

## Research Article

# The Role of Professional Social Worker in Awareness of HIV/AIDS among Youth

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### Abstract

In India people in the age group of 15-29 years comprise almost 25 percent of the country's population; however, they account for 31 percent of AIDS burden. This clearly indicates that young people are at high risk of contracting HIV infection. Physiologically, young people are more vulnerable to STIs than adults; girls more than boys. Gender imbalances, societal norms and economic dependence contribute to this risk. Most young people become sexually active during adolescence. In the absence of right guidance and information at this stage they are more likely to have multi-partner unprotected sex with high risk behavior groups. Particularly vulnerable are impoverished, unemployed, under-employed, mobile/migrant youth, adolescents in sex work, young injecting drug users and street children as they are faced with high risk behavior in their everyday life. Young women are biologically more vulnerable to HIV infection than young men. HIV infection in India is rapidly spreading from urban to rural areas and from marginalized, high-risk populations, such as sex workers, truck drivers, and injection drug users. Aims & Objectives of this paper: To study the psycho-social situation of HIV positive patients and to study the Impact of HIV/AIDS on health.

**Keywords:** HIV/AIDS; Stigma; Sexuality; knowledge; Youth

### Introduction

The full form of HIV is Human Immunodeficiency Virus, which causes HIV infection and AIDS. The full form of AIDS is Acquired Immunodeficiency Syndrome. AIDS is life threatening disease which causes through failure of Immune System. It takes long time weakens our immune system. AIDS will occur by breast milk, blood, semen, vaginal fluid. In initial stages of HIV, the symptoms are none. There's no cure for HIV/AIDS, there are some therapies which helps to slow disease development. Most young people become sexually active during adolescence. In the absence of right guidance and information at this stage they are more likely to have multi-partner unprotected sex with high risk behavior groups. Particularly vulnerable are unemployed, under-employed, migrant youth, and adolescents in sex work, young injecting drug users and street children as they are faced with high risk behavior in their everyday life. Young women are biologically more vulnerable to HIV infection than young men.

India has the third largest HIV epidemic in the world, India's epidemic is concentrated among key affected populations

including sex workers and men who have sex with men. HIV infection in India is rapidly spreading from urban to rural areas and from marginalized, high-risk populations, such as sex workers, truck drivers, and injection drug users [1,2]. India has six high prevalence States-Andhra Pradesh, Karnataka, Maharashtra, Tamil Nadu, Manipur and Nagaland. The National AIDS Control Programme, however, has made particular efforts to reach these two high-risk groups with HIV interventions [3]. Compared to neighboring countries, India has made good progress in reducing new HIV infections [4]. Significant efforts have been made by NACO to increase the awareness and use of condoms to prevent the transmission of HIV, India's Condom Social Marketing Programme promotes safer sex [5,6]. A key focus of the programme is making condoms available in rural and remote areas and in high risk places such as truck stops. In 2014, NACO launched a new condom promotion campaign on Doordarshan, leading cable and satellite channels, All India Radio and private radio, in Hindi and other regional languages. Digital cinema, social media and outdoor media had been added as campaign platforms. The programme encourages people to use condoms every time they have sex.

HIV/AIDS-related stigma can be understood within the more general context of social stigma. Stigma is a complex,

multi-faceted phenomenon felt and manifested both subtly and overtly [7]. Stigma can be subjectively experienced in multiple ways, depending on the nature of the stigmatizing condition. more specifically HIV/AIDS related stigma takes on a new dimension in India, with its unique history of institutionalized stigma in the of castes has been legally banned, its legacy still affects Indian society and culture today, with people living with HIV/AIDS becoming the ‘new other developing countries, many believe that HIV related illnesses solely affect the stigmatization of HIV/AIDS is firmly rooted in the dominant notions of what constitutes good and bad, and right and wrong which serve to strengthen existing social inequalities [8]. particularly those with respect to gender, sexuality, race, previous research conducted in India regarding social responses to HIV/AIDS has documented negative reactions by the public toward this epidemic. The major causes of stigma are lack of depth in knowledge about HIV and AIDS, attitudes toward sexual behavior and perception of immoral activities [9,10].

HIV and AIDS have emerged as one of the major public health challenges in India in recent years at the macro-level it is increasing the burden on the already weak public health system of the country. At the household level, the most visible impact is the financial burden on the families of the infected persons resulting from increased expenditure on medical treatment. The financial implication could be quite severe, especially for the poor and low-income households. Since HIV infected individuals are in their most productive years, the affected households are likely to suffer loss of earnings and income and the increased expenditure on medical treatment would further reduce the disposable income of the households [11].

