

Acquired Immunodeficiency Syndrome (AIDS): Awareness, Attitudes, and Misconceptions in a Community Survey

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Abstract

Acquired Immunodeficiency Syndrome (AIDS) remains a major global health concern. This study explores awareness, public attitudes, and misconceptions about HIV/AIDS within a general community. A survey of 100 participants aged 18–50 years was conducted using structured questions to assess knowledge of HIV transmission routes, perceptions of openness, and social stigma. Results indicate that awareness of sexual transmission is high, but misconceptions about other transmission modes persist. Nearly half of respondents believe individuals with HIV should not disclose their status, reflecting ongoing stigma. The findings emphasize the need for continuous educational efforts to promote accurate knowledge and foster a supportive environment for people living with HIV/AIDS (PLHIV).

Keywords: Acquired Immunodeficiency Syndrome (AIDS), Global Health Concern, HIV, Social Stigma.

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INTRODUCTION

Acquired Immunodeficiency Syndrome (AIDS) represents the most advanced stages of infection with Human Immunodeficiency Virus (HIV) [1]. HIV is a retrovirus (genus Lentivirus) that integrates into host DNA causing progressive CD4⁺ T-cell depletion. Without effective antiretroviral therapy (ART), the median time from infection to AIDS \approx 8–10 years, and to death \approx 2–3 years after AIDS onset (MACS, 2010 cohort). Effective ART converts HIV infection into a chronic, manageable condition with near-normal life expectancy if diagnosed early (The Lancet HIV, 2022).

(OR)

Acquired immunodeficiency syndrome (AIDS), is an ongoing, also called chronic, condition. It's caused by the human immunodeficiency virus, also called HIV. HIV damages the immune system so that the body is less able to fight infection and disease.[2]

French virologist Luc Antoine Montagnier and American physician-scientist Robert Charles Gallo

(1937-) are credited with discovering the cause of the acquired... Survey in INDIA.

MATERIALS AND METHODS

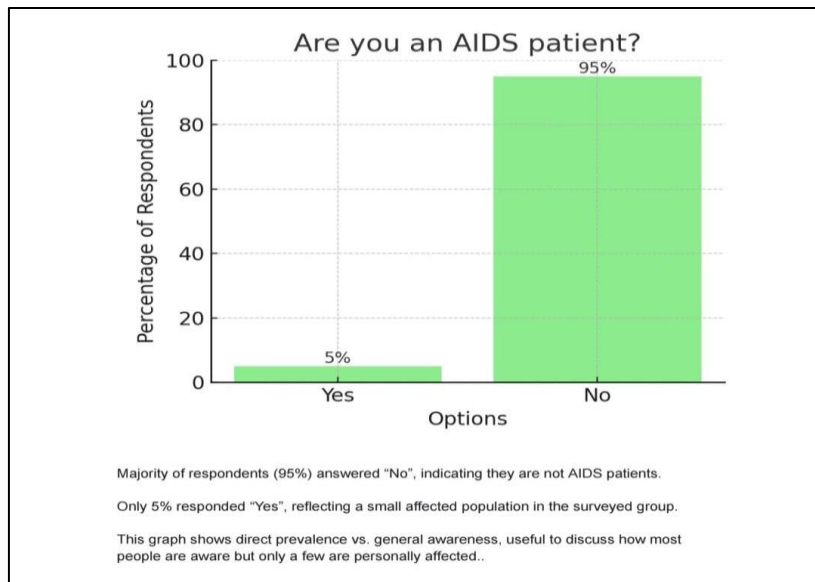
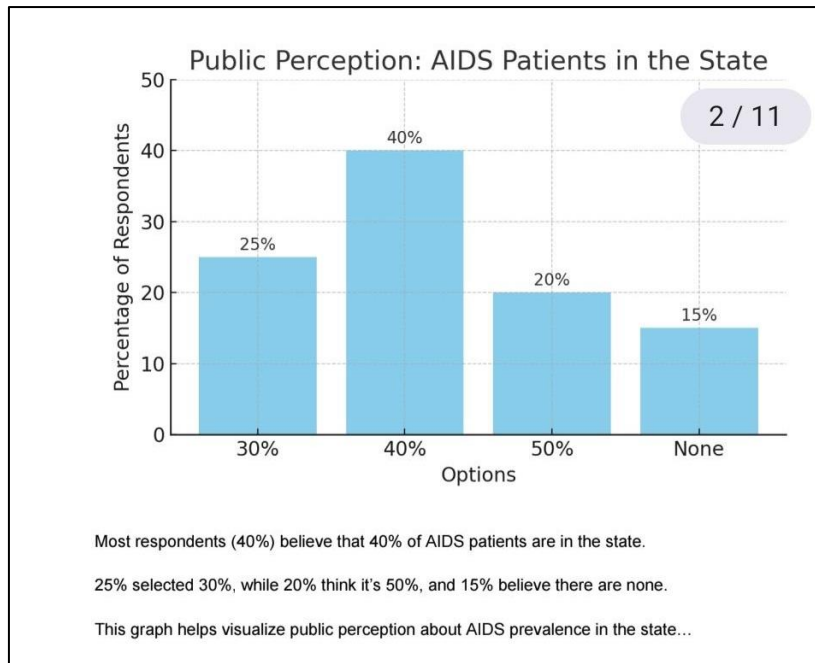
A cross-sectional survey was conducted in a general community setting. A total of 100 participants, aged 18–50 years, were randomly selected. A structured questionnaire assessed:

1. Demographics (age, gender)
2. Sexual behavior and history
3. Knowledge of HIV transmission routes
4. Attitudes toward people living with HIV/AIDS (PLHIV)
5. Awareness of preventive measures

Data were analyzed using descriptive statistics to evaluate awareness levels, misconceptions, and attitudes toward HIV-positive individuals.

Are you an AIDS patient??

- Yes
- No



Responses:

- Yes: 5%
- No: 95%

The survey revealed that only 5% of respondents reported being AIDS patients, while a large majority (95%) stated that they were not infected. This result indicates that although the direct prevalence of HIV/AIDS among participants is low, awareness about the disease remains relatively widespread.

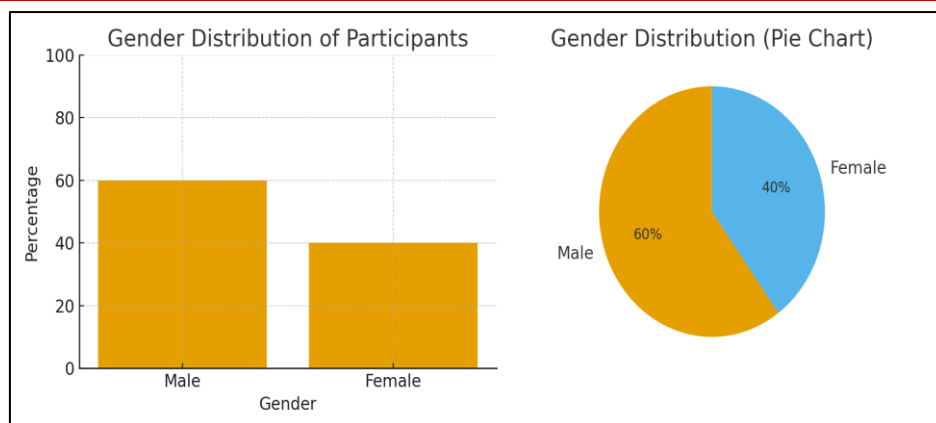
This pattern reflects a common trend in community-based studies — people may not be personally affected, yet they possess varying levels of knowledge, attitudes, and beliefs about the disease. The low percentage of affected individuals also suggests that

transmission control and prevention measures are likely effective to some extent within this population.

However, the finding must also be interpreted carefully. The sensitive nature of HIV/AIDS often leads to underreporting due to fear, stigma, and social discrimination. Some respondents might hesitate to disclose their status truthfully. This highlights the need to foster a safe and stigma-free environment where people feel comfortable sharing their health status without fear of judgment.

Are you a man or a woman? *

- Male
- Female

**Responses:**

- Male: 60%
- Female: 40%

Explanation:

Out of 100 participants in the community survey, 60% were male and 40% were female. This gender distribution shows that males formed the majority of respondents in the study. Gender is an important factor when analyzing awareness and attitudes toward HIV/AIDS, as previous research has shown that men and women may differ in their exposure, risk perception, and understanding of HIV prevention measures.

The higher male participation could be due to greater availability or willingness to engage in surveys, whereas fewer females might reflect social or cultural barriers that limit their participation in health discussions.

