Running head: HIV/AIDS AWARENESS AMONG NURSING STUDENTS	1
HIV/AIDS Awareness among First year Nursing Students in Four Nursing Schools in	Guyana
Submitted by	
Tabitha Mallampati	
То	
Professor Marylou Welch	
St. Joseph College	
Connecticut	

Abstract

In Guyana, many adolescents grow up in broken families and live in an environment where violence is pervasive. Inadequate knowledge about safe sex practices, poor attitudes towards sexual health and poverty are further contributing factors for high risk behavior among adolescents. As a result, teenage pregnancy and exposure to sexually transmitted infections are often high in Guyana. This study examined the knowledge towards transmission and prevention of HIV/AIDS among first year nursing students in four different Nursing Schools in Guyana. This study also examined misconceptions regarding HIV/AIDS among the sample group. This study used a quantitative, descriptive and correlation design. In four nursing schools in Guyana, 167 first year nursing students completed a questionnaire on assessing the knowledge of transmission and prevention of HIV/AIDS and misconceptions of HIV/AIDS. The study results shown that a majority of first year nursing students had a good level of knowledge regarding transmission and prevention of HIV/AIDS. However, a minority of nursing students had misconceptions such as HIV/AIDS can be transmitted by being bitten by mosquitos and persons could avoid getting HIV/AIDS by eating well and exercising regularly. In conclusion, further studies should focus on exploring attitudes and practices of transmission and prevention of HIV/AIDS among adolescent groups in Guyana. High risk populations such as female sex workers should have easy access to educational resources on transmission and prevention of HIV/AIDS.

Keywords: HIV/AIDS, Knowledge, Adolescents, Nursing Students

Introduction

Guyana is located in the north east coast of South America and is the only English speaking country in South America. Guyana is the second poorest country in the Caribbean region, behind Haiti. Although Guyana is rich in natural resources it has remained poor due to political conflicts, racial strife and violence. Guyana is one of the countries hard hit by the HIV epidemic in the Western Hemisphere. The first HIV case was reported in 1987 in the country. According to UNAID estimations, in 1987 there were 1.3 cases/100,000 population, but it has increased to 56.2 cases/ 100,000 population by 2003. The majority of the HIV/ AIDS cases were among persons 20-40 age group. Over all, about 28% of the cases were female, but in the age group under 24 (http://www.hiv.gov.gy/). Nursing Students, who enroll into RN nursing program, belong to this high risk age group. The RN nursing students, who enroll into professional nursing programs are from various ethnic backgrounds, socio economical, educational and geographical back grounds. In Guyana, many adolescents grow up in broken families with single parents, particularly mothers. Some of the adolescents also live in an environment where violence is pervasive. Inadequate knowledge about safe sex practices, poor attitude towards sexual health and poverty are further contributing factors for high risk behavior among adolescents. As a result, teenage pregnancy and exposure to sexually transmitted infections are often high in Guyana (http://www.hiv.gov.gy/). Therefore, sexual health of the adolescent age group is at stake and so is of nursing students in Guyana. The majority of nursing students are females and fall between the age group 17 - 35 years. This study focused on

investigating the level of knowledge of HIV/AIDS among first year RN nursing students in four nursing schools in the country.

Guyana has a multi racial population of 751,223. East Indians represent approximately 43.5% of the population, African/Black 30.2% and the Amerindian population 9.2%. Mixed-heritage accounted for 16.7% of the population. Other ethnic groups in the country include 0.26% Portuguese (whites) and 0.2 Chinese (http://www.hiv.gov.gy/). Guyana has ten administrative regions. The population is more widely spread in coastal regions than in the interior regions. 12.5% of the population in Guyana does not have access to the health care facilities due to geographical difficulties. According to a Ministry of Health Report (2004), HIV/AIDS was the leading cause of death among 20-40 age groups in Guyana (http://www.hiv.gov.gy/).

