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RESEARCH ARTICLE

HIV/AIDS AND ITS IMPACT ON FEMALE ADOLESCENTS (SPECIAL STUDY ON GANJAM DISTRICT OF ODISHA)

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ABSTRACT

India is the large and second most populous country in the world. It has a large population with low literacy levels and constitutently low level of awareness and HIV/AIDS is one of the most challenging public health problem ever faced by the country. HIV has had a unique impact on women as well as adolescent girls, as women are more vulnerable to HIV infection due to the gender disparities in the society and to their biological susceptibility. A report by UNAIDS (2004) In our country there are 8.3 crores girls in the age group of 11 to 18 years which constitute 17% of the total female population of 49.69 crores among them 39% (9.3 Lakhs) of HIV positive(Unicef). New infections in females are occurring faster than in males. The dreaded AIDS virus has been spreading like wildfire in Aska Block, around 415 AIDS patients have been found the total of 30,176 HIV affected people, in the Odisha State, Ganjam district tops the list of most HIV victims in the state of Odisha with 12,017 people (2017). The research design adopted is quantitative, descriptive and cross sectional. The study attempts to describe female adolescents' knowledge, understanding and attitude towards HIV/AIDS. More than half of the adolescents under study have negative attitude towards people living with HIV/AIDS (PLWHAs) and had very bitter feelings towards them even they believe that they should be boycott because it was very tedious to include them in the mainstream in the society. One fifth of the adolescents believe that they should be killed. The levels of understanding of adolescents with regard to HIV/AIDS and the people are affected with is to be raised significantly. Innovative non-classroom tools and techniques like peer educators, street plays, film screening could be used.

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INTRODUCTION

HIV/AIDS is an epidemic that stands to destroy the human race on earth. This is an outcome of the risky behavior exhibited by human beings. During the beginning years of its identification, people thought AIDS was a disease striking mainly men. Later it was assessed to be a myth and in reality women are at higher risk of being infected by AIDS as well as increasingly bearing the burden of its impact. Almost half of the adults living with HIV/AIDS today are women. The year 2011 marks 30 years of the presence of AIDS in the world. New infections in female are occurring faster than in men. At the end of 2009 it was estimated that out of the 33.3 million adults worldwide living with HIV and AIDS, slightly more than half are women (UNAIDS, 2010). No country has escaped the desolation of this truly global epidemic. The AIDS epidemic has had a unique impact on women as well as adolescents girls which has been exacerbate by their role

within society and their biological vulnerability to HIV infection. Women suffered countless disadvantages compared with men. This present study is an attempt made by the researcher to analyze the impact HIV/AIDS has created on women in the Odisha State.

Global HIV/ AIDS an over views

HIV the vieww that comes AIDS, is one of the world's most serious health and development challenges. According to UNAIDS there were approximately there is 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 achived by 2020 in the global response to HIV

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(60% Adolescent HIV + patients)

Scenario in 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 (July 2017) 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 stale, 87% (29372) have been affected due to unsafe sex while 2138 have been inherited the disease form their parents by their HIV- positive mothers during pregnancy, child birth or breast feeding.

Situational analysis of Ganjam District of Odisha State

Ganjam district tops the list of most HIV victims in the state of Odisha with 150000 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 have the lowest 40.

Impact factors

At the end of 2009, it was estimated that a little more than half of the 33.3 million persons infected by HIV were women .The risk of HIV transmission is high in the case of forced/violent sex perpetrated especially on adolescent girls. Most sexually transmitted infections take place either inside marriage or in a relationship. Women who are infected through their men face more stigma and discrimination, and ill-treatment from their in-laws and others. They are forced to work more but their nutritional needs and treatment needs are neglected. Some are forced to undergo abortion for fear of infecting the baby in the womb. Their household expenses exceed their income and as a result, they are pushed to poverty line and malnutrition. In the case of widows, their situation is very miserable, as they are considered as the cause of the death of their husband. Their health status and rejection have some serious repercussions on the children. Some women who are infected, particularly in the urban communities do not avail the Madhu Babu monthly pension scheme, Mo Kudia Yojana, Bus ticket pass and many more facilities they avoid as they have the fear of getting identified, targeted and stigmatized. Peer education programme is not offered to married adolescent girls, and they remain to be ignorant about safe sex practices to prevent any infection. The study is both exploratory and diagnostic in nature that tried to understand the tremendous impact the fatal disease HIV/AIDS exhorts on women and particularly on adolescents. Education, counseling, and livelihood support are needed for infected women and adolescents for positive living. A little less than half of the respondents don't have adequate knowledge about curable nature of AIDS. A major portion of the female adolescents do not have adequate knowledge about treatment available to treat a person infected by HIV. Majority of the

respondents believed that social discrimination against HIV infected persons must be fought collectively from all walks of life.

