

A Field Work Report
On
A study on “HIV/AIDs” and it’s history with special reference to
KJPA SELDA SAINBUR THYMMAI TARGETED
INTERVENTION.
Submitted in the Partial Fulfilment of the Requirement for the Degree
Of
BACHELOR OF SOCIAL WORK



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DECLARATION

I, Mr. DAJIED MAIONG, the first semester student, who had done my first semester, field work KJPA SELDA SAINBUR THYMMAI TARGETED INTERVENTION from 1st June 2022 to 30th June 2022. hereby declare that all information and details mentioned in the report are true and correct in the best of my knowledge.

Place: KJPA SELDA SAINBUR THYMMAI TARGETED INTERVENTION, NONGPOH, Ri-Bhoi, district, Meghalaya.

Daijied Maiong

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ACKNOWLEDGEMENT

First of all , I would thank God for me being able to complete this report with success. I convey my sincere gratitude to my academic supervisor, Mrs Jahnavi Phukan, and the faculty of the department of social work without her kind direction and proper guidance this study would not have been a success. In every phase of the report, her supervision and guidance shaped the report's completion.

I would like to express my gratitude Ms Purnima Lapang, project manager of KJPA, SELDA for providing support and guidance. I got to learn a lot more about this project.

In the end, but not least, I would like to thank my parents. Without them, I would not have been able to complete this project.

Mrs. Janhvi Phukan

HOD of social work department

Mahatma Gandhi University

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EXECUTIVE SUMMARY

1. Title of the study: A study on “**HIV/AIDs**” and it’s history with special reference KHASI JAINTIA PRESBYTERIAN ASSEMBLE SOCIAL ECONOMIC LIFE DEVELOPMENT ASSOCIATION” (SELDA).
2. Area of the study: Nongpoh area, Ri-Bhoi District.
3. Name of the organization: “KHASI JAINTIA PRESBYTERIAN ASSEMBLE SOCIAL ECONOMIC LIFE DEVELOPMENT ASSOCIATION” (SELDA)
4. Name of the institute: Mahatma Gandhi University, Meghalaya.
5. Organization Guide: Ms Purnima Lapang, Project Manager
6. Institute guide: Jahnavi Phukan, Professor, HOD of social work department.
7. Duration of the internship: 1 June 2022 – 30 June 2022.
8. Sampling procedure: convenience sampling method.
9. Sample size: 16 Respondent
10. Method of data collections: Primary and Secondary Sources.

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STATEMENT OF THE PROBLEM

In addition to representing a staggering public health crisis, HIV/AIDS is also fundamentally a human rights issue. Many factors drive the spread of the disease, such as poverty, homelessness, illiteracy, prostitution.

The risk of HIV infection is higher among people whose lives are affected by mental health issues like depression, anxiety, or the psychological effects of bullying, sexual abuse, or physical abuse. Alcohol and drug use also increase a person's risk of exposure to HIV and other sexually transmitted diseases.

CHAPTER-1
INTRODUCTION

INTRODUCTION

The Human Immunodeficiency virus (HIV) infection and its associated pandemic of Acquired Immune Deficiency Syndrome (AIDS) have burdened the population with serious public health and socioeconomic challenges over the years . The disease does not only affect the patients physical condition, but also affects their sociocultural relations, mental health, and financial aspects of life

The introduction of antiretroviral treatment (ART) has drastically changed the course of the disease from a rapidly progressive catastrophic illness to a chronic disease with reduction in mortality rate, opportunistic infections, and length of hospitalisation. However the increase in the access to biomedical interventions such as ART for people living with HIV/AIDS (PLHIV), in the developing world, has not been adequately matched with the requisite psychosocial treatments to help improve the effectiveness of biomedical interventions. Optimizing care for PLHIV requires an understanding of the factors that contribute to physical health, psychological wellbeing, social relationships, and quality of life.

Quality of life has been considered synonymous with health status, functional status, psychological wellbeing, happiness with life, satisfaction of needs, and assessment of one's own life Assessment of quality of life has become an important outcome measure in the management of HIV/AIDS and reflects improvement or otherwise of the health experience and satisfaction with care among patients living with HIV/AIDS

The continuous increase in number of people living with HIV/AIDS (PLWHA) represents a serious health and economic burden. HIV positive individuals with oral lesions have significantly lower oral health-related quality of life than HIV positive individuals without oral lesions. The objective of this study was to assess the knowledge, attitude and practices (KAP) within a cohort of HIV/AIDS positive patients towards HIV/AIDS associated oral lesions.

The study involved the administration of a validated interview-based questionnaire designed to elicit knowledge, attitude and practices of these patients towards HIV associated oral lesions.

HIV/AIDS may lead to the development of various oral lesions. Several studies have demonstrated that 40-50% of HIV positive individuals have fungal, bacterial or viral infections in oral cavity that are likely to occur early in the course of the disease. These oral lesions have physical, economic, social and psychological consequences on the individuals and subsequent impairment.

CHAPTER 1.1
ABOUT THE ORGANISATION

ABOUT THE ORGANIZATION

The khasi Jaintia Presbyterian Assembly Social Life Development Association SELDA) is an association under the umbrella of the khasi Jaintia Presbyterian Assembly (formerly the K.J.P.Synod) working for the welfare of the people in the state .

The vision is that everyone, irrespective of colour, creed and gender shall have fullness of life through a holistic approach for human development which encompasses promoting the physical, intellectual, social and emotional aspects of a person and the evolution of a personality nourished by the grace of God through Jesus Christ.

The mission and believe is that through the promotion of Health, Education and moral values which shall sustain a healthy and vibrant society, the aim of SELDA is to establish the above in all spheres of activities that it undertakes.

It is also committed towards ushering in the awareness and understanding among the people of the region and the state of Meghalaya that overall development must lead to just peace (shalom).

Goal and objectives of the NGO

The key objective of KJP S.E.L.D.A through its "Vision" 21 through mission 21 "is to:

1. Promote a spirit of self-help in the construction and maintenance of village roads, drinking water, fisheries, playground, etc.
2. Promote thrift and temperance habits among the people.
3. Educate the people in hygienic living and provide recreation for them.
4. Provide for the holding of exhibitions, conferences and seminars calculated to advance the cause of education general, professional, technical, social, religious or moral.
5. Establish village libraries and to publish such journals, magazines, books etc, which may help and promote the objects of the association.
6. Promote arts, music , literature, games and to foster live for traditions, customs and cultures of the khasi Jaintia.
7. Acquire by purchase and to receive any gift whether money, movable or immovable property, donations, stocks, shares, etc. With a view to fulfil the objects of the association.

8. Negotiate and enter into arrangements with any government or Local Authority or other public or private bodies for the receipt of grants, allowances, right concession and privileges as may be desirable to carry out the objects of the association.
9. Take appropriate steps for working in the field of drug abuse prevention/ prohibition.
10. Work for empowering women, youth and the marginalized.
11. Be a liaison for the synods under the KJP Assembly in social and economic Development activities.

CHAPTER 1.2
BACKGROUND OF THE STUDY

BACKGROUND OF THE STUDY

The Human Immunodeficiency virus (HIV) infection and its associated pandemic of Acquired Immune Deficiency Syndrome (AIDS) have burdened the population with serious public health and socioeconomic challenges over the years [1]. The disease does not only affect the patients physical condition, but also affects their sociocultural relations, mental health, and financial aspects of life. It is estimated that more than 90% of HIV transmission in India is related to unprotected sexual intercourse or sharing of injecting equipment between an infected and an uninfected individual. Not everyone in the population has the same risk of acquiring or transmitting HIV. Much of the HIV transmission in India occurs within groups or networks of individuals who have higher levels of risk due to a higher number of sexual partners or the sharing of injection drug equipment.

Since its inception, the National AIDS Control Programme (NACP) has accorded priority to preventing and controlling HIV among populations at greater risk, which include inter alia sex workers. Targeted interventions (i.e. provision of risk reduction measures such as information, condoms, treatment for STIs) for high risk groups (FSWS, MSM, IDUs) will remain the mainstay of the response under NACP III. The programme recognises that stigma and marginalisation experienced by high risk groups amplify risks and limit their ability to protect themselves and others. Therefore, NACP III aims to empower high-risk groups to enable improved negotiation and health seeking. Creation of an enabling environment and community mobilisation are the key programmatic strategies to address such vulnerability.

NACP notes that structural determinants such as poverty, gender inequality and lack of viable opportunities compel many persons, particularly girls and young women, into commercial sex. Further, many are forced or fraudulently brought into sex work. NACO and its affiliate State AIDS Control Societies (SACS) cannot and will not support NGOs and CBOS which encourage the compelling of persons into sex work. NACO and SACS affirm the principle of voluntary entry and exit from sex work. NACO, in partnership with other Ministries, will seek to address fundamental conditions that contribute to involuntary entry into for sex work. Simultaneously, at project sites, targeted interventions will help institute community mechanisms to prevent involuntary sex work.

For persons in sex work, NACP will promote health and occupational safety by promoting use of condoms, providing access to STI and other treatment and encouraging voluntary HIV counselling and testing. NGOs implementing targeted interventions for sex workers and MSM will proactively assist persons opting out of sex work through collaborative arrangements with women's groups, Women's Commission and the Ministry of Women and Child Development. At the same time, NACP will not interfere with the rights of those choosing to remain in sex work. Targeted interventions will promote active involvement of sex workers in all aspects of project development, implementation and evaluation.

CHAPTER- 1.3:
OBJECTIVE OF THE STUDY

OBJECTIVE OF THE STUDY

- To understand the profile of the respondents
- Assess the knowledge that people living with HIV
- Identify attitudes of people living with HIV
- Discover the experiences of people living with HIV .

CHAPTER 2
RESEARCH METHODOLOGY

RESEARCH METHODOLOGY

Research is an attempt to know new things facts, information etc in a scientific manner. Research methodology is the specific procedure, or techniques used to identify, select, process, and analyse information about a topic. In a research paper, the methodology section allows the reader to critically evaluate a study's overall validity and reliability.

Sampling universe

The field work study was carried out in Ri-Bhoi District. The student trainee had done the field work of the topic “Female Sex Workers (FSWs)” under “KHASI JAINTIA PRESBYTERIAN ASSEMBLY SOCIAL ECONOMIC LIFE DEVELOPMENT ASSOCIATION (SELDA) SAINBUR THYMMAI TI.”

Sampling procedure

Samples were selected by using convenience sampling method.

Method of data collection

- **Primary source:** The researcher collected the data distributing the questionnaire to the respondents and focus group discussion.
- **Secondary source:** material provide by the KJPA SELDA staff and different website.

Sampling size

In this field study sample were selected from KJPA SELDA sample HIV infected list i.e. from, Ri-Bhoi District and the trainee has selected 16 respondents of all patients.

Data analysis

The student trainee has done analysis and interpretation through quantities method. Several analysis and interpretation have founded from the study. The finding has represented through tabulation and graphical representation.

CHAPTER 3:
FIELDWORK ANALYSIS & INTERPRETATION

FIELDWORK ANALYSIS AND INTERPRETATION

Fieldwork is a dynamic course that challenges students to apply social work practice knowledge, skills and values within an organizational and community context. It is generally a descriptive term for the collection of raw data.

The trainee was placed in “KHASHI JAINTIA PRESBYTERIAN ASSEMBLY SOCIAL ECONOMIC LIFE DEVELOPMENT ASSOCIATION (SELDA)” in Nongpoh, Ri-Bhoi District, Meghalaya for the purpose to study about the ways the FSWs are living and their health issues. The organisation aim is to work for the welfare of the people in the state. During the period of fieldwork the trainee conducted a study on the FSWs (Female Sex Worker's) in the various areas of Nongpoh, Ri-Bhoi district who registered themselves with the NGOs.

Activities undertaken during the field work:

The student trainee was placed in the KJPA SELDA under which following activities were performed. During the field work the trainee have interacted with members of the organization and collected information. The student trainee had known about the activities, programmed and the issues undertaken by the organization. Then the student trainee went to the various places where the HIV patient in which 16 respondents information were collected about their lifestyle with special reference to the employment, knowledge and the problems they are facing in their everyday life.

Activities Undertaken:

- Fieldwork
- Follow up for the due and migration HRGS
- Awareness programme
- Focus group Discussion
- DIC level meeting with the HRGs (High Risk Group)
- Interaction with HIV patients
- CBS camps, awareness program on HIV/AIDS. (Different Places)
- 1-1 session, with ORW.
- Fieldwork
- Community based screening

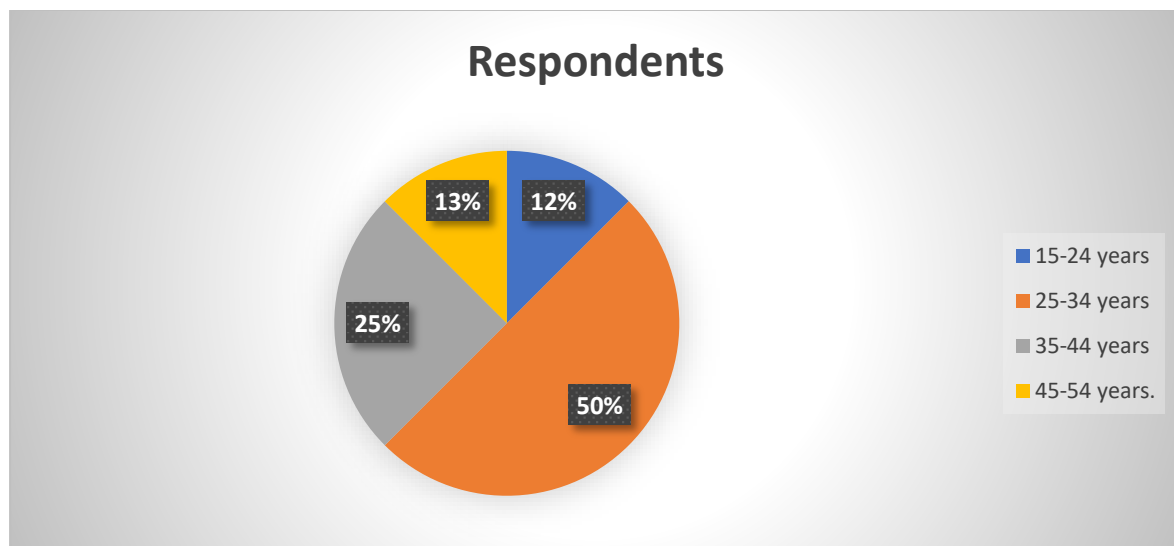
- Health Camp
- ICTC (Integrated Counselling and Testing Centre)
- Behaviour change and communication
- Providing moral support
- Tuberculosis verbal screening

Based on the field work the studies are as follows:

Table 1: Respondents based on their Age.

Sl.no	Category	Frequency	Percentage
1.	15-24 years	2	12.5%
2.	25-34 years	8	50%
3.	35-44 years	4	25%
4.	45-54 years.	2	12.5%
3	Total	16	100%

Analysis: From the above table 1, it can analyze that out of 16 respondents, 2 respondents i.e. 12.5% were between the age group of 15-24 years , 8 respondents i.e. 50% were between the age group of 25-34 years , 4 respondents i.e. 25% were between the age group of 35-44 years and 2 respondents i.e. 12.5% were between the age group of 45-54 years..

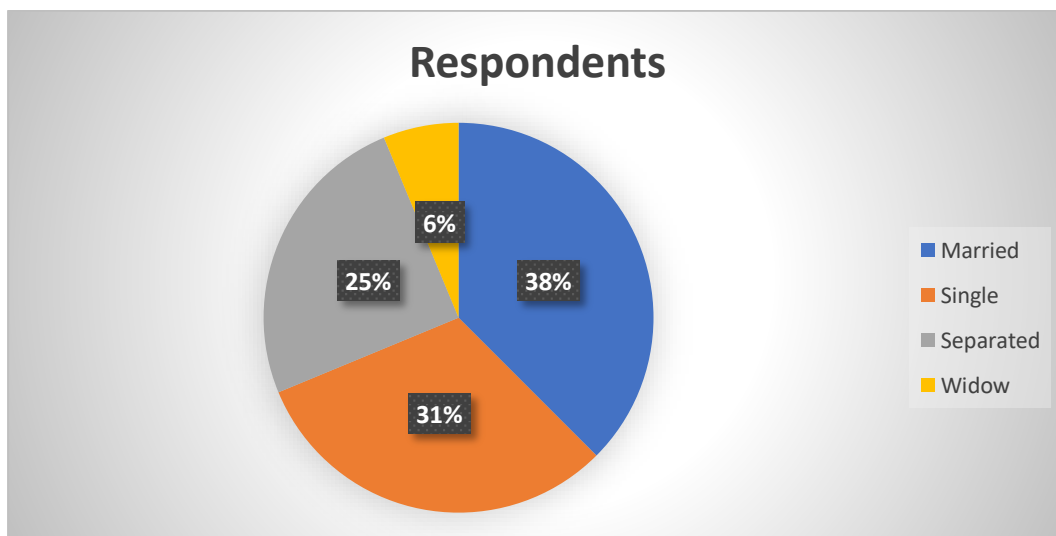


Interpretations: From the above fig 1, it can be interpreted that majority of the respondents were mostly between the age group of 25-34 years followed by age group of 35-44 years and the rest belong to the age group of 15-24 years and 45-54 years respectively.

Table 2: Respondents based on their Marital Status.

Sl No	Category	Frequency	Percentage
1.	Married	6	37.5%
2.	Single	5	31.25%
3.	Separated	4	25%
4.	Widow	1	6.25%
5.	Total	16	100%

Analysis: From the above table 1, it can analyse that out of 16 respondents, 6 respondents i.e. 37.5% were married, 5 respondents i.e. 31.25% were single, 4 respondents i.e. 25% were separated and 1 respondents i.e. 6.25% were widow.

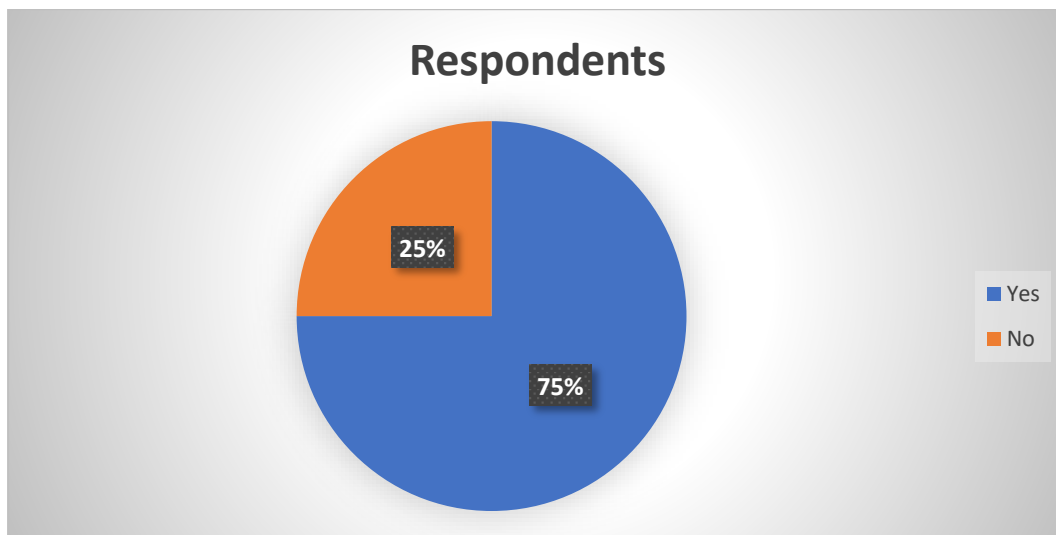


Interpretation: From the above fig 2, it can be interpreted that most of the respondents were married followed by singles, a large number were separated and lastly, the widows.

Table 3: Have respondents ever been rejected by family or friends because of your illness?

SI No	Category	Frequency	Percentage
1.	Yes	12	75%
2.	No	4	25%
4.	Total	16	100%

Analysis: From the above table 3, it can analyse that out of 16 respondents, 12 respondents i.e. 75% were rejected because of their illness and 4 respondents i.e. 25% were not rejected.

