"SOCIO-ECONOMIC PROBLEMS OF PEOPLE LIVING WITH HIV/AIDS IN ANANTHAPURAMU DISTRICT"

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Abstract
At this time of several attempts through to be aware of the socio- economy conditional problems of People Living with HIV/AIDS around the world and to highlight the life lived by them. In this paper, an effort has taken to highlight to the socio economic and problems of people living with HIV/AIDS in the district of Ananthapuramu, Andhra Pradesh. Ananthapuramu district has the highest number of PLHIV in Rayalaseema region and hence the District was specifically chosen for the purpose of the study has been done only with People Living with HIV/AIDS and who are also members Ananta Network of Positive Centre at Government Hospital Ananthapuramu.

Keywords: - Problems of HIV/AIDS, Socio- Economic, Conditions, Community, Care and Support.

Introduction

Andhra Pradesh has been identified as one of the high HIV prevalence state of India. It accounts for an estimated 10 per cent of the HIV cases in India. A comparison with other HIV high- Prevalence states also indicates that the Prevalence rates in the sexually transmitted diseases (STD) and Antenatal Care (ANC) clinics are highest in Andhra Pradesh. The first HIV/AIDS case in Andhra Pradesh was reported in the year of 1986, but the rate and speed at which the HIV infections are increasing in Andhra Pradesh is astonishing, incredible and mind- boggling. There has been a decline in the overall percentage of HIV positive cases in the State.

Accordingly to National AIDS control organization reports there are about 3.65 lack HIV infected, persons in the state. However, the percentage of incidence is coming down staidly. Authorities have a clarion call to make Andhra Pradesh an AIDS Free State. Since the last couple of years, it has been made mandatory for all pregnant women to undergo free HIV/AIDS and blood test at the Integrated Counseling and Testing Center (ICTCs) across the State. Andhra Pradesh State AIDS Control Society (APSACS) further said with the theme "Test all Treat All" National AIDS Control Organizational (NACO) gave directions to APSACS to test every and give ART medicines. To bring all the HIV infected under the umbrella of regular treatment, we have also planned a drive called "Lost To Follow Up" which will identify irregularities in the treatment process and provide medication to all.

To study the Ananthapuramu District is one of the most backward regions in the state of Andhra Pradesh. The region is chronically drought affected. The Ananthapuramu district is very low- end poverty has severely affected the livelihoods of the poverty groups in the area. The area is predominantly inhabited by Social Categories. The Chronic poverty frequent visitations of drought, lack of wage employment opportunities and unequal social relationships, forcing the people to migrate to other districts or states for livelihood. The article also needs to examine the socio-economic status of the families' background of the HIV/AIDS Respondent. The Socio-Economic Status is often measured as a combination of education, income and occupation. It is commonly conceptualized as the social

standing or class of an individual or group. Furthermore, an examination of socio-economic status as a gradient or continuous variable reveals inequities in access and distribution of resources. Socio-Economic status is relevant to all realms of behavioral and social science.

Research Objectives
1. To social categories and situational conditions of PLHIVs in Ananthapuramu. .
2. To study the Socio- Economical characteristics of the sample HIV affected respondents
3. To observe the problems of HIV/AIDS respondents faced with the family and society barriers.

Statement of Problem
Ananthapuramu district was purposively selected for conduct of the present study. Locating People living with HIV/AIDS is a difficult task. The people living with HIV/AIDs in bother about of socio-economical conditions and fearing stigma and discrimination of the PLHIV and HIV Respondents seldom share details with others. The respondents are economical backward and social categories are problems face with the situations in society. The Network, NGOs and CBOs the support the PLHIV in the district reveal no information on the identity of the PLHIV they work with and the data on them is confidential. The data was mostly collected by administering a standardized Schedule prepared for the purpose and from interacting with the other caretakers in their household.

Research Design
For the present study, the researcher has adopted descriptive research design to differentiate the relationship and find the influence of dependent variables of age wise, gender, religion, Social Category and monthly income with the independent variables of basic facilities of the people living with HIV/AIDS problems, The researcher has conducted with the aim to analyze the Socio-Economical Problems of People living with HIV/AIDS.

Area of the Study
Ananthapuramu district has the highest number of PLHIV in Rayalaseema region and hence the District was specifically chosen for the purpose of the study. Besides the Government initiatives, the PLHIV in the district are ably supported by RDT a premier NGO in the state and ANP+, the best Networks of PLHIV in the State in the spheres of prevention, Care, Support and Treatment and as such it was confined to Ananthapuramu District.

Tools of Data Collection
The data pertaining to the study was collected from both primary and secondary sources: However more emphasis was laid on primary source of data. Primary data has been collected from the chosen PLHIVs and also from different intervening agencies. Secondary data has also been collected from different related organizations. Ex: District Medical & Health Office, District Leprosy Officer and through web sites of APSACS, NACO, WHO and UNAIDS etc.

Data Analysis
The collected data was analyzed through Statistical Package of Social Sciences (SPSS). Frequency and Cross Tables were generated and the results were interpreted through percentages. Frequency tables were also prepared to examine the Socio-Economic and HIV related information of the PLHIVs, cross tables were analyzed based on the variables of the study.

Results out comes and Discussion to distribution of respondents
The sociological status of sample respondents is differential groups for the ages, religion, social category, illiteracy and monthly income of respondents in the study area. The situations, conditions factors of People Living with HIV/AIDS respondents.

Table-1, Distribution of Respondents by Age Wise

Age Group	No. of Respondents	Percentage
15-24	8	2.7
25-34	77	25.7
35-44	142	47.3
45-54	73	24.3
Total	300	100.0

(Source: Field Data)

The above table is analysis that the distribution of PLHIV by their age. The data reveals that all (100%) HIV infected respondents fall in the reproductive and economically active age group of 15-54 years. The statistics reveal that the majority of the PLHIV that is over 47.3 per cent belong to one particular age group of 35-44. 28.4 per cent of the respondents are young People, and were between the ages of 15-34, and HIV infections have devastated their lives. None of the respondents are above the 55 age group. All the PLHIV infected Men and Women in the study were infected through their partners and the HIV infection of the respondents was through sexual transmission.

Figure-1,All Age Group of the Respondents
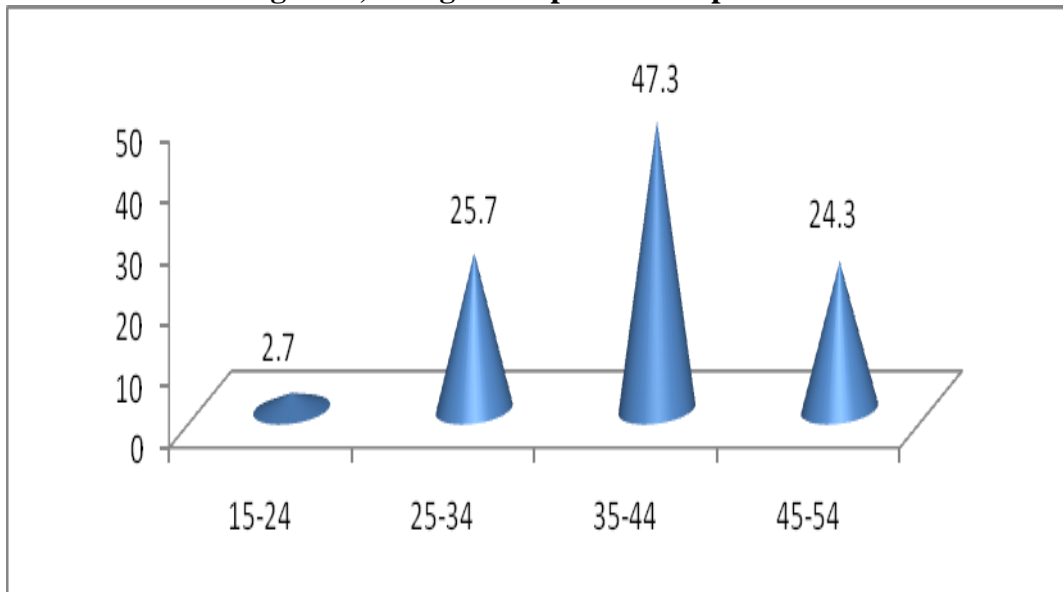
The marriage is a social union or legal contract between husband and wife and creates kinship between the individuals. Marriage is an institution in which interpersonal relationship, usually intimate and sexual relationships are acknowledged. Marriage creates normative and legal obligations between the individuals involved. Marriage is a social institution which ensures the happiness and fulfillment of men and women. It is sacred contract between men and women to maintain fidelity and provide care to each other throughout their lives. AIDS disease has significant impact on the disruption of marriage

through separation, divorce, desertion and widowhood. A society is composed of many institutions and most important of them are the system of decent, family and kinship, marriage and religious traditions. They provide the ideology and moral basis for men and women about their rights and duties and their status systems that influence social expectations regarding the behaviour of both men and women and role.

The discussion hereunder presents the details of the respondents. The data is presented in the form of simple and tables. The data pertain to respondents' socio-economic information that includes respondent's age, religion, caste, residential area, medical information, type of family, ownership of house, and educational information.

Table-.2, Distribution of Respondents by Their Gender wise

Gender	No. of Respondents	Percent
Male	151	50.3
Female	149	49.7
Total	300	100.0

The gender wise distribution of PLHA as presented in Table No.2 revels that half of the respondents in the study are males 151 (50.3%). 143 (49.7%) females. Due to the economic independence and the male dominance, it is always the males who exhibit care free behaviour. Most of the infections were from sexual mode of transmission. Among the women respondents, 11 per cent were sex workers and rest were house wives, who got their infection from their spouses. In terms of certain obligations at time of familial and societal functions, they mostly, exist manifesting mostly risky behaviour either as providers of receptors of oral or anal sex.

Trend in the growth in number of AIDS cases by age and sex are among the active group both males and females were almost in the age groups or 15 to 34 years and 35 to 44 years. Almost both genders are infected equally but the infection spreads very fast in the male population compared to the females, because male members are more prone risk behaviour.

Table-3 ,Distribution of Respondents by Religion

Religion	No. of Respondents	Percentage
Hindu	247	82.3
Muslim	20	6.7
Christian	33	11.0
Total	300	100.0

This Information pertaining to the religious distribution of respondents is presented in observed from the out of 300 PLHIVs, 82.3 per cent belongs to Hindu religion and 11 per cent to Christians and the remaining 6.7 per cent were Muslims. It was found in the study that majority of the Christian respondents are Scheduled Castes on records but claim the benefits of meant for the Scheduled Castes. The HIV infection does not show any religious bias as the proportion of the respondents are more less or equal to proportion of Muslim and Christians percentage of population in the district.

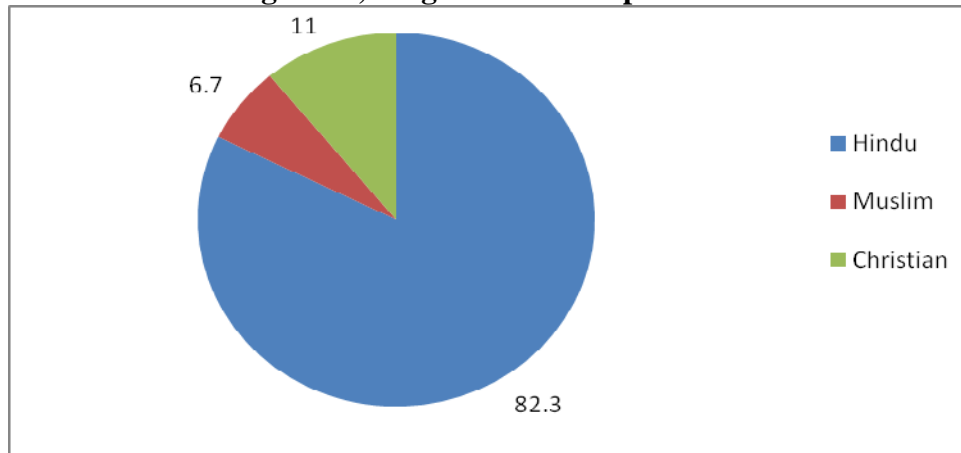**Figure- 2,Religion of the Respondents**

