

THE SOCIO-ECONOMIC CONDITION OF PATIENTS LIVING WITH HIV/AIDS IN VASAI REGION

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Abstract

There are a lot myths regarding HIV & AIDs and the people who are affected by this have to go through lots of rejection by the family, friends, and society. It is not only rejection but at times it is also leads to physical harm, abuse and mental torchure.

Vasai Region is a part of the Palghar District in Maharashtra state which has the highest prevalence of HIV. In 2015 the prevalence of HIV in India was 0.26% and in 2017 was 0.22%, Adult HIV Prevalence is 0.25 in males and 0.19 in females, and as per NACO there were an estimated 21.40 lakh people living with HIV in India in 2017. Of the 7.47 Lakh People Living with HIV in Maharashtra State there is a prevalence 0.28% and in 2017 was 0.33%, that is a increase compared to 2015, but in Palghar District the prevalence was double that of the state and the national prevalence, which is 0.64 in the year 2017-18, specially in the Vasai region for those tested for HIV, the prevalence was reported as 2.16 which is very high. The reason for the high prevalence could be because of regional socio-economical conditions, behavioral aspects, migration, lack of awareness etc. all of these resulting in keeping the HIV status secret which leads to further complications for individuals, family and society.

The Study Focus is on the Social and Economical problems and conditions faced by people living with HIV/AIDS in Vasai Region. The Main focus is on whether the People Living with HIV/AIDS (PLHIV) has access to their rights. What are the family life conditions, economically and in society in general, along with the availability of medical facilities in Vasai Region understanding their livelihood, society rejection etc.

Keyword:- Socio-Economic, HIV/AIDS, PLHA's, Vasai Region, VRACS, HRG, NACO



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I. INTRODUCTION

Maharashtra is the 2nd most populous state, and the third largest state by area in India, with a current population of 11.42 Crores. Maharashtra State has remained on the forefront in the world in health care delivery with a well-knit rural and urban infrastructure and facility. Maharashtra was one of the earliest states of India which registered the first AIDS Case in the year 1986 in Mumbai. Maharashtra has a estimated population of 3.30 lakh people infected by HIV, and stand first in the country in 2017, all this because of high urbanization, migration, well established sex industry, high prevalence of STI's, etc. New Infections found in 2017 were 87.58 thousand, which is an alarming situation to take necessary action in time

because 3984 fresh cases have been registered in the state in 2015. Over the years the virus has moved from urban to Rural areas and the high Risk Population to General Population disproportionate, thus affecting women and the youth of our country. The reason could be the Lack of Awareness, a large Migrant Population, Behavioral Patterns, etc.

In India in 2017, 87.58 thousand new infections were detected, according to the National AIDS Control Organization data, while on the other hand data shows that new HIV infection cases are decreasing by 85% in 1995, to 27% between 2010-2017. Women accounted for 40% of Annual New infections in 2017. Since 2015, AIDS related deaths showed a declining trend. Annual number of AIDS related deaths declined by almost 71% in 2017, because of availability of advanced medicines, research and treatment.

Vasai Zone has an area of 380 sq. km. and as per the 2011 census the population was over 13,42,134 which encompasses the area of one Municipal corporation and 29 Gram Panchayats. National HIV Prevalence showed decline in the percentage of HIV prevalence in people testing positive. The Maharashtra state maintained its position as high risk which was ranking among the bottom five on several counts. Some studies show that Maharashtra along with 6 other states accounted for 27% of the new infections with the national prevalence among adults (15-49 years) dipping to 0.33% according to the recent concluded HIV sentinel Surveillance in 2017. Migration is considered to be the highest contributor which attributed to the spread of HIV infection.