Risk factors contributs to spread of HIV/AIDS in ganjam

Mostly African Countries are affected with the virus. The virus HIV has been taking a huge number of populations under its cage. The main cause of HIV spread all over the world is due to migration. In Odisa, District AIDS Prevention and Control Unity (DAPCU) is functioning in seven districts (Angul, Balasore, Bhadrak, Bolangir, Koraput, Khurda & Ganjam). The above 7 districts are categories as A, B, C, D, as per ANC Prevalence status. Ganjam is the highly prevalent district in HIV/AIDS ('A' category).

The major cause of spread of hiv in ganjam

In Odisha out-migration being a major drive of spreading HIV despite no cause and effect relationship. Out-migrants who are circulatory category in nature, have their base deep-rooted in villages- and for those prevention activities are required at places of origin, transit-point and at destination. Ganjam migrants belong to this category-vulnerable to HIV infection and spiral the scope of spread to their spouses and partners.

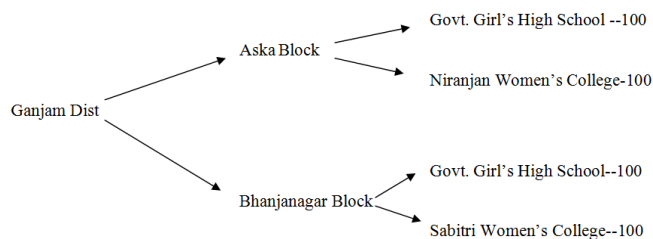
Impact of HIV/AIDS on women

- Stigma and discrimination are very common among PLWHA. They experienced stigma and discrimination in many other spheres, including funeral proceeding, employment discrimination, broken confidentially and community gossip and speculation (Solomon, S. & Buck, J., 2003).
- Many infected women were sent away from their husbands' houses, even infected daughters with children were sent out by their parents and many of them were excluded from access to family function.
- Many women experienced rejection from their in laws and many widows were thrown out by their in-laws after the death of their husbands.
- Many women forced to do extra work because of their HIV positive status. Further they experienced stigma and discrimination as a result of having their confidentiality broken.
- Many women living with HIV/AIDS are never encouraged by their employers to be involved in the work force. This results into inadequate employment and also frequent loss of income.
- The impact of HIV/AIDS is still not fully understood; particularly the long term nature of the disease is considered the epidemic comes in successive weaves first wave being HIV infection years later by a wave of opportunistic diseased and later still by a wave of AIDS illness and then death. The final wave, affects children societies and economics at various levels from the family and community to the national and international levels.
- In Kendrapara and Jagatsinghpur districts of Odisha there are about 72 couples in the past 12 months, two dozen women have had abortions because they were afraid of passing infection on to their children; the abortions were conducted in conformity with the medical termination of pregnancy Act, 1972. In recorded statements, the forced women expressed their

willingness to abort their pregnancies (Samaj, 2015), since misconception and ill-conceived notion about HIV/AIDS are common in rural areas some of the couples who are HIV carriers are scared of being branded as AIDS patients. There are instances of AIDS Patient here being ostracized. Their family members also are ostracized as their neighbors maintain distance in their relationship.

- The Government provides free treatment and requisite medicines to the patients but many feel reluctant to come into the open to avail this medical care due to social stigma and security. Private source of medicines which are expensive in Indian companies as the requisite raw materials for manufacturing these medicines to treat the dreaded disease come from abroad and that is quite expensive and not cost effective (Newmann, S. & Sarin, P., 2006).
- Researchers found that average monthly expenditure exceeded income among females of people with HIV partly because of a purchase of medicines, while these families spent less on entertainment and on children education to cope with rising care support and treatment costs due to HIV most people were also forced to sell assets and borrow from friends and relatives.
- The impact of AIDS on children continuous to count in various part of the world currently children under 15 account for one in six AIDS related to deaths worldwide and one in seven new HIV infections after illness and death itself the harshest impact on children is the loss of their parents’ affection, support and protection, separation from siblings is frequent as orphans from large families are often send to live in different households. In addition to the psychological trauma suffered by these children poverty and social dislocation as well as stigma and discrimination may also be added to their woes and intern increases their vulnerability to HIV. Children alone face the burnt, of dread disease their lives are cut short before they began to understand the world for that neither what has happened to them, while some other live longer only to suffer worth of social and ostracization and humiliation.
- Members belonging to the families of HIV/AIDS from the urban clusters of different districts of Odisha refused to receive the monthly pension scheme meant for such infected people. The fear of getting being identified targeted and the consequent social stigma has forced the targeted beneficiaries to shun the plan.

