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Prevalence Theory Approach of HIV / AIDS in Dharmapuri District of Tamil Nadu

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ABSTRACT

Acquired Immune Deficiency Syndrome (AIDS) is caused by Human Immuno Deficiency Virus (HIV). AIDS has become a disease of great concern amongst Medical and Public Health Care taken all over the world. The study also tries to elucidate the various misconceptions and wrong notions will regard to the spread of AIDS among Youth. The suds also describe the future fears, concerns and suggestions to enhance the life of individuals living with HIV/AIDS. This has helped to get first hand in order through face-to-face interaction. Individuals who are diagnosed with HIV face great challenge in adapting to the reality of a disease that currently has no cure and for which there is only limited access to treatment in many parts of the world. Majority (81.7%) of the respondents were not able accept the reality that they were infected with HIV on being diagnosed of HIV infection while the other (18.3%) were able to come terms of their infected status. Also, promotion of newspapers, magazines and other print media for conducting campaigns to generate awareness among the people to reduce stigma discrimination and harassment.

Keywords: HIV/AIDS, Prevention, Stigma

1. INTRODUCTION

Looking at the past, from the dawn of civilization man has been confronting one disease or the other and has been engaged in finding cure, prevention and eradication of the disease. Plagues, Cholera, Small pox, Typhoid, Malaria, Tuberculosis etc., were considered as deadly disease. Mankind has now been attacked by AIDS (Acquired Immune Deficiency Syndrome), which is posing a great challenge to the medical scenario of the world. AIDS was first identified in June 1981 by the center for Disease control in Atlanta, U.S.A. In India the earliest case were identified in 1986-87 in Chennai, Mumbai and young men who are migratory, such or truck drivers or seasonal workers who live away from home for long period of time. Worldwide the number of both HIV I and HIV 2 infections continue to rise rapidly. This global spread of HIV has to understand in the context of poverty, trafficking, prostitution, migrated labour, economic crises, health services, urbanization, growing number of street children. The people who are in the sexually active age i.e., 15 to 40 years, are potential group are being affected by HIV virus.

The Human Immuno Deficiency Virus (HIV) is spreads through unprotected sex with an infected blood and blood products, reuse of contaminate needles and syringes and from an infected mother

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to her children. Not only is this disease fatal and painful, but also it carries with it a hefty load of shame and guilt. It has created severe social taboos. In its blind panic, society has treats AIDS patients like lepers were treated in the olden days. There are demands for ouster of one time neighbors and friends, if it is discovered that they have AIDS. Children with AIDS had to be withdrawn from the schools because others threatened to quit.

INDIA AND AIDS

India's socio economic status, traditional social ills, cultural myths on sex and sexuality and a huge population of marginalized people make it extremely vulnerable to the HIV/AIDS epidemic, (Ramamurthy, V.2003, p.8). In fact, the epidemic has become one of the most serious challenges faced by the country since independence. Since the first case was reported in 1986 in Chennai, HIV has spread rapidly from urban to rural areas and from high-risk groups to general population. The government says India has 5.13 million HIV/AIDS sufferers, while the United Nation's estimate is up to 8.5 million. Around 38% of the infected persons were women and 37% of reported AIDS cases were diagnosed among people under 30. Many more AIDS cases go unreported, (NACO Report, 2004). A report by the CIA's National Intelligence Council predicted 20-25 million AIDS cases in India by 2010, more than any other country in the world. The UN Population Division projects that India's adult HIV occurrence estimate peak at 1.9 percent in 2019.

WOMEN AND HIV/AIDS

HIV/AIDS is no longer striking primarily men. Today, more than 20 years into the epidemic, women account for nearly half the total people living with HIV worldwide. According to NACO Report, 2004, almost 90 percent of the cases reported, fall within the most economically productive age group of 15-44 and one in four cases of HIV is women. HIV sentinel surveillance surveys indicate infection rates between 1 to 2 percent among antenatal mothers. In spite of this alarming trend, women know less than men about how HIV is spread and how to prevent infection, and what little they do know is often rendered useless by the discrimination and violence they face, (Unaids: HIV/AIDS, 2004). Even otherwise women have problems of low status in the society and their suffering from AIDS is going to add fuel to the fire. According to Global Health Council, 2010, as HIV and AIDS ravages families and communities, the burden of caring for ill family members rests mainly with women and girls-many of whom may be seriously ill themselves and may have little support from others.

