

KNOWLEDGE AND AWARENESS OF HIV/AIDS AMONG MARRIED AND NEVER MARRIED ADULTS (25-35 YEARS) IN MUMBAI & THANE DISTRICT

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Abstract

AIDS is an illness that damages a person's ability to fight off disease, leaving the body open to attack from ordinarily innocuous infections and some forms of cancers. AIDS is caused by a virus called HIV, which stands for Human Immunodeficiency Virus. This virus infects certain types of white blood cells. People infected with HIV may have no symptoms for ten or more years. They may not know they are infected. The objectives of the study was to ascertain the knowledge and awareness regarding HIV/AIDS in terms of: i) meaning ii) reasons iii) symptoms iv) precautions v) role of media vi) treatment and therapy vii) stigma and discrimination viii) challenges and strategies to overcome challenges among the age group of 25-35 years among married and never married males and females. The sample consisted of 120 participants (30 married men, 30 married women, 30 never married men, and 30 never married women) ages 25-35 years. Most of the participants belonged to nuclear family (49.2%) hailed from various religions, such as Hindu (48%); Jain (34.2%). Most participants were graduates (42%) and a few, post graduate (32%). More of the participants were professionals (28.3%) and a few in businesses (25%). The self-constructed tool was divided into two categories a) Proforma [18 introductory questions, such as gender family type] and b) knowledge and awareness related 9 items such as, meaning, reasons, symptoms regarding HIV/AIDS. Results revealed that a little more than one third of the total participants indicated the meaning of term AIDS, as a disease and disorder such as a sexual disorder and a few stated the meaning of term HIV as a disease, such as, sexual disease, and illness. Almost all mentioned about unprotected sex with person suffering from HIV/AIDS, a substantial majority also stated of blood transfusion as a reason. A large majority also stated of reused syringes/injections, blade/razor or any sharp thing. A majority of the participants mentioned about recurring fever, chills and night sweat; most of them also mentioned about sore throat when asked about the symptoms in HIV/AIDS affected patient. A substantial majority stated that always use new, disposable needle, syringes and razor blades, almost the same number of participants indicated using contraceptives correctly and consistently; and avoid multiple sexual partners when asked about precautions to be taken to avoid HIV/AIDS. Only a few participants knew about breast feeding cannot be done by HIV positive woman. Most of the participants indicated that media provides awareness knowledge, impart education and enhances information when asked about the role of media in creating awareness of HIV/AIDS. Some of the participants stated that the patients need to have clinical guidance. Most of participants mentioned about social-stigma such as out-casting, discrimination, etc. when asked about challenges faced by the individual suffering from HIV/AIDS. In relation to challenges faced by the families living with HIV/AIDS infected individual a few of the participants mentioned about negative image and social stigma. A large majority of the participants had knowledge on the reasons that causes/spreads HIV/AIDS, symptoms, precautions, about the role of media, stigma or discrimination towards individual infected with HIV/AIDS.

Astonishingly, only a few of the participants knew about the cause of HIV that rashes, sores or cut in the mouth or nose, on the genitals or under the skin; precautions that HIV positive woman should not breast feed the baby, treatment or therapy as health care and exercise such as yoga, diet. These research findings led us to believe that there is a need to create awareness in relation to HIV/AIDS.



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Introduction

AIDS is an illness that damages a person's ability to fight off disease, leaving the body open to attack from ordinarily innocuous infections and some forms of cancers. AIDS is caused by a virus called HIV, which stands for Human Immunodeficiency Virus. This virus infects certain types of white blood cells, principally CD4 cells (also called helper cells or T4-cells) and monocytes/macrophages. CD4 cells and macrophages both have important functions in the immune system. The disruption of the function of these cells lies at the heart of the immunodeficiency that characterizes AIDS. HIV disrupts the functioning of the immune system. A weakened immune system allows the development of a number of different infections and cancers, and it is these diseases which cause illness and death in people with AIDS. HIV also infects and causes direct damage to other types of cells: for example, damage to the lining of the intestine can contribute to wasting (severe weight loss); damage to nerve cells can cause neurological problems.

(https://health.columbia.edu/system/files/content/healthpdfs/MS/GHAP_HIV_Aids_Handbook.pdf) HIV/AIDS is a condition in which the built in defence system of the body breaks down completely. This phenomenon is gradual but ultimately leads to total depletion of a very important cell component of the immune mechanism. Thus those who are affected are unable to combat with common diseases including even mild infections since his/her immunity is knocked out and body resistance is reduced.

HIV and AIDS are a serious challenge for the developing as well as the developed world. India, with an estimated 5.206 million people living with HIV in 2005, accounts for nearly 69 percent of the HIV infections in the South and South-East Asian region. This is despite it being a low prevalence country with an overall adult HIV prevalence rate of 0.91 percent. India has six high prevalence states - Andhra Pradesh, Karnataka, Maharashtra, Tamil Nadu, Manipur and Nagaland. Of these six states, Andhra Pradesh has recorded the highest prevalence of two percent among the antenatal clinic attendees and 22.8 percent among STD clinic attendees in 2005.

