

A STUDY ON

“Indian Value Systems Vis-à-vis HIV/AIDS”

BY

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ABREVIATIONS:

AIDS	- A cquired I mmune D eficiency S yndrome
ARV	- A nti R etro V iral
ELISA	- E nzyme L inked I mmuno S orbent A ssay
FSW	- F emale S ex W orker
HIV	- H uman I mmune D eficiency V irus
ICTC	- I ntegrated C ounseling T esting C enter
KSAPS	- K arnataka S tate A ids P revention S ociety
MSM	- M ale have S ex with M ale
NACO	- N ational A ids C ontrol O rganization
NACP	- N ational A ids C ontrol P rogram
NVP	- N evirapine
PLWHA	- P eople L iving W ith HIV&AIDS
SACS	- S tate A ids C ontrol S ocieties

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MA (social work), MA (psychiatric social work)

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“Indian Value Systems Vis-à-vis HIV/AIDS”

I. INTRODUCTION

In India, as elsewhere, AIDS is often seen as “*someone else’s problem*” – as something that affects people living on the margins of society, whose lifestyles are considered immoral. Even as it moves into the general population, the HIV epidemic is still misunderstood among the Indian public. People living with HIV and AIDS (PLWHA) have faced violent attacks, been rejected by families, spouses and communities, been refused medical treatment, and even, in some reported cases, denied the last rites before they die. A 2006 study found that 25% of people living with HIV in India had been refused medical treatment on the basis of their HIV-positive status. It also found strong evidence of stigma in the workplace, with 74% of employees not disclosing their status to their employees for fear of discrimination. Of the 26% who did disclose their status, 10% reported having faced prejudice as a result. As well as adding to the suffering of people living with HIV, this discrimination is hindering efforts to prevent new infections. While such strong reactions to HIV and AIDS exist, it is difficult to educate people about how they can avoid infection. AIDS outreach workers and peer-educators have reported harassment, and in schools, teachers sometimes face negative reactions from the parents of children that they teach about AIDS. Discrimination is also alarmingly common in the health care sector. Negative attitudes from health care staff have generated anxiety and fear among many people living with HIV and AIDS. As a result, many keep their status secret. It is not surprising that for many HIV positive people, AIDS-related fear and anxiety, and at times denial of their HIV status, can be traced to traumatic experiences in health care settings. These are all influence of Indian values.

Values form an important part of the culture of the Indian society. Values, norms and institutions explain the way in which social processes operate in an Indian society. They are the social sources of patterned interaction. Values account for the stability of the social order. They provide the general guidelines for conduct. In doing so, they facilitate social control. Values are the criteria people use in assessing their daily lives, arranging their priorities, measuring their pleasures and pains, choosing between alternative courses of action.

Definition:

1. According to H.M. Johnson, “Values are general standards and may be regarded as higher order norms”.
2. “Values are assumptions, largely unconscious, of what is right and important”— Young and Mack.

3. "Values are general conceptions of "the good", ideas about the kind of ends that people should pursue throughout their lives and throughout the many different activities in which they engage".-Peter Worsley.

Values are the general concepts around which a society organizes itself and creates social beliefs. It provides the general guidelines for the behaviour of the people. Thus, values such as respect for human dignity, fundamental rights, private property, patriotism, fidelity to wife or to the husband, religiosity, sacrifice, helpfulness, co-operation, individual enterprise, free marital selection, individuality, social equality, equal rights, privacy, democracy, etc., guide our behaviour in various ways. However, every person does not follow the same path as his path would depend on the inherent values of the person. These inherent values are acquired by the man by virtue of his nature and also by his nurture. The effect of the family, society, nation and individual makes every person unique as he develops a unique set of values. These values decide the priority and lifestyle of the person. The values make the personality of the person and decide the growth of the individual, family, society, nation and the humanity.

