



RESEARCH ARTICLE

ADOLESCENT'S KNOWLEDGE REGARDING SOURCES OF INFORMATION ABOUT HIV/AIDS

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ARTICLE INFO

Article History:

Received 17th September, 2017
Received in revised form
27th October, 2017
Accepted 10th November, 2017
Published online 27th December, 2017

Key words:

Knowledge of HIV/AIDS,
Adolescents and Information.

ABSTRACT

Aims/purpose: The present study was an attempt to assess their need of knowledge based on counseling among 13 to 17 year old adolescents.

Methodology of study: The total sample for the present study included 400 adolescents i.e. 200 from different girls' high schools and 200 from women's colleges which are the most of HIV prevalence blocks of the Ganjam district of Odisha state. By using exploratory and the descriptive study design, the researcher attempts to describe female adolescents' knowledge and understanding regarding HIV/AIDS. A scheduled questionnaire was used covering all aspects of HIV/AIDS and observation methods were also used to collect the data from the adolescent girls. To analysis data the researcher used frequency percentages and the t- tests were computed.

Findings: The study found out that out of 400, 306 respondents that is (76.5%) received the information about HIV/AIDS from Doctors comparatively very low percent (1.0) received information from their parents and rest of the percentage received from ICTC, teachers, friends and positive networks. From the above table it is inferred that more than half of the respondents (57.3%) have never participated in any of the awareness generation programmes.

Conclusion and Recommendations: The present study will help to focuses of adolescent's level of knowledge on sources of information about HIV/AIDS and en From the above table it is inferred that more than half of the respondents (57.3%) have never participated in any of the awareness generation programmes able to understand it. The respondents get information not only from the availability resources but also from through participation of events conducted by Schools/Colleges on HIV/AIDS awareness camps. Governments have undertaken initiatives to formulate their own nation and states specific polices to address some issues and evidence regarding the disease. People need extra guide line to increase coping skills and need for adequate support system. Right knowledge right action right time can change the life of an individual as well as the society.

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Citation: Dr. Jyotsnarani Panda, 2017. "Adolescent's knowledge regarding sources of information about HIV/AIDS", *International Journal of Current Research*, 9, (12), 62205-62211.

INTRODUCTION

India thought to be currently having that greatest number of people living with HIV/AIDS and without considerable prevention and treatment efforts these numbers will continue to be change dramatically in the years to come. HIV infection in India is rapidly spreading from urban to rural areas and from marginalized, high risk populations, such as sex workers, truck drivers, injecting drug users and men who had sex with men into the main stream population. Women often became infected from their spouse or partner, who rarely acknowledge extra marital relationships, from which psychological stretch on individual with HIV in general is great it is especial difficult and painful for women who become infected by their spouse with HIV/AIDS. It is often compounded in vulnerable groups such as women and children especially adolescents the most aggressive group always try to experiment the world according to their wish. The AIDS is undoubtedly the most devastating pandemic mankind has ever faced. As a cure remains elusive, the disease continues to propel the evanescence of life. Today, the global community seems to be

struggling as the disease rips apart the social and economic fabric of the society by killing people in prime of their youth, rendering millions of children orphans and shattering homes and hopes alike. With remote prospects for a cure vaccine, the challenge to contain the spread of HIV has become imperative. Although no culture or community is known to be immune to AIDS yet, certain populations are more vulnerable to the disease because of their high-risk behaviors. Also, it is true that certain vulnerable populations have remained either untouched or non-responsive to the ongoing prevention efforts.

Importance of HIV/AIDS and its prevalence: Adolescents are a rich human resource and an important part of the development process. Good health of adolescents will help in raising the health status of the community. Adolescents in India are highly vulnerable to human immunodeficiency virus (HIV) acquired immunodeficiency syndrome (AIDS) and other sexually transmitted infections (STIs). Health of adolescent girls has an intergenerational effect. Adolescents are distinct population group with particular needs and capacities. Sexuality is one of the most sensitive issues associated with adolescence. Despite 35 percent of the population being in the 10-24 age groups, the health needs of the adolescents have neither been researched nor addressed adequately; particularly

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their reproductive health needs are often misunderstood, unrecognized or underestimated. Limited research shows that adolescents are indulging in premarital sex more frequently at an early age, and the incidence of pregnancies among them is rising and most of them face the risk of induced abortions under unsafe conditions, and contracting sexually transmitted infections including HIV.

Consequence of HIV/AIDS: HIV (Human immunodeficiency virus) major public infection has now spread to every country in the world and continues to be a health issue. Statistics show that approximately 40 million people currently living with HIV infection and an estimated 40 million have died from this disease since the beginning of the epidemic. A vast majority will die in the next 10 years or so due to the lack of awareness, lack of proper treatment due to infection and the existing poor socio-economic condition of that region till date 1459 patient have died in Odisha and 1276 died in Ganjam district due to HIV/AIDS (ICTC- REPORT-2017). The medications do not actually rid the body of the virus, which has the ability to elude medications by lying dormant in cells called CD4+ T cells, which signal another type of T cell, the CD8, to destroy HIV-infected cells. When a person with HIV stops treatment, the virus emerges and replicates in the body, weakening the immune system and raising the likelihood of opportunistic infections or cancers that can sicken or kill the patient. Researchers have been looking for ways to eliminate the "reservoirs" where the virus hides, and researchers from UCLA, Stanford University and the National Institutes of Health may have developed a solution. Their approach involves sending an agent to "wake up" the dormant virus, which causes it to begin replicating so that either the immune system or the virus itself would kill the cell harboring HIV. "The findings are significant because several previous attempts to activate latent virus have had only limited success," said senior author Jerome Zack, professor and chair of the UCLA department of microbiology, immunology and molecular genetics at the Geffen School, and director of the UCLA Center for AIDS Research. "Most studies showed weak activation of the virus, or severe toxicity, with little effect on the reservoir." (July 2017).

Sources of Knowledge of HIV/AIDS

The sources of knowledge on HIV/AIDS were designed into multiple choices. Television/broadcast was reported as the major source of information about HIV/AIDS (1003, 68.32%). Newspapers/books/magazines (996, 67.85%), internet (705, 48.02%). Lectures (N=593, 40.40%), school education (525, 35.76%), doctors (493, 33.58%), friends/classmates (41, 30.04%), parents (412, 28.07%), and watching video/perform (399, 27.18%) were the other sources of information. Among these sources, television/broadcast (821, 55.93%) was reported as their favorite (Gua-2012).

Global HIV/ AIDS an over views

HIV, the views that comes AIDS is one of the world's most serious health and development challenges. According to UNAIDS there is approximately 37.7 millions of people worldwide living with HIV/AIDS in the end of 2015. Currently 36.7% living in HIV/AIDS (july 2017). Currently, only 60% of people with HIV knew their status. The remaining 40% (over 14 million people) still need to asses HIV testing centre. As of (june2016), 18.2 million people living with HIV

were accessing anti retroviral therapy (ART) globally up from 15.8 million in june 2015 UNAIDS has get global target to be achieved by 2020 in the global response to HIV.

Scenario of India: Due to its largest population size, India has the third largest HIV epidemic in the world. India's epidemic is concentrated among key affected populations including sex workers and men who have sex with men .Compared to neighbors' countries, India has made good progress in reducing non HIV infections by a half since 2001.Despite the free anti retroviral treatment, uptake remains low as many individuals face difficulty in accessing clinics. 2.1 million population are living with HIV ,0.3% Adult HIV prevalence, 80.000 new HIV infections, 62.000 AIDS related deaths cases, among the infected persons 50% adult on antiretroviral treatment,33%children on anti retroviral treatment (2017).