H1V/AIDS AND CHILDREN

The increasing number of children infected with HIV is alarming. According to UNICEF Report 2004, 30,000 babies are born HIV positive each year in India. HIVAIDS is already affecting India's children. By the end of 1999, UNAIDS estimated that approximately 160,000 children in India under age 15 were living with HIV/AIDS. The increasing prevalence among women may consequently be seen in the increase of mother to child transmission of HIV and pediatric HIV cases. Given the enormous stigma surrounding HIV and AIDS, many HIV-infected women are

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understandably reluctant to seek antiretroviral treatment or to bottle-feed their infants for fear of arousing suspicion their HIV status.

HIV / AIDS AND YOUTH

Young people are at the center of the HIV/AIDS epidemic. The epidemic continues to shift towards young people. While not recognized at the onset, AIDS epidemic is now clearly worst among the youth. Over a period of 20 years, more than 60 million people have been infected with HIV, half of them between the ages of 45 and 25 as the epidemic spread, younger and younger age groups are becoming exposed to the risk of HIV. Every day over 7000 more young people will get infected about per minute (Population Report, 1999). Such a number underscores the urgency of addressing age, among youth; high risk people are particularly vulnerable to AIDS mouse of the physical, psychological, social and economic attributes of adolescence (Bartel. Graham et al, 1993, p. 34-39). Their behaviour, the extent to which their rights protected, and the services and in order they receive determine the quality of millions of people.

SOCIAL WORK PERSPECTIVE AND HIV/AIDS

HIV/AIDS is a complex and herculean health problem, which invites urgent attention from all professional fronts. AIDS has got its implications on the psychosocial aspect of an individual and therefore social work interventions have to be designed in the areas of treatment, cure, rehabilitation and prevention of the disease for the persons who are suffering from AIDS and who are potential prospective sufferers. The worried, the ill, the dying, and the bereaved will occupy social workers case loads and continue to touch their personal lives as well.

STUDIES ON HIV/AIDS

Cornman et al (2007) have stated that the incidence of HIV/AIDS in India is increasing drastically, and truck drivers are seen as critical sources of HIV/AIDS transmission due to their high rates of unprotected sex with multiple partners. An intervention based on the in order-Motivation-Behavioral Skills (IMB) model was compared to an in order-only control condition in a randomized trial. The intervention consisted of a single-session group workshop with 5 interactive activities designed to address HIV/AIDS prevention-related IMB constructs and to motivate condom use.

Chandrasekaran et al (2008) have noted that closing the HIV prevention gap to prevent HIV infections requires rapid, worldwide rollout of large-scale national programmers. Evaluating such program me is challenging and complex, requiring clarity of evaluation purpose and evidential approaches substantively different to those employed for pilots and small program me. This paper describes the evaluation design for the implementation phase of Avahan, the India AIDS initiative, a large HIV prevention program me funded by the Bill and Melinda Gates Foundation. Rather than a small set of monofocal outcome measures, scaled program me require nuanced evaluations that approximate programmatic scale by collecting data with different levels of geographical scope,

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synthesize multiple data and methods to arrive at a composite picture, and can cope with continuous environmental and program me evolution.

Ramachandran et al (2011), have assessed the HIV sero status of clients attending integrated counseling and testing centers (ICTCs) in Tamil Nadu, south India excluding antenatal women and children, and to study its relationship with demographic, socioeconomic, and behavioral danger factors. In a prospective observational study, we interviewed clients attending 170 ICTCs from six districts of Tamil Nadu during 2007 utilizing a standard pretest assessment questionnaire. HIV sero prevalence being high in ICTC clients, this group should also be included in routine program me monitoring of sero-positivity and risk factors for better understanding of the impact of the National AIDS Control Program me. This would help in evolving suitable policies and strategies to reduce the spread of HIV/AIDS infection.