Methods

The current study was exploratory researches it seeks to study relatively unexpected unexplored area that is awareness and attitudes of middle adults (25-35 years) regarding HIV/AIDS. This research has employed multi-method (Face-to-face interview and questionnaire) and agent-design (males and females). Overall, the sample consisted of 120 young adult participants of which 30 participants were never-married men, 30 never-married women, 30 married men and 30 married women in Mumbai and Thane district of the age group 25-35 years. Inclusion criteria: participants from the young adults ranging from 25 to 35 years; no gender and sexual orientation discrimination; married and never-married participants; participants residing in Mumbai-thane district ;SSC passes (10th standard) participants will be included in research; participants were not discriminated on the basis of community, caste, socio economic class and religion. The sampling technique to be used is snowball and judgemental/purposive and sampling. The sample consisted of 120 participants (30 married men, 30 married women, 30 never married men, and 30 never married women). Specifying age of the participants varied, they are as follows, Never married men age ranged from 25 to 35 with a mean of 27.37 years SD=2.23); Never married women age ranged from 25 to 35 with a mean of 27.16 years (SD=2.22); Married Men age ranged from 25 to 33 with a mean of 30.80 years (SD=2.88); Married Women age ranged from 26 to 35 with a mean of 32.36 years (SD=2.48). Most of the participants belonged to nuclear family (49.2%) hailed from various religions, such as Hindu (48%); Jain (34.2%). The education qualifications of the most participants were graduates (42%) and a few, post graduate (32%). More of the participants were professionals (28.3%) and a few in businesses (25%). The family income of most of the participants ranges from 50,001 - one lakh (38.3%), but most of the participants said that they did not earn (22.5%).

The study used self-constructed and standardized questionnaire, to study Knowledge and Awareness of HIV/AIDS among Married and Never-Married Adults (25-35 years) in Mumbai and Thane district. The Proforma was designed keeping in line with inclusion and exclusion criteria and also to obtain the information from the young adults (25-35 years) namely name , age, sex, address, type of family, marital status, religion, educational qualification, occupation/work details, designation, details of current income, etc.

Self-constructed questionnaire: It consists of open and closed ended questions. The rationale for using open-ended questions was that these open ended questions would provide greater variety and depth of responses. The tool was divided in two categories (a) Proforma (18 sub items) and (b) Nine items on knowledge and awareness of young adults (25-35 years)

regarding HIV/AIDS. **Standardized questionnaire:** The Knowledge Questionnaire (KQ-18) is a Standardized questionnaire of 18 questions (HIV-KQ-18) by Carrey Smith in the year 1996. It consists of only 18 close ended questions which taps the knowledge of individuals about HIV/AIDS. It has a combination of some myths and facts which needs to be identified by the participants.

Result

Objective: *To ascertain the knowledge and awareness of married and never married men and women (25-35years) regarding HIV/AIDS in terms of: i) meaning of AIDS and HIV ii) reasons iii) symptoms iv) precautions v) role of media regarding in creating awareness vi) treatment and therapy vii) stigma and discrimination viii) challenges and ix) strategies to overcome challenges.*

Meaning of HIV and AIDS

When the participants were asked to define the term AIDS, a little more than one third indicated, disease and disorder (41.66%), such as, sexual disorder. A little less than one third of the participants stated the full form of AIDS (30%), such as, Acquired Immune Deficiency Syndrome. A little less than one fourth of the participants unexpectedly mentioned that they didn't know the meaning of the term AIDS (18.33%). [Refer to Table1]

When the participants were asked about the meaning of the term HIV, a little less than half stated the full form of HIV (47.5%), such as, Human Immunodeficiency Syndrome. A few of them said that it is a disease (19.16%), such as, sexual disease, and illness. But a little less than one fourth participants informed that they were not aware of the meaning of HIV (24.16%). [Refer to Table 2]

Reasons that causes or spreads HIV and AIDS

When asked about the reasons that cause or spread HIV/AIDS almost all mentioned about unprotected sex with person suffering from HIV/AIDS (95.83%), a substantial majority also stated of blood transfusion as a reason (86.66%). A large majority also stated of reused syringes/injections, blade/razor or any sharp thing (85%). [Refer to Table 3]

Symptoms in HIV/AIDS affected patient

Majority of the participants mentioned about recurring fever, chills and night sweat (70%) when asked about the symptoms in HIV/AIDS affected patient. Most of them also mentioned about sore throat (59.16%). Surprisingly, only 4 participants mentioned about rashes, sore or cut in mouth or nose, on the genitals or under the skin. A little more than one-third mentioned of any other for symptoms (43.33%) [Refer to Table 4]

Precautions to be taken by the individuals to avoid contracting HIV/AIDS

When the participants were asked about precautions to be taken to avoid HIV/AIDS a substantial majority stated that always use new, disposable needle, syringes and razor blades (90.83%). Identical number of participants indicated using contraceptives (89.16%), such as condoms correctly and consistently; and avoid multiple sexual partners (89.16%). More than a quarter of participants mentioned that results of HIV should be made public (27.5%). Shockingly, four males (2 married and 2 never married males) were of the opinion that HIV positive patient should donate blood. [Refer to Table5]

Table 1 Meaning of the term AIDS, according to the participants. (n=120)

Meaning of the term AIDS	NMW* (n = 30) f (%)	NMM** (n = 30) f (%)	MW*** (n = 30) f (%)	MM**** (n = 30) f (%)	Total (n = 120) f (%)
Disease and disorder, such as, sexual disease, slow poison)	9 (30)	12 (40)	11 (36.66)	18 (60)	50 (41.66)
Acquired Immuno-Deficiency Syndrome	12 (40)	11 (36.66)	6 (20)	7 (23.33)	36 (30)
AIDS in relation to reason to spread, such as, intercourse, blood transfusion	4 (13.33)	1 (3.33)	5 (16.66)	5 (16.66)	15 (12.50)
AIDS in relation to cause HIV, Injections, genes, syringes	1 (3.33)	3 (10)	-	3 (10)	7 (5.83)
AIDS in relation to stages, such as, full blown stage, last disease	3 (10)	2 (6.66)	-	-	5 (4.16)
AIDS in relation to symptoms, such as, low immunity	-	2 (6.66)	1 (3.33)	1 (3.33)	4 (3.33)
I don't know	6 (20)	4 (13.33)	8 (26.66)	4 (13.33)	22 (18.33)