Purpose statement

The purpose of this study is to determine the level of knowledge of HIV/AIDS among first year RN nursing students in four Nursing schools in Guyana.

Literature Review

Literature review was done using data bases such as HINARI, PubMed, CINAHL and Google Scholar. Many studies confirmed that there was a relationship between sex education and HIV/AIDS prevalence. The first two articles in the literature review were quantitative designs which were conducted in Guyana. The next three articles were about studies investigated among countries in Latin America and Caribbean region. The review provided a meaningful understanding of problem through examination and assimilation of existing literature. This depicted a less ambiguous definition of the problem facilitating future research.

O'Toole et al., (2007) conducted a quantitative study, 'Knowledge and attitudes of young people in Guyana to HIV/AIDS.' in which over 2000 young people aged 12–20 years completed self-report questionnaires. This study provided evidence that the knowledge of HIV/AIDS, attitudes and intentions towards sexual behavior were significantly influenced by religious teaching as well as by gender and age. The results presented that nearly one-quarter of young people aged 12–14 were sexually active. This number rose to over one-third for youths aged 15 years and over, but condoms was only used consistently by two in five of these persons. The study recommended that prevention strategies for the spread of HIV/AIDS should harness religious belief and practice, especially in societies such as Guyana where religious affiliation remains strong.

Another quantitative and cross- sectional study, 'Sexually transmitted infection service use and risk factors for HIV infection among female sex workers in Georgetown, Guyana,' conducted among 299 female commercial sex workers. HIV prevalence was assessed using an oral fluid test, and sociodemographic and behavioral data by anonymous structured interviews administered by sex workers and women's group members. This study disclosed that there was a prevalence of HIV of 30.6% among female sex workers in Guyana (Caroline et al., 2006). There was a significant relationship between HIV prevalence and substance abuse of sex workers. The study also portrayed the impact of stigmatization on prevalence of HIV.

A report titled, 'Status of the HIV/AIDS epidemic and methods to monitor it in the Latin America and Caribbean region,' presented a review of the available epidemiological data on the situation in the Latin America and Caribbean (LAC) region. By the end of the year 2001, HIV prevalence was 40 million worldwide. One point eight million were located in Latin America and Caribbean (LAC) countries, representing approximately 5% of the global figure. The report

highlighted the main outcomes and shortcomings of the epidemiological information available for LAC, examined the methods used for tracking HIV infection, and described current trends.

The article stated various recommendations on effective methods to monitor the HIV epidemic in these countries in future.

Another Quantitative study, 'New Scale for Measuring Dynamic Patterns of Sexual Partnership and Concurrency: Application to Three French Caribbean Regions,' illuminated the large observed differences in the prevalence of AIDS among population subgroups and countries. In this study an individual scale was developed based on 6 patterns of sexual behavior over the previous 12-month period, by using a simple algorithm to combine 7 variables. This scale was then applied to cross-sectional data collected from men living in three French Caribbean regions: Guadeloupe, Martinique, and Guyana. The study concluded that all adults of all age classes in the three regions studied frequently had multiple (>2) and concurrent partnerships. The patterns of sexual behavior in the three regions were consistent with the respective cumulative incidence rates of AIDS. The research study emphasized that there was a grave need to develop a global scale of dynamic patterns of sexual partnerships. It also included concurrency with new partners and stable concurrency, to apply a scale to three Caribbean regions characterized by different cumulative rates of incidence of AIDS.

In a research study, "Resource requirements to fight HIV/AIDS in Latin America and the Caribbean," economists and epidemiologists from 10 countries in Latin America and the Caribbean (LAC) reviewed the methods used to develop estimates for resource requirements to address HIV/AIDS prevention and care in low- and middle-income countries. Methods used in this study were, researchers applied their country-specific knowledge to re-estimate the costs,

coverage, and capacity of their health and education systems to expand HIV/AIDS interventions by 2005.