"Man is a social animal." -He can't live without society. He needs society, its love, care and also the co-operation. Man is the most intelligent among all the creatures. Even though because of so many reasons he is suffering from so many diseases-as Cancer, AIDS etc. Because of these diseases can we hate a person who is suffering? No, it is not fair. If we really want to hate, **"We should hate the disease but not the person"**. "It is estimated that by the end of 20th century there were 40 million people infected with HIV all over the world And India has been leading with highest number of cases (ranging from 10-20 million). We may not be infected but will definitely be affected indirectly by it. Hence it is a duty of every citizen of India to have detailed knowledge about this disease". Due to lack of knowledge about AIDS, people have fear in their mind against the victims of this disease. Because of fear of social boycott, AIDS patients and their relatives hide their HIV status. Many doctors (due to fear of getting infection) also refuse to treat these patients. There is danger of AIDS for everybody and only thing that can save us is to be completely informed.

"AIDS, Difficult to get, Impossible to cure but, Easy to prevent"

AIDS is: Acquired – must do something to contract

Immune – ability to fight off infectious agents

Deficiency – lack of

Syndrome – cluster of symptoms that are Characteristic for a disease

HIV is: **H**uman – isolated to the human species

Immuno-Deficiency – Lacking the ability to fight off infectious agents

Virus – a disease causing agent

Transmission mode:

- Unprotected sexual intercourse with infected person (either heterosexual or homosexual)
- Transfusion of infected blood or blood products
- Infected mother to her baby during pregnancy, birth process and through breast – feeding
- Use of infected needles and instruments without sterilization or sharing of needles and syringes by HIV drug addicts

AIDS virus is not transmitted through:

- > Embarrassing or kissing (social)
- > Touching hand shaking or hugging
- > Sharing bathroom or toilet
- > Coughing, saliva or sneezing
- > Eating together or sharing utensils
- > Swimming pools
- > Sharing clothes
- > Mosquito bite, Insect bite or houseflies
- > Patient caring

HIV Testing facilities:

You can't tell by looking at person's face whether he or she is infected with HIV. The infected person looks healthy and feels well for years. The infection can only be detected by doing some special blood test i.e. ELISA HIV antibody test, Rapid tests etc. It is mandatory to do pre-test and post-test counseling of all the patients before and after the test respectively.

The general consensus among those fighting AIDS worldwide is that HIV testing should be carried out voluntarily, with the consent of the individual concerned. This view has been supported by the Indian government and NACO, who have helped to establish hundreds of Integrated Counseling and Testing Centers (ICTCs) in India. By the end of 2009 there were 5135 ICTCs in India, compared to just 62 in 1997. By 2009 these centers tested had tested 13.4 million people for HIV, an increase from 4 million in 2006. Although voluntary testing is officially supported in India, some states have tried to implement policies that would force people to be tested for HIV against their will. In Goa and Andhra Pradesh the state governments proposed a bill in 2006 to make HIV tests compulsory before marriage, and in Punjab it has been proposed that all people wishing to obtain or retain a driver's license should be tested for HIV. Neither of these plans has come to pass, but they have concerned activists, who argue that HIV testing should never be imposed on people against their wishes.

Unfortunately, cases of people being tested without their consent or knowledge are

common in Indian hospitals. In one 2002 study, it was suggested that over 95% of patients listed for surgical procedures are tested against their will, often resulting in their surgery being cancelled. Hospital staff and health professionals, much like the rest of the Indian population, are often unaware of the facts about HIV. This leads to unnecessary fears and, in some cases, causes them to stigmatize HIV positive people and discriminate against them, including testing them without consent. India has certainly made progress in expanding HIV testing to its large population. However, considering only 50% of those currently infected with HIV are aware of their status there is still significant work to be done in this area.

Prevention methods:

Prevention is the only cure for HIV and AIDS. It can be easily prevented by adopting simple measures such as:

Safe sex:

The only safe sex is 'no sex'; all other practices like masturbation, cuddling, hugging, rubbing, sticking to one partner or using condom if one cannot avoid multiple partners are safer sex practices.

Tips for condom usage:

- Never re-use condoms, always use a new one
- Check the pack expiry date
- Keep a supply handy, where they cannot be damaged by heat, light or damp
- Make sure the foil, fingernails or jewellery do not damage the rubber
- Make sure you squeeze any air out of the 'teat' at the top of the condom before putting it on
- Only use water based lubricants e.g. k-y jelly, not oil bases like Vaseline
- Dispose condoms carefully by wrapping them in a tissue and putting them in a bin

Safe blood:

Judicious use of blood and use only pretested HIV free blood or blood product.

Safe needles:

Insist your doctors and nurses to use sterile or disposable needles and instruments.

Safe motherhood:

Before taking any major step in life like marriage or having child ascertains that you are HIV free. Through ARV and NVP medicine we protect child of HIV positive mother during pregnancy, labor & breast milk.

Safe razor and blade:

Never share your shaving blades with anyone and also ask your barber to use properly cleansed razor and new blade during shaving or hair cut. (Although the risk of getting infection from a saloon is minimal)

Remember, Aids does not discriminate caste, creed, and race, and religion, educational or social status. Prevention of AIDS is our joint responsibility. Education and awareness is the only weapon in our hand. Let us accept the challenge to fight against AIDS. We must support and care for the people with HIV and AIDS with compassion and understanding.

HIV and AIDS in India:

Current estimates:

In 2006 UNAIDS estimated that there were 5.6 million people living with HIV in India, which indicated that there were more people with HIV in India than in any other country in the world. In 2007, following the first survey of HIV among the general population, UNAIDS and NACO agreed on a new estimate – between 2 million and 3.1 million people living with HIV. In 2008 the figure was estimated to be 2.31 million. In 2009 it was estimated that 2.4 million people were living with HIV in India, which equates to a prevalence of 0.3%. While this may seem low, because India's population is so large, it is third in the world in terms of greatest number of people living with HIV. With a population of around a billion, a mere 0.1% increase in HIV prevalence would increase the estimated number of people living with HIV by over half a million.

From Wikipedia, the free encyclopedia:

India has the world's third-largest population suffering from HIV and AIDS. However, the estimated number of Human Immunodeficiency Virus (HIV) infections in India has declined drastically in recent years—from 5.5 million in 2005 to below 2.5 million in 2007. These new figures are supported by the World Health Organization and UNAIDS. According to the United Nations 2011 Aids report, there has been a 50% decline in the number of new HIV infections in the last 10 years in India.

II. RESEARCH METHODOLOGY

SCOPE OF THE STUDY:

Everyone has a right of living. One cannot seize it or grab it from others. These are all the things we read in paper. But in fact whether is it true? Are those people really enjoying their rights or not? To understand or reveal these thoughts and what are the conditions of their life? How they are living in this society? What are they feeling in day-today life? What type of responses they get from this? All these doubts are cleared in this, so I chosen the work "Indian Value Systems Vis-à-vis HIV/AIDS"

AIM OF THIS STUDY:

"To understand the Indian Value Systems Vis-à-vis HIV/AIDS"

OBJECTIVES:

- Focusing the Indian values.
- Focusing the HIV and AIDS.
- Focusing the influence of Indian values on HIV and AIDS.
- Find out the condition of PLWHA.
- Understand the relationship between PLWHA and Society.
- Understand the inner feelings of PLWHA.
- Creating awareness.
- Implication of social work.

STUDY AREA AND JUSTIFICATION:

This study will be conducted in ICTC Taluk Hospital Honnavar. Honnavar taluk is in coastal area which is situated very near to Murdeshwar and Gokarna which comes under Uttarakannada district. Considering the review and the observations made by the investigator the study is planned. . It is hoped that the study will help in understanding the Indian values Systems Vis-à-vis HIV/AIDS in Honnavar.

RESEARCH DESIGN:

For the present study the researcher uses exploratory design from the respondents concern.

RANDOM SAMPLING DESIGN:

Purposive Random Sampling Technique is used to collect the data which is given from the respondent. The researcher selected 50 samples out of 198 PLWHA who registered in the ICTC during 2010 to 2012. Researcher personally interviewed each under study. Tools of data collection are used by the ICTC documents and Interview schedule.