Understanding gender distribution helps in interpreting other results — for example, if awareness or stigma levels differ between men and women, it indicates a need for gender-specific educational programs. “Are you a virgin till now?” (in Karnataka State)

Responses:

- Yes: 70%
- No: 30%

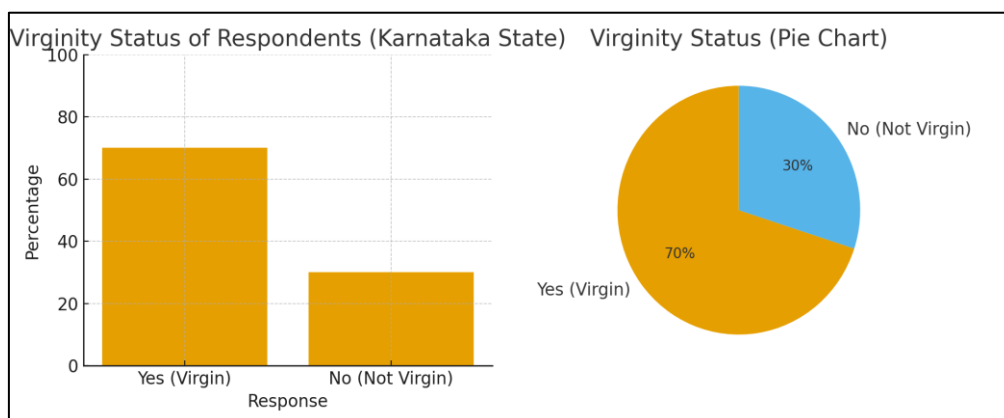
Explanation:

In this community-based survey conducted in Karnataka State, 70% of respondents reported that they are still virgins, while 30% stated that they have engaged in sexual activity.

This finding suggests that a majority of participants either practice abstinence or have not yet initiated sexual activity, which may correlate with lower HIV transmission risk within this specific group. However, the 30% sexually active group represents a key population for targeted HIV awareness and prevention programs, such as promoting safe sex practices, use of condoms, and regular health checkups.

These results also reflect cultural and behavioral factors that influence sexual practices in the region. The relatively high percentage of virgins could be due to social norms, age distribution (18–50 years), or limited openness about sexual topics in community discussions.

Understanding such behavior patterns is crucial for planning effective AIDS prevention strategies, emphasizing education before sexual debut, and encouraging responsible sexual health awareness.



RESULTS

Demographics

- Gender distribution: 60% male, 40% female
- Age range: 18–50 years
- Sexual Behavior 70% of respondents reported being virgins; 30% reported sexual activity
- Among sexually active participants, 35% had intercourse with their partner, 65% had not
- Knowledge of HIV Transmission 85% correctly identified unprotected sexual contact as a primary transmission route 70% recognized blood transfusion with infected blood
- 60% identified needle sharing
- 50% knew about mother-to-child transmission
- Misconceptions about casual contact (touching, sharing food, or toilets) were still common

Attitudes Toward PLHIV

- 65% were comfortable working with HIV-positive individuals.
- 35% expressed discomfort, reflecting residual social stigma Disclosure and Openness
- 45% believed people with HIV should not disclose their status Many participants were hesitant to discuss HIV openly, indicating cultural barriers.

DISCUSSION

The survey highlights both progress and gaps in community awareness. Awareness of sexual and blood-borne transmission is high, yet misconceptions about casual contact and maternal transmission persist. Social stigma remains a significant barrier: nearly half of respondents felt HIV-positive individuals should not disclose their status, and one-third were uncomfortable interacting with PLHIV.

The findings underscore the importance of community-based educational interventions, including. Awareness campaigns to address misconceptions Empathy and sensitivity training to reduce stigma Encouragement of voluntary HIV testing Promotion of safe sexual practices and knowledge of ART.

Gender differences and age-specific interventions may also improve outreach effectiveness.

CONCLUSION

AIDS continues to challenge global health, not only medically but socially. While awareness of HIV transmission is improving, misconceptions and stigma persist in the community. Comprehensive education, open dialogue, and inclusive attitudes are essential to reduce fear, promote testing, and support PLHIV. Ending AIDS requires not only medical intervention but also social, psychological, and ethical commitment to equality, empathy, and compassion.

1. **Awareness Levels:** Most respondents were aware that HIV can be transmitted through unprotected

sexual contact, but fewer knew about mother-to-child or needle-borne transmission routes.