Shannon et al (2014) have reviewed that the current state of the epidemiological literature on female sex work and HIV from the past 18 months. We offer a conceptual framework for structural HIV determinants and sex work that unpacks intersecting structural, interpersonal, and individual biological and behavioral factors. Our review suggests that despite the heavy HIV burden among female sex workers (FSWs) globally, data on the structural determinants shaping HIV transmission dynamics have only begun to emerge. Future research should be guided by a Structural HIV Determinants Framework to better elucidate the complex and iterative effects of structural determinants with interpersonal and individual biological and behavioral factors on HIV transmission pathway among FSWs, and meet critical gaps in optimal access to HIV prevention, treatment, and care for FSWs worldwide.

2. STATEMENT OF RESEARCH PROBLEM

AIDS is currently one of the greatest threats to the health of youth and children. Recently the World Health Organization (WHO) has stated that the HIV is spreading in the rural area. There are 10 to 12 million adults and one million children infected with HIV worldwide. The society has become increasingly aware of the threat posed by the HIV and AIDS. HIV is transmitted through unprotected sex with an infected person, infected blood products, reuse of contaminated needles or syringes and from an infected mother to her children. Youth is the springtime. Youth is the lifelines of the country have high prevalence of Sexually transmitted disease and they may indulge in sex. So the risk of getting HIV and AIDS are high among this young community. The sex seeking behavior of the young can be influence though appropriate in order, education, and communication. This can be done when they are in educational institutions. Also from the, the study has been made to arrive, at the various factors influencing the level of awareness amongst the youth.

SPECIFIC OBJECTIVE

- To find out how HIV/AIDS infected individuals' react with their own diagnosis

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3. SIGNIFICANCE OF THE STUDY

The dread disease of the day is AIDS people get frightened at the name of AIDS. Today more and more people are having silent death. The common people are not aware of the existence. It is spreading like a wild fire, there is no water to stop it, the researcher means, there is no medicine to cure the disease. There has been number of Youth infected with AIDS. The morality of the youth has been going down. The youth of today seek for more pleasure. Existence of Prostitution is increasing day by day. This study will help us assessing the knowledge of youth, which in turn help the researcher to highlight the knowledge, status and suggest measures either to increase or use of their knowledge to make knowledge, to disseminate the same to their peer group member. Above all the precious life of a person should be save, so the risk of getting HIV and AIDS be reduced

THEORETICAL BACKGROUND

Prevalence-elastic demand or risk compensation implies that behavior is endogenous to the disease dynamics. This may have important implications for the spread of epidemics and optimal policies (Philipson, 2000): first, the growth of infectious disease is self-limiting not only because the group of susceptible depletes but also because it induces preventive behavior among susceptible second, since the decline of a disease discourages prevention, initially successful public health efforts make it progressively harder to eradicate infectious diseases, with quite profound implications for optimal control of epidemics.

RESEARCH DESIGN

The Researcher has chosen the descriptive design for this study. Under -descriptive design the researcher can describe the factors that induce the youth to be infected with HIV/AIDS in an elaborate manner. It describes the all aspects and characteristics of study. Using this design, the magnitude of the psychological and social problems faced by persons living with HIV/AIDS was studied in detail.

SELECTION OF SAMPLE

The universe of the study is the beneficiaries in Project Concern International, Dharmapuri District. The center had 450 patients, among which 327 men and women were present. By using Stratified disproportionate Simple randoming sampling by Lottery method the researcher selected 32 men and 28 women for the study.

TOOLS OF DATA COLLECTIONS

For the preparation of the tool the work passed through the following phases:

- Consulting doctors, nurses and counselors who are working in this field
- Referring the available literature on HIV/AIDS

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Interview schedule with 60 numbers of questions consisting of open ended and closed ended questions was used for collecting data from the respondents. Interview schedule was used since respondents comprise of both literate and illiterate.

SOURCES OF DATA COLLECTION

The data was collected from the respondents through interview schedule making it primary in nature. The already available literature, reports and in order by doctors, nurses and counsellors working in the field of HIV/AIDS constitutes the sources of secondary data.

STUDY PRIDE

Study Pride took place from May 2019 to July 2019 by administering the tool on each respondent. It took 25 to 35 minutes to collect the data from each respondent.