Note: Multiple responses were obtained

* *Never Married Women*

** *Never Married Men*

*** *Married Women*

**** *Married Men*

Table. 2 Meaning of the term HIV, according to the participants (n=120)

Meaning of the term HIV	NMW (n=30) f(%)	NMM (n=30) f(%)	MW (n=30) f(%)	MM (n=30) f(%)	Total (n=120) f(%)
Human Immunodeficiency Virus, such as, virus that causes AIDS, virus that attacks T-cells	20 (66.66)	19 (63.33)	10 (33.33)	8 (26.66)	57 (47.5)
Disease, such as, sexual disease, disease and illness, etc.	4 (13.33)	3 (10)	1 (3.33)	15 (50)	23 (19.16)
HIV in relation to first stage of AIDS/HIV, type of AIDS, first stage of AIDS, etc.	4 (13.33)	4 (13.33)	5 (16.66)	-	13 (10.83)
HIV in relation to symptoms, such as, lowImmunity	1 (3.33)	1 (3.33)	-	3 (10)	5 (4.16)
HIV in relation to reason that causes AIDS, such as, unprotected sex	2 (6.66)	-	-	-	2 (1.66)
HIV in relation to facts, such as, not everybody who has HIV will have AIDS	-	-	-	1 (3.33)	1 (0.83)
I don't know	7 (23.33)	5 (16.66)	13 (43.33)	4 (13.33)	29 (24.16)

Note: Multiple responses were obtained

* *Never Married Women*

** *Never Married Men*

*** *Married Women*

**** *Married Men*

Table 3 Reasons that cause or spread HIV /AIDS, according to the participants. (n=120)

Reasons that cause or spread HIV /AIDS	NMW (n=30) f(%)	NMM (n=30) f(%)	MW (n=30) f(%)	MM (n=30) f(%)	Total (n=120) f(%)
Unprotected sex with a person suffering from HIV/AIDS in any form of penetration (vaginal, anal, oral) without condom causes HIV/AIDS	30 (100)	26 (86.66)	30 (100)	29 (96.66)	115 (95.83)

During blood transfusion	26 (86.66)	25 (83.33)	27 (90)	26 (86.66)	104 (86.66)
Reused syringes/injections, blade/razor or any sharp thing	26 (86.66)	24 (80)	25 (83.33)	27 (90)	102 (85)
Any way of infected blood transmitted in body	20 (66.66)	22 (73.33)	27 (90)	24 (80)	93 (77.5)
A woman with HIV can pass the virus to her unborn child	22 (73.33)	19 (63.33)	26 (86.66)	24 (80)	91 (75.83)
Sneezing and coughing can spread HIV	3 (10)	3 (10)	3 (10)	1 (3.33)	10 (8.33)
Sharing towel and clothes with HIV infected patient	3 (10)	2 (6.66)	3 (10)	-	8 (6.66)
Mosquito bite causes HIV/AIDS	-	3 (10)	2 (6.66)	-	5 (4.16)
Sitting close to HIV positive person	-	3 (10)	-	-	3 (2.5)
Hugging a HIV positive person	-	2 (6.66)	1 (3.33)	-	3 (2.5)
Any other	-	1 (3.33)	-	-	1 (0.83)

Note: Multiple responses were obtained

* *Never Married Women*

** *Never Married Men*

*** *Married Women*

**** *Married Men*

Table 4 Symptoms in HIV/AIDS affected patient, according to the participants (n=120)

Symptoms in HIV/AIDS affected patient	NMW (n=30) f(%)	NMM (n=30) f(%)	MW (n=30) f(%)	MM (n=30) f(%)	Total (n=120) f(%)
Recurring fever chills, and night sweats.	19 (63.33)	26 (86.66)	21 (70)	18 (60)	84 (70)
Sore Throat (difficulty in swallowing or soreness)	19 (63.33)	20 (66.66)	14 (46.66)	18 (60)	71 (59.16)
Boils on hands/body	8 (26.66)	7 (23.33)	13 (43.33)	13 (43.33)	41 (34.16)
Night blindness (A condition of the eyes in which vision is abnormally weak or completely lost at night or in dim light.)	9 (7.5)	13 (43.33)	6 (20)	12 (40)	40 (33.33)

Rapid weight loss without any significant reason	10 (33.33)	6 (20)	2 (6.66)	3 (10)	24 (20)
Yellowish skin / discolouration of skin	9 (7.5)	5 (16.66)	4 (13.33)	1 (3.33)	19 (15.83)
Swollen liver	6 (20)	5 (16.66)	7 (23.33)	1 (3.33)	19 (15.83)
Swollen lymph nodes (an oval- or kidney-shaped organ which is present widely throughout the body including the armpit and stomach)	2 (6.66)	5 (16.66)	-	2 (6.66)	9 (7.5)
Rashes, sores or cut in the mouth or nose, on the genitals or under the skin	2 (6.66)	-	-	2 (6.66)	4 (3.33)
Any other	13 (43.33)	14 (46.66)	18 (60)	7 (23.33)	52 (43.33)