These studies portray evidence that very little research was done about knowledge level of nursing students on HIV/AIDS in Guyana. It was also significant that the current prevalence rate among adolescents in Guyana was not available. Therefore, it was imperative to do research study in this particular area to assess the situation and examine the strategies to improve sexual health of adolescents in Guyana.

Aim of the study

The aim of the study was to assess nursing students' knowledge regarding transmission and prevention of HIV/AIDS.

Research questions

- 1. What is the level of knowledge of first year nursing students about HIV/AIDS in Guyana?
- 2. Is there a difference between level of knowledge among socio- economic groups, cultures and family backgrounds of first year nursing students in Guyana?

Theoretical Framework

The Health-Promoting Self-Care System model is the conceptual framework chosen to guide this study because it links nursing with both the attitudinal and behavioral patterns of client's health (Simmmons, 1990). This model synthesizes and expands upon facets of the Health Promotion Model (Pender, 1987). The Health Promotion Model is an example of middle range theory and used for explaining and predicting the health promotion component of lifestyle (Pender, Murdaugh, & Parsons, 2006). The Health Promotion Model provides a framework to

examine influences on participation in health promoting behaviors and provides direction for effective interventions. The Health Promotion Model illustrates that each person is a multidimensional holistic individual who continually interacts with both interpersonal and physical environments and emphasizes the active role of the individual in the achievement of an improved healthy state.

The three major constructs of the Health Promotion Model are individual characteristics and experiences, behavior specific cognition and affect and behavioral outcomes are used to select specific study variables. Health promoting behavior is examined in this population and relationships among study variables explored. Considering this model the purpose of this study is to explore the relations among health motivation, self-ratings of health, and various health behaviors in a given sample. Health Promotion Model is of great value to guide health care interventions for high risk adolescents and should be used to assess the current influences. Thus, the Health Promotion Model provides a framework for services directed at increasing the vulnerable population health.

Methodology

A quantitative, descriptive, correlation design was proposed for the study, using a self-administered questionnaire. The sample consisted of first year nursing students from four nursing institutions in Guyana from regions 4, 6 & 10 respectively. The inclusion criteria for this study included nursing students 18 to 19 years old, who speak, read and understand English from all ten regions of Guyana. Exclusion criteria included participants below 18 to 19 years old and non English speaking participants. A total sample size of 167 first year nursing students were selected for the study. Every other student was randomly selected for this research study from the nursing schools. The existing nursing schools are, Georgetown School of Nursing (the first year

total population 150) in region 4, Charles Roza School of Nursing (the first year total population 77) in region 10, New Amsterdam School of Nursing (the first year total population 55) in region 6 and St. Joseph Mercy Hospital Nursing School (the first year total population 18), in region 4. Each first year nursing student was chosen entirely by chance and each member of the population had an equal chance of being included in the sample.

Prior permission was obtained from the Directors of Nursing Schools for the nursing students to participate in this study. Students could withdraw from the research study at any time and it was an anonymous study. This study was developed to collect data from the first year nursing students prior to their exposure to teaching about HIV/AIDS in the nursing curriculum. The questionnaires were distributed by the researcher to first year nursing students in all four nursing schools. All confidential procedures were implemented throughout the research process. The responses were anonymous and no identifying information was asked on the questionnaires.

A tool was designed with multiple choice questions and questions and with true or false questions to assess the knowledge of the participants. Subsequently data was collected, organized, analyzed and was reported. Analysis of the survey data was done by using descriptive and correlational statistics. This analysis provided descriptions of the variables and relationships among them.

Ouestionnaire

A self-administered questionnaire was used to investigate knowledge, attitude and practice about HIV/AIDS. The questionnaire utilized in this survey was based on information provided by the Government of Guyana, National HIV/AIDS program regarding knowledge, attitudes and practices as well as other related literature. The questions were divided into three

broad sections, general knowledge about HIV/AIDS, transmission of HIV/AIDS, treatment and prevention of HIV/AIDS.