Govt. Girls’ High Schools and 2 (+2) Women’s Colleges located in the two prevalence blocks (Aska & Bhanjanagar) of Ganjam District is the suitable place and stood for “A” grade status in HIV/AIDS prevalence in Odisha which is presumed to being accuracy in the data to be collected.



The researcher used various tools such as interview schedule, non-participant observation. The study was conducted in Ganjam district of Odisha state i.e. Ganjam was selected for the study. Which was conservative, backward and more prevalence of HIV/AIDS district of the state has special significance in this study. There are total 22 blocks among them 12 blocks are reported HIV/AIDS cases and among these again 2 blocks are more prevalence of HIV/AIDS in the district. These are Aska and Bhanjanagar.

RESULTS

Evaluation of the 400 respondents showed that 118 (29.5%) reflects isolation faced by HIV+ people at home and society, only one percent blamed depression (1.5%) financial constraints, 5.5% loss of job and humiliation, where as little more than a quarter (28%) hatred and compel suicidal tendency and cut-short of their life after being aware HIV positive status.

Table 1. Problem face by HIV Positive people at Home & Society

S.No	Problems / preventions	Frequency (N=400)	Percentage (%)	't' Test
1	Problem face by HIV Positive people at Home & Society			
	•Isolation	118	29.5	
	•Discrimination	74	18.5	
	•Stigma	20	5.0	
	•Hatred	93	23.0	
	•Humiliation	10	2.5	
	•Loss of Job	12	3.0	3.09*
	•Poor Health	43	11.0	
	•Financial Constraints	6	1.5	
	•Depression	4	1.0	
	•Suicidal tendency	20	5.0	

Note: * 0.01 level of significant

MATERIALS AND METHODS

Objectives

- To assess knowledge pertaining to HIV/AIDS among adolescent girls,
- To study the problems faced by HIV positive people at home & society.

Research Design

For this study the researcher is adopted exploratory and diagnostic studies and the design adopted to carry out this research is the quantitative, descriptive cross sectional design was used .The studied population constituted of students in 2

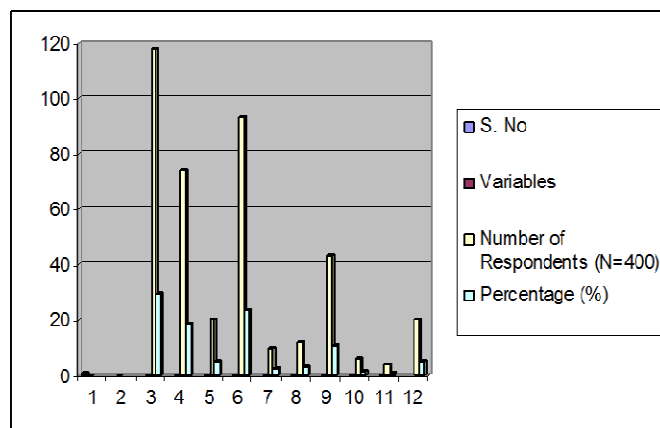


Figure 1. Problems faced by the PLHWAs

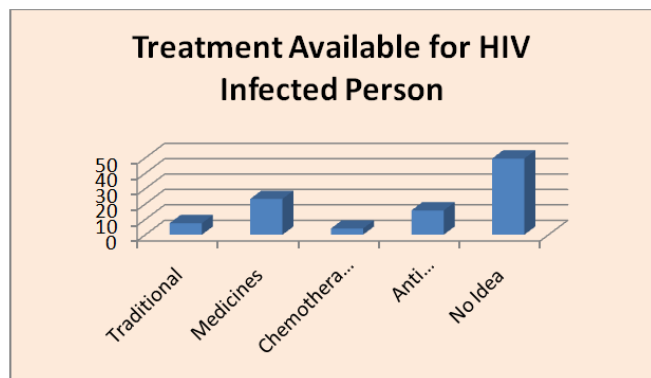


Fig. 2. Treatment available for HIV infected persons

In the same time 5% do suffer stigma towards HIV positive at home and society. It is observed from the above table that nearly half of the respondents (49.5%) reported that they did not have any idea about the availability of treatment for HIV infected person, while (23.3%) of the respondents reported that allopathic medicines are available to treat HIV infected person and only (15.8%) of the respondents had right knowledge and reported Antiretroviral Therapy as the treatment for HIV infected person. This reveals that a major proportion of the female adolescents do not have adequate knowledge about treatment available to treat a person infected by HIV.

DISCUSSION

The above table presents the adolescents (5) who endorsed the items assessing the stress or negative impact of HIV/AIDS. It is important to note that there is no widely accepted approach for accessing and identifying a level of stigma and discrimination, isolation, hatred, which would have a negative impact with reference to people affected with HIV/AIDS. Almost half of the respondents have no idea about the availability of treatment which reveals that a major proportion of the female adolescents do not have adequate knowledge about treatment available to treat a person infected by HIV/AIDS. The table also reflected that half of the respondents do not have fair knowledge about curable nature of AIDS. Apart from two-fifth of population have wrong answer about treatment.