Scenario of Odisha: About 3300 new AIDS and HIV patients are indentified in Odisha every year (July 2017) more than 15,00 hundred have been indentified , 4year back it was 13,218 official sources said the total number of AIDS and HIV patients has crossed 35,000 by now, but in official sources claim the number is over 80,000 in Gajam followed by cuttack with 4696 patients, Angul 1237,Balaswar 1119,Khordha 1705,Koraput 1927 and Sambalpur 1856 ,Boudh district has the least number of patient with only 34 .Till date 1149 patients have died of the disease, as per the survey by as intentional NGO, deadly disease is no more confined among the migrant works, gays, lesbians and sex workers as has been generally believed. The served has also said Odisha is among the five states there is every possibility of the easy spread the disease. The turn of the number of AIDS and HIV patients in Odisha presently ranks 14th in the country. In the state, 87% (29372) have been affected due to unsafe sex while 2138 have been inherited the disease form their parents i e by their HIV- positive mothers during pregnancy, child birth or breast feeding (OSACS.July, 2017).

RESEARCH METHODOLOGY

Objectives:

1. To study the socio-demographic profile of the adolescent respondents
2. To assess knowledge pertaining to HIV/AIDS among adolescent girls

Situational analysis of Ganjam District of Odisha State: Ganjam district tops the list of most HIV victims in the state of Odisha with 12,017 people: 35.9 per cent of the total cases. Cuttack is second with 13.2 per cent victims, followed by Koraput with 5.1 per cent, Sambalpur with 5.1 and Khurda at number four with 4.7 per cent of all HIV-infected people living in 30 districts, District AIDS Prevention and Control Unit (DAPCU, 2013). According to official reports, 3,427 AIDS patients were identified in Ganjam till November 2012. While Aska has highest number of AIDS patients of 456, Bhanjangan 349 and Chikiti the lowest 40. Over 1,400 people have lost their lives due to AIDS in Ganjam district in the last 14 years as per the latest figures released by Odisha State AIDS Control Society (OSACS), the State-level nodal agency for fighting the dreaded disease. By the end of October, 2014, 12,307 persons in the district were identified as HIV positive while 1,404 persons succumbed to AIDS between 2000 and 2014. Besides, HIV tests were conducted on 5-59,425 persons during the

period (DAPCU, 2013) and as per the reports of 'ARUNA', 2013 (a social service non-governmental voluntary organization) working for prevention of AIDS, majority of PLWHAS (People Living with HIV/ AIDS) are from rural Ganjam. Large scale migration, ignorance, low female literacy, inadequate prevention activities, stigma and discrimination are the reasons behind the spread of AIDS.

Research design

The formidable problem that follows the task of defining the research problem is the preparation of the design of the research work, popularly known as the "Research Design". A research design is the arrangement of conditions for collection and analysis of data in a manner that aims to combine relevance to the research purpose with economy in procedure. For this study the researcher has adopted exploratory study and the design adopted to carry out this research is the descriptive design. By using this design, the researcher attempts to describe female adolescents' knowledge and understanding in problems and prevention and the impact of HIV/AIDS are described as reported by the respondents in a clear cut manner.

it is also reported one of the prevalence block of Ganjam district is having 152 positive cases and hot spots are available. While the main Anti Retroviral Treatment (ART) centre is functioning at MKCG Medical College and Hospital here are four link centers at Aska, Bhanjanagar, Khallikote and Polasara. "The move will help in the regular check-up and treatment of these children at the ART centers" the (District Collector, Ganjam, 2011) Considering the fact that these geographical areas are occupied by people with lower level of literacy and also living below poverty, the risk associated with HIV/AIDS infection to significantly higher these two blocks have been chosen for this present study. Aska is the highest no. and Bhanjanagar is the 2nd highest blocks in the district as the prevalence status. The universe of the study comprises all female adolescents between the age group of 13 -17 years. They are students admitted for education in IX, X, XI and XII in Govt. schools and +2 junior Colleges of Ganjam Dist. of Odisha state. There is a mix of students from tribal, rural, coastal villages, town or city; with a mixed culture components comprising this universe the names of Institutions and particulars of these universe and samples are clearly given in Table: 1

Table 1. Distribution of Universe and Sample

Dist	Blocks	Schools/ Colleges	Universe	Percentage	Sample
	Aska	Govt. Girl's High School	250	40%	100
		Niranjan Women's College	250	40%	100
Ganjam	Bhanjanagar	Govt. Girl's High School	250	40%	100
		Sabitri Devi Women's College	250	40%	100
			1000		400

a) Universe of the study: The proposed investigation was carried out in the state of Odisha situated in the eastern part of India. It is basically an agricultural state and in spite of rise in levels of urbanization and industrialization, traditional and cultural values still exist. Ganjam district alone contributes 38 percent of the state's PLHIV and 37 percent of AIDS deaths. Latest figures from Odisha State AIDS Society estimate HIV infections among 7637 people, of whom 281 are from ANC centers, and 531 are children, while AIDS related deaths are reported to be 461 till 2015. There is a huge proportion of males who migrate to Gujarat, Andhra Pradesh, Maharashtra, and Uttar Pradesh for work in shipyards, mills and diamond cutting industries, leaving behind their spouses/wives in Ganjam. Ten community health centers and 15 primary health centers are distributed across the district in different blocks. There are five ART centers in the state of Odisha, including one at the M.K.C.G. Medical College in Berhampur, the district's major city, and another four link centers in the district recently introduced by the state AIDS society. Ganjam district has 26 functional individual counseling and testing centers (ICTCs) (Das 2012). Which was conservative, backward and more prevalence of HIV/AIDS district of the state had special significance in this study.

b) Sampling Procedure: There is a total no 22 blocks in Ganjam district among them 12 blocks have reported HIV/AIDS cases. Aska reported the most prevalence of HIV/AIDS. The researcher decided to study 2 blocks under the age group 13-17 years are available. They are Aska and Bhanjanagar. As per the latest reports, out of the 14 districts of the country most affected with the AIDS/HIV the Ganjam district is being placed eighth and has been graded 'A' status as more than one percent people of the total population are infected with HIV. Bhanjanagar is the neighbor block of Aska,

The total number of units in the universe of this study comprises 1000 female adolescents. The population is further stratified in to different strata constituting the schools to which this adolescent belongs. A sample of 25% is drawn from different strata chosen from the universe. The size of the sample selected for this study is 400. Hence proportion wise considering the sampling technique applied is proportionate in nature. The list of students from each institute, that projects the universe, was collected and then every 5th student constitutes the chosen sample and was interviewed. This selection of every 5th person from the sample is systematic sampling under the random sampling design. To sum up, this study adopts the proportionate stratified random sampling design. Respondents are true representations of the female adolescent population. Therefore, the results of this study can be generalized to a larger population of female adolescents. The study thus was conducted in 2 govt. Girls high schools and 2 junior colleges 2 women's colleges located in the 2 prevalence blocks of Ganjam District. Further, the investigation found that these places as most suitable and convenient for conducting the investigation which is presumed to bring accuracy in the data to be collected.

C) Tools and Techniques Used: Present study adopted multi method approaches to collect primary data from the respondents under study. Being an exploratory and fact finding study following tools were used for the purpose. Interview schedule, Primary data were collected with the help of detailed self structured interview schedule comprising both open ended and close ended questions that cover areas such as personal demographic profile, family demographic profile, knowledge about HIV/AIDS which containing abbreviation treatment and sources of information about HIV/AIDS etc and many more like: myths about HIV/AIDS, attitude towards HIV/AIDS and

current practices towards HIV/AIDS. It contains 51 items of both quantitative and qualitative nature of questions.

Analysis of data

All relevant collected data were tested and processed through the Statistical Package for Social Sciences (SPSS). Simple tables were made so as to make comparison between variables possible. Statistical tests such as t-test was applied so as to test the research hypothesis and thereby arrived at better conclusion. The analyzed data was presented in a scientific manner that gives better easy understanding to all concerned with this research.