Data Analysis

The Statistical Package for Social Sciences (SPSS) version 15.0 Windows Student version was used to enter and analyze the data.

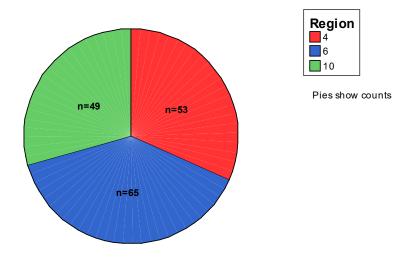
- 1. ANNOVA the significance difference between the regions
- 2. Frequency- the percentage of mean, Standard Deviation
- 3. Each student's answer is different from others, p-value

Results

Sample characteristics

167 students from three regions participated in the survey, of whom 53 (31.7%) were from Region 4 (Demerara-Mahaica), 49 from Region 10 (Upper Demerara-Berbice) (29.3%) and 65 from Region 6 (East Berbice-Corentyne) (38.9%). Majority of them were female students and

HIV/AIDS AWARENESS AMONG FIRST YEAR NURSING STUDENTS they were in 19-24 age group.



ANOVA- the significance difference between the regions

Test score of the respondents:

	Sum of		Mean		
	Squares	df	Square	F	Sig.
Between					
Groups	19.295	2	9.647	.371	.691
Within Groups	4269.244	164	26.032		
Total	4288.539	166			

Ho: The average performance of the respondents from the three regions was equal

H1: The average performance of the respondents from the three regions was not equal.

Interpretation

Since the p-value was greater than 0.05, there was no sufficient evidence to reject Ho. Therefore, it was concluded that the average performance of the respondent's from the three regions was same.

Descriptive Statistics

			Std.		
			Deviatio		
	N	Mean	n	Skew	vness
					Std.
	Statistic	Statistic	Statistic	Statistic	Error
Test score of					
the	167	25.32	5.083	-3.708	.188
respondents					
Valid N	167				
(listwise)	167				

The over all average score of the respondents was 25.32 with standard deviation 5.083.

Ranking of the different factors under "Transmission":

Ranks

	Mean
Factors	Rank
If a person has HIV,	
they will always	6.58
develop AIDS.	
HIV is present in	
blood, sexual fluids	4.43
and sweat.	
When a person has	
AIDS, his or her body	9.67
cannot easily defend	9.07
itself from infections.	
A person can get the	
same sexually	9.09
transmitted infection	9.09
more than once.	
If a pregnant woman	
has HIV, there is a still	9.58
a chance she will not	9.38
pass it to her baby.	
A person can get HIV	
infection from sharing	9.85
needles used to inject	

drugs.	
HIV can be easily	
spread by using	
someone's personal	5.37
belongings, such as a	
toothbrush or a razor.	
It is possible to avoid	
becoming infected	
with HIV by having	3.84
sexual intercourse	
only once a month.	
A condom, when used	
properly, provides	
excellent protection	
against sexually	9.29
transmitted infections,	
and can prevent	
transmission of HIV.	
You can get HIV by	
kissing someone who	4.87
has it.	
A person can be	5.50

infected with HIV by	
giving blood in an	
approved health	
facility.	
Ear-piercing and	
tattooing with	
unsterilized	
instruments are	9.27
possible ways of	
becoming infected	
with HIV.	
A person can get HIV	
by being bitten by a	3.67
mosquito.	

The respondents answered the questionnaire independently.

The students responded that sharing needles used to inject drugs was a priority issue for the transmission of HIV.

Ranking the different factors under "Prevention":

Ranks

Mean
Rank

Abstaining from	
sexual intercourse is	
an effective way to	3.90
avoid being infected	
with HIV.	
There is a cure for	2.04
AIDS.	2.04
An effective vaccine is	
available to protect	2.04
people from HIV	2.04
infection.	
A person can avoid	
getting HIV by eating	2.02
well and exercising	
regularly.	