III. DISCUSSION, CONCLUSION AND SUGGESTIONS

DISCUSSION:

Researcher focusing the "Indian Value Systems Vis-à-vis HIV/AIDS" in Honnavar Taluk through the interview schedule made analyses and interpretation of data. In Honnavar Taluka 20-30 age group is very high risk group. Among PLWHA 76% have primary education, 20% have secondary education and only 4% are uneducated. Although have lot of psycho social problems.. 90% people have miss concept about the modes of transmission through mosquito. 90% people know the use of condom but they feel hesitate. 56% are belongs to joint family and 44% are belongs to nuclear family. All PLWHA know about ART.16% able to get nutritious food. 16% have a good economic condition. 30% have the knowledge of health and hygiene.

30% of people are feeling happy in home. 10% are working comfortably with family. 98% people are telling that HIV is affected on their family life. Only 26% are getting family support in this situation. 10% people are getting cooperation from the family members. 90% people are neglected from their family. Only 10% of people are feeling comfort in society. 50% are having satisfied relationship among their friends, 80% people are telling that their life is worthless. 80% people are thinking about suicide. Other 20% are not thinking like that they are still optimist. 80% people are not participating in public functions. They are hesitating to attend this. 74% people have guilty feeling. 70% people are able to lead a common life in society. 90% are frustrated from the society. 90% people are suffering from loneliness. That means only some families are taking care about them. 96% people are telling that HIV affects on their social status. 50% people are telling that HIV affects on their talent. 92% feel that the people in society looking with aversion towards them. 64% have social stigma. This shows that how the society is treating them. 72% have discrimination. This reflects the behavior of our people and society. 80% have the feeling of lack of love and affection. 92% were irritated by the public.

All PLWHA are feeling that counseling is playing an important role in their life. All have the feeling that the counseling gives them mental support to face the situation and develop the values. This shows how important the counseling is. 54% people are feeling that the government hospitals are giving satisfactory services regarding psycho social issues. 30% feel that the NGOs are providing satisfactory services. 20% have got the help from NGOs. 88% have idea about Positive Network Group. 80% needed residential facilities. 90% have depression because of HIV and AIDS. Only 10% don't have this feeling. They accepted it. 98% have the fear of death. 88% have crises. 94% have stress. Only 06% have daring to be hopeful towards life. 94% have the feeling of dependency. 90% feel that positive thinking is important in their life. 92% have the feeling of insecurity. 92% have fear.

CONCLUSION:

Values of the society are a reflection of the highest principal of mind and thought. No goal can be reached without positive values. Values are a powerful instrument to spur development. **"Where there is a will, there is a way."** Without strong will power PLWHA can't lead their common life successfully. So it is necessary to make PLWHA psychologically strong, with the help of effective counseling. When PLWHA become psychologically strong then only they ready to face the society. In this situation the govt., NGOs, family, community and society play important role to bring strength in PLWHA to face the social problems and lead a peace full and hope full life. There is a need to develop humanity values in our country for PLWHA. They are all human being. We should give chance to them to lead healthy, systematic, respect full and normal life. HIV and AIDS it is infection and disease not curse. **"Health is wealth"** **"Prevention is better than cure"** We can easily stopped HIV and AIDS through the effective knowledge and awareness.

SUGGESTIONS:

1.To family:

The family is a unique institution which can look after its members very carefully. So in this condition the family should give mental and physical support. After getting HIV family should give love, affection, care, good food and good treatment. And mould their views in positive way towards life. Then only the PLWHA get a ray of hope in their life.

2. To society:

HIV and AIDS is not a curse. But it is a stage where a person needs special care and love. Society should not underestimate him or her. Society should not irritate, frustrate them. Society should treat them as a good human being. They have the right of living. Give them an opportunity to participate in all social fields.

3. To friends:

Friends should take care of them; give respect and more attention towards them. They should share their feelings and bring them towards a hopeful life. Make them engage in other creative work and support them to lead a peaceful life. They should give them proper guidance and create daring to face the situation.

4. NGOs:

NGOs should work actively. They should go in the field to make awareness to all and meet those people who are suffering from HIV and AIDS. NGOs should give economic, social, political help and also give them mental support. Bring some changes in their thinking way and looking way towards life. NGOs should make them self confident and self dependent. By these help they can lead their life easily in this society. NGOs should come forward to serve these people and help these people to lead a common life. NGOs should work promptly for these people.