Knowledge Regarding Sources of Information about HIV/AIDS: Knowledge regarding sources of information regarding HIV/AIDS from the previous study efforts was made to understand the current information needs to adolescents on sexual and reproductive health needs. Adolescents are very curious to know about reproductive and sexual health issues. Young people thinking and behaviour are influenced not only by their family and peers but also by their exposure to mass media. It has been established that adolescents are less likely than people over age 20 to use contraceptive methods. Reasons for this include lack of information and misinformation, poor access, which lack of ability to negotiate. The significance of reaching out to adolescents in rural areas by them gets partial

Table 2. Knowledge regarding sources of Information about HIV/AIDS

S.No.	Sources of knowledge	Frequency (N=400)	Percentage (%)	't' Test
1	Sources of information from the individuals of service sectors:			
	• Doctor	306	76.5	
	• Integrated Counseling and Testing Centre ICTC	58	14.5	1.37*
	• Teachers	9	2.3	
	• Parents	4	1.0	
	• Friends	6	1.5	
	• Positive Network	17	4.3	
2	Source Enable to Understand HIV/AIDS:			
	• Electronic Media	45	11.0	
	• Health Care Professional	99	25.0	
	• Public Awareness Programme	128	32.0	
	• Print Media	11	3.0	
	• School	80	20.0	2.26*
	• Parents	8	2.0	
	• Friends	4	1.0	
	• None	25	6.0	
	➤Right answer	375	94.0	
	➤Wrong answer	25	6.0	
3	Through participation of events Conducted by School/College on HIV/AIDS Awareness			
	➤Seminar on HIV / AIDS	42	10.5	2.33*
	➤Awareness Generation Camp on HIV/AIDS	50	12.5	
	➤Rally Campaigning HIV/AIDS	52	13.0	
	➤Film Show on HIV/AIDS	27	6.8	
	➤No such Programme on HIV/AIDS	229	57.3	