RESULTS AND DISCUSSIONS

MARITAL STATUS OF THE RESPONDENTS

One of the important impacts of HIV and AIDS is on the marital life. In general the prime victims are spouse.

MARITAL STATUS OF THE RESPONDENTS

MARITAL STATUS	FREQUENCY	PERCENTAGE
Married	20	33.3
Unmarried	18	30.0
Divorced	10	16.7
Widow / Widower	12	20.0
Total	60	100.0

Source: primary data

TABLE NO 1

The table shows that married people (33.3%) and unmarried people (30.0%) the highest among the respondents. The data shows that both married and unmarried are equally prone to the infection. Many of the research showed that spouse is the prime victim of the HIV/AIDS.

TYPE OF FAMILY

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TYPE OF FAMILY	FREQUENCY	PERCENTAGE
Joint Family	15	25.0
Nuclear Family	44	73.3
Extended Family	1	1.7
Total	60	100.0

Source: primary data

TABLE NO 2

The table-2 indicates that, nearly three fourth (73.3%) of the respondents live in nuclear family are infected with HIV/AIDS. It is true that in nuclear family only husband and wife and their children will be living, there is no scope for elders, who with experience can guide them, when they miss the right track. In present scenario, both spouse are employed, so there lot of chance to indulge in unsafe sex, this may lead for the infection.

INFECTED YEARS OF THE RESPONDENTS

INFECTED YEARS	FREQUENCY	PERCENTAGE
1-2	10	16.7
2-3	31	51.7
3-4	16	26.7
4-5	2	3.3
5-6	1	1.7
Total	60	100.0

Source: primary data

TABLE NO 3

Table-3 gives a clear picture of the number of years of infected and living person with HIV in the present study. Individuals in two to three years if infection from the highest with fifty one percent, above one fourth of the respondents have been living with infection for three to four years, while (26.7%) percent for one to two years and five percent of the respondents have been living for four to six years. Form the interview schedule with the respondents; it is fond that the respondents in this study who have been living with the infection for four years and above were men

FEELING OF HIV INFECTED RESPONDENTS

NATURE OF FEELING	FREQUENCY	PERCENTAGE
Guilt	5	8.3
Shame	49	81.7
Anger	3	5.0
Sad	2	3.3
Fear	1	1.7
Total	60	100.0

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Source: primary data

TABLE NO 4

Majority (81.7%) of the respondents experience shame on knowing that they are infected with HIV. This emotion is intensified for women who were being transmitted by their husband. Women find themselves helpless when their husband infects. This confirms other studies as K. Meursing and F. Sibundi, (2000.) have noted that HIV infected persons experienced shame over pervious risk behaviours and fear of others found about their risk behaviour and HIV infection.

RELATED MODES OF TRANSMISSION

TRANSMISSION	FREQUENCY	PERCENTAGE
Injection	11	18
Blood transmission	32	53
IV Drugs	10	17
Unclean barber blades	07	12
Total	60	100.0

Source: primary data

TABLE NO 5

The table shows that Blood transmission (53%), Injection people (48.3%) the highest among the respondents. The data shows that Blood transmission is equally prone to the infection. Many of the research showed that spouse is the prime victim of the HIV/AIDS.

FEELING AFTER DIAGNOSIS

NATURE OF FEELING	FREQUENCY	PERCENTAGE
Depression	56	93.3
Denial	3	5.0
Disbelief	1	1.7
Total	60	100.0

Source: primary data

TABLE NO 6

Majority (93.3%) of the respondents experience depression on diagnosing, when they are diagnosed as infected with HIV positive. The researcher also shows that they feel shame, because the society rejects the HIV infected people, stigma attached, cultural values, untouchability behaviour and fear of infection spreading. Both men and women feel depression.