2. **Knowledge Gaps:** Many participants still held misconceptions about casual contact (e.g., touching, sharing food, or using the same toilet), showing the need for stronger community education.
3. **Stigma and Discrimination:** Around 45% of people believed individuals with HIV/AIDS should not disclose their status, reflecting ongoing social stigma and fear of isolation.
4. **Attitudes Toward PLHIV (People Living with HIV):** About 65% of respondents were comfortable working with HIV-positive individuals showing improving acceptance, but one-third still uncomfortable.
5. **Openness and Communication:** A significant portion of respondents expressed hesitation in discussing HIV openly, indicating a cultural barrier to awareness and prevention.
6. **Prevention Awareness:** Most participants recognized safe sex and blood safety as preventive measures, but fewer were Overall, the findings highlight that educational campaigns remain essential to correct misconceptions, reduce stigma, and encourage voluntary testing and openness.

Acquired Immunodeficiency Syndrome (AIDS) continues to be one of the most challenging global health issues of our time. Despite remarkable progress in diagnosis, treatment, and prevention, the disease remains deeply surrounded by social stigma, misinformation, and fear.

The findings of this study reveal that while awareness about HIV transmission through sexual contact and blood transfusion is relatively high, misconceptions about casual contact and hesitation to interact with HIV-positive individuals still persist. This demonstrates that scientific knowledge alone is not enough — what society needs is compassion, education, and acceptance.

Promoting open communication, encouraging routine HIV testing, and expanding community-based education programs are essential to reducing stigma and preventing further spread of infection. Every individual, regardless of their HIV status, deserves respect, dignity, and equal opportunities. Ultimately, the fight against AIDS is not just medical — it is social, psychological, and moral. Creating an inclusive environment built on understanding and empathy will bring us closer to a world where HIV/AIDS is no longer a disease of discrimination, but one of awareness, care, and hope.

OR

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REFERENCES

- World Health Organization (WHO). "HIV/AIDS." WHO, 2024. Available: <https://www.who.int/news-room/fact-sheets/detail/hiv-aids>
- 2. UNAIDS. "Global HIV & AIDS statistics — 2024 fact sheet." UNAIDS, 2024. Available: <https://www.unaids.org/en/resources/fact-sheet>
- 3. Centers for Disease Control and Prevention (CDC). "HIV Basics." CDC, 2024. Available: <https://www.cdc.gov/hiv/basics/index.html>
- 4. Piot, P., Abdool Karim, S.S., Hecht, R., *et al.*, "Defeating AIDS — advancing global health." *The Lancet*, 2015; 386: 171–218.
- 5. Cohen, M.S., Chen, Y.Q., McCauley, M., *et al.*, "Prevention of HIV-1 infection with early antiretroviral therapy." *New England Journal of Medicine*, 2011; 365: 493–505.
- 6. Joint United Nations Programme on HIV/AIDS (UNAIDS). *Ending AIDS: Progress towards the 90–90–90 targets*. Geneva: UNAIDS, 2017.
- 7. Deeks, S.G., Lewin, S.R., Havlir, D.V. "The end of AIDS: HIV infection as a chronic disease." *The Lancet*, 2013; 382: 1525–1533
- World Health Organization. *Consolidated Guidelines on HIV Prevention, Testing, Treatment, Service Delivery and Monitoring*. 2023.
- DHHS Panel on Antiretroviral Guidelines. *Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV*. 2022.
- INSIGHT START Study Group. Initiation of Antiretroviral Therapy in Early Asymptomatic HIV Infection. *NEJM*. 2015; 373:795-807. TEMPRANO ANRS 12136 Study Group. *NEJM*. 2015; 373:808-822.
- Cohen MS *et al.*, Prevention of HIV-1 Infection with Early Antiretroviral Therapy (HPTN 052). *NEJM*. 2011; 365:493-505.
- Rodger AJ *et al.*, Risk of HIV transmission through condomless sex in sero different couples with the HIV-positive partner taking suppressive ART (PARTNER). *JAMA*. 2016; 316:171. Venter WDF *et al.*, Dolutegravir plus Two Different Prodrugs of Tenofovir to Treat HIV. *Lancet HIV*. 2021;8:e524-e533. UNAIDS Global HIV Statistics. Fact Sheet 2023.
- National AIDS Control Organisation (NACO). India HIV Estimations 2022. Tsepamo Study Group. Neural-tube defects and antiretroviral treatment regimens in Botswana.
- *NEJM*. 2019;381:827-840. Lundgren JD *et al.*, Cardiovascular disease risk in HIV infection: *NEJM*. 2015; 373:1793. Orkin C *et al.*, Long-acting cabotegravir and rilpivirine for HIV treatment. *NEJM*. 2020; 382:1112-1123.
- Baxter JD *et al.*, Genotypic changes in HIV-1 protease associated with reduced susceptibility to protease inhibitors. *JAMA*. 2000;283:1306-1311.