

ISSN: 2321-6247

EPRA International Journal of Economic Growth and Environmental Issues (EGEI)

SJIF Impact Factor: 5.708 | Volume: 5 | June-May 2017-18

A STUDY OF STATUS OF INFORMATION AMONG MALES REGARDING HIV/AIDS

Dr. Ashish Ranjan¹

¹Department of Social Work, University of Lucknow, Lucknow, Uttar Pradesh, India

ABSTRACT

HIV/AIDS since its first reported case remains amongst one of the most serious, dreaded and challenging pandemics. More than three million people around the world die of AIDS each year and, so faroff, more than 27 million people have died of the disease.

New data reveals that HIV/AIDS epidemic in India is smaller than previous estimates, but the overall number of HIV cases is still high. As per the recently released data of HIV/AIDS by NACO in India in HIV Estimation 2015 report, the total number of people living with HIV (PLHIV) in India is estimated at 21.17 lakhs (17.11 lakhs–26.49 lakhs) in 2015 compared with 22.26 lakhs (18.00 lakhs-27.85 lakhs) in 2007. Children (less than 15 years) account for 6.54%, while two fifth (40.5%) of total HIV infections are among females. HIV prevalence in India is estimated at 0.26% (0.22% – 0.32%) in 2015. After three decades, now there is greater understanding of epidemiology of this disease that actually kept scientists and doctors perplexed. The fact that it is still medically incurable is one major aspect leading to the anxiety and chaos in society. The social, cultural and psychological aspects of the disease, the nature of its causes, possibility of its infection etc still makes it more unique and difficult to handle.

KEYWORDS: HIV/AIDS, disease, epidemiology, awareness

SAMPLE

In the present study, total 150 male respondents (i.e.50 respondents each) were selected from 3 community blocks of district Lucknow, namely Saimra (Chinhat), Kevli (Gosainganj) & Usranan (Bakshi Ka Talab). For collecting relevant information from the respondents descriptive research design was used. As a tool of data collection, interview schedule has been

prepared and a technique of interviewing and observation method was used for gathering the required information. While as a source, both the Field and Documentary sources were employed for obtaining the required information from the units under investigation. The primary data for the present study was collected directly by interviewing the respondent i.e. through Direct Personal

Investigation and Secondary Data for the study was collected by surveying the available written material like Government Publication, Publication from

Universities and Research Institute and Various International Publication etc on the topic.

FINDINGS AND DISCUSSION

Table No.-1

Level of information among the respondents regarding the group which is at maximum risk of getting infected with HIV/AIDS

8000008 1111000000 11111 11112 0			
Group at maximum risk	Number	Percentage	
Drug Addicts	117	78.00	
By Kissing Homosexuals	95	63.33	
&Bisexuals			
More than one sexual	122	81.33	
partner			
Base	150	-	

Data related to the level of information among the respondents regarding the group which is at maximum risk of getting infected with HIV/AIDS is presented in table number 1, which shows that the overwhelming majority (81.33%) of respondents think that those having more than one

sexual partner are at maximum risk, followed by those (78.00%) thinking that Drug Addicts are at maximum risk, and by those (63.33%) who think that by kissing Homosexuals and Bisexuals will be at maximum risk of getting infected with HIV/AIDS.

Table No.-2Opinion of respondents regarding possibility of Treatment for HIV/AIDS

Possibility of Treatment	Number	Percentage
Possible	34	22.67
Not Possible	67	44.67
Don't Know	49	32.66
Total	150	100.00

WHO's present policy does not recommend antiviral drugs but instead advocates strengthening of clinical management for HIV-associated opportunistic infections such as tuberculosis and diarrhoea. Better care programmes have been shown to prolong survival and improve the quality of life of people living with HIV/AIDS.

Information related to the opinion of respondents regarding possibility of treatment for HIV/AIDS was collected and the same has been presented in Table No. 2 which makes it clear that maximum number of respondents 67 (44.67%) is having the opinion that treatment for HIV/AIDS is not possible, followed by 49 (32.66%) respondents who don't have any opinion and by the least i.e. 34(22.67%) respondents who think that treatment is possible.

Table No.- 3View of respondents regarding possibility of infection while serving AIDS infected peoples

Status	Number Percentage		
Yes	38	25.33	
No	81	54.00	
Don't Know	31	20.67	
Total	150	100.00	



Those who are likely to come into contact with blood that contains the virus are at risk. These include healthcare workers, doctors, dentists, nurses, laboratory technicians, and a few others. Such workers must take special care against possible contact with infected blood, as for example by using gloves.

Information pertaining to the view of respondents regarding the possibility of infection while serving AIDS infected peoples was collected and presented in table number 3, which represents that the majority of respondents 81 (54.00%) think that there is no danger of getting infection while serving AIDS infected people, followed by those (25.33%) having a view that it can cause HIV/AIDS, while the least number of respondents (20.67%) don't have any knowledge.

Table No.- 4Respondent's opinion regarding "Working with HIV Infected Person is safe or not"

111100000 1 010011 10 00110 01 1100			
Status	Number	Percentage	
Yes	62	41.33	
No	57	38.00	
Don't Know	31	20.67	
Total	150	100.00	

Working with HIV infected person is absolutely safe, there is no risk of getting the virus while doing work with HIV infected person. The virus is mainly transmitted through the transfer of blood or sexual fluids. Since contact with blood or sexual fluids is not part of people's work, so working with HIV infected person is safe. Sharing the same telephone with other people in the office or work side by side in a crowded factory with other HIV infected persons, even sharing the same cup of tea,

will not expose you to the risk of contracting the infection. Being in contact with dirt and sweat will also not give you the infection

Analysis of data in table number 4 reveals that maximum numbers of respondents 62 (41.33%) have the opinion that working with HIV infected person is safe, followed by those (38.00%) thinking that working with HIV infected person is not safe and the least i.e. 31 (20.67%) don't have any opinion..

Table No.- 5Respondents desire to help person infected with HIV/AIDS

Status	Number Percentage		
Yes	110	73.33	
No	40	26.67	
Total	150	100.00	

Information related to the desire of respondents for helping HIV infected person is presented in table number 5. It shows that the overwhelming majority (83.67%) wants to help HIV infected person while merely (26.67%) don't want to help them.

Thus it could be said that awareness regarding epidemic was increased in the society as the overwhelming majority (83.67%) wants to help HIV infected person while merely (26.67%) don't want to come in front.

Table No.- 6Form of help to be given to HIV/AIDS patients by the respondents

Total of help to be given to inv/inbo patients by the respondence			
Form of help	Number	Percentage	
By providing moral support	44	29.33	
By taking them to health care centre	108	72.00	
By taking their proper care	34	22.67	
By providing medicine	69	46.00	
Motivating them for positive attitude	68	45.33	
towards the remaining life			
By helping them in their daily work	37	24.67	
By helping them economically	15	10.00	
Base	150	-	

Information related to the form of help which respondents wants to give to HIV/AIDS patients is reflected in table number 6, which shows that the overwhelming majority of respondents (72.00%) want to help them by taking them to health care centre, followed by 46.00% respondents who wants to help them by providing medicines to them, by 45.33% respondents who wants to help by motivating them for positive attitude towards the remaining life, by 29.33% respondents who wants to provide them moral support, by those 24.67% respondents who wants to help them in their daily work, by 22.67% respondents who wants to take their proper care and at last only 10.00% respondents wants to help them economically.

Thus it can be safely said that the overwhelming majority of respondents (72.00%) wants to help HIV/AIDS patients by taking them to health care centre while the least 10.00% respondents wants to help them economically.

CONCLUSIONS

Information is an indispensable component of harnessing the full benefits of changes that occurs in the environment. In the present study,the findings highlighted that the complete basic knowledge regarding the epidemic is still lacking in rural area. They have little information but not

complete, so this increases the possibilities of misconception regarding various facts about the epidemic. Literacy and media exposure are factors that determine awareness of HIV among them and can be helpful to raise their knowledge regarding this scourge. The findings focuses on the need of intensified health education paying attention on removal of misconceptions and further improvement in information level of the rural population

REFERENCES

- 1. Report of "The Millennium Development Goals"
- 2. NACO, 2015, http://www.nacoonline.org/facts_HIV Estimation report, 2015
- 3. NACO website, 'About NACO, National AIDS Control Programme Phase 1 (1992-1999)', accessed 4/7/06
- 4. Basu, K. and P. H. Vans, 1998, "The Economics of Child Labour", American Economic Review, 88, 412-27
- 5. Bhupesh M. (1992) 'India Disquiet About AIDS Control', the Lancet, Vol240, No.8834/8835
- 6. UNAIDS (2007, July 6th), '2.5 million people in India living with HIV, according to new estimates', press release
- 7. Ghosh T.K. (1986), 'AIDS: a serious challenge to public health', Journal of the Indian Medical Association, January;84(1):29-30

ISSN: 2321 - 6247