Table 4, Distribution of Respondents by Social Category

Social Category	No. of Respondents	Percentage
Scheduled Caste	82	27.3
Scheduled Tribes	26	8.7
Backward Caste	95	31.7
Open Category	44	14.7
Minorities	53	17.7
Total	300	100.0

(Source: Field Data)

The National and State Statistics on HIV/AIDS reveal that the prevalence of the pandemic is more in socially and economically disadvantaged sections. The district figures also reflect the National and State figures. The analysis of data on Social Category and Caste wise distribution of respondents as presented in the above Table indicates that the more than 31.7 per cent PLHIVS in the study district belongs to backward caste. The respondents belong to Schedule caste is found to be 27.3 per cent. 17.6 per cent of the respondents are Minorities. Minorities are called marginal Population are Christians and Muslims. Only 14.7 per cent of the respondents belong to forward caste.

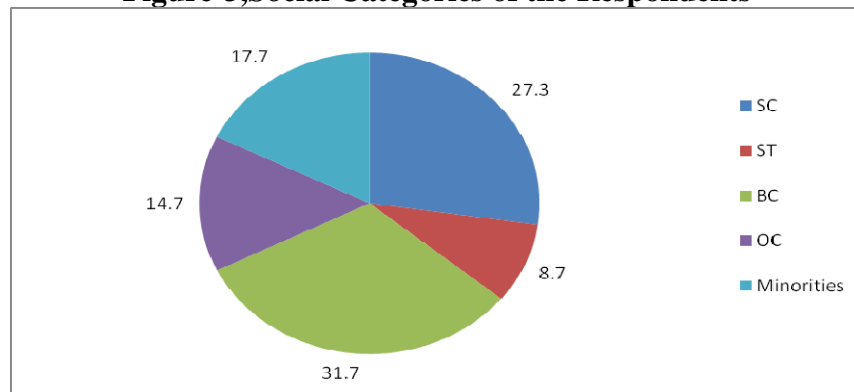**Figure-3,Social Categories of the Respondents**

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Table- 5, Distribution of Respondents by Level of Education

Education status	No. of Respondents	Percentage
Illiterate	168	56.0
Literates	132	44.0
Total	300	100.0
Level of Education (N=132)		
Primary education	63	47.7
Upper education	32	24.3
High school	22	16.6
Intermediate	9	6.8
Graduates	6	4.6

(Source: Field Data)

The education has an important role in prevention of HIV infection. The latest HSS National figures suggest the rate of HIV infection comes down with better education, and this is more so in case of men and women. Lack of awareness and misconceptions about HIV is very common in social and economically disadvantaged sections of not only rural areas but also of urban areas. The analysis of data shows that out of 300 respondents 56 per cent were found as illiterate and the remaining 44 per cent were literate. Among the literate groups, more than 72 per cent respondents have completed primary and upper primary education, 16.6 per cent respondents have studied to high school, only 4.6 per cent has obtained graduates and 6.8 per cent was intermediated. Lack of education and minimum education has definitely played a role in HIV transmission among the respondents.

