



Issues And Challenges of Juvenile HIV/ AIDS in Village India: A Study

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Abstracts: Adolescent is the crucial phase of the age group of 10 – 19 years. This is the phase of carnal, psychological development associated with sexual maturation. India is a country with largest ever adolescent population. According to the statement of UNFPA (United Nations Population Fund) India will continue as the country of youngest populations in the globe till 2030. India lives in her seven hundred thousand villages that are remote areas. More than 60% population resides in villages. Adolescent HIV/ AIDS is now an epidemic and adolescent HIV/AIDS should be managed separately apart from the adult HIV/AIDS. The students, street youths and slum youths are mainly covered the group of adolescence. Due to psychological vulnerability adolescence are contracted with HIV/AIDS. Basically the adolescent HIV/AIDS is detected among the adolescent sex workers, child labors, and migrant population. Due to lack of education and awareness the disease is rapidly progressing among the adolescence in remote India. The common way of the transmission of HIV/AIDS is heterosexual in nature. The socio- cultural frame work should be developed to manage HIV/ AIDS. The purpose of this research paper will be to contribute policy makers by exploring the common issues and challenges in the HIV/AIDS programme.

Keywords: Adolescent, HIV/AIDS, Remote India,



Introduction: In 2023, India has become the largest populated country in the world. The changing social, political, demographical patterns have been creating global attention in recent years (Patil et al., 2002). Government has taken various initiatives to meet the challenges of the health sector. But due to the lack of social awareness the health sector has been lagging behind days after days. As a developing country India has been facing huge health and economic burden due to Sexual Transmitted Infections (STIs). The influence of Sexual Transmitted Infections (STIs) on the human society has been recognized by the advent of HIV/ AIDS epidemic (Mayaud and Mabey, 2004). Adolescence is a crucial period of sexual maturity that transforms a child into biologically matured adult who has the potentiality of sexual reproduction and capable of performing sexual activities. Adolescence is the crucial time for laying the foundations of good health. Most of the youth acquire during the period of adolescent through the Sexual Transmission (ST) and HIV can pass from mother to child through childbirth, pregnancy and breastfeeding that is called Perinatal Transmission (<https://hivinfo.nih.gov/understanding-hiv/fact-sheets/hiv-and-children-and-adolescents#:~:text=>). Adolescence HIV/ AIDS is a social issue. It is a clear trend of young men and women in the Asian region countries to marry latter and to build sexual relationship before marriage in their lives (Silva and Reich, 1998). As the communicable disease HIV (Human Immunodeficiency Virus) can be spread through multiple sources by reaching in direct contact with the certain body fluids of the persons who have infected with HIV. Social awareness can prevent this fatal disease. It is found that there are 39 million persons are living with having HIV (Human Immunodeficiency Virus) and in India 2.4 million people are having HIV (<https://www.drishtiiias.com/daily-updates/daily-news-analysis/world-aids-day-2023>). In the year 2022, 6.5lakh persons died globally due to this fatal disease and 42000 persons died in India in this year (<https://www.drishtiiias.com/daily-updates/daily-news-analysis/world-aids-day-2023>).

In the rural area the number of population is higher than urban area. According to India's National Family Health Survey -3 (NFHS-3) due to low prevalence in rural areas represents a large number of HIV/ AIDS affected people and it is seen that 72% of Indian population is rural. Rural areas are highly prone to Sexually Transmitted Infections (STIs). High rate of Sexually Transmitted Infections (STIs) increase the contribution rate of HIV transmission (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3763610/#:~:text=HIV>). It is estimated that 35% of Indian people of age group of 15- 24 are affected with HIV infection (Mehra et al., 2016).

As the most of the people are living in the village so the numbers of HIV affected people are more in the village area than urban area. According to the 2011 census of India there are 664369 villages in the country. The study is based on the literature review. The study highlights the contemporary issues and challenges of adolescent HIV /AIDS in village India. India resides in village that more than two-third of the Indian population lives in rural areas and the distribution of rural and urban population is 68.8% and 31.2% respectively (<https://www.google.com/search?q=percentage+of+rural+and+urban+population+in+india&rlz>).

Literature Review

The present study is conducted based on the literature review and secondary data collected through extensive literature review of famous journals, theses, books and online resources.

Adolescent

According to WHO (World Health Organization) 'Adolescents' as the individuals are the age group of 10 to 19 years. Adolescence is the transitional phase of growth and development between childhood and adulthood (<https://www.britannica.com/science/adolescence>). In many societies it is supposed that adolescence is the period of puberty with the cyclic physical changes of the reproductive system. In some societies it is understood adolescence as the transition period of physiological, social and moral maturation (<https://www.britannica.com/>). It was credited to Stanley Hall who is the father of the adolescence research for discovering "Adolescence" (Heing, 2010). According to him "Adolescence" is the new developmental phase that has come about due to the social changes at the advent of the 20th century. Since the mid -1800 it was believed that puberty as the advent of sexual maturation and the starting point of maturation (<https://www.psychologytoday.com/us/articles/199501/the-invention-adolescence>).



HIV/ AIDS

HIV (Human Immunodeficiency Virus) is a virus that attacks the body cells that helps to body to fight against various infections make person more unsafe to other infections and diseases (<https://www.hiv.gov/hiv-basics/overview/about-hiv-and-aids/what-are-hiv-and-aids/>). Human Immunodeficiency Virus (HIV) attacks and destroys the immune system of human body specially the White Blood Cells (WBC) that called CD4 cells (WHO). HIV is a Non- communicable Disease (NCD) like diabetes, heart disease and cancer (Duffy et al.,2017). HIV / AIDS is associated with various non-communicable disease (Haregu et al., 2012).

Remote India

“Remote India” mainly refers to the areas within the India which are located far from the urban areas and have limited access to various services (<https://chat.openai.com/c/70ca004f-1de0-4d15-af64-3f2fd8dc6a55>). According to the National Geographic Education a village is a small setting generally found in the rural setting and it is usually larger than a “hamlet” and smaller than a “town” (<https://education.nationalgeographic.org/resource/village/>). Villages are the soul of the country and it is found that more than 60% population resides in villages (<https://www.vedantu.com/english/essay-on-life-in-an-indian-village>). Village is an important part of the life of Indian people as the unit of social structure and India is called as the land if villages the bulk of her population lives in villages (<https://buddingsociologist.in/village/>).

Scope of the Study

India is the largest populated country in the world and most of the people resides in rural areas. There is 17.76 % of Indian Population in respect of the total world population(<https://www.google.com/search?q=india+is+the+largest+population+in+the+world&rlz>). The literacy rate in rural area is lower than the urban area. According to the survey report it is found that in India the rural literacy rate is 67.77% and the urban literacy rate is 84.77% (https://www.google.com/search?q=literacy+rate+in+rural+india&sca_esv). Health literacy is very important to prevent our health problems for that we can protect our health problems and health literacy can help to manage the health issues when they arise (<https://www.google.com/search?q=important+of+health+literacy&rlz>). The rural people are not aware about the various health issues. The collected information regarding the issues and challenges of adolescent HIV / AIDS will to make the people aware particularly in rural areas. The study will be helpful to prevent such fatal disease and to save adolescence as well as our young society.

Objective of the Study

The present study is based on the literature review. Based on the literature review we have focused the following objectives of the study

- To highlight the influence of adolescent HIV / AIDS in village India.
- To identify the issues and challenges of HIV/ AIDS in village India.
- To find out the preventive measures to control HIV/ AIDS in village India.

Research Methodology

For the present study we conducted comprehensive query through the Google search engine and the Google Scholar using search terms including “ HIV/ AIDS”, ‘Remote India’, ‘ Village India”, “Adolescence”, “Adolescence HIV/AIDS”, “Village Literacy” , “Health Literacy”, “Issues and challenges of adolescence HIV/ AIDS in village India”, “ART”, “Adherence to Anti- retroviral therapy (ART)” etc. Besides the relevant articles were retrieved from the reference lists of the articles identified through this query method by using the particular search engine.



Discussion

HIV/AIDS among adolescents in village India

The rural adolescents are the victims of the fatal HIV. More than one third of cases of HIV/ AIDS in India are reported among the youth and the 60% of youth resides in village India (<https://www.google.com/search?q=HIV%2FAIDS+among+adolescents+in+village+India&rlz>). Two fifths of rural people have not basic knowledge about HIV/ AIDS in India (Yadav et al., 2011). If the immediate preventive measure will not taken for the prevention of HIV/ AIDS there will be approximately 80 adolescents death per day due to HIV/ AIDS globally by the year 2030 and it is reported that India has the highest numbers of adolescents HIV/ AIDS cases in South Asia (Patsani et al., 2023)

Mortality and Morbidity among HIV infected youth in rural India

In India limited attempts have been taken to estimate the morality risks among the people living with HIV (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4890789/>). The morality rate is high among the male group aged 18 years and above, among the illiterate people who are basically living in rural India (Javalkar et al., 2016). The data on morality related to the death with HIV/ AIDS is not sufficient due to the death registration issues (Ghate et al., 2011). Presently the remarkable progress has been noticed in the diagnosis and treatment of the people living with HIV/ AIDS. Now it is affordable to take Anti- retroviral therapy (ART) for that the mortality rate of HIV /AIDS has been decreasing. In the global perspective about 17 million people had been received Anti- retroviral therapy (ART) in the year 2015 (<https://books.google.co.in/books?hl=en&lr=&id=RwpADwAAQBAJ&oi=fnd&pg=PT78&dq=Mortality+and+Morbidity+among+HIV+infected+youth+in+rural+India&ots>). It was reported that 630000 people were died of HIV/ AIDS related illness globally in the year 2022 (<https://www.google.com/search?q=morbidity+in+hiv&rlz>).