Note: * 0.01 level of significant

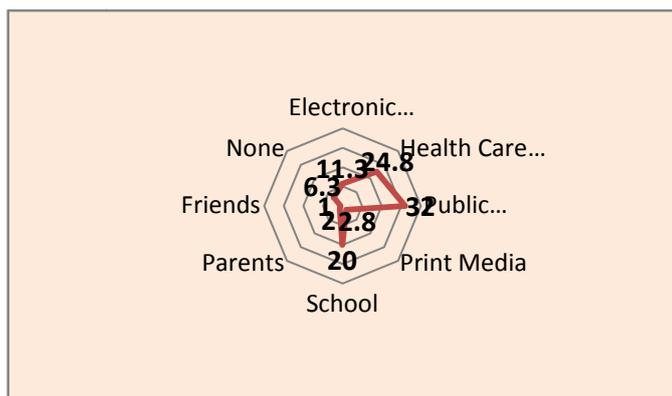


Fig. 1 (a): Source of knowledge about HIV/AIDS

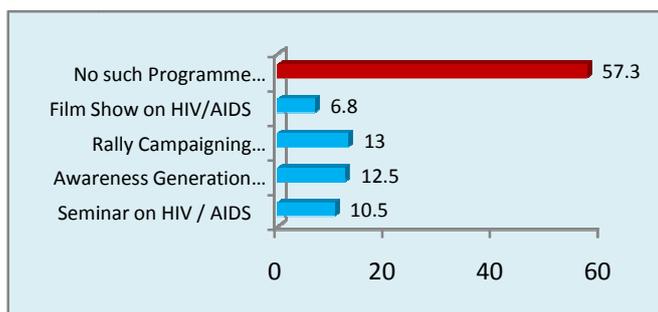


Fig. 1 (b): Participation in awareness programme on HIV/AIDS

and incorrect information through movies. Also most of them got married in their adolescent stage without proper information on sex and sexuality. Awareness is the safest way to avoid HIV/AIDS. HIV/AIDS are not taboo words anymore. The treat of the pandemic is a real one. This has gradually been penetrating into the hinterlands. The need for awareness about it can hardly be over emphasized. "Filon" being the most popular medium in India, however did not pick up the subject for any serious treatment. It is worse for the adolescents who hail in the rural areas as they do not have any access to information, training and awareness programmes except for some information which they gain through the mass media. AIDS education in school has been taken up to sensitize the students from Class – IX onwards. The electronic media, print media and other field based organizations of the Government have been involved in awareness generation on HIV/AIDS. Counselor had been trained in various states at the grass root level under the National Training Programme of NACO. Although Government has been spreading a lot of money on HIV/AIDS awareness programmes, people were not that much aware in the rural areas, where the HIV/AIDS is more widespread. It is high time that we introspects our AIDS awareness programmes and realize that there is an urgent need to seek other types of people centric media campaign available to the rural community.

Adolescent girls acquired knowledge about the incurable disease is given in the table above:

It is interesting to note that nearly one fourth i.e. 23.5% of the respondents have sources of knowledge from other sources like teachers, parents, friends, positive net works and Integrated Counseling and Testing Centre (ICTC) out of them (14.5%) students, reported ICTC was the sources of information from the individuals of services sector. However at the same, it is to be noted that a good number of them i.e. 76.5% acquired information from doctor. It is understood from the above table that 32 percent of the respondents gained their sources of knowledge about HIV/AIDS through public awareness programmes, while 24.8% of the respondents obtained knowledge through source as health care professionals, 20 percent of the respondents derived their knowledge about HIV/AIDS through the source school and 11.3 percent obtained knowledge about HIV/AIDS through electronic media which includes television, radio and internet. It is also derived that only 2 percent of the respondents obtained knowledge about HIV/AIDS from their parents. From the above table it is inferred that more than half of the respondents (57.3%) have never participated in any of the awareness generation programmes. Further the table also reveals that (13 percent) of the respondents have generated awareness through their participation in the rally, campaigning; while (12.5%) of them are aware of HIV/AIDS through their participation in the awareness generation camp and (10.5%) of the respondents are aware of HIV/AIDS through seminar and only (6.8%) of the respondents are aware of HIV/AIDS through their participation in staged film shows. This reveals that the opportunity for participation in the awareness generation programmes on HIV/AIDS is very limited that a considerable majority have not participated in any of the awareness generation programmes on HIV/AIDS.

Conclusion

The study revealed that knowledge about the sources is very poor among the adolescent girls continuing their education in

the Ganjam District, of Odisha. Out of 400 samples only 306(76.5%) girls acquired their knowledge from Doctors. It is seen that the parents of adolescents and their friends were lacking in their knowledge about HIV/AIDS whereas half of the target group had no idea about the disease. Adolescents of about 25% have acquired their knowledge from health care professionals and 32% from public awareness programmes, which is certainly a good amount .. One fourth i.e. 23.5% of the respondents have sources of knowledge from other sources like teachers, parents, friends, positive net works and integrated counseling and Testing Centre (ICTC) out of them 14.5% students, reported ICTC was the sources of information from the individuals of services sector. However at the same, it is to be rated that a good numbers of them 76.5% acquired information from doctors. More than half of the respondents (57.3%) have never participated in any of them. The major conclusion of the study can be elicited as follows:

Most of the efforts whether by the government or by voluntary organizations are made to increase the level of awareness and knowledge of the people as well as the adolescents. However, the issue of sexuality and reproductive health requires going beyond that. Most appropriate interventions at the educational institutes and community level should be designed keeping in view the socio-cultural context.

