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A STUDY ON AIDS/HIV AWARENESS THROUGH RELIGION & COMMUNICATION

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Abstract

The present study highlights the significance of the health communication / education campaigns regarding HIV/AIDS so that people assume the people suffering with AIDS as the part of the same society and do not neglect them. It will also change the attitude and explore the knowledge of AIDS variables. There are various demographic factors which show effect on HIV testing history. These factors are age, education, income, and religion. More youthful respondents, and in addition those with bring down levels of instruction and salary, revealed prior time of sexual beginning. Those with bring down pay levels, Hindus, and those living in non-urban zones were more averse to be tried for HIV antibodies.

Keywords: Awareness, Demographic Indicator, HIV, AIDS.

Introduction

Enormous social imbalances, in light of standing and sex one-sided disturb the issue as far as financial variations likewise which brings about unequal access to essential improvement inputs. At the point when the malady showed up in the West, numerous individuals in India believed that the sickness would not influence the Indians. The Indians imagine that because of their solid family esteems and customs they are not in the hazard zone and HIV was viewed as an ailment of the West as it were. In the first place the sickness had no element. As this ailment was seen among Homosexuals, it was called as Gay Related Immuno Deficiency (GRID) disorder. Before the finish of 1983 this ailment was likewise being found among different gatherings. The Center for Disease Control, Atlanta, USA named this sickness as Acquired Immuno Deficiency Syndrome. From that point forward the ailment is known as AIDS.

Toward the start of 1986, notwