

Study on HIV/AIDS Knowledge in Female Sex Workers in Moradabad District of Uttar Pradesh

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Abstract- Female sex workers (FSWs) are women who have been professionally involved in sex for money or any gifts for their source of income. Due to their involvement, FSWs are considered highly responsible for transmitting HIV/AIDS and sexually transmitted infections (STIs) from high-risk to low-risk population. HIV/AIDS is not merely a public health challenge; it is also a political and social challenge. Behavior change will not occur without a significant change in the social and political environment. Unequal gender and power relations, taboos in frank and open communication about sexual health and stigma and discrimination are particularly significant obstacles to an effective response. The aims of this study to know the prevalence of HIV/AIDS among FSWs, along with the knowledge regarding HIV/AIDS among FSWs of Moradabad district.

Keywords- High Risk Groups, Female Sex Workers(FSW), Men Who Have Sex With Men (MSM), Transgender (TG), Injecting Drug Users(IDU).

I. INTRODUCTION

Female sex workers (FSWs) are women who have been professionally involved in sex for money or any gifts for their source of income. Due to their involvement, FSWs are considered highly responsible for transmitting HIV/AIDS and sexually transmitted infections (STIs) from high-risk to low-risk population. HIV/AIDS is not merely a public health challenge; it is also a political and social challenge. The hampered political and social system also makes behavioral change difficult. Unequal gender and power relations, taboos in frank and open communication about sexual health and discrimination are particularly significant obstacles to an effective response. The economic impact of AIDS epidemic is devastating and needs proper acknowledgement. The biggest economic curse of this disease is on younger population who may die from this disease in their most productive years. There are still many gaps left in the programme and many lessons have been learnt. The inexorable spread of the disease from the initial epicenters to the rest of the country underscores the immediate need to have a paradigm shift in the response against HIV/AIDS at all levels making it imperative to formulate a comprehensive national policy on HIV/AIDS in order to cope effectively with the challenging

outcomes of this disease. The entire programme of prevention and control of HIV/AIDS needs to adopt a more holistic approach looking at AIDS as a developmental problem and not as a mere public health issue. (Avert, NACO, 2009)

India's response to the HIV epidemic and the broad social mobilization of stakeholders has achieved significant results in controlling the epidemic. The achievements warrant the need for further commitment and coordinated joint action that is guided by the best available scientific evidence and technical knowledge. Evident from the 2008-2009 HIV estimates, NACP-III has yielded significant results in addressing previously existing gaps in the AIDS response, as well as the social and structural constraints. There is need, however, to build on the gains and focus on the emerging areas of concern. (Annual Report of NACO, 2009-10)

The Government of India reported in 2009 that about 2.40 million Indians are living with HIV with an adult prevalence of 0.31%. Children (<15 yrs) account for 3.5% of all infections, while 83% are in the age group 15-49 years. It is holistic to know that among all HIV infections, 39% (930,000) are among women. India's highly heterogeneous epidemic is largely concentrated in only a few states — in the industrialized south and west, and in the north east. The four high prevalence states of South India (Andhra Pradesh – 500,000, Maharashtra – 420,000, Karnataka – 250,000, Tamil Nadu – 150,000) account for 55% of all HIV infections in the country. West Bengal, Gujarat, Bihar and Uttar Pradesh are estimated to have more than 100,000 PLHA each and together account for another 22% of HIV infections in India. (WHO, UNFPA, 2013)

II. RESEARCH METHODOLOGY

The Present study was conducted on 195 FSWs registered with NGO T.I. project of Moradabad district of Uttar Pradesh..they were evaluated or knowledge regarding HIV/AIDS, STDs and other associated risk factors.

STUDY AREA: Moradabad district of Uttar Pradesh, India was selected purposively.

OBJECTIVE: To study the Knowledge among Respondents about HIV/AIDS.

SAMPLE SIZE: Eighty five percent of FSWs registered with Non-government Organization by National AIDS Control Program in India (**Annual report of NACO, 2017-18**).

Sample size is calculated using the following formula:
 $N = Z^2 P(1-P) / e^2$

$$n = \frac{(1.96)^2 * 0.85 * 0.15}{(0.05)^2}$$

$$n = 3.8416 * 0.127 / 0.0025$$

$$n = 0.4878832 / 0.0025$$

$$n = 195.153$$

So, the Sample Size was 195

Pre - tested interview schedule was used for collecting the data. Interview schedule was developed based on the objective of the study. While collecting the data, One to one interview, group meeting and focus group discussions was organized with respondents/ FSWs for better interaction and quality data.

- Data checking, compiling and editing was done manually.
- The data derived from structured interview was coded and analyzed in SPSS.