Suggestive Measures

- Adequate counseling services are required for the positive as well as to their children. They need guidance and counseling particularly in the initial period after they accept to live life positively.
- Reproductive health information and services to individual couples including adolescent need to be provided without discrimination.
- Families are very important for people with HIV/AIDS. People living with HIV need to be organized into women's clubs, youth and religious groups along with the members of the community.
- Awareness among the general public need to be given so that they freely mingle with the people infected by HIV/AIDS and discrimination and stigma may be reduced.
- There has to be action against all those factors which make women vulnerable, action for economic

empowerment of women, action on property and inheritance laws, prevention and care.

- Preventing HIV infection among girls and young women

Reducing Violence Against Women

- Protecting the property and inheritance rights of women and girls
- Ensuring equal access to women and girls to care and treatment
- Supporting improve community based care with a special focus on women and girls
- Supporting on-going efforts towards universal education for girls
- Promoting access to new prevention options for women

Conclusion

It is important that men and women must work together to counter gender discrimination and subordination of women and endeavor to protect women from HIV infection. Ways and means of empowering women must be identified and it should be implemented in such a way that empowerment of women is realized. Policies and programmes targeting the infected women need to be developed and they should be given ample opportunities for inclusive development. Their human power need to be utilized to the maximum for the development of our nation and inclusive development should be the priority of the government and all stakeholders. In this inclusion of women living with HIV/AIDS is very vital and policy planners and programme designers need to keep in mind the preamble, rights provided by the constitution for its people are also for those living with these infections. Inclusive development can be the only tool to provide rehabilitation to all those knowingly or unknowingly infected or affected by the infection.

REFERENCES

- Arati Dhar, 2011. Half of HIV patents in Asia live in India. The Hindu, Thursday, December.
- Aska – Ganjam – Souvenir; 2007. Centenary Celebration. Health Action, January and March 2010, 2011, 2012, 2014 & 2015.
- Hrusikesh Mohanty, 2011. Little flowers and the big bad world, Times of India, Friday, Dec. <http://ganjam.nic.in/www.unicef.org.india>
- Indira Gandhi National Open University, (IGNOU) (2011). Certificate in Adolescents Health Programme.
- Joshi 2015. Indian adolescents living with HIV /AIDS scenario Vol. 65-July, 2017
- Journal of associate physician's of India vol-65 July 2017.
- M Rajamanickam, 2006. "Psychological Perspective of HIV/AIDS.
- Mukharjee 2013. "Tackling Adolescent Health Issues" Health action January 2013
- Newman, S. & Sarin, P. 2006. Marriage, Monogamy and HIV: A Profile of HIV Infected Women in South India, International Journal of STD / AIDS. 11: 250 – 3.
- Odisha Sun time Bureau (OSB) 2015. Gnjam Top
- S. Prabakar and G. Ramathirtham, 2009. Adolescence and Sexual Risk Behaviour, *International Research Journal of Social Sciences, Puducherry*, Volume 2, No.1, pp.217

- Satyasundarm, 2010. Curbing the child abuse, Social welfare, January.
- Social Welfare: Vol. 56 No.10, April 2010, Vol. 57 No.1, 2010, Vol. 57 No.5, 2015.
- Solomon, S. & Buck, J. 2003. Stopping HIV before it begins: Issues faced by women in India. *Nature Immunol*, 4: 719-21.
- Technical Report India HIV Estimates 2012. NACO & NIMS. Technical Report on HIV Estimation, 2006. NACO, Government of India.
- The Times of India, 2010. Bhubaneswar Sat, 4th December.
- The Times of India/ 2010. Bhubaneswar Foreign Observes Tour HIV-hit Ganjam 10th December.
- Thomas Grecious, 2001. "Basic Facts of HIV/AIDS".
- Tom Embru-Dennis 2017. "New antibody attacks 99% of HIV strain". The Times of India September 26, 2017.
- Tudu Parbati, 2014. 'Role of women support centre in Bhanjanagar Tahsil of Ganjam district in Odisha', *International Research Journal, Lab to Land*, Vol-6, No.-22.4. Report from a study undertaken by the population council with support of the United Nations Development Program (UNDP) and in collaboration with the National AIDS Control Organization (NACO) (2011).
- UNAIDS, 2010 Report on the Global HIV/AIDS Epidemic: 4th Global Report. Geneva: UNAIDS.
- US Department of Health and Human Services 2011. "Fluids of transmission" AIDS.gov. Retrieved 14 September.
- WWW.HIV Naturally.com
- WWW.HIV Positive care .com
- WWW.TEEMRESOLUTIONS.ORG