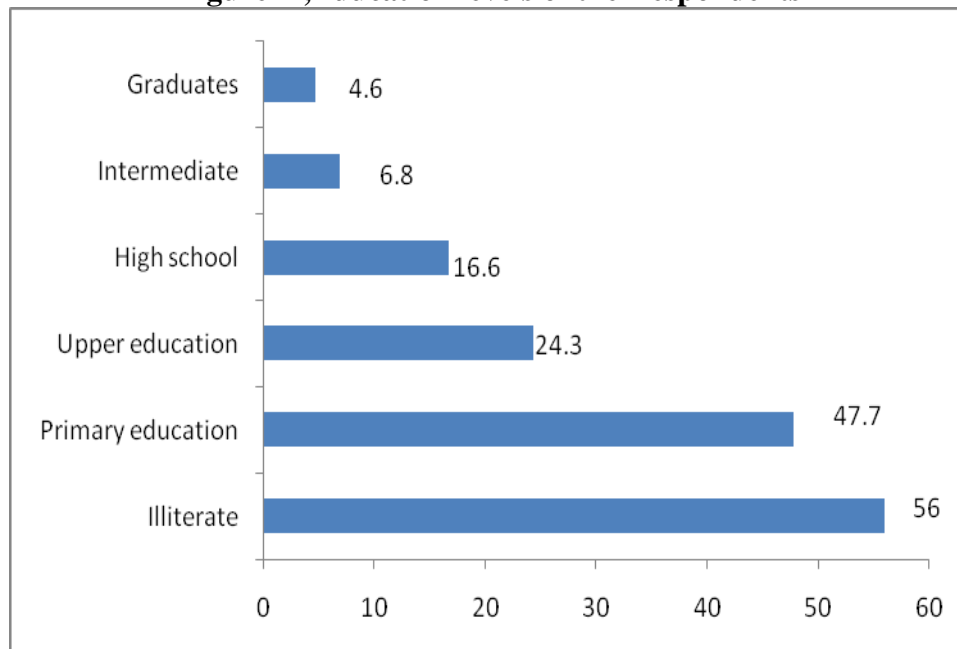### Figure- 4,Education levels of the Respondents

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Table 6, Distribution of Respondents by Present Residence

Present Residence	No. of Respondents	Percentage
Rural	162	54.0
Semi-Urban	67	22.3
Urban	71	23.7
Total	300	100.0

(Source: Field Data)

The national statistics according to the Sentinel Surveillance makes it clear that HIV/AIDS is more of an urban phenomenon, but in the recent times is rapidly spreading into the rural areas. As per the HSS data on Ananthapuramu district about 60 per cent of the PLHIV live in rural areas. The collected data is in tune the generalization that more PLHIV are from rural areas. As per the study results presented in the Table 5.5 out of 300 respondents 162 (54%) are living in rural areas, 71 (23.7%) in urban areas and 67 (22.3%) in semi urban areas. The Poverty, Socio Economic Backwardness, lack of health awareness migration and limited access of health care are the major factors which is the cause for more prevalence of HIV among people of rural areas.

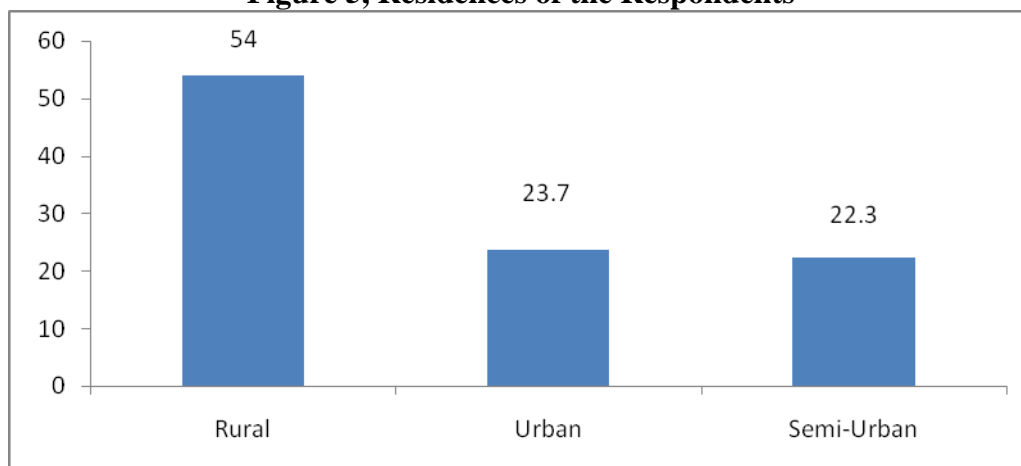**Figure 5, Residences of the Respondents**