About diagnosis HIV is utmost diagnosed disease in the world. This Diagnosis is done by testing blood or saliva. Unfortunately, it takes time for your body to develop these antibodies usually up to 12 weeks. In rare cases, it can take up to six months for an HIV antibody test to become positive. CD 4 count, viral load, drug resistance these tests for now the stage of disease [12]. The most common test is used for HIV is antibody screening test. HIV test is mandatory for us to protect our health the test use for identification of HIV antibodies in blood, urine, or fluids from the mouth. HIV anti bodies are disease fighting proteins the body produces response to HIV disease. Once a person is attacked with HIV, it normally takes about 3 months for the body to produce enough antibodies to be detected by an HIV antibody test. Some testes easily detect the HIV antibodies. Western blot test also used for the identification of HIV.AIDS prevention is major concern to human population as its economic socio importance [13].

As concern, treatment is a lifelong process consists of multiple drugs to be taken two or three times a day with varying dietary

instructions. These medications have side effects, some of which may be temporary while others may be more permanent requiring a change of treatment.

### **Social Work Intervention**

Social work practice in this area continues to evolve, as social workers provide support to persons living with HIV/AIDS and those affected by the disease through direct counseling, treatment intervention, and social justice activities [14]. Social workers are familiar with community resources such as income support bureaucracies, education training programs and career planning, disability programs, human rights legislation, addictions services and nutrition. Generally, it is observed that social workers provide essential leadership and support in mobilizing community response to HIV/AIDS through community based action [15,16]. The holistic approach of social work is universal but the priorities of social work practice will vary from country to country and from time to time depending on cultural, historical and socio economic conditions.

### **Methodology**

#### **Aims & Objectives**

To study the psycho-social situation of HIV positive patients and to study the Impact of HIV/AIDS on health.

#### **Awareness factors for social worker**

- ❖ Social workers also need to be aware of the special risks faced by women, as they may be unable to negotiate safer sexual practices due to the risk of violence.
- ❖ When working with people living with HIV/AIDS, social workers need to be aware of: Local HIV/AIDS support groups and community based organizations.
- ❖ Drug and alcohol abuse the role it plays in HIV infection.

**Study Settings:** The study was conducted at the ART center of King George’s Medical University Lucknow. This center provides ART free of charge and has the relevant resources for CD4 count estimation, counseling sessions and regular check-ups. Data were collected from 211 HIV/AIDS patients of ART Centre King George’s Medical University Lucknow with the help of random sampling and Interview schedule was used, the design of study based on observed and unstructured interview method. Paper was prepared with the help of Explanatory and exploratory research design. Data collection from primary and secondary. Some of the relevant information was collected from the staff of ART center & others.

**Table 1.1:** Socio-Demographic Characteristics of the Respondents.

Variables	Level	Frequency	Percent
Age of the Respondents	15-17	23	10.9
	18-20	45	21.33
	21-23	56	26.54
	24-26	87	41.23
Religion of the Respondents	Hindu	General (89)	42.18
		OBC (31)	14.69
		SC/ST (43)	20.38
	Muslim	27	12.8
	Sikh	12	5.69
	Christian	9	4.26
Gender of Respondents	Male	154	72.99
	Female	57	27.01
Live of the Respondents	Urban	134	63.51
	Rural	77	36.49
Family Structure of the Respondent	Nuclear	152	72.04
	Joint	59	27.96
Educational qualification	Uneducated	16	7.58
	Primary level	22	10.43
	Junior high school	28	13.27
	High school	33	15.64
	Intermediate	38	18.01
	Graduation	46	21.8
	Post-graduation	23	10.9
Others	5	2.37	
Marital status of the Respondents	Married	35	16.58
	Unmarried	172	81.52
	Divorce	4	1.9
Occupation of the Respondents	Govt. Job	28	13.27
	Private Job	47	22.27
	Business	17	8.06
	Former	38	18.01
	Wage	49	23.22
	Generic work	32	15.17

<b>Monthly Income of the Respondents in Rs.</b>	Dependent	127	60.18
	2000-4000	32	15.17
	4001-6000	22	10.43
	6001-8000	16	7.58
	8001-10000	9	4.27
	Above 10000	5	2.37
<b>House structure of the Respondents</b>	Kachcha Ghar	28	13.27
	Pakka Ghar	137	64.93
	Mixed type	46	21.8
<b>Water facilities</b>	India mark	22	10.43
	Private hand pump	177	83.89
	Others	12	5.68