5. Regarding counseling:

We know that today life is so busy and everyone is becoming practical. In this life no one is there to share our feelings. All are busy in work. In this situation counselor plays an important role. He hears every ones problems. A person an easily bring out his or her feelings in front of a counselor. Thus counseling is very important today. It gives moral and mental support. PLWHA will get a chance to share their feelings and develop their values in positive. By this they get mental relief. Govt. should give more importance to counseling and provide all facilities to a counselors and refreshment training to enrich and empower him to work efficiently.

6. Govt. Hospitals:

Govt. hospitals are very important for poor people because they are getting free treatment and free medicines. Here all are expecting good and cheerful services. But it is not fulfilled now -a- days. So govt. should provide good recruitment, good medicine, modern technology and good supervision method. Then only it becomes a good nursing home for the people. Hospitals should have all facility to treat these people without any discrimination.

7. PLWHA actively participate in Positive Network Group:

All PLWHA should actively participate in Positive Network Group then they can gather and live together. They share their problems and fight for their rights. By this these people should strengthen the group.

8. Make good use of the govt. facilities:

PLWHA should take all Govt. facilities and lead a hopeful life. Ex. Govt. gives Anthyodaya ration card, free home facility, counseling, treatment etc. They have to get these facilities and lead their life boldly.

9. Becoming Peer Educator:

PLWHA should become an educator among their group. Then only all are sharing their psycho social problems frankly with the peer educator. By this peer educator can educate them and bring changes in their attitudes.

10. Create strong awareness and advocacy program:

We should create strong awareness and advocacy in all sectors like social, political, economical, educational etc. through education and mass media. Then only we can develop positive values in people.

11. Introduce mind relief programs:

PLWHA are suffering from stress, fear, loneliness, depression etc. To come out from these problems we should focus on yoga, meditation and other activities which give them mental refreshment and help them to lead a hopeful and optimistic life.

12. Usage of condom:

Some have bad impression regarding usage of condom. If anybody talking about condom in public they treat abnormal. But fact – sex is one of the fundamental needs. We ready to accept it. Then only we can maintain the healthy sexual relationship and understand the importance of the usage of condom.

13. Women:

Women are coming under weaker section. In our country we are not ready to give so much importance to woman because of male dominate society. If unmarried woman and widows get HIV and AIDS then our society's views are totally changed in negative sense. Nobody shows mercy or humanity of them. All are ready to hearting them. Now- a -days sex workers who have HIV and AIDS, their condition is very horrible. So we should create awareness and conduct special training for women and protect them. Bring the positive values in society towards women.

14. Respect and dignity:

Our Indian society is not ready to give respect and dignity life to HIV and AIDS people especially in rural community. Because most people think it is a big mistake of them and shows their bad habits. It is reflecting their character. But nobody ready to think it is a disease. So many citizens are suffering from HIV and AIDS. We should respect to every citizen and give chance to lead dignitable life. This is our primary duty.

15. Sex education:

In India so many people are leaving in rural area. They think that sex education is teaching only about sexual intercourse. But fact is- it teaches the youth healthy sexual life of certain period in proper manner, health & hygiene, adolescence problem etc. So we should give sex education to our youth which leads them to bring awareness among people.

IV. REFERENCES:

1. Aldao A, Nolen-Hoeksema S, Schweizer S. Emotion-regulation strategies across psychopathology: A meta-analytic review. *Clinical Psychology Review*. 2010 Mar;30(2):217-37.
2. Arns PG, Martin DJ, Chernoff RA. Psychosocial needs of HIV-positive individuals seeking workforce re-entry. *AIDS Care*. 2004 Apr;16(3):377-86.
3. Anitha C. All, Juliet H. Fried : *Journal of rehabilitation*.1994April-June.
4. C.N.Shankar Rao: *Principles of Sociology with an Introduction to Social Thought*.
5. Counseling Training Modules-NACO-Ministry of Health & Family Welfare
6. [http:// onlinelibrary.wiley.com/doi/10.1111/j.1468-1293.2009.0070.x/full](http://onlinelibrary.wiley.com/doi/10.1111/j.1468-1293.2009.0070.x/full)
7. <http://www.eatg.org/eatg/Global-HIV-News/Treatment/Mindfulness-based-stress-reduction-for-HIV-positive> men-a trial.
8. <http://www.avert.org/hiv.care.htm>.
9. Vollestad J, Sivertsen B, Nielsen GH. Mindfulness-based stress reduction for patients with anxiety disorders: evaluation in a randomized controlled trial. *Behavior Research and Therapy*. 2011 Apr;49(4):281-8.

