

A Study on Socio-Economic of Hiv/Aids Affected Women in Dharmapuri District

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ABSTRACT

High Human Immunodeficiency virus (HIV) and Acquired Immunodeficiency syndrome (AIDS) no longer just a public issue and has become one of the most serious socio-economic and developmental concerns in India. It has become serious health issue affecting the people in a very big way. The statement of HIV Estimations 2017, which was the 14th round in the series of HIV estimation under national AIDS control programme (NACP), the National AIDS Control Organization (NACO) unsurprising that the number of people impure with HIV in India greater than before from 3.86 million in 2014 to 5.13 million in January 2019. The survey dada on s based on primary and secondary data. Thus it can be interpreted that highest percentage of age group is 21- 40 years. Thus it can be interpreted that highest percentage of the respondents are widow. Thus it can be interpreted that highest percentage of the respondents are Blood transmission.

Keywords: HIV/AIDS, prevention, NACO

1. INTRODUCTION

India had about 2.14 million people living with HIV in 2017, clerical for 0.22% of people in the 15-49 years age collection in the state, according to frequency estimates released by the National AIDS Control Organisation (NACO). The country saw about 87,580 new HIV infections and 69,110 AIDS connected deaths in 2017. This compares well with the global figures where the standard for decline in new infections and AIDS related deaths from peaks has been 47% and 51%, respectively, according to a 2018 UNAIDS report.

The report tourist attractions the significant attainment of National AIDS reply on deterrence as well as on treatment face but has also indicated that there is no place for satisfaction as country move onward on determined goal of attaining the 'End of AIDS' by 2030. As per the report, in 2017, India had around 21.40 lakh people living wage with HIV (PLHIV) with adult prevalence of 0.22%. The about 87.58 thousand new HIV infections and 69.11 thousand Acquired Immunodeficiency syndrome related deaths happened in 2017 while around 22,675 mother needed Antiretroviral Therapy (ART) for prevention of look following to kid transmission of HIV. High Human Immunodeficiency virus Estimations 2017 support with the previous rounds in terms of characteristic of the HIV epidemic in India i.e. national occurrence and incidence remains low, but the epidemic is high in some environmental regions and population group.

TAMIL NADU

Surveillance systems in the Southern Indian state of Tamil Nadu, home to some 62 million people showed that High Human Immunodeficiency virus infection rates among pregnant women tripled to 1.25 percent between 1995 and 1997. This showed that State Government acted decisively. Funding for the Tamil Nadu State AIDS Control Society (TANSACS), which had been set up in 1994, was significantly increased. Along with non-governmental organizations and other partners, TANSACS developed an active 5 AIDS prevention campaign. This incorporated hiring a leading worldwide advertising agency to promote condom use for risky sex in a funny way, without offending many people who do not engage in risky performance. The campaign also attacked the ignorance and stigma associated with High Human Immunodeficiency virus infection. The HIV prevalence at antenatal clinics in Tamil Nadu was 0.88 percent in 2002 and 0.5 percent in 2005, though several districts still have rates above 1 percent. Prevalence among injecting drug users was 18 percent in 2005. Tamil Nadu had reported 52,036 AIDS cases to NACO by July 2005, which is by far the highest number for any state.

2. LITERATURE REVIEW

Jaya and Dorthy (2013) Women who are poor are driven into sex trade. With less choice in safety measures like condom use, being forced to have multiple sexual partners for economic protection are majorly affected with HIV/AIDS and thus resulting in poor Quality of Life (QOL). A sample of 50 consented HIV infected female sex workers from a southern district in Tamil Nadu participated in the study. Standardized tools on socio demographic profile and WHO- QOL Bref were used pre and post the psychosocial intervention. Results showed that there was a significant improvement in all domains of Quality of Life after the intervention.

Sahu et al., (2014), a systematic review portraying the changing pattern of sexual behaviors, STI and HIV prevalence and key strategies curb High Human Immunodeficiency virus and sexually transmitted infection among truckers in India is lacking. This study then aims to present a sequential appraisal of text concerning sexual behaviors, STI/HIV prevalence, and various High Human Immunodeficiency virus prevention programs implemented among truckers in India.