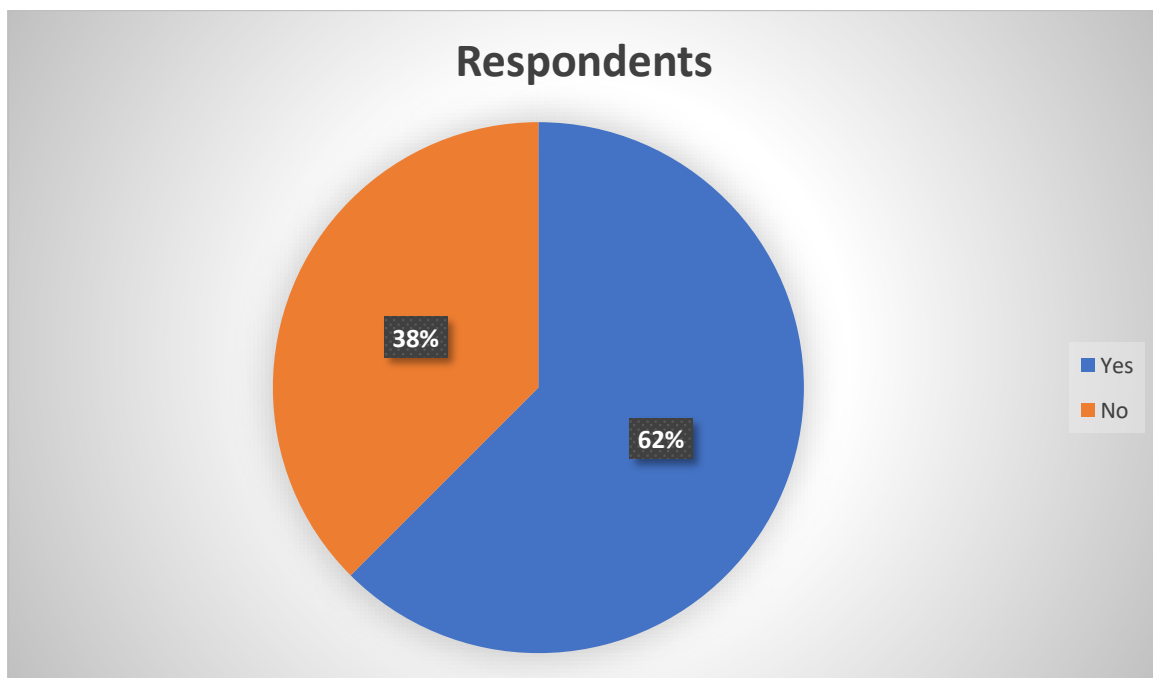


Interpretation: From the above fig 3, it can be interpreted that most respondents were rejected by their friends and families but few of them were not.

Table 4: Does respondents feels the correct used of condoms will prevent HIV/AIDS?

Sl No	Category	Frequency	Percentage
1.	Yes	10	62%
2.	No	6	38%
4.	Total	16	100%

Analysis: From the above table 4, it can analyse that out of 16 respondents, 6 respondents i.e. 38% feels correct used of condoms will prevent HIV/AIDS but 6 respondents i.e. 37% were not feels correct used of condoms will prevent HIV/AIDS.

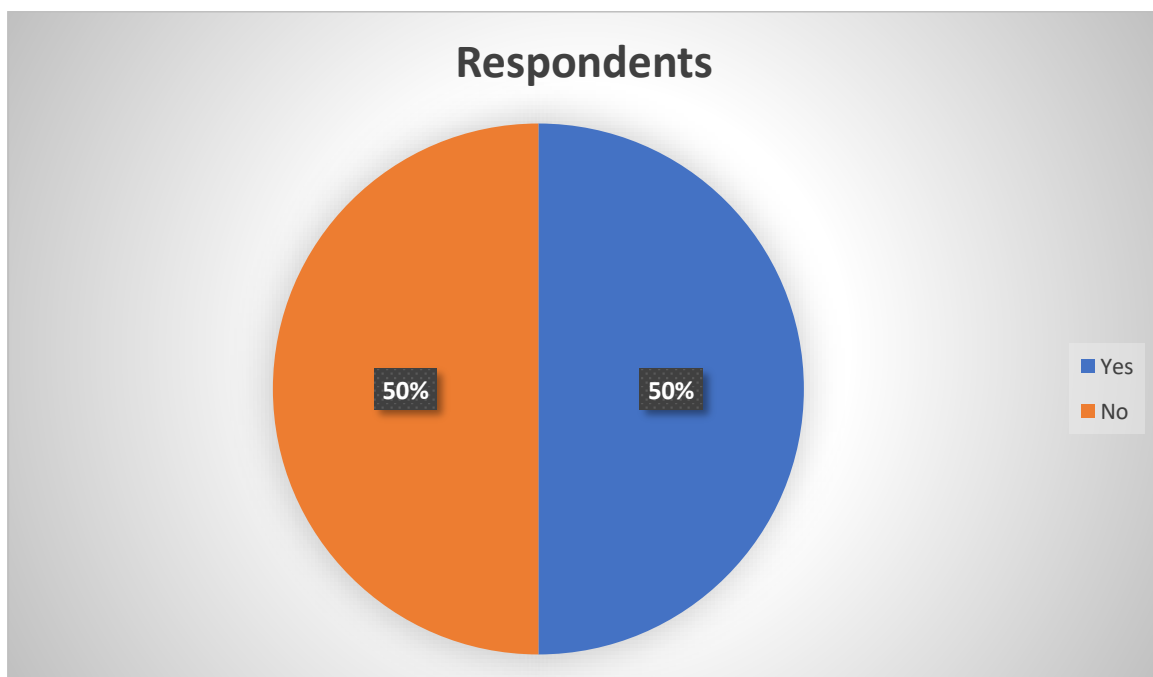


Interpretation: From the above fig 4, it can be interpreted that most respondents does feels correct used of condoms will prevent HIV/AIDS other not.

Table 5: Have respondents ever attended any Condom demonstration sessions?

Sl No	Category	Frequency	Percentage
1.	Yes	8	50%
2.	No	8	50%
4.	Total	16	100%

Analysis: From the above table 5, it can analyse that out of 16 respondents, 8 respondents i.e. 50% respondents have ever attended any condom demonstration sessions and 8 respondents i.e. 50% respondents have ever attended any condom demonstration sessions.

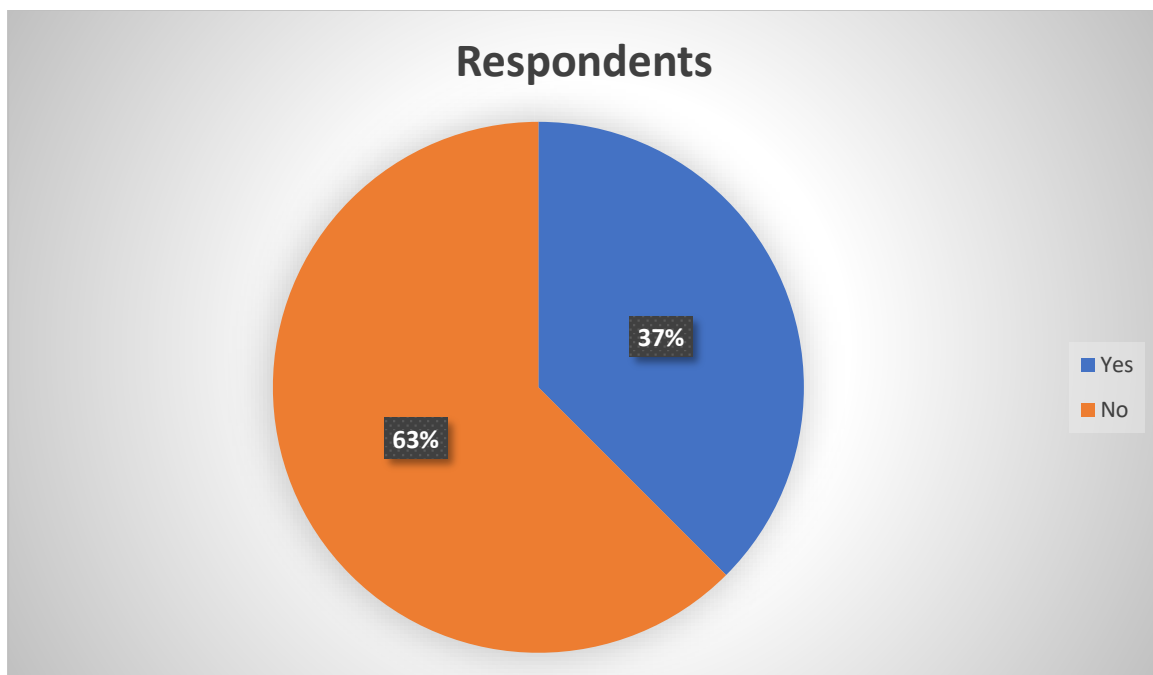


Interpretation: From the above fig 5, it can be interpreted that most respondents does feels correct used of condoms will prevent HIV/AIDS other not.