The related data regarding HIV Prevalence in 2017 in the state of Maharashtra, is as follows , ANC Cases 0.24%, Female Sex Worker 2.2%, Men Having Sex With Men is 4.3%, Injected Drug Users is 9.9%, Transgender is 7.5%, migrants 0.99% and in Truckers there is 2.59%. It is observed that daily, there is an increase in the number of HIV/AIDS cases in Vasai Region which comes under Palghar District. There is also an increase in the number of HIV/AIDS among pregnant women, which is coming up as a great challenge. There are still more unknown cases in the Palghar District, this being Vasai, being in the Palghar district is a tribal area and most of these areas lacked the facilities for testing and treatment, which is why it is very difficult to find and provide services to the needy. This district is divided into urban and rural areas and there is a lack of awareness among the people in the rural part of the district. Having to face these drawbacks regarding shortcomings in facilities for treatment and the stigma carried in the community about the aspect of this disease, we have to find out means and ways to overcome this in the present scenario.

Psycho-Social aspect of HIV/AIDS Patients:-

Without basic recourses such as clean water, and adequate food, we need extra training and resources to take care of the poor and the needy. When making home care planning, some training should be provided to care takers, to support each families needs are to be assessed by the health care providers. Simple support may give benefits for many families such as a friendly visits, a referral for food assistance, latex gloves or advice to improve care giving skills and also collecting data like the family's information regarding the disease and contact details in case of an emergency.

It is seen that poor families are deprived of basic needs like clean water to drink and adequate food to eat. So in such a condition it is important that a proper and detailed investigation should be done of the individual's family of what are the basic needs of the particular family are and whether all the needs are appropriately fulfilled and then accordingly a homecare plan should provided. The public and private industry policy regarding HIV/AIDS prevention should be evaluated on an ongoing basic to examine their effects on the lives and health of the population, advocacy for policies regarding confidentiality from discrimination which can help in a better way for PLHA's as by doing this, they can met their physical and social needs. More and more advocacy programme should be done by NGO's and the various government departments along with the various schemes implemented and they should also devote resources for advocacy regarding HIV Prevention.

Psycho-Social effect of HIV on People Leaving with HIV/AIDS:-

Enormous psychosocial support from the community is required regarding this incurable and fatal disease. Even when the stigma is minimized, people who are diagnosed with HIV usually experience many emotional disturbances while facing a terminal illness. They commonly go through the denial phase in which they do not acknowledge of having this disease and deny its likely consequences. No wonder that many people are reluctant to admit their diagnosis or their risk of infection as HIV threatens a person's life, goals, expectations and significant relationship. The subjects, who are themselves at the high-risk situations or behaviors, deny that they are at risk of HIV Infection. It is seen that they usually avoid testing and even if they do, they don't follow-up for results. They feel that by avoiding a clinical diagnosis the disease may be prevented. If we want to win the battle against HIV it is important that there must be some level of acceptance, social support and medical care.

Mainly it is observed that when most of the companies offer a health checkup, the PLHA's generally refuse taking such benefits with fear and stigma and discrimination.

Psycho-Social Effect of HIV on Family Members:-

HIV illness affects the entire family and not only the individual alone. When one partner is infected by HIV it is obvious that the other sexual partner is at a high risk. Just the thought that one of the partners is affected, could end in the belief of a extramarital affair, and eventually destroy the marriage. It has been observed that pressure from the seniors in the family of the Serio-Positive couple to feed/nurse the newborn baby can lead to severe emotional trauma of childbearing and the health of the newborn, with the female partner blamed most of the times. In the male dominated communities, women's are financially dependent on men and so unable to negotiate safer sex practices, including condom use. Lack of awareness in the family leads to carelessness with the people living with HIV/AIDS, which can lead to an early death or other financial or social issues.

Significance / Scope of the study

To Understand the Social Problem face by People living with HIV/AIDS in Vasai Region.