Rakesh et al., (2016) Forced sex is one of the risk factors of psychological morbidities, HIV and other sexually transmitted infections. Limited studies on Mainstream Media (MSM) are available in Indian context and no systematic attempt has been made to assess the impact of first forced sex on males and as a risk factor of HIV. Therefore, the present study has examined the prevalence of first forced sex as well as its linkage with HIV infection in South India. The present study has used data from the cross sectional survey known as Integrated Behavioural and Biological Assessment during 2009-2010. The survey was conducted in the selected districts of states namely, Andhra Pradesh, Tamil Nadu and Maharashtra. The sample size of MSM was 3875. Bivariate and multivariate logistic regression analysis was used. In Tamil Nadu, prevalence of first forced sex with males among MSM highest in Salem (57.1%) followed by Madurai (56.4%) and Dharmapuri (51.2%). In Andhra Pradesh, 23.5 % MSM have had first forced sex with males in Hyderabad followed by Guntur (16.8%), East Godavari (8.8%) and Vizag (4.0%). Therefore, there is an urgent need to control the prevalence of forced sex and transmission of HIV infection.

Neerajaa et al., (2018) India has the third largest number of people living with HIV/AIDS. India is estimated to have 75,900 new adults with High Human Immunodeficiency virus infections. The prevalence of HIV infection was 0.7 percent in India, 0.26 percent in Tamil Nadu in the year 2017. High Human Immunodeficiency virus related stigma remains an important barrier in effectively

fighting against HIV/AIDS. The objectives of the study were to assess information about HIV/AIDS among health check students and to charge approach towards HIV/AIDS among medical students. A cross-sectional study conduct among first year undergraduates of Sree Balaji Medical College.

THEORETICAL BACKGROUND

Prevalence elasticity is a theory from economic epidemiology, which hypothesizes that individuals respond to changes in the number of people sickened by a disease. Similarly, people take fewer preventive steps if the disease becomes less common in a population because the risk of getting the disease falls.

STATEMENT OF THE PROBLEM

The WHO and UNAIDS have estimated that 39.9 million people were living HIV in the world in the year 2018. It has been estimated that annually about 5 million acquire new infection and 3 million die of HIV/AIDS. As the epidemic of HIV entered in third decade, the spread of the infection is unabated in the world. The epidemic had caused the damage at possible fronts in the world. The National AIDS Control Organization estimated that the number of people infected with HIV in India increased from 3.86 million in 2014 to 5.13 million in January 2019. As of 2004 about 39% people living with HIV/AIDS were women and about 58% lived in rural areas where HIV/AIDS services were poor.

3. OBJECTIVES

- To estimate the socio economic of HIV/AIDS cases in Dharmapuri District

HYPOTHESES

- There is no significant difference between HIV/AIDS impact and gender base.

METHODOLOGICAL DESIGN

A brief outline of the tentative methodological design is explained below.

AREA OF THE STUDY

Dharmapuri District is located in the North Western corner of Tamil Nadu. Dharmapuri town is also called Thakadoor. The district came into existence in 1965. The District has an area of 4497.77 Sq Km. It is bounded by Tiruvannamalai & Villupuram on the East, Salem District on the South, Krishnagiri on the north and Cauvery River on the West. As per 2011 Census, the district has 15.03 lakh populations. The District has a literacy rate of 64.71 percent. 17.3 percent of the population lives in urban areas. The population density is 332/ sqkm and sex ratio is 946. The District financial system is mainly agrarian in natural world. Practically 70 percent of the workforce is dependent on agriculture and allied activities. The district is one among the most backward and drought prone areas in the state.

DATA

The learning is based on primary and secondary information. While secondary data are to a large extent documentary source, the primary data will be collected through an interview schedule.

SAMPLE SIZE

A sample of 25 respondents is arrived by the Snowball sampling method from the Government hospital in Dharmapuri district, Collector Office and ART Centre, Dharmapuri. The respondent's information for the present study was collected using well structured questionnaire through the survey method.