APPENDIX – I

STATEWISE DISTRIBUTION OF AIDS CASES

(As on 30 September 2003)

Table No.1.1

Sl. No.	State/UT	AIDS Cases	Sl. No.	State/UT	AIDS Cases
1	Andhra Pradesh	43.39	20	Orissa	128
2	Assam	171	21	Nagaland	370
3	Arunachal Pradesh	0	22	Manipur	1238
4	A&N Islands	32	23	Mizoram	51
5	Bihar	155	24	Meghalaya	8
6	Chandigarh (UT)	764	25	Pondicherry	157
7	Delhi	836	26	Punjab	248
8	Daman & Diu	1	27	Rajasthan	860
9	Dadra & Nagar Haveli	0	28	Sikkim	8
10	Goa	326	29	Tamilnadu	24667
11	Gujarat	3378	30	Tripura	4
12	Haryana	313	31	Uttar Pradesh	1125
13	Himachal Pradesh	144	32	West Bengal	930
14	Jammu & Kashmir	2	33	Allahabad Municipal Corp.	267
15	Karnataka	1809	34	Mumbai M.C	2908
16	Kerala	267		TOTAL	55764
17	Lakshadweep	0			
18	Madhya Pradesh	1024			
19	Maharashtra	9234			

Source: NACO

HIV statistics, 2007

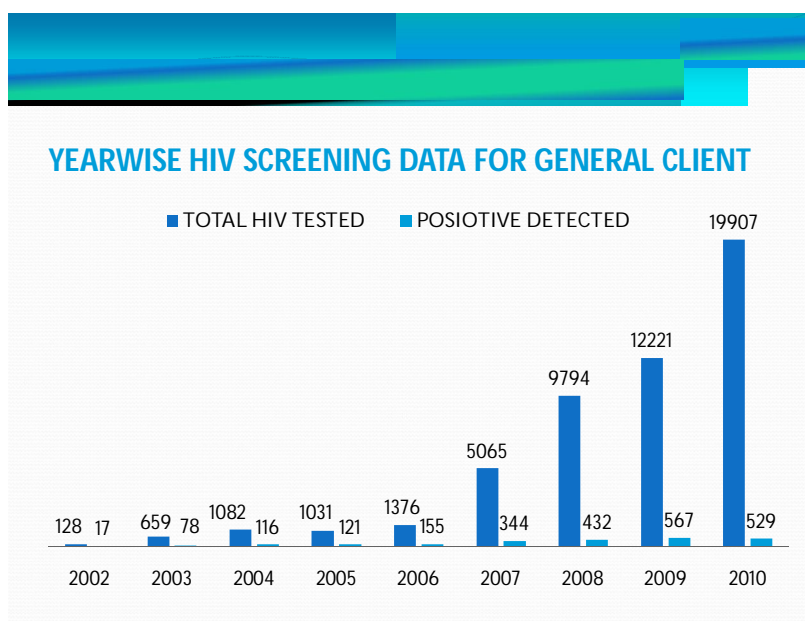
Table No.I.2

State	Antenatal clinic HIV prevalence 2007 (%)	STD clinic HIV prevalence 2007 (%)	IDU HIV prevalence 2007 (%)	MSM HIV prevalence 2007 (%)	Female sex worker HIV prevalence 2007 (%)
A & N Islands	0.25	1.33	...	...	...
Andhra Pradesh	1.00	17.20	3.71	17.04	9.74
Arunachal Pradesh	0.00	0.00	0.00	...	...
Assam	0.00	0.50	2.41	2.78	0.44
Bihar	0.25	0.40	0.60	0.00	3.40
Chandigarh	0.25	0.42	8.64	3.60	0.40
Chhattisgarh	0.25	3.33	...	...	1.43
D & N Haveli	0.50	...	...	...	...
Daman & Diu	0.13	...	...	...	...
Delhi	0.25	5.20	10.10	11.73	3.15
Goa	0.18	5.60	...	7.93	...
Gujarat	0.25	2.40	...	8.40	6.53
Haryana	0.13	0.00	0.80	5.39	0.91
Himachal Pradesh	0.00	0.00	...	5.39	0.87
Jammu & Kashmir	0.00	0.20	...	...	...
Jharkhand	0.00	0.40	...	...	1.09
Karnataka	0.50	8.40	2.00	17.60	5.30
Kerala	0.38	1.60	7.85	0.96	0.87
Lakshadweep	0.00	0.00	...	...	0.00
Madhya Pradesh	0.00	1.72	...	...	0.67