The respondents considered that the effective approach for prevention of HIV was by abstaining from sexual intercourse.

Discussion

Overall, results from this study demonstrated that the majority of the Nursing students had high level of HIV/AIDS knowledge. It was probably because the participants had more

access to the media, press, computers and availability of the services of ongoing national and international HIV programs in Guyana.

This outcome was not similar to other studies which were performed among professionals such as commercial female sex workers, among STI patients, MSM, miners and among youth who were in and out of schools in Guyana and other Caribbean countries. This study portrayed that the knowledge of HIV/AIDS was high and emphasized need for attitudes and behavioral survey of adolescents.

A quantitative study on over 2000 young people aged 12–20 years regarding attitudes and intentions towards sexual behavior presented that nearly one-quarter of young people aged 12–14 were sexually active. However, in this study the data of the knowledge of HIV/AIDS was considerately good. There was also need for a survey of attitudes and intentions towards sexual behavior among participants.

In another study, one point eight million were located in Latin America and Caribbean (LAC) countries, representing approximately 5% of the global figure of HIV/AIDS. The results of this study included an overview of the HIV epidemic in countries in Latin America and Caribbean region.

However, the present study highlighted that among nursing students the knowledge of awareness of HIV was high in Guyana. One of the studies which were conducted among female sex workers in Guyana disclosed that 30.8% had prevalence of HIV. In this present study, since behavior survey of the participants was not done, the high risk behavior among nursing students was not disclosed.

The study on the patterns of sexual behavior in the three regions was consistent with the respective cumulative incidence rates of AIDS; Guyana was one among the three regions.

Positive findings of this study included 96.4% students believed that abstaining from sexual intercourse was an effective way to avoid being infected with HIV. Another 96.4% agreed that many people with sexually transmitted infections, including HIV, did not have symptoms. In this study, 89.6% students believed that a condom when used properly provided excellent protection against STI and could prevent transmission of HIV. 6.6% students believed that a person could get HIV by being bitten by a mosquito and 7.2% students believed that a person could avoid getting HIV by eating well and exercising regularly.

In conclusion, it was quite important that the nursing students should have up-to-date HIV/AIDS knowledge. In future, a study about attitudes and behavior of sexual life should be conducted among nursing students. Besides, the emphasis of more research should be given to high risk professionals in Guyana. On other hand, the data found that there were also misconceptions still prevail such as high as 67.6% students still believed that HIV can be easily spread by using someone's personal belongings, such as toothbrush or a razor. There was need for more awareness and education specifically regarding misconceptions related to HIV/AIDS. Promoting good knowledge, attitudes and behavior towards sexual health among Nursing students and cultivating students' moral responsibility towards HIV infected people were indispensable steps in the course of preventing HIV/AIDS.

References

- Burns, N., Grove, S. K. (2005). The practice of nursing research. Conduct, critique and utilization. (5th ed.) Elsevier Saunders
- Caroline, F. A., Morris, E., Williamson, L., Windy, K., Hans- Ulrich, W., & James, C. (2006).

 Sexually Transmitted Infection Service Use and Risk Factors for HIV Infection Among
 Female Sex Workers in Georgetown, Guyana. *Epidemiology and Social Science*, 43(1),
 96-101.
- Creswell, J.W. (2003). Research design: Qualitative, quantitative and mixed methods approaches (2nd ed.). Thousand Oaks, CA: Sage.
- Francoise, L., Nicolas, P., & Pierre-yves, B. (2003). New Scale for Measuring Dynamic Patterns of Sexual Partnership and Concurrency: Application to Three French Caribbean Regions. Sexually Transmitted Association, 30(1), 6-9.

- Marjorie, O., Stefano, B., Lori, B., Juan-Pablo, G., Ernest, M., William, M., & John, S. (2002).

 Resource requirements to fight HIV/AIDS in Latin America and the Caribbean.