Table 6: Should HIV/AIDS infected persons feel ashamed?

Sl No	Category	Frequency	Percentage
1.	Yes	6	37%
2.	No	10	63%
4.	Total	16	100%

Analysis: From the above table 6, it can analyse that out of 16 respondents, 6 respondents i.e. 38% respondents feel ashamed and 10 respondents i.e. 10% respondents doesn't feel ashamed.

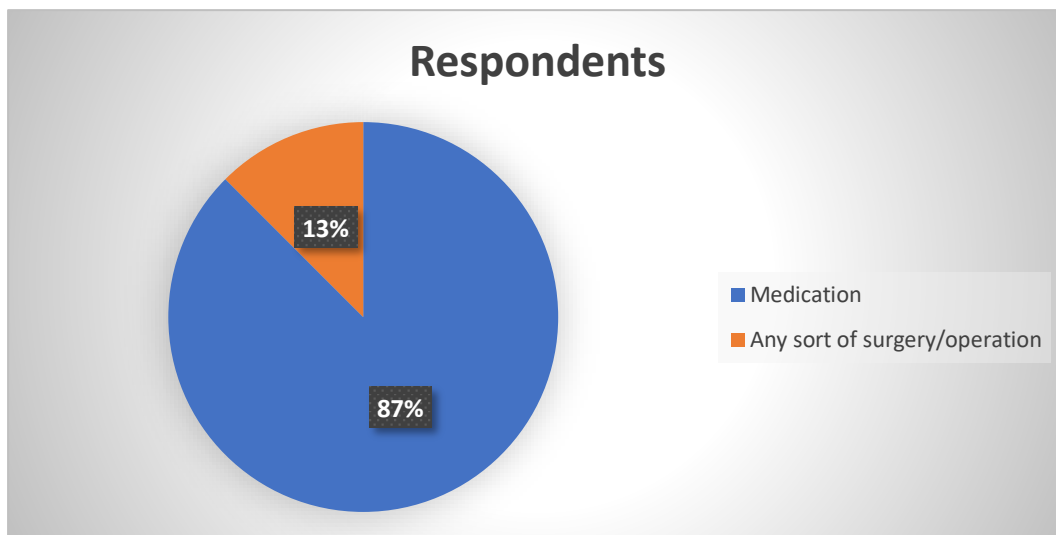


Interpretation: From the above fig 6, it can be interpreted that most respondents does not feels ashamed but few of the respondents does feels ashamed .

Table 7: What does treatment involved?

Sl No	Category	Frequency	Percentage
1.	Medication	14	87%
2.	Any sort of surgery/operation	2	13%
4.	Total	16	100%

Analysis: From the above table 7, it can analyse that out of 16 respondents, 14 respondents i.e. 87% respondents state for medication and 2 respondents i.e. 12.5% respondents state for any sort of surgery/operation.

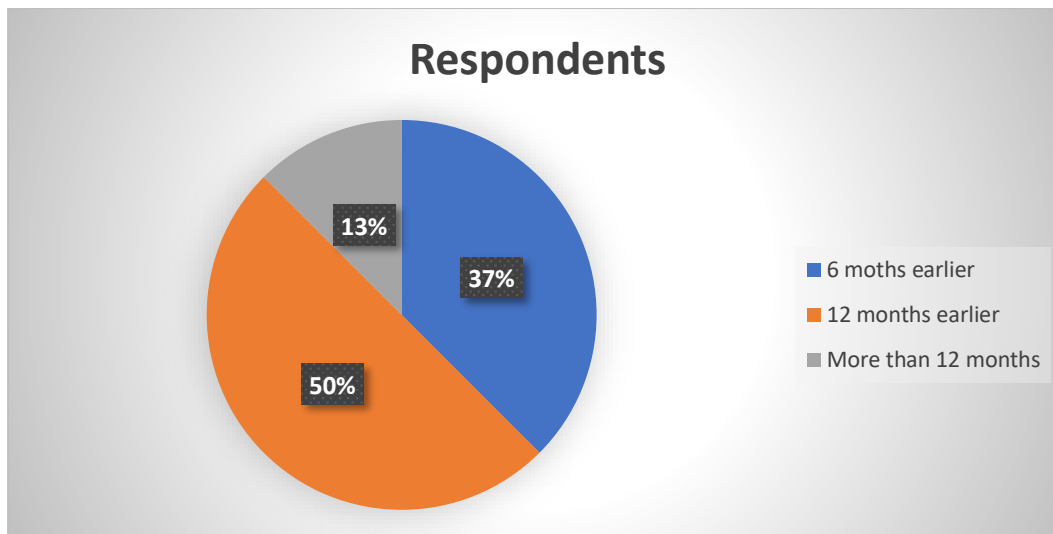


Interpretation: From the above Figure 7, it can be interpreted that majority of the respondents state for medications while others state for any sort of surgery/operation.

Table 8: When did respondents had your last screening?

Sl No	Category	Frequency	Percentage
1.	6 months earlier	6	37%
2.	12 months earlier	8	50%
3.	More than 12 months	2	13%
4.	Total	16	100%

Analysis: From the above table 8, it can analyse that out of 16 respondents, 6 respondents i.e. 37% had last screening 6 months, 8 respondents i.e. 50% had last screening 12 months earlier and 2 respondents i.e. 13% had last screening more than 12 months.

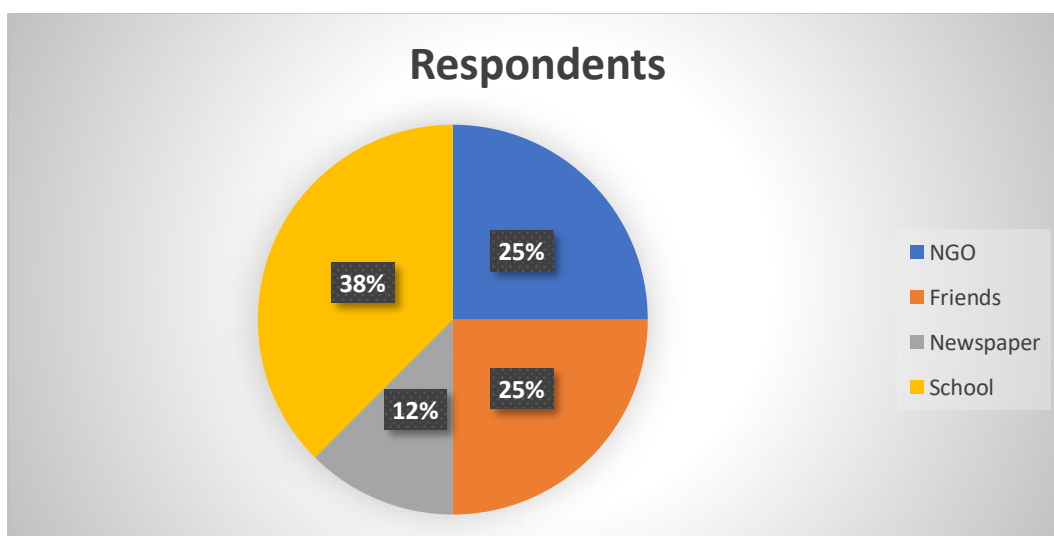


Interpretation: From the above Figure 8, it can be interpreted that majority of the respondents had last screening More than 12 months followed by 6 months earlier and lastly 12 months earlier.