Note: Multiple responses were obtained

Table 5 Precautions to be taken by the individuals to avoid contracting HIV/AIDS, according to the participants (n=120)

Precautions to be taken by the individuals to avoid contracting HIV/AIDS	NMW (n=30) f(%)	NMM (n=30) f(%)	MW (n=30) f(%)	MM (n=30) f(%)	Total (n=120) f(%)
Always use new, disposable needle, syringes and razor blades	26 (86.66)	27 (90)	29 (96.66)	27 (90)	109 (90.83)
Using contraceptives, such as condoms correctly and consistently	26 (86.66)	23 (76.66)	30 (100)	28 (93.33)	107 (89.16)
To avoid multiple sexual partners	27 (90)	27 (90)	27 (90)	26 (86.66)	107 (89.16)
Wash hands and other parts of own body immediately after contact with blood or other body fluids of HIV patients	17 (56.66)	17 (56.66)	18 (60)	9 (30)	61 (50.83)
Washing private parts after sex will lower the chances of HIV	6 (20)	5 (16.66)	20 (66.66)	7 (23.33)	38 (31.66)
The results of HIV/AIDS should be made public	4 (13.33)	7 (23.33)	9 (30)	13 (43.33)	33 (27.5)
Always take HIV vaccination	4 (13.33)	7 (23.33)	14 (46.66)	2 (6.66)	27 (22.5)
HIV positive woman should breast feed the baby	4 (13.33)	1 (3.33)	2 (6.66)	1 (3.33)	8 (6.66)
Avoid telling your partners that you are HIV positive.	2 (6.66)	3 (10)	1 (3.33)	1 (3.33)	7 (5.83)

HIV positive patient should donate blood	-	2 (6.66)	-	2 (6.66)	4 (3.33)
Avoid eye contact with HIV positive patients	-	-	-	1 (3.33)	1 (0.83)
Any other	1 (3.33)	-	-	-	1 (0.83)

Note: Multiple responses were obtained

Role of media regarding in creating awareness

When asked about the role of media in creating awareness of HIV/AIDS, most of them indicated that media provides awareness knowledge, impart education and enhances information (61.66%). A little more than one-third stated audio-visual media (36.66%) such as movies, T.V and YouTube as a medium in creating the awareness of HIV/AIDS. [Refer to Table 6]

Treatment and therapy for HIV and AIDS

In relation to the treatment or therapy for patients with HIV/AIDS, a little more than half of the participants stated that the patients need to have clinical guidance (51.66%) such as medication and specialised doctors. A little less than one-fourth favoured psychologist, counselling, therapy, rehabilitation, sympathize, moral support (21.66%) as a medical treatment required by the patients. Surprisingly, a little more than one fourth of the participants did not know about the treatment given to HIV/AIDS patients (29.16%). [Refer to Table 7]

Stigma and discrimination towards HIV and AIDS

Regarding any kind of stigma or discrimination towards patients suffering from HIV/AIDS the responses mentioned were a majority of participants stated that Yes (70%) there is a stigma or discrimination. When asked regarding the kind of stigma a little more than one third participants mentioned about the challenges such as negative approach, social stigma, discrimination, low acceptance of HIV infected person, lack of awareness/education, boycott from society, misconception, negative vibes (40%); five to six of them indicated strategies such as awareness and knowledge, should be treated as normal people (3.33%), two or three of them stated that there is no stigma or discrimination (1.66%); two or three participants also stated that there is depression, mental fatigue, self-morality(1.66%), one or two stated to give love and support (0.83%); few of the participants mentioned I don't know (14.16%). [Refer to Table 8]

Challenges faced by individual

A little more than one-fourth of participants mentioned about social-stigma (24.16%) such as out-casting, discrimination, harassed, annoyed by others, untouchable/no talking, no sharing. Few of the participants stated that there are psychological and biological problem (19.16%), such as stress, depression. A little less than one-fourth of the participants unexpectedly mentioned that they do not know the challenges faced by individual or patient infected with HIV/AIDS according to the participants. [Refer to Table.9]

Challenges faced by family

When the participants were asked about the challenges faced by the family members of the individual suffering from HIV/AIDS, a little less than one third of the participants mentioned that negative image and social stigma (32.5%), such as boycott, out casting were the challenges. Few participants stated that family, individual and community feel sad and depressed (15.83%). However, a little more than one third of the participants did not know about the challenges faced by the families of the patient (35%). [Refer to Table 10]

Challenges faced by community

On asking the patients about the challenges faced by the community of the individual infected with HIV/AIDS a little more than one third of the participants mentioned that they have a negative image and social stigma (35.83%) such as outcaste, harassment because of the infected patients. However a little more than half of the participants were unaware of the challenges faced by the community (55.83%) [Refer to Table 11]

Table 6 Roles of media in creating the awareness of HIV/AIDS, according to the participants (n=120)

The roles of media in creating the awareness of HIV/AIDS	NMW (n=30) f(%)	NMM (n=30) f(%)	MW (n=30) f(%)	MM (n=30) f(%)	Total (n=120) f(%)
Provides awareness, knowledge, education and information	16 (53.33)	18 (60)	22 (73.33)	18 (60)	74 (61.66)
Audio-visual media such as movies, T.V, YouTube	9 (30)	7 (23.33)	11 (36.66)	17 (56.66)	44 (36.66)
Influential such as development, reduce HIV	4 (13.33)	8 (26.66)	-	-	12 (10)
Visual media by putting banners or message	2 (6.66)	1 (3.33)	3 (10)	3 (10)	9 (7.5)
Nothing is done by media	-	3 (10)	2 (6.66)	-	5 (4.16)