MEDIUM INDUCED RESPONDENTS

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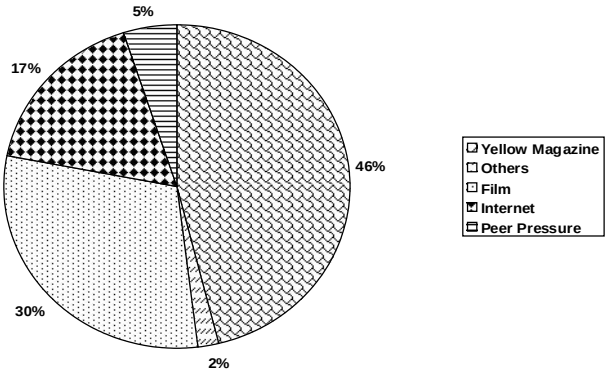

FIGURE NO 1
MEDIUM INDUCED

News items are disseminated and in order is exchanged across the globe with incredible speed. Mass media which is fast proving to be an agent of transformation does influence the families of today both positively and negatively. Today's Mass Media with lot of adult content has actually perverted the minds of youngsters resulting in unhappy sex life in marriages. The above table shows a little more than half (51.7%) of the respondents accepted the media influenced to become victims of HIV/AIDS. Peer Pressure occupies (46.7%) during interview with infected youth, any respondents said that peer pressure were influenced by the Mass Media.

FEAR OF REACTION FROM OTHERS

REACTION	FREQUENCY	PERCENTAGE
Often Afraid	14	23.3
Sometime	46	76.7
Total	60	100.0

Source: primary data

TABLE NO 7

From the figure shown, it is clear that nearly one fourth (23.3%) of the respondents have intense fear how people will react them once they come to know that they are infected with HIV, out of which 46 respondents (76.7%) percent feel fear often. It is found that it is individuals who are accepted by their families have less fear of people's reaction. When their family accepts their infected status, they are able to accept themselves and it is seen that these individuals has hopes for the future and display confidence to cope with illness.

4. CONCLUSION

It is suggested that counseling services should be provided not only to HIV infection persons but should be expanded in reacting to the family members in all hospitals, HIV testing centers, and agencies working to people living with HIV and AIDS.

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5. FINDINGS

- HIV can be transmitted to people of all ages and does not primarily strike only men or women. The age group of the respondents in the study falls between 13-35 years comprising both male and female.
- Individuals diagnosed with HIV positive find it difficult to accept their infected status, (93.3%) of the respondents could not accept the reality and feel depressed, while others somehow able to come to terms on being diagnosed with HIV positive.
- More than half of the respondents (63%) feel themselves responsible for the infection (Prostitution).
- It is estimated that 14,000 new HIV infections occur daily around the world of which half of them (53.3%) are men and (46.7%) are women.
- Majority (53.3%) of the HIV/AIDS infected youth is male and (46.7%) are of female.
- One third (35%) of infected youth are Graduates students.
- Nearly two third (61.7%) infected patients are employed
- A little more than half (51.7%) of the respondents accepted the media influenced to become victims of HIV/AIDS.
- Nearly half of the respondents (86.6%) of respondents fear of early death.
- Almost (98.3%) of the respondents feel medical help had encouraged to live longer.

6. SUGGESTIONS

Based on the major findings the researcher puts forward the following suggestions, which would serve to go further in studies and in prevention, care and support of people living with HIV/AIDS.

- Reinforcement of positive human values like love, warmth and affection with the help of the electronic and print media.
- Strong advocacy campaign could be launched for policy makers and service providers to promote a supportive and enabling environment for the affected; laying special emphasis for youth by addressing underlying prejudices and inequalities towards them.
- Policies could be taken at all levels to provide counseling services for PLWHAs and family members in all hospitals, HIV testing centers, and organizations working for people infected and affected with HIV/AIDS manned by trained and professional counselors.
- Social workers, voluntary agencies and NGOs can help to strengthen antidiscrimination and other protective laws that protect PLWHAs in public and private sectors, ensuring privacy and confidentiality.
- Group counseling among PLWHAs should be encouraged by giving necessary financial and other incentives through the programmes implemented for PLWHAs by governmental agencies and NGOs.
- Governmental and non-governmental agencies must find findings/ funding partners for resources such as medications, medical care and treatment. They also must ensure access by the infected and affected to medical care.

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- Policy should be framed for comprehensive care comprising of clinical management, nursing care, access to drugs and counseling without any discrimination.
- People with HIV/AIDS could be encouraged and included in prevention and care. Promotion of networks of people living with HIV/AIDS could also be considered.

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