Table 9: How did respondents come to know about HIV/Aids through ?

Sl No	Category	Frequency	Percentage
1.	NGO	4	25%
2.	Friends	4	25%
3.	Newspaper	2	12%
4.	School	6	38%
4.	Total	16	100%

Analysis: From the above table 9, it can analyse that out of 16 respondents, 4 respondents i.e. 25% respondents come to know about HIV/Aids through NGO, 4 respondents i.e. 25% respondents come to know about HIV/Aids through friends, 2 respondents i.e. 12% respondents come to know about HIV/Aids through newspaper and 6 respondents i.e. 38% respondents come to know about HIV/Aids through school.

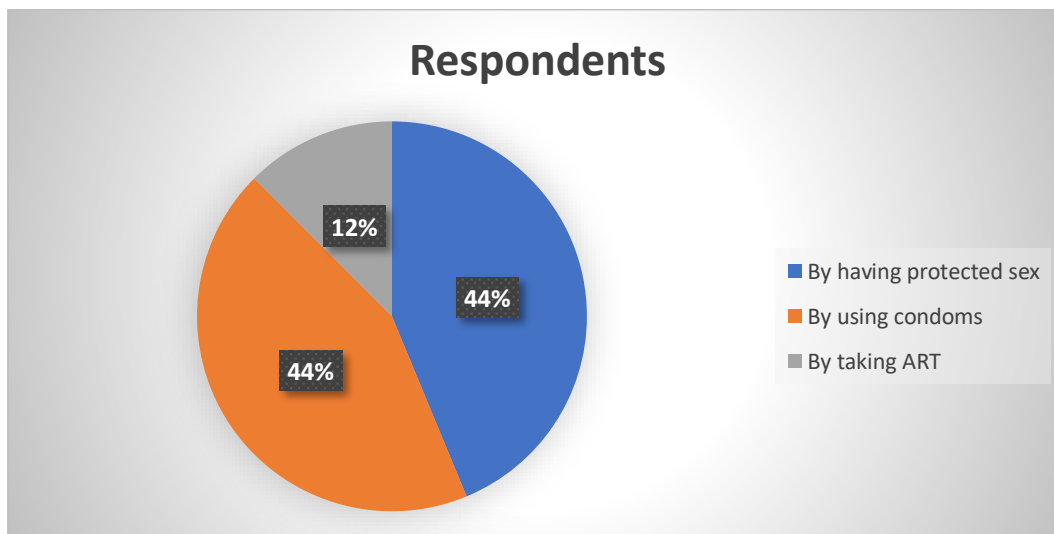


Interpretation: From the above Figure 9, it can be interpreted that most of the respondents come to know about HIV/Aids through NGO and friends followed by newspaper and lastly form school.

Table 10: How do respondents prevent spreading HIV to others?

SI No	Category	Frequency	Percentage
1.	By having protected sex	7	44%
2.	By using condoms	7	44%
3.	By taking ART	2	12%
4.	Total	16	100%

Analysis: From the above table 10, it can analyse that out of 16 respondents, 7 respondents i.e. 44% respondents prevent spreading HIV to others by having protected sex, 7 respondents i.e. 44% respondents prevent spreading HIV to others By using condoms and 2 respondents i.e. 12% respondents prevent spreading HIV to others by taking ART.

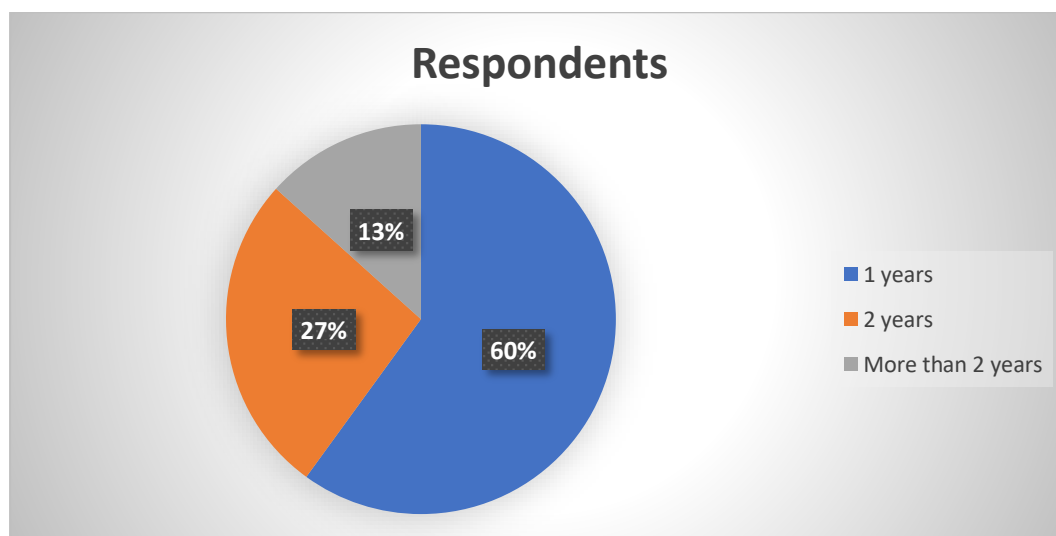


Interpretation: From the above Figure 10, it can be interpreted that most of respondents prevent spreading HIV to others by having protected sex and use of condoms while the rest of the respondents prevent spreading HIV to others by taking ART.

Table 11: When did respondents start treatment?

Sl No	Category	Frequency	Percentage
1.	1 years	9	60%
2.	2 years	4	27%
3.	More than 2 years	2	13%
4.	Total	16	100%

Analysis: From the above table 11, it can analyse that out of 16 respondents, 9 respondents i.e. 60% respondents start treatment from 1 years, 4 respondents i.e. 27% respondents start treatment from 2 years and 2 respondents i.e. 13% respondents start treatment from more than 2 years.