III. RESULTS

A respondent's profile is often used to describe her characteristics to help guide important educational, social, political and economic decisions for a particular individual, or to guide individualized instructional planning. It refers to a personal data of the respondents. In a research, profile of respondents keeps an important place in the entire study. Profile of the respondents is a very important variable to determine psycho-social and socio-economic status of the universe in any social research. We have studied the age, education, economic status, religion, caste, occupation, marital status and demographic status of the respondents etc. under the profile of the respondents. A well-structured and relevant interview schedule has been used to collect information from the respondents by using in-depth interview skill and the major findings are as following:-

Table 1: Socio-Demographic Characteristics of Respondents (N=195)

Variable	Numbers of respondents	Percentage
Marital Status		
Married	91	46.66

Unmarried	82	42.05
Separated	22	11.29
Education status		
Illiterate	31	15.89
Primary	89	45.65
secondary	56	28.71
UG/PG	19	09.75
Religion		
Hindu	117	60.00
Muslim	67	34.36
Christian	04	02.05
Others	07	03.59
Cast		
General	47	24.10
O.B.C	94	48.20
SC/ST	36	18.47
Others	18	09.23
Occupation		
House wife	29	14.88
Employed	19	09.75
Not Working	98	50.25
Others	49	25.12
Living area		
Rural	57	29.23
Urban	94	48.20
Municipality Area		
Migrant	19	9.75
Family Education level		
Illiterate	129	66.16
School Level	45	23.08
Secondary	21	10.76
UG/PG	00	00

The frequencies of the socio-demographic information of the respondents are shown in the data shows that most of the respondents were married with 46.66 per cent and 42.05 per cent were unmarried. About 45.65 per cent of the respondents were primary educated and 28.71 per cent were secondary level and 9.75 UG/PG level education. Hindu

91.29 per cent Muslim only 3.08% per cent, Christian 02.05 per cent and others are 03.58 per cent. Most of the women were 50.25 not working and 14.88 per cent worked as Housewife. Similarly total no. of 18-20 age group respondents were 15.89%, 21-29 age group respondents were 50.26% and 33.85 % were 30 or above age group.

Table 2: Knowledge of the respondents about HIV/AIDS.

Knowledge about HIV/AIDS	Frequency	Percent age
Yes	191	97.94
No	04	02.06
Total	195	100

Maximum 97.94 % of respondents were having knowledge about HIV/AIDS and minimum 02.06% of the respondents were not having knowledge about HIV/AIDS.

Table 3: Knowledge of the respondents about transmission of HIV/AIDS

Knowledge of transmission of HIV/AIDS	Frequency	Percentage
Blood	18	09.24
Semen & Vaginal fluid	25	12.82
Breast Milk	00	00
All of these	152	77.94
Total	195	100

The above table about shows that maximum 77.94% of the respondents answered that HIV/AIDS is transmitted through Blood, Semen, Vaginal fluid and Breast Milk. 12.82% replied that HIV/AIDS is transmitted through Semen & Vaginal fluid. 9.24% respondents replied that it is transmitted by blood.

IV. CONCLUSION

This present study concludes that maximum 97.94 per cent female sex worker had knowledge about HIV/AIDS. Majority 98.46 percent of the respondents were aware of condom use during sex at their work place to avoid infection of HIV/AIDS. Maximum 97.94 percent of respondents had knowledge about HIV/AIDS and minimum 02.06 percent were not having knowledge about HIV/AIDS. Maximum 77.94 percent of the respondents answered that HIV/AIDS is

transmitted through Blood, Semen, Vaginal fluid and Breast Milk. 12.82 percent replied that HIV/AIDS is transmitted through Semen & Vaginal fluid. 9.24% respondents replied that it is transmitted by blood. Another important findings in the present study shows that majority 91 per cent respondents had knowledge that HIV/AIDS can be cured.

V. RECOMMENDATIONS

- Government should initiate HIV/AIDS awareness program at Community level.
- Strengthening the infrastructure, systems and human resources in prevention, care, support and treatment programs at the Block, District, State and National levels.
- Strengthening the nationwide Strategic Information Management System for tracking HIV/AIDS control program.
- To create an enabling environment that encourages HIV related prevention, care and support activities and to reduce stigma and discrimination at individual, community and institutional levels.
- Community engagement and peer education can serve to both change social attitudes toward disease and to improve HIV testing.
- Providing greater care, support and treatment to larger number of PLHIV.
- Developed IEC material for safe behaviors with regular & non regular sex partners & regular HIV and STI testing of every female Sex Workers and Provide behavior Change Communication usually through peer educators.
- Increasing the funding coverage for effective HIV prevention programs for Core and general community.
- Provided comprehensive Health Care, Including STI, RTI, and Reproductive Health Care for every female Sex Workers.
- All FSWs should be encouraged to earn their bread & butter by some other means for this vocational training program should be arranged by the NGOs.

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