Audio media such as radio, sessions with experts or members	-	-	1 (3.33)	1 (3.33)	2 (1.66)
I don't know	6 (20)	3 (10)	2 (6.66)	2 (6.66)	13 (10.83)

Note: Multiple responses were obtained

Table 7 Some of the treatments or therapy's for patients with HIV/AIDS, according to the participants (n=120)

Some of the treatments or therapy's for patients with HIV/AIDS according to participants	NMW* (n = 30) f (%)	NMM** (n = 30) f (%)	MW*** (n = 30) f (%)	MM**** (n = 30) f (%)	Total (n = 120) f (%)
Clinical guidance such as medications, specialised doctors	15 (50)	17 (56.66)	7 (23.33)	23 (76.66)	62 (51.66)
Psychologist, counselling, therapy, rehabilitation	3 (10)	4 (13.33)	6 (20)	13 (43.33)	26 (21.66)
Sympathize, moral support	1 (3.33)	4 (13.33)	1 (3.33)	4 (13.33)	10 (8.33)
Education and awareness such as precaution like condoms, pills	2 (6.66)	1 (3.33)	1 (3.33)	3 (10)	7 (5.83)
Health care and exercise such as yoga, diet	3 (19)	2 (6.66)	-	-	5 (4.16)
No cure	-	-	4 (13.33)	-	4 (3.33)
I don't know	12 (40)	8 (26.66)	12 (40)	3 (10)	35 (29.16)

Note: Multiple answers were obtained

Table 8 Awareness regarding kind of (%) stigma or discrimination towards patients suffering from HIV/AIDS, according to the participants (n=120)

Awareness regarding kind of stigma or discrimination towards patients suffering from HIV/AIDS	NMW* (n = 30) f (%)	NMM** (n = 30) f (%)	MW*** (n = 30) f (%)	MM**** (n = 30) f (%)	Total (n = 120) f (%)
Existence of stigma/ discrimination					
Yes there is a stigma or discrimination	18 (60)	19 (63.33)	20 (66.66)	27 (90)	84 (70)

No stigma or discrimination	1 (3.33)	-	-	1 (3.33)	2 (1.66)
I don't know	7 (23.33)	3 (10)	5 (16.66)	2 (6.66)	17 (14.16)
Kinds of stigma					
Challenges such as negative approach, social stigma, discrimination, low acceptance of HIV infected person, treated badly as sexual disease/ quit work, lack of awareness/ education highly contagious, boycott from society, misconception, negative vibes	18 (60)	11 (36.66)	17 (56.66)	2 (6.66)	48 (40)
Strategies such as awareness and knowledge, should be treated as normal people	1 (3.33)	1 (3.33)	-	2 (6.66)	4 (3.33)
Depression, mental fatigue, self-morality	-	1 (3.33)	1 (3.33)	-	2 (1.66)
Do not get love and support	1 (3.33)	-	-	-	1 (0.83)
Yes, but no response	-	-	-	26 (86.66)	26 (21.66)

Note: Multiple responses were obtained

Table No.9 Challenges faced by individual/ patient infected, according to the participants (n=120)

Challenges faced by individual/patient HIV/AIDS	NMW (n=30)) f(%)	NMM (n=30)) f(%)	MW (n=30)) f(%)	MM (n=30)) f(%)	Total (n=120)) f(%)
Social stigma such as, out-casting, Discrimination, harassed, annoyed by others, untouchable/no talking, no sharing	12 (40)	7 (23.33)	13 (43.33)	7 (23.33)	29 (24.16)
Psychological and biological problems such as, stress, pain, fear to talk about it, attack, low self-moral, self-esteem, depression, Health issues, Frequently falling ill, addiction	7 (23.33)	6 (20)	1 (3.33)	9 (30)	23 (19.16)

Problems in family, relation and sexual life, cant donate blood, office	6 (20)	5 (16.66)	4 (13.33)	2 (6.66)	17 (14.16)
Treatments and money constraints, services available, access to the treatment	2 (6.66)	4 (13.33)	1 (3.33)	5 (16.66)	12 (10)
Are removed from the job or jobs are not given	-	-	1 (3.33)	-	1 (0.83)
I don't know	5 (16.66)	8 (26.66)	8 (26.66)	11 (36.66)	32 (26.66)

Note: Multiple responses were obtained

Table No 10 The challenges faced by the family of the individual/patient infected, according to the participants (n=120)

The challenges faced by the family of the individual/patient infected	NMW (n=30) f(%)	NMM (n=30) f(%)	MW (n=30) f(%)	MM (n=30) f(%)	Total (n=120) f(%)
Negative image & social stigma (out casting, disrespecting, discrimination/harassed/annoyed by others/boycott /ignorance, taunts, blame)	7 (23.33)	8 (26.66)	13 (43.33)	11 (36.66)	39 (32.5)
Family, individual ,community suffers (depressed, feels sad)	5 (16.66)	8 (26.66)	6 (20)	-	19 (15.83)
Fear of contracting/ disclosure/ low alertness for the HIV infected person health care	3 (10)	-	1 (3.33)	5 (16.66)	9 (7.5)
Prevention (misconcepts about precautions/ blood transfusion/ contact, contraction)	4 (13.33)	3 (10)	-	-	7 (5.83)
Money constraints / services available are less and expensive	-	3 (10)	-	1 (3.33)	4 (3.33)
I don't know	11 (36.66)	10 (33)	9 (30)	12 (40)	42 (35)