Recommendation

The adolescent girls in schools or out of schools do not have access to sex education which sometimes leads them towards risky behavior. The teachers are also not so comfortable and competent enough to provide sex education to the students, and especially to adolescent girls. Sexual health being a sensitive issue in the traditional society; it is neither the parents nor the teachers who feel comfortable in providing education to the adolescent girls on sexual and reproductive health. Thus the knowledge could be imparted in different community setting with the help of the peer educators. This study conducted on the adolescents, it has been notice that most of the adolescents tend to be largely unaware of human sexuality and reproductive health. So their knowledge on HIV/AIDS is incomplete and insufficient to live a healthy life without being succeed to various different community setting with the helped off the peer educators. Government should be single handedly committed to tackle the arrangements of strong and informative mass media campaign for care and treatment of HIV positive person should be advocated and undertake innovative sex education programmes for adolescent girls. To promote these systems, structure and personnel in health as well as non health sectors will be adequately reoriented and sensitized on social, biological, emotional and health risk of the young people on stigma, discrimination, gender violence, human rights etc. The need of the hour is to consider the context, socio-economic-cultural environment, receptiveness of adolescents and their parents, and the various rich experiences gained through the implementation of different programmes on adolescents' reproductive and sexual health provide valuable insights. A review on the secondary sources, relevant policies and programmes on the issues of adolescents' reproductive and sexual health done by Goyal and Khanna (2005) throw some light on the various critical issues pertinent to adolescents' reproductive and sexual health. Some of the issues are being contextualized on the research area and some of the important issues are being identified and highlighted for further speculation. During the past decades the Union

Government has launched a number of educational policies and programmes; which has tremendously raised the literacy rate among the women. Yet the adolescent girl enrollment in the educational institutes is miserable and dropout rate is very high in comparison to boys of the same age. The urban-rural dichotomy again pushes the rural poor adolescent girls to the realm of negligence and ignorance. The education remains a far reaching dream for the rural poor adolescent girls.

- The people of rural Ganjam district are very traditional in their outlook and orthodox religious believers. The district is well-known for its rich cultural traditions, language and literature, food and festivals. The Indian traditional concept of joint family system is losing its grips and due to various socio-economic reasons people are willing to go for a nuclear family. It means the traditional value system is also on the road of erosion.
- Adolescent girls in the Ganjam district especially in the rural area have unlimited exposures to the various means of mass communication. The information on reproductive and sexual health is generally obtained from peer groups. The gained knowledge lacks scientific validity which may in turn lead to the development of myths and confusions.
- Adolescents' awareness level of the issues related to health, nutrition and family life is low. The rigorous efforts made by the NGOs, Govt. Organizations, international agencies and mass media, etc. have been able to generate some awareness of HIV/AIDS. But the understanding of the causes, modes of transmission and preventive measures, treatment of HIV/AIDS is still low.
- Although social and religious values strongly discourage sexual relationship before marriage, but available evidences suggest that premarital sex is not uncommon among adolescent boys and girls both in the urban and rural areas. The majority of the respondents reported in indulging some or the other sexual activities as; masturbation, kissing, hugging, fondling genitals, caressing the breasts, stimulating sexual desire, penetrative sex, etc.
- Sex is considered to be a taboo in the traditional rural society. The talk on sex in front of the elders is considered to be unethical and those who are engaged in such kind of discussion are seen as loose in their character and have corrupt morality. A large proportionate of the girls during the research work suggested that open discussion on human sexuality could become a great help to them in understanding STIs, RTIs, HIV/AIDS, etc. and prepare to prevent from these dreaded diseases.
- Most of the efforts, whether by the government or by voluntary organizations, are made to increase the level of awareness and knowledge. However, the issue of sexuality and reproductive health requires going beyond that. Most appropriate interventions at the educational institutes and community level should be designed keeping in view the socio-cultural context.

As a whole, adolescents have to be given opportunities to develop so that they can be empowered with the knowledge and skills that will help them lead a more fulfilling social and personal life and take responsible and well-thought decisions. This will enhance the quality of life for adolescents at both societal and the personal level and help them realize their right

to exercise autonomy and self-determination and responsible decision-making their sexual and reproductive life.

Implimentation

According to the health and family welfare minister Atanu Sabyasachi Nayak, "the State Government has taken a number of steps for the welfare of the AIDS and HIV patients but due to the fear of being ostracized and haltered by the society, the patient are unwilling to avail these programmes," (OSB, 2017).

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