STATISTICAL TOOLS

Appropriate statistical tools were used in accordance with needs to analyze socio-economic characteristics of HIV/AIDS affected people, Statistical tools like Percentage Analysis Results

S.No	Demographic characteristics	Frequency	Percentage
1	Age		
	Below 20	8	32
	21 – 40	12	48
	41 above	5	20
2	Religion		
	Hindu	12	48
	Muslim	7	28
	Christian	6	24
3	Marital status		
	Single	5	20
	Married	7	28
	Widowed	13	52
4	Education		
	Illiterate	14	56
	Primary school	7	28
	High school	4	16
5	Job		
	Unemployed	11	44
	Formal employee	9	36
	Informal employee	5	20
6	Monthly income		
	1000 – 3000	12	48
	3001 – 5000	8	32
	5001 - 7000	5	20
7	Community		
	SC	9	36
	MBC	8	32
	BC	6	24
	Others	2	08
8	Transmission		

	Injection	6	24
	Blood transmission	8	32
	Drugs	7	28
	Unclean barber blades	4	16
9	Awareness		
	Yes	14	56
	No	11	44
10	Area		
	Rural	15	60
	Urban	10	40
11	Health Status		
	Negative	16	64
	Positive	9	36
12	Smoking		
	Yes	13	52
	No	12	48
13	Alcohol consumption		
	Yes	17	68
	No	8	32
14	Condom use at last sexual encounter		
	Yes	18	72
	No	7	28

DESCRIPTION OF DEMOGRAPHIC

The table shows the distribution of demographic variables of the respondents observed over the factors of “Age in years, Religion, Community, Educational Qualification and Marital status”.

Regarding the Age in years the distribution shows that 32.00% of respondents were in the age in years of Below to 20 years, 48.00% of the respondents age in years of 21 - 40 years, 25.33% of the respondents the age in years of 31 - 40 years and 20.00% of the respondents the age in years of Above 41 years. Religion the distribution shows that 48.00% of the respondents are Hindus, 28.00% of the respondents are Muslim and 24% of the respondents are Christian. Thus it can be interpreted that highest percentage of Religion is Hindus. Marital status the distribution shows that 20% of respondents are married, 28% of the respondents are Unmarried and 52% of the respondents are widow. Thus it can be interpreted that highest percentage of the respondents are widow.

Educational Qualification the distribution shows 56% of the respondents are Illiterates, 28% of the respondents are Primary education and 16% of the respondents are Secondary education. Job the distribution shows 44% of the respondents are Unemployed, 36% of the respondents are Formal employee and 20% of the respondents are Informal employee. Monthly Income the distribution shows that 48.00% of respondent’s Monthly income is 1001 - 3000 and 32.00% of the respondent’s monthly income is 3001 - 5000. Community the distribution shows that 36% of respondents are SC, 24% of respondents are BC, 32% of respondents are MBC and 8% of the respondents are others. Thus it can be interpreted that highest percentage of the respondents are SC. Transmission the distribution shows that 24% of respondents are Injection, 32% of respondents are Blood

transmission, 28% of respondents are Drugs, and 16% of the respondents are Unclean barber blades.

The Opinion about Awareness like 'Aware about HIV/AIDS transmit from one person to other through sexual intercourse, Awareness the distribution shows that 56% of respondents are Yes and 44% of respondents are No. Area the distribution shows that 60% of respondents are Rural and 40% of respondents are Urban. Health Status Shows that of 52% of the respondents are stated as Negative test and Positive test shows that 48% of the respondents, Smoking the distribution shows that 52% of respondents are Yes and 48% of respondents are No. Alcohol consumption the distribution shows that 62% of respondents are Yes and 38% of respondents are No. Condom use at last sexual encounter the distribution shows that 72% of respondents are Yes and 28% of respondents are No.

4. CONCLUSION

The study has recognized the behavior, socio-economic and perceptions of affected women regarding HIV/AIDS. Factors that have an impact on how the affected women view HIV/AIDS from a socio-cultural perspective and a political view have also been classified. Even in cases where there is sufficient information about the disease, much still needs to be done to ensure that they act on socio-economic and developmental concerns in Tamil Nadu.

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