Note: Multiple Responses Were Obtained

Table No 11 The challenges f(%)aced by the community of(%) the individual/patient inf(%)ected, according to the participants (n=120)

The challenges faced by the community of the individual/patient according to the participants	NMW (n=30) f(%) (%)	NMM (n=30) f(%) (%)	MW (n=30) f(%) (%)	MM (n=30) f(%) (%)	Total (n=120) f(%) (%)

Negative image & social stigma (outcaste, discrimination, hatred, harassed, annoyed, ignorance, taunts, blame)	17 (56.66)	12 (40)	4 (13.33)	10 (33.33)	43 (35.83)
No support, encouragement and acceptance from other family, friends and society	2 (6.66)	5 (16.66)	-	1 (3.33)	8 (6.66)
Fear of contracting/ disclosure/ alertness/ scared / self-esteem/confidence of the infected person/depressed	2 (6.66)	1 (3.33)	1 (3.33)	-	4 (3.33)
Lack of awareness regarding HIV/AIDS	2 (6.66)	-	1 (3.33)	1 (3.33)	4 (3.33)
No precaution taken by the community (e.g. vaccination, check-ups)	1 (3.33)	-	-	2 (6.66)	3 (2.5)
Monetary constraints /medicines are expensive	1 (3.33)	-	-	1 (3.33)	2 (1.66)
I don't know	12 (40)	14 (46.66)	25 (83.33)	16 (53.33)	67 (55.83)

Note: Multiple Responses Were Obtained

Strategies provided by individual

When asked about the strategies to overcome challenges faced by individuals with HIV/AIDS, the number of participants who indicated about the low fare treatment that needs to be provided to the patients and improvement in health facilities need to be given to patients (24.16 %) where close to nearly one fourth of the participants who informed about the propagation of awareness and education (21.66%) such as creating public precautionary measures, safe sexual practices etc.. A little less than quarter participants indicated self-help techniques (16.66%) such as speaking out, solving problem, etc. A little more than one third of the participants stated that they did not know about the strategies to overcome the challenges. [Refer to Table 12]

Strategies provided by family

A little more than quarter of participants suggested positive approach such as, support and acceptance, sensitizing etc. (26.66%), when participants were asked about strategies to overcome by family of individual infected with HIV/AIDS. Few of the participants mentioned about the propagation of awareness and education (15.83%) such as,

having educational camps, teaching about safe sexual practices, creating public awareness etc. A little less than half of the participants did not know which strategies need to be followed (45.83%). [Refer to Table 13]

Strategies provided by community

When the participants were asked to indicate the strategies to overcome challenges faced by community staying around HIV/AIDS member/patient, a little more than one fourth stated, Propagation of awareness and education (28.33%), such as, creating public awareness, precautionary measures, etc. A few mentioned support, encouragement and acceptance from other family, friends and society (12.5%), such as, sensitizing, understanding, etc. Most of them mentioned that they did not know (59.16%). [Refer to Table 14]

Table No.12 Strategies to overcome challenges faced by an individual /patient infected, according to the participants (n=120)

The strategies to overcome challenges faced by an individual /patient infected	NMW (n=30) f(%)	NMM (n=30) f(%)	MW (n=30) f(%)	MM (n=30) f(%)	Total (n=120) f(%)
Treatment, govt. hospital, provide services, low priced, free treatments, improving health facilities, medication, regular check-ups, vaccination	8 (26.66)	8 (26.66)	3 (10)	10 (33.33)	29 (24.16)
Propagation of awareness and education (creating, public, precautionary measure, safe sexual practices etc.)	5 (16.66)	10 (33.33)	5 (16.66)	6 (20)	26 (21.66)
Self-help: (speak out, face it, be strong and solve problem, creating new hobbies)	4 (13.33)	6 (20)	8 (26.66)	2 (6.66)	20 (16.66)
Acceptance by family/ friends by talking to HIV infected people (not leaving the patient alone/involve the affected person in social gathering)	7 (23.33)	7 (23.33)	1 (3.33)	-	15 (12.5)
Psychologist/counsellors: Group rehabilitation	-	3 (10)	-	1 (3.33)	4 (3.33)
I don't know	11 (36.66)	12 (40)	14 (46.66)	13 (43.33)	50 (41.66)

Note: Multiple Responses Were Obtained

Table No 13 Strategies to overcome challenges faced by the families of an individual /patient, according to the participants (n=120)

Strategies to overcome challenges faced by the families of an individual /patient	NMW (n=30) f(%)	NMM (n=30) f(%)	MW (n=30) f(%)	MM (n=30) f(%)	Total (n=120) f(%)
Positive approach (support and acceptance from other family, friends and society sensitizing/ understand)	9 (30)	6 (20)	10 (33.33)	7 (23.33)	32 (26.66)
Propagation of awareness and education (creating, public, precautionary measure, safe sexual practices, myths/ education camps, workshops/ support group etc.)	9 (30)	5 (16.66)	1 (3.33)	4 (13.33)	19 (15.83)
Treatment / vaccination/ discount or sponsors in money for medicine /preventive methods must be used	2 (6.66)	2 (6.66)	-	7 (23.33)	11 (9.16)
Counselling must be given to the family	2 (6.66)	2 (6.66)	-	2 (6.66)	6 (5)
Ignore the negative comments of people	-	-	3 (10)	-	3 (2.5)
Get knowledge and education on HIV/AIDS	-	2 (6.66)	-	-	2 (1.66)
I don't know	12 (40)	14 (46.66)	15 (50)	14 (46.66)	55 (45.83)