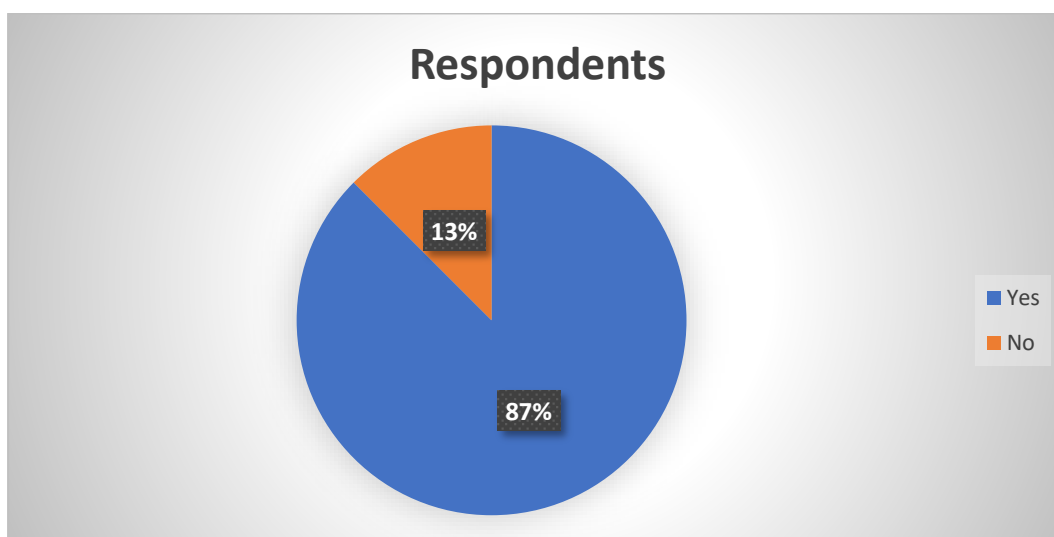


Interpretation: From the above Figure 11, it can be interpreted that majority of the respondents start treatment from 1 years followed by respondents start treatment from 2 years and other start treatment from more than 2 years.

Table 12: Are all of the respondents children tested for HIV/AIDS?

Sl No	Category	Frequency	Percentage
1.	Yes	14	87%
2.	No	2	13%
4.	Total	16	100%

Analysis: From the above table 12, it can analyse that out of 16 respondents, 14 respondents i.e. 87% have their children tested for HIV/AIDS and 2 respondents i.e. 13% not have their children tested for HIV/AIDS.

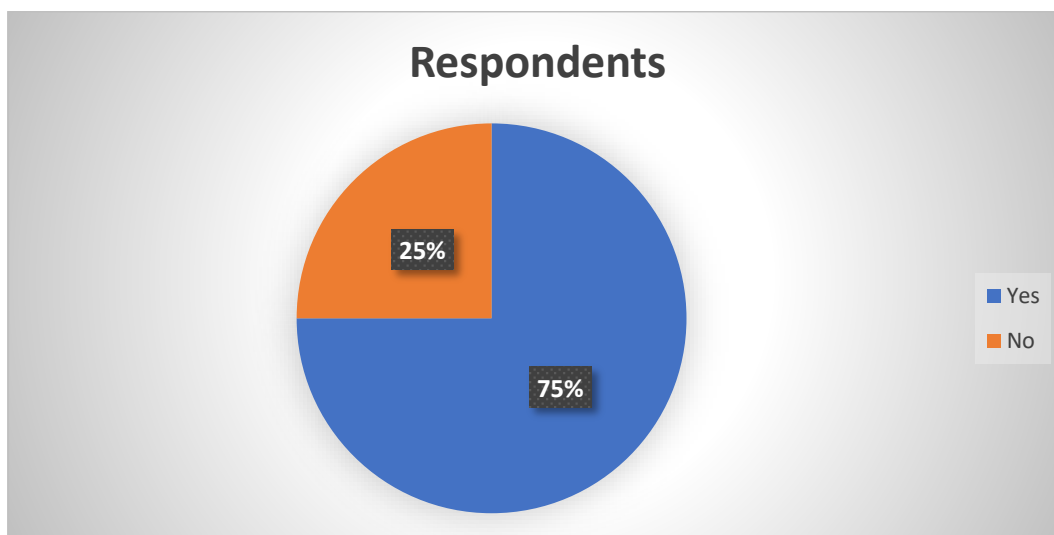


Interpretation: From the above fig 12, it can be interpreted that majority respondents has tested their children for AIDS/HIV while other have not.

Table 13: Have respondents been feeling down depressed or hopeless?

Sl No	Category	Frequency	Percentage
1.	Yes	12	75%
2.	No	4	25%
4.	Total	16	100%

Analysis: From the above table 13, it can analyse that out of 16 respondents, 12 respondents i.e. 75% have been feeling down depressed or hopeless and 4 respondents i.e. 25% doesn't feel down depressed or hopeless.

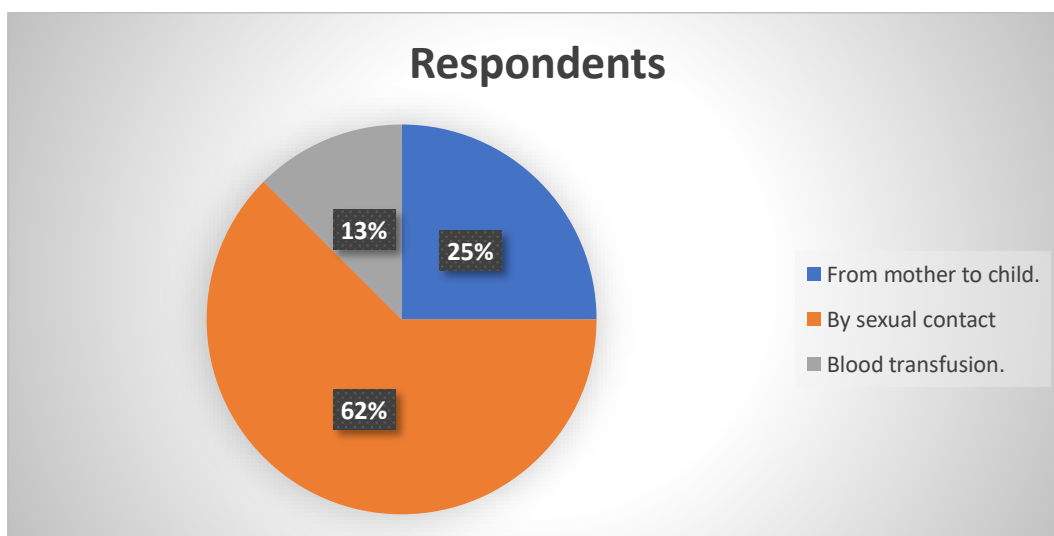


Interpretation: From the above fig 13, it can be interpreted that majority of the respondents does feel down depressed or hopeless while other doesn't feel down depressed or hopeless.

Table 14: How does respondents transmitted HIV?

Sl No	Category	Frequency	Percentage
1.	From mother to child.	4	25%
2.	By sexual contact	10	62%
3.	Blood transfusion.	2	13%
4.	Total	16	100%

Analysis: From the above table 14, it can analyse that out of 16 respondents, 4 respondents i.e. 25% respondents state that HIV is transmitted from mother to child, 10 respondents i.e. 62% respondents state that HIV is transmitted by sexual contact and 2 respondents i.e. 13% respondents state that HIV is transmitted through blood transfusion.