**Table 1.2:** Knowledge about HIV/AIDS and STD's.

<b>Variables</b>	<b>Level</b>	<b>Frequency</b>	<b>Percent</b>
<b>Knowledge about HIV/AIDS</b>	Yes	34	16.11
	No	177	83.89
<b>Source of knowledge about HIV/AIDS</b>	Friends	25	11.85
	Wall painting	10	4.74
	Newspaper/Books	22	10.43
	TV / Radio	105	49.76
	Banner / holdings	19	9
	All of above	30	14.22
	No	174	82.46
<b>Knowledge about AIDS Education programme in India</b>	Can't say	28	13.27
	Yes	17	8.06
	No	179	84.83
<b>Knowledge about sexual disease</b>	Can't say	15	7.11
	Yes	35	16.59
<b>Knowledge about general symptoms of sexual disease</b>	No	176	83.41
	Yes	29	13.74
<b>Knowledge about sex and safe sex</b>	No	182	86.26
	Yes	46	21.8
<b>Knowledge about family planning</b>	No	165	78.2
	Yes	63	29.86
<b>Knowledge about "World AIDS Day"</b>	No	148	70.14
	Yes	27	12.8
	No	184	87.2

## Results

### Sample Characteristics

Out of 211 Respondents most of them are Age of the respondent's, group 15-17 (10.90%), group 18-20 (21.33%), group 21-23 (26.54%) and age group 24-26 (41.23%), Religion & caste of the respondents, Hinduism (77.25%) and others religions (22.75%) General (42.18%) OBC (14.69%) SC/ST (20.38%) Muslim (12.80%) Sikhism (5.69%) and Christianity(4.26%), Gender of the respondents, Male(72.99%) and Female (27.01%), Live of the respondents, Urban(63.51% ) and Rural area (36.49%), Family structure of the respondents, nuclear family (72.04%) and Joint family (27.96%), Educational qualification of the respondents, Uneducated (7.58%) primary level (10.43%) junior high school (13.27%) high school (15.64%) Intermediate (18.01%) Graduation (21.80%) post-graduation (10.90%) and others (2.37%), Marital status, married (16.58%) unmarried (81.52%) and divorce (1.90%), Occupation of the respondents, Govt. job (13.27%) private job (22.27%) business (8.06%) former (18.01%) wage (23.22%) generic work(15.17%), Monthly income of the respondents, Dependent (60.18%) Income level Rs.2000-4000 (15.17%) Income level 4001-6000 (10.43%) and Income level Rs.6001-8000 (7.58%) Income level 8001-10000 (4.27%) and Income level above Rs.10000 (2.37%), House structure of the respondents, kachcha ghar (13.27%) Pakka ghar (64.93%) and mixed type (21.80%), available facilities in the house, water facilities, India mark (10.43%) private hand pump (83.89%) others (5.68%) knowledge about HIV/AIDS, Yes (16.11%) and No (83.89%), Source of knowledge about HIV/AIDS, through friends (11.85%) and wall painting (4.74%) Newspaper/books (10.43%) through TV/Radio (49.76%) Banner/holdings (9.0%) and all of above (14.22%), and the knowledge about HIV/AIDS education programme in India, Yes(8.06%)and No(84.83%)but can't say (7.11%), knowledge about STDs, Yes (16.59%) and No (83.41%), knowledge about general symptoms of sexual disease, Yes (13.74%) and No (86.26%), knowledge about sex and safe sex, Yes (21.80%) and No (78.20%), knowledge about family planning, Yes (29.86%) and No (70.14%), knowledge about world AIDS Day, Yes (12.80%) and No (87.20%).

### Discussion and Conclusion

HIV Positive people live in a negative psychological condition in our society. It is the responsibility of each and every individual, family and society to provide psychological support to them so that they can have a dignified life. Having reviewed the theoretical perspective of social work in caring and rehabilitating the HIV infected people. It is significant to admit that social work has reached out to people and helped in their own environmental contact through its various integrated approach such as community based action, Home based care, outreach work, target intervention, awareness generation etc. It has significantly managed to apply

its theories and practices keeping the values, codes of ethics in account. Such as: The awareness programs through various channel helped people to know the actual fact of HIV disease. The counseling services by trained professional social workers in both government and public hospital helped to provide psycho social support to people living with HIV as well as their family members.

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### Conflict of Interests

The author declared no conflict of interests.

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