Note: Multiple Responses Were Obtained

Table No 14 Strategies to overcome challenges f(%)aced by Community, according to the participants (n=120)

Strategies to overcome challenges faced by Community	NMW (n=30) f(%)	NMM (n=30) f(%)	MW (n=30) f(%)	MM (n=30) f(%)	Total (n=120) f(%)
Propagation of awareness and education, such as, creating public awareness , precautionary measure, etc	15 (50)	8 (26.66)	5 (16.66)	6 (20)	34 (28.33)
Support, encouragement and acceptance from other family, friends and society, such as, sensitizing, understand	6 (20)	5 (16.66)	2 (6.66)	2 (6.66)	15 (12.5)
Treatment / vaccination	2 (6.66)	-	1 (3.33)	2 (6.66)	5 (4.16)

Precaution, such as, provide healthy food, medicines, good infrastructure	-	1 (3.33)	-	4 (13.33)	5 (4.16)
Self-esteem/confidence of the infected person		2 (6.66)	-	-	2 (1.66)
I don't know		12 (40)	17 (56.66)	23 (76.66)	19 (63.33)
				71 (59.16)	

Note: Multiple responses were obtained

DISCUSSION

In the current study, a little more than one third indicated the meaning of term AIDS, as a disease and disorder such as a sexual disorder. However, the findings are in congruence with the review which indicated that the term AIDS can be described as a pattern of devastating infections caused by the human immunodeficiency virus, or HIV, which attacks and destroys certain white blood cells that are essential to the body's immune system. (http://data.unaids.org/publications/IRC-pub01/JC306-UN-Staff-Rev1_en.pdf)

A few of the participants stated the meaning of term HIV as a disease, such as, sexual disease, and illness. Similarly, the review of literature also indicated that HIV stands for human immunodeficiency virus. If left untreated, HIV can lead to the disease AIDS. (<https://www.aids.gov/hiv-aids-basics/hiv-aids-101/what-is-hiv-aids/>)

Review of literature regarding the reasons that causes or HIV/AIDS indicated that infants and children acquired the infection from their mothers before, during or shortly after birth, or during breastfeeding. (<http://www.fpa.org.uk/sites/default/files/hiv-information-and-advice.pdf>). Only a small proportion is infected through HIV-contaminated blood transfusions or injections. Also, HIV can be passed from one person to another through sexual contact, and in a number of other ways (http://data.unaids.org/publications/IRC-pub01/JC306-UN-Staff-Rev1_en.pdf). In the current study, mixed responses were obtained from the participants regarding the reasons that causes or HIV/AIDS were in congruence to the review of literature. Almost all mentioned about unprotected sex with person suffering from HIV/AIDS, a substantial majority also stated of blood transfusion as a reason. A large majority also stated of reused syringes/injections, blade/razor or any sharp thing.

Review regarding the symptoms of HIV/AIDS stated that many people who are living with HIV have no obvious signs and symptoms at all. The most common symptoms are a fever, a rash and a severe sore throat all occurring at the same time(<http://www.hiv.va.gov/patient/basics/how-HIV-spread.asp>). In current study a majority of the participants mentioned about recurring fever, chills and night sweat; most of them also mentioned about sore throat when asked about the symptoms in HIV/AIDS affected patient. Surprisingly, only 4 participants mentioned about rashes, sore or cut in mouth or nose, on the genitals or under the skin which was contrasting against the review of literature.

The results of current study mentioned a substantial majority stated that always use new, disposable needle, syringes and razor blades, almost the same number of participants indicated using contraceptives correctly and consistently; and avoid multiple sexual partners

when asked about precautions to be taken to avoid HIV/AIDS. Similarly, the review also indicated the best way to prevent HIV is do not donate blood, semen or organs (kidney, cornea, etc.); inform sexual partners, Avoid penetration, otherwise always use a condom, do not share syringes or needles, inform any doctors or dentists consulted, consider pregnancy carefully, cover any cuts or scratches with a dressing until healed, do not share toothbrushes, razors or sharp instruments; seek early and correct treatment for STDs. De Cock et al., 2002 in his research stated that the best means of preventing HIV infection in infants and young children, including transmission through breast milk, is to prevent HIV infection of female adolescents and women of childbearing age

(<http://www.epidem.org/sites/default/files/content/resources/attachments/PMTCT%20report.pdf>). Also research by European Collaborative Study, 2001; indicated in industrialized countries, although most HIV-infected women have a history of injecting drug use or sexual partners who have such a history or are bisexual, heterosexual transmission has become an increasingly common route of infection (journals.lww.com › Home › June 15, 2001 - Volume 15 - Issue 9). Astonishingly, in the recent study it was seen that only 8 people out of 120 participants only knew about breast feeding cannot be done by HIV positive woman. The review of literature states that transmission of HIV through breastfeeding has been well documented. The first reports indicating the possibility of HIV-1 transmission through breast milk were of breastfed infants of women who had been infected postnatal through blood transfusion or through heterosexual exposure (Palasanthiran et al., 1993; Van de Perre et al., 1991; Stiehm and Vink, 1991; Hira et al., 1990; Lepage et al., 1987; Ziegler et al., 1985). Other reports related to infants with no other known exposure to HIV, whose source of infection was wet-nursing or pooled breast milk (Nduati et al., 1994). In other research, seventy per cent had correct knowledge about vertical transmission, but only 32% had correct information about exclusive breast-feeding. (www.who.int/nutrition/publications/HIV_IF_Transmission.pdf; www.omicsonline.org/; http://www.who.int/nutrition/publications/HIV_IF_Transmission.pdf; http://data.unaids.org/publications/IRC-pub01/JC306-UN-Staff-Rev1_en.pdf)

According to the review of literature Media professionals and media organisations need to develop strategies that strengthen the role of media in providing information on all aspects of HIV and AIDS (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4248563>). In present study most of the participants indicated that media provides awareness knowledge,

impart education and enhances information when asked about the role of media in creating awareness of HIV/AIDS.