Table 7,Monthly Income of the Respondents

| Monthly Income	No. of Respondents	Percentage
Less than 3000	75	25.0
3000-6000	137	45.7
6000-9000	28	9.3
9000-12000	21	7.0
12000-15000	30	10.0
15000-20000	9	3.0
Total	300	100.0

(Source: Field Data)

Majority of the respondents 137 (45.7%) have a monthly income between Rs. 3000-6000, while a miniscule number of the respondents 75 (25%) have an income less than Rs. 3000 for month, which is quite a meager amount in managing a household for people living with HIV/AIDS. These limited

resources would limit their choice for treatment and also for nutrition food which is must of PLHIV. These differences in the level of education, occupation and income of the respondents would have corresponding effects on their perception of symptoms and treatment.

Figure 6, Monthly Income of the Respondents
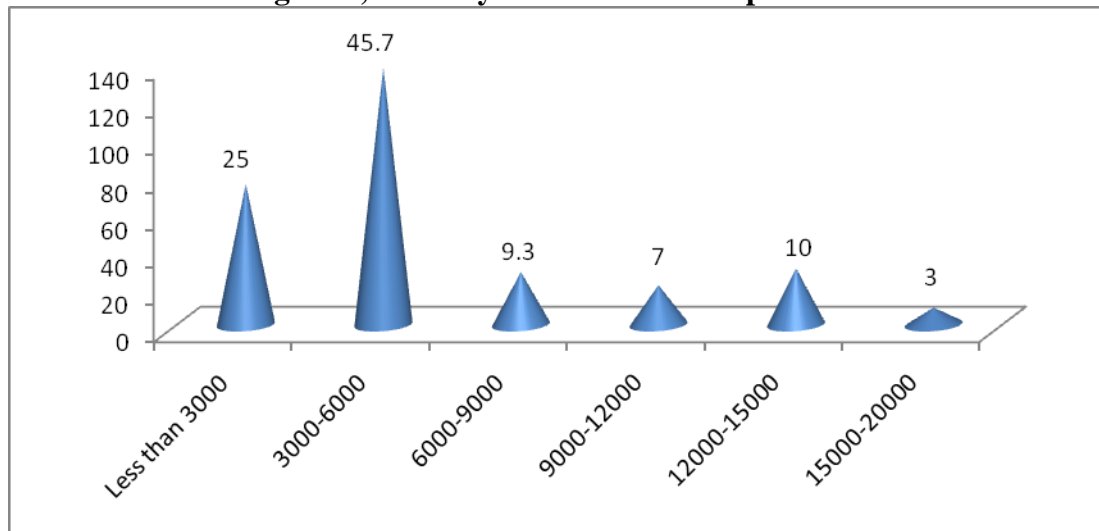
Conclusion

The study of people living with HIV/AIDS is very different task. This is very sensitive, situational and conditional faith of life styles. Hundred percent of the HIV infected respondents are fall in the reproductive and economically active age of 15 to 54 years. More than statistically were raised for the sample respondents are active age of 35-44 years. The majorities of PLHIVs are faced with very hard situations in family, neighbors and society to have a stigma and discrimination of life. It's difference for the situation of men and women compression to high risk or faced with women. India is democratic country the people are living with individual's lead with freedom of life in this country. 80 per cent of populations are living with rural areas. Rural areas are followed with Indian traditional and culture. The rural people have a very low income. Rural people are the depending agriculture works. The peak of respondents is daily labours and coolies they do for the low income generate areas. Low income generation causes of they are Illiterates. Social category is depending to generate to self recognized by society. Overall study of sample respondents are suffers from HIV/AIDS. Majority of Sample respondents are why suffers to the reasons for Socio- economically and educationally poor of the poor for conditions.