 Lippincott Williams & Wilkins, 16(3), 58-65.
- MGarcia, C.J., Neff, W., Paloma, C., Stefano, L., Peter, G.,& Fernando, Z. (2002). Status of the HIV/AIDS epidemic and methods to monitor it in the Latin America and Caribbean region. *Lippincott Williams & Wilkins*, 16(3), 3-12.
- Munro, B. H. (2005). Statistical methods for health care research (5th ed.). New York: Lippincott Williams & Wilkins.
- O'Toole, B.J., Mc. Conkey, R., Casson. K., Goetz-Goldberg, D., and Yazdani, A. (2007).

 Knowledge and attitudes of young people in Guyana to HIV/AIDS. *International Journal of STD & AIDS*, 18, 193-197.
- Polit, D. & Cheryl, B. (2006). Essentials of Nursing Research: Methods, Appraisal, and Utilization. New York: Lippincott Williams& Wilkins
- Walker, L., & Avant, K. (2005). *Strategies for theory construction in nursing* (4th ed.). Upper Saddle River, Jersey: Prentice Hall.

http://www.hiv.gov.gy/

Appendix A: Questionnaire- Knowledge of HIV/AIDS

PART 1: Please answer the following questions by selecting the best answer.

General knowledge about HIV/AIDS:

- 1. What does the acronym HIV stand for?
 - a. Hemo-insufficiency virus
 - b. Human immunodeficiency virus
 - c. Human immobilization virus
- 2. What does the acronym AIDS stand for?
 - a. active immunological disease syndrome
 - b. acquired immune deficiency syndrome
 - c. acquired immunological derivative syndrome
 - d. acquired immunodeficiency syndrome
- 3. The first reported HIV case for Guyana was reported in --
 - a. 1986

- b. 1987
- c. 1988
- d. 1989

Transmission of HIV/AIDS:

- 4. What is the main means of HIV transmission worldwide?
 - a. unprotected heterosexual sex
 - b. homosexual sex
 - c. intravenous drug use
 - d. mother-to-child transmission
- 5. Spread of HIV by sexual transmission can be prevented by:
 - a. abstinence
 - b. practicing mutual monogamy with an uninfected partner
 - c. correct use of condoms
 - d. all of the above
- 6. Women are most likely to contract HIV through:
 - a. unprotected heterosexual sex
 - b. injecting drug use
 - c.contaminated blood
- 7. HIV can be contracted from:
 - A. condoms
 - B. kissing
 - C. mosquito bites
 - D. drinking from the same glass as an infected person

- E. sharing a spoon with a person living with HIV
- F. sharing a toothbrush with someone who is living with HIV
- G. all of the above
- H. none of the above
- 8. Risk of contracting HIV is increased by:
 - A. being infected with another sexually transmitted infection (STI)
 - B. having poor nutrition
 - C. having a cold
- 9. Pregnant women infected with HIV:
 - A. can reduce chances of transmitting HIV to her unborn child by maintaining a low viral load and staying in good health
 - B. can take medication to reduce the risk of mother-to-child transmission during childbirth
 - C. all of the above
- 10. In which body fluid is the virus not present?
 - A. Semen
 - B. Breast milk
 - C. Sweat
 - D. blood
- 11. Which activity could lead to the transmission of HIV?
 - A. Sharing bathroom facilities
 - B. Breast feeding
 - C. Sharing crockery and eating utensils

- D. Using the same gym equipment
- 12. The pill protects a woman from

A. getting pregnant

- B. catching sexually transmitted infection
- C. all of the above

PART 2: Please state whether the statement is True or False.