Objective

- 1) To Understand the Awareness status in the Region.
- 2) Find out the Problems face by People Living with HIV/AIDS.
- 3) Understand the relationship between Society & People Living with HIV/AIDS.
- 4) Understand the Economical, Social & Mental Problems of People Living with HIV/AIDS

II. METHODOLOGY

The Research Methodology to the study consist of 1) Data required 2) Source of Data

- 1) Data Required: - Study is empirical in nature because it depends upon the collection of data. The researcher requires such data which shown Educational Data, Family Profile, Health profile & economical status of family.
- 2) Source of Data:- Data collection with the Primary sources like questionnaire and Interview and Secondary sources like research papers on related topic, books and internet.

III. ANALYSIS OF THE STUDY

Research focusing on “**The Soci-economic Condition of Patients living with HIV/AIDS from Vasai Region**” through the interview schedule made analysis and interpretation of data.

Vasai Region is known as very high prevalence region of HIV, from the study it was noticed that low education is one of the causes along with less opportunity of Income. Only 12% people living with HIV/AIDS have a higher education, with secondary education percentage is high at 88%, because of less percentage of higher education, the income source and opportunities is very low. It is observed that people below the income of Rs 10000 per is 88% with more than 5 people living in this family, which is why PLHA's are facing a difficulty to survive. They are always facing a financial crises. It is observed that 78% People Living with HIV/AIDS are from the last five years facing problems as this poor health leads to more expenses in clinical management and the family faces economical problem. More than 90% PLHIV responses that there is no change in stigma and discrimination in the society and they are facing the problem in day to day activity. It was observed that there is lack of awareness in the society regarding routes of transmission, care, treatments, etc. leads to discrimination. 4% replied that they seen positive changes in the society. It was observe that there is no future planning for medical treatment as only 6% people have planned for future Medical & Treatment. 67% people have replied that they not getting proper information through social media. 88% people replied that there is no awareness sessions in Schools & Colleges, and also the need of sex education among youth of the society. More than 60% people are not interested in taking information regarding HIV/AIDS from their family health care providers. 100% of the people living with HIV/AIDS patients said that they are facing financial problems because of the disease. More than 57% doctors replied that there is increasing number of PLHIV's in their daily practice, with only 48% doctors taking special training on HIV/AIDS management, which clearly indicates that doctors are aware that there is growing problem but with no proper training for clinical HIV management, there is no extra effort made.

IV. SUGGESTIONS

Counseling plays a vital role in HIV Management with proper counseling helping to improve healthy behavior, positive living etc. With the consent of patient, family should be counseled and trained for home base care management which helps to save energy, finances and the family atmosphere. Govt. should open ART centers, Clinics with adequate infrastructure and facilities area wise. Society should give equal opportunities to the PLHA's and treat them as human beings. To release the pressure, PLHIV's should indulge in creative work, which will help in income generation. Due to ill health, if the patients are unable to travel there should

be various opportunities to work from home. Need to conduct regular support group meetings on various topics, legal advice, nutritional habits, home base care, counseling, stress free life, safer practices, treatments etc. Need to setup center that helps PLHA to make available govt. facility/Schemes. Need to Scaling-up awareness drive which increase awareness of safe practice, this helps to prevent the HIV infection, resulting people are being more careful and ultimately decrease in new HIV cases. HIV screening drive should be run, and tried to control epidemic. Need to educate and create awareness among the Doctors, Nurses, and the community as a whole on the importance of reproductive and sexual health education for the adolescence and youth. Need to provide information and skills about the life and livelihood so that unmarried male and female adolescents and youth are better equipped to make right decisions on right time. Provide regular counseling to the PLHIV & Family. Need to create safe and supportive environment for income earning opportunities for PLHA's.

V. CONCLUSION

We come to the conclusion that even with so many NGO's working on this subject, regardless to say, there is no end to the problems in the PLHIV's lives. As this disease is lifelong so the problems are. NGO's are giving social support and the right to fight, but situation is worsening. When PLHIV's is bedridden or is hospitalized, the caregivers are charging very high, due to which there is a breach of confidentiality because of hospitalization, which results in patient getting into depression and financial crises, There is an urgent need for local ART Center with all facilities and drop-in centers.

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