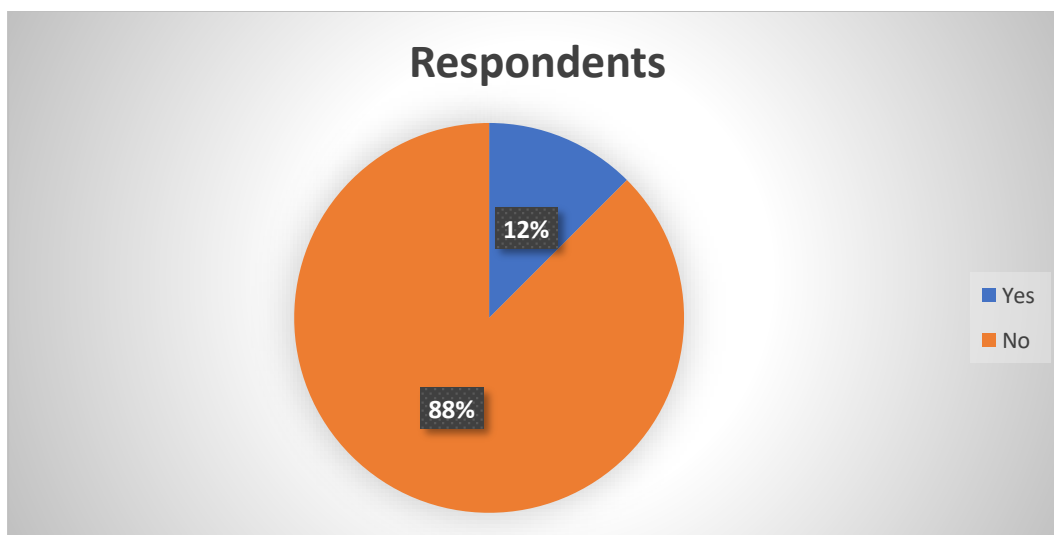


Interpretation: From the above Figure 14, it can be interpreted that majority of the respondents start treatment from 1 years followed by respondents start treatment from 2 years and other start treatment from more than 2 years.

Table 15: Do respondents even miss taken medicine that you are supposed to take?

Sl No	Category	Frequency	Percentage
1.	Yes	2	12%
2.	No	14	88%
3.	Total	16	100%

Analysis: From the above table 15, it can analyse that out of 16 respondents, 2 respondents i.e. 12% miss taken medicine that respondents are supposed to take and 14 respondents i.e. 88% doesn't miss taken medicine that respondent are supposed to take.



Interpretation: From the above Figure 15, it can be interpreted that majority of the respondents doesn't miss taken medicine that respondents are supposed to take while some the respondents does miss.

CHAPTER 4:

FINDINGS

FINDINGS:

- From the above fig 1, it can be interpreted that majority of the respondents were mostly between the age group of 25-34 years followed by age group of 35-44 years and the rest belong to the age group of 15-24 years and 45-54 years respectively.
- From the above fig 2, it can be interpreted that most of the respondents were married followed by singles, a large number were separated and lastly, the widows.
- From the above fig 3, it can be interpreted that most respondents were rejected by their friends and families but few of them were not.
- Interpretation: From the above fig 4, it can be interpreted that most respondents does feels correct used of condoms will prevent HIV/AIDS other not.
- Interpretation: From the above fig 5, it can be interpreted that most respondents does feels correct used of condoms will prevent HIV/AIDS other not.
- Interpretation: From the above fig 6, it can be interpreted that most respondents does not feels ashamed but few of the respondents does feels ashamed .
- From the above Figure 7, it can be interpreted that majority of the respondent's state for medications while others state for any sort of surgery/operation.
- From the above Figure 8, it can be interpreted that majority of the respondents had last screening More than 12 months followed by 6 months earlier and lastly 12 months earlier.
- From the above Figure 9, it can be interpreted that most of the respondents come to know about HIV/Aids through NGO and friends followed by newspaper and lastly form school.
- Interpretation: From the above Figure 10, it can be interpreted that most of respondents prevent spreading HIV to others by having protected sex and use of condoms while the rest of the respondents prevent spreading HIV to others by taking ART.
- Interpretation: From the above Figure 11, it can be interpreted that majority of the respondents start treatment from 1 years followed by respondents start treatment from 2 years and other start treatment from more than 2 years.
- Interpretation: From the above fig 12, it can be interpreted that majority respondents has tested their children for AIDS/HIV while other have not.
- From the above fig 13, it can be interpreted that majority of the respondents does feel down depressed or hopeless while other doesn't feel down depressed or hopeless.

- From the above Figure 14, it can be interpreted that majority of the respondents start treatment from 1 years followed by respondents start treatment from 2 years and other start treatment from more than 2 years.
- From the above Figure 15, it can be interpreted that majority of the respondents doesn't miss taken medicine that respondents are supposed to take while some the respondents do miss.

CHAPTER 5:
SUGGESTION AND RECOMMENDATIONS

SUGGESTION & RECOMMENDATION

The suggestion and recommendations are given on the basis of the study. It can be hoped that these can solved the problems. These are follows:-

1. HIV prevention efforts such as urging constant condoms usage both the client and steady partner should be sustained and reinforced among the female sex workers population.
2. HIV/AIDS related knowledge be targeted towards female sex workers.
3. Counselling and voluntary testing for HIV should be available to all persons.
4. Physicians should encourage support in adhering to ART regime with the patient counselling
5. More awareness programme about HIV should be conducted in order to give knowledge to the people.
6. Patient with HIV must be provided appreciate medical care, support, treatment, care with compassion and respect for human dignity.
7. People should not discriminate those who are affected or by HIV/AIDS.

CHAPTER 6:
ANNEXURE AND QUESTIONNAIRES

ANNEXURE AND QUESTIONNAIRES:

Name

Address

Religion

Educational Status

1 . Age of respondents

a.15-24years. B. 25-34 years c. 35-44 years d. 45-54 years.

2. Marital Status?

a. married. b. single. C. separated d)widow.

3. Have you ever been rejected by family or friends because of your illness?

a. Yes. b. No

4. Correct used of condoms will prevent HIV/AIDS?

a. Yes. b. No

5. Have you ever attended any Condom demonstration sessions?

a. Yes. b. No

6.Should HIV/AIDS infected persons feel ashamed?

a. Yes. b. No

7. What does treatment involved?

a. Medication b. Any sort of surgery/operation

8. When did you had your last screening and what was the result?

a. 6 moths earlier b. 12 months earlier c. More than 12 months

9. How did you come to know about HIV/Aids ? Through

- a. NGO b. Friends c. newspaper.

10 How do you prevent spreading HIV to others?

- a. By having protected sex b. by using condoms c. by taking ART

11. When did you start treatment?

- a. 2 years b. 3 years c more than 3 years

12. Are all your children tested for HIV/AIDS?

- a. Yes. b. No

13. Have you been feeling down depressed or hopeless?

- a. Yes. b. No

14. How HIV is transmitted?

- a. from mother to child. b. by sexual contact c. blood transfusion.

15. Do you even miss taken medicine that you are supposed to take?

- a. Yes. b. No

CHAPTER 7:
CONCLUSION

CONCLUSION:

As student trainee and a person of society, we have the ability to encourage practices that are known to reduce the spread of AIDS including behavioural change, prompt treatment of sexually transmitted disease, encouraging use of clean injection drug equipment, routine HIV testing, patient education and counselling, and consistent condom use. The goal is to eliminate new HIV infections and We should all play a vital role in accomplishing this goal. Treatment is recommended as soon as the diagnosis is made. Without treatment, the average survival time after infection is 11 years.

HIV surveillance needs shift over time. For example, following the introduction of effective antiretroviral therapy (ART), surveillance requirements expanded to include the extent to which providers prescribe ART as indicated, patient adherence to ART, and met and unmet need for care given the demand on the health care system to treat a growing number of people living with HIV.