Adherence to Anti- retroviral therapy (ART)

Adherence to ART is very important to minimize the death due to HIV /AIDS. It is a strong determinant of the outcome of the disease is adhere to ART in HIV/ AIDS infected individuals (Adejumo et al.,2015). Cost of medication, lack of access to medication and adverse events are the most reasons for non- adherence of the Anti- retroviral therapy and overall ART adherence in India is bellow the required level (Mhaskar et al., 2013). Depression and anxiety are the significant risk factors for non-adherence of ART and the women have the higher prevalence of optimum adherence than man (Chakraborty et al., 2020).

Factors influencing Anti- retroviral therapy (ART) among adolescents

After the considerable amount of literature review on adherence of ART in rural India it is found that there are various factors which influence the adherence behavior of ART.

Socio- demographic factors

People of lower socio-economic status are vulnerable to mental stress with poverty and food insufficiency that is supposed to increase sexual risk taking as well as the risk of acquiring HIV among the youth of rural areas over time (<https://www.google.com/search?q=Socio+demographic+factors+and+HIV&rlz>). Socio-economic factors like education, employment status, dwelling conditions and income impact HIV infection (Pai et al., 2023). The transmission of HIV / AIDS in a particular geographical area is influenced by the interplay of socio-demographic and behavioral factors (Santhakumar et ai., 2020). Position of women in the society is also a factor for the transmission of HIV for the lack of power in negotiating sexual relationship (Macdonald, 1996).



Economic Factors

Economic factors are remarkably associated with the risk of HIV/ AIDS infection

(<https://www.google.com/search?q=economic+factors+and+HIV&rlz>). According to the American Psychological Association (APA) both in domestic and international life HIV/AIDS is embedded with social and economic inequality (<https://www.apa.org/pi/ses/resources/publications/hiv-aids>). Lack of optimum socio-economic resources is connected to the practice of riskier health behavior which can take a leading fact of HIV infection (<https://www.apa.org/pi/ses/resources/publications/factsheet-hiv-aids.pdf>).

Psychological Factors

Self- efficacy is one possible factor that may affect Anti- retroviral therapy (ART) adherence (Lee et al.,2015). There are many psychological factors like stigma and discrimination, work related issues, religious beliefs, lack of knowledge, long waiting time in ART clinic and poor family support can affect Anti- retroviral therapy (ART) adherence among the youths (<https://doi.org/10.1101/2023.02.04.23285423>). A considerable number of patients suffer from negative psychological states which significantly affect Anti- retroviral therapy (ART) adherence rates (Anuradha et al., 2011). It is reported from several studies that the adolescents forget to take the medication as a result for skipped doses particularly in situation when they are free from acute illness (Adejumo et al., 2015).

Interventions to improve adherence to Anti- retroviral therapy (ART)

Barriers to adherence of Anti- retroviral therapy (ART) differ from societies. Adolescents form a separate risk group whose interest and challenges are different from other age groups (Adejumo et al., 2015). It is needed to strong interventions to improve the adherence rate to Anti- retroviral therapy (ART). The optimal Anti- retroviral therapy (ART) adherence is the fundamental to suppress HIV and to improve wellbeing of HIV/ AIDS positive patients (<https://www.mdpi.com/1660-4601/18/5/2477>). It is very crucial to adhere Anti- retroviral therapy (ART) to decline the morbidity and mortality rate of the HIV/ AIDS positive patients. More over the optimal adherence of ART may decrease the probability of transmission of the fatal virus to the partners and improve the quality of life. Inventions like education and counseling, community based support, family support, food service, awareness campaign and use of modern technology can improve the adherence to Anti- retroviral therapy (ART).

Conclusions

Adolescents and children with HIV/ AIDS is a big issue in growing population in India as a largest populated country in the world. Health care providers and care givers play important role to prevent adherence issues. Now it is a great challenge to control and suppress the HIV/ AIDS. As the adolescence is a crucial period of both physically and psychologically development so it is highly needed to provide proper education to adolescents. In the village areas the lack of communication is a leading problem. Economical supports also needed to improve the behavioral factors that affect the adherence Anti- retroviral therapy (ART). To eradicate the fatal HIV/ AIDS from the society government has taken various initiatives for that the rate of HIV/ AIDS infection is decreasing gradually. All the conscious people should take proper interventions to solve the socio-demographic, economic and psychological problems to improve the adherence of Anti- retroviral therapy (ART). Proper interventions lead to improve the quality of life of the HIV/ AIDS positive patients.



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