Treatment and prevention of HIV/AIDS:

- 1. If a person has HIV, they will always develop AIDS.
- 2. HIV is present in blood, sexual fluids and sweat.
- 3. Abstaining from (not having) sexual intercourse is an effective way to avoid being infected with HIV.
- 4. When a person has AIDS, his or her body cannot easily defend itself from infections.
- 5. A person can get the same sexually transmitted infection more than once.
- 6. There is a cure for AIDS.
- 7. If a pregnant woman has HIV, there is a still a chance she will not pass it to her baby.
- 8. A person can get HIV infection from sharing needles used to inject drugs.
- 9. Many people with sexually transmitted infections, including HIV, do not have symptoms.
- 10. HIV can be easily spread by using someone's personal belongings, such as a toothbrush or a razor.
- 11. A person can look at someone and tell if he or she is infected with HIV or has AIDS.

- 12. It is possible to avoid becoming infected with HIV by having sexual intercourse only once a month.
- 13. A condom, when used properly, provides excellent protection against sexually transmitted infections, and can prevent transmission of HIV.
- 14. An effective vaccine is available to protect people from HIV infection.
- 15. A person can be infected with HIV for 10 or more years without developing AIDS.
- 16. You can get HIV by kissing someone who has it.
- 17. A person can be infected with HIV by giving blood in an approved health facility.
- 18. Ear-piercing and tattooing with unsterilized instruments are possible ways of becoming infected with HIV.
- 19. A person can get HIV by being bitten by a mosquito.
- 20. A person can avoid getting HIV by eating well and exercising regularly.
- PS: Returning the survey to the researcher implies consent.

Appendix B: Introduction Letter

The Director of Nursing School,

The School of Nursing,

Georgetown,

Guyana.

Dear Sir/ Madam,

I am pursuing Masters Degree in Nursing Education at St. Joseph College, Connecticut. As part of the fulfilment of the requirement for the degree, I am required to complete a research project in a Nursing Research course. I am seeking your cooperation to assist with the aspects of research study in your institution.

The primary goal of my study is to determine the level of knowledge of HIV/AIDS among first year RN nursing students in Guyana. It is reported by the researchers that the majority of the HIV/ AIDS cases are among persons 20-40 age group in Guyana. Over all, about 28% of the cases are female, but in the age group under 24. Majority of nursing students are females and fall between the age group 17 - 35 years. The findings of this research study can evaluate the severity of the problem and allows for making recommendations which will contribute for prevention of HIV/AIDS among young adolescents.

I request your permission to hand over the questionnaires in a feasible designated area for your first year nursing students in your institution. When survey is completed, I will uplift the study data from the designated area. It is an anonymous study. The permission will be obtained from the SJC IRB (Institutional Review Board) in relation to protection of subjects

section to ensure that the proposed plans meet the necessary requirements. I would like to note that returning the survey constitutes informed consent.

The results of this study will be presented to each nursing school that participated and also in a nursing research journal.

If it is possible, I would like to schedule an appointment with you so that we can discuss more about the research study.

Thanks in advance for your cooperation.

Sincerely,
Tabitha Mallampati,
St. Joseph Mercy Hospital,
Georgetown,
Guyana.

Appendix C: Informed Consent Form

I understand that I am being asked to participate in a research study. This research study will help to determine the level of knowledge of HIV/AIDS among first year RN nursing students in Guyana. If I agree to participate in the study, I will have to answer the questionnaire which will be provided by the researcher. Since this is an anonymous study, no identifying information will be revealed. There are no known risks associated with this study.

I realize that I may not participate in the study if I am younger than 18 years of age or I can not speak English.

I realize that the knowledge gained from this study may help to understand underlying factors contributing for prevalence of HIV/AIDS. This study also helps to make recommendations to prevent HIV/AIDS among young adolescents.

I understand that my participation in this study is entirely voluntary, and I may withdraw from the study at anytime I wish. I will be treated in the usual fashion if I have to discontinue participating.

I understand that the study data are kept anonymous. The responses may be used in nursing publications.

If I need I can contact, Ms. Tabitha Mallampati, St. Joseph Mercy Hospital (telephone number: _______), anytime during the study. If I have any questions about my rights as a research participant I can contact the SJCIRB and Professor Marylou Welch, (telephone number: _______).