In relation to the treatment or therapy for patients with HIV/AIDS in recent study, a little more than half of the participants stated that the patients need to have clinical guidance. The review indicated that the introduction of effective ART and its demonstrated medical benefits has shown the usefulness and importance of expanding HIV Counselling and Testing (HCT) services to facilitate early diagnosis and treatment of HIV-infected persons. Also, all patients undergoing HIV testing should receive pre- and post-test counselling, and give their consent before the test is performed on their specimens. (http://data.unaids.org/Publications/IRC-pub06/jc1000-media_en.pdf)

In current study, a little more than one-fourth of participants mentioned about social-stigma such as out-casting, discrimination, etc. when asked about challenges faced by the individual suffering from HIV/AIDS. The review states that there is more of medical problems and emotional issues in HIV treatment faced by the individual suffering from HIV/AIDS.

(https://health.columbia.edu/system/files/content/healthpdfs/MS/GHAP_HIV_Aids_Handbook.pdf)

The review of literature regarding the challenges faced by families of individuals living with HIV/AIDS stated that the families often experience HIV-related stigma and discrimination because of their association with the infected family member (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3627691/>). Similarly, the current study in relation to challenges faced by the families living with HIV/AIDS infected individual a little less than one third of the participants mentioned about negative image and social stigma.

The review of literature states that less than one-third of women with no education have heard of AIDS. Knowledge increases steadily with increasing education, reaching almost universal knowledge among women who have completed 12 or more years of schooling. In contrast, the current study shows that women who are 12th pass and above have better knowledge and awareness. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3627691/>)

In review it is stated that the knowledge of AIDS is higher among never married women than currently married women. But, the study shows that there was no significant difference in the score of the knowledge questionnaire of Married Women (M=26.47, SD=4.644) and Never Married Women (M=23.27, SD=8.346), conditions $t(45.389) = 1.835$, $p=.073$. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3627691/>)

According to India HIV Estimations 2015, national adult (15–49 years) HIV prevalence is estimated at 0.26% (0.22%–0.32%) in 2015. In 2015, adult HIV prevalence is estimated at 0.30% among males and at 0.22% among females. Among the states, in 2015, Manipur has shown the highest estimated adult HIV prevalence of 1.15%, followed by Mizoram (0.80%), Nagaland (0.78%), Andhra Pradesh & Telangana (0.66%), Karnataka (0.45%), Gujarat (0.42%) and Goa (0.40%). Besides these States, Maharashtra, Chandigarh, Tripura and Tamil Nadu have shown estimated adult HIV prevalence greater than the national prevalence (0.26%), while Odisha, Bihar, Sikkim, Delhi, Rajasthan and West Bengal have shown an estimated adult HIV prevalence in the range of 0.21– 0.25%. All other States have levels of adult HIV prevalence below 0.20%.

(<http://www.naco.gov.in/sites/default/files/India%20HIV%20Estimations%202015.pdf>)

Statistics for the end of 2006 indicate that around 39.5 million people are living with HIV (Worldwide), the virus that causes AIDS. Each year around 3.8 million more people become infected with HIV and despite recent improvements in access to antiretroviral treatment, 4.3 million die of AIDS. Between 2000 and 2015, new HIV infections dropped from 2.51 lakh to 86 thousand, a reduction of 66% against a global average of 35%. (<https://seanhumphreyhouse.org/resources/HIVAIDSInformation.pdf>)

A large majority of the participants had knowledge on the reasons that causes/spreads HIV/AIDS such as unprotected sex with a person suffering from HIV/AIDS in any form of penetration (vagina, anal, oral) without condom causes HIV/AIDS, during blood transfusion, reused syringes/injections, blade/razor or any sharp thing, any way of infected blood transmitted in body, a woman with HIV can pass the virus to her unborn child; symptoms such as recurring fever, chills, and night sweats and sore throat (difficulty in swallowing or soreness); precautions such as always use new, disposable needle, syringes and razor blades, using contraceptives, such as condoms correctly and consistently, to avoid multiple sexual partners. About the role of media majority of them participants stated that it provides awareness, knowledge, education and information, there is a stigma or discrimination towards individual infected with HIV/AIDS.

Astonishingly, only a few of the participants knew about the cause of HIV that rashes, sores or cut in the mouth or nose, on the genitals or under the skin; precautions that HIV positive woman should not breast feed the baby, treatment or therapy as health care and exercise such as yoga, diet.

From the above information, we see that there is a decrease in prevalence rate of HIV/AIDS infected individuals in past years. Also, there needs to be more and more awareness in relation to HIV/AIDS. So, therefore there was a need to develop a brochure so that there is knowledge and awareness about HIV/AIDS regarding what is HIV, what is AIDS, difference between HIV and AIDS, symptoms that cause/spread HIV/AIDS, HIV transmission, myths and facts about HIV/AIDS, prevention of HIV/AIDS, treatment and therapy for patients suffering with HIV/AIDS, NGO's working for HIV/AIDS and Art therapy centre for HIV/AIDS.

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