Maharashtra	0.50	11.62	24.40	11.80	17.91
Manipur	0.75	4.08	17.90	16.4	13.07
Meghalaya	0.00	2.21	4.17	...	...
Mizoram	0.75	7.13	7.53	...	7.20
Nagaland	0.60	3.42	1.91	...	8.91
Orissa	0.00	1.60	7.33	7.37	0.80
Pondicherry	0.00	3.22	...	2.00	1.30
Punjab	0.00	1.60	13.79	1.22	0.65
Rajasthan	0.13	2.00	...	...	4.16
Sikkim	0.09	0.00	0.47	...	0.00
Tamil Nadu	0.25	8.00	16.80	6.60	4.68
Tripura	0.25	0.40	0.00	...	...
Uttar Pradesh	0.00	0.48	1.29	0.40	0.78
Uttaranchal	0.00	0.00	...	...	...
West Bengal	0.00	0.80	7.76	5.61	5.92

Table I.3


Sex-wise distribution of HIV Positive cases						
ICTC TALUKA HOSPITAL HONNAVAR						
YEAR	MALE	FEMALE	MALE CHILD	FEMALE CHILD	TOTAL	ANC
2007	20	10	1	3	34	3
2008	20	23	0	1	44	2
2009	21	12	2	0	35	4
2010	20	18	1	0	39	3
2011	16	13	0	1	30	3
2012	08	08	0	0	16	0
Total	105	84	4	5	198	15

Table No.I.4



Report of Uttara Kannada

Table No.I.5



Taluka wise PRE-ART & ART

Taluka Name	Pre - ART	On ART
Karwar	247	120
Ankola	180	111
Sirsi	174	115
Honnavar	149	89
Kumta	129	71
Bhatkal	82	43
Yellapur	68	40
Siddapur	59	31
Haliyal	54	31
Mundgod	44	17
Joida	40	17

* 17 patients are registered out of the District From July 2008 to January 2011

APPENDIX –II

GLOSSARY

Acquired	– Got - not caught
Deficiency	– Lacking the ability to fight off infectious agents
ELISA	– The name of HIV testing kit
Hetero sex	–sexually activity between opposite sex
Homo sex	– Male have sexually activity with male only
Immune	– ability to fight off infectious agents
Syndrome	– cluster
Virus	– a disease causing agent

APPENDIX –III

INTERVIEW SCHEDULE

TOPIC : “Indian Value Systems Vis-à-vis HIV/AIDS”

Name of the researcher: **Mr. R. S. KIRLOSKAR**

Dear Respondents,

Kindly furnish the following particulars. The information provided by you will be kept confidential.

