequate knowledge and behavior about HIV/AIDS

In case of occupation category and response obtained by mode of transmission (kissing), 71.4, 73.2 percentages among professional and agriculture occupations of student's parents respectively were found highest and reported that HIV infections cannot be possible through kissing. It may be due to fact that area of study closed to NCR region/ Delhi as well as rural area, this might have special reasons for both places. It was observed from the p-value (0.04) that there is significantly difference among parent's occupations categories at 5% level of significance and good association between occupations of student's parent and response of students

In case of response related to acceptance of HIV infected person, most of students (69.0%) among age groups 10-13 years were reported that HIV infected person cannot be accepted in the same school whereas 56.9% students among age group 14-18 year were reported that HIV infected students can be accepted in the same school. However, responses from the age group 14-18 years of students have been observed better than age group 10-13 years. It may be due to knowledge of students increasing with their increased ages. It was observed from the p-value that there is highly significant result at 5% level of significance. It may be concluded that there is very good association between age groups and responses of students.

## **Conclusions**

The study revealed that despite having adequate knowledge about HIV/AIDS among 65% students, there is gap in knowledge which might lead inadequate knowledge about HIV/ AIDS. According to five demographic variables and their responses through selected questions have been observed, it was found almost equally response by gender wise for almost all questions except few. It was observed that 80.8% students among age group 14-18 years were reported that

HIV/AIDS positive people cannot be kept out of the school and age group wise responses were found highly significant at 5 % level. It was observed that they had inadequate knowledge towards HIV/AIDS especially among age group 10-13 years.

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