1. **Name of the respondent** :
2. **Age** :
3. **Education** :
4. **Family structure** :
5. **Type of family** :
6. **Marital status** :
7. **Religion** :
8. **Cast** :

Date

Signature

Topic related questions

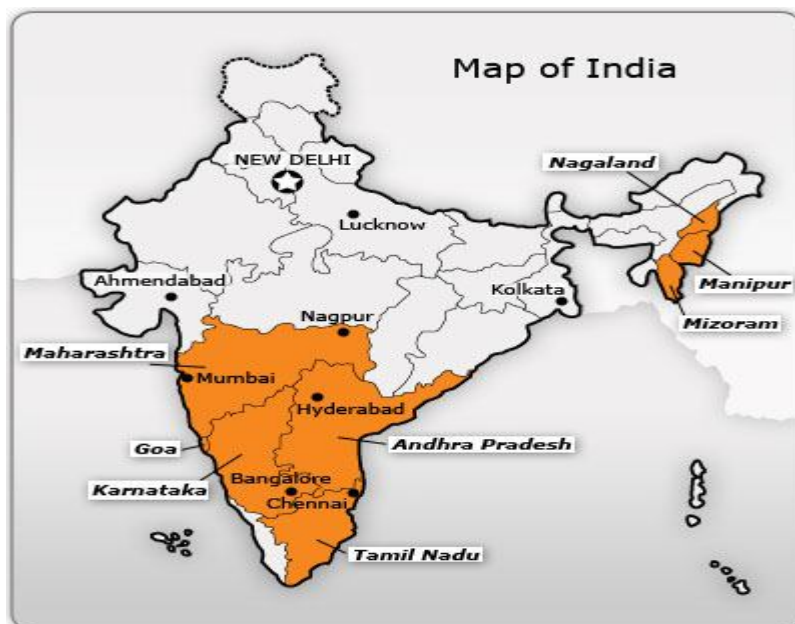
01. Do you know about HIV and AIDS? : YES/NO
02. Do you know about the modes of transmission? : YES/NO
03. Do you feel that HIV can spread by mosquitoes? : YES/NO
04. Do you know the use of condom? : YES/NO
05. Do you know about ART? : YES/NO
06. Do you have any idea about Positive Network Group? : YES/NO
07. Do you know about the health and hygiene? : YES/NO
08. Do you feel happy in your home? : YES/NO
09. Are you working comfortably with your family? : YES/NO
10. Do you feel it effects on your family life? : YES/NO
11. Is your family supporting you in this situation? : YES/NO
12. Is your family members cooperating with you? : YES/NO
13. Is your family neglects you? : YES/NO
14. Do you feel that counseling is important? : YES/NO
15. Do you feel that Govt. Hospitals are giving satisfactory services regarding psychosocial issues? : YES/NO
16. Do you feel whether NGOs are providing satisfactory services? : Y/N
17. Do you feel the need of Abalashram, Short stay Home and other residential facilities? : YES/NO
18. Do you feel that positive thinking is important? : YES/NO
19. Do you feel that counseling provides mental support? : YES/NO
20. Have you got any help from NGOs? : YES/NO
21. Do you able to lead a common life in society? : YES/NO
22. Do you feel comfortable in this society?: YES/NO
23. Do you get chances to participate public functions? : YES/NO
24. Are you frustrated from the society? : YES/NO
25. Do you have satisfied relationship among your friends? : YES/NO
26. Whether it affects your social status? : YES/NO
27. Do you have a good economic condition? : YES/NO
28. Do you able to get nutritious food? : YES/NO
29. Have you discriminated? : YES/NO
30. Do you have social stigma? : YES/NO
31. Have you irritated by the public? : YES/NO

32. Do you feel that you are suffering from loneliness? : YES/NO
33. Do you feel that it affects on your talent? : YES/NO
34. Do you have a feeling of dependency? : YES/NO
36. Do you feel your life is worthless? : YES/NO
35. Are you thinking about suicide? : YES/NO
36. Do you feel guilt? : YES/NO
37. Do you have depression? : YES/NO
38. Do you have the fear of death? : YES/NO
39. Do you have crises? : YES/NO
40. Do you have stress? : YES/NO
41. Do you feel lack of love and affection? : YES/NO
42. Do you feel that you have daring to be hopeful? : YES/NO
43. Do you feel insecure? : YES/NO
44. Do you feel that the people looking with aversion towards you? : Y/N
45. Do you have fear? : YES/NO

APPENDIX –IV

Map of India showing the worst affected states have recorded the highest levels of HIV prevalence 2007

Map No.IV.1



Map No.IV.2

HIGH RISK PLACE OF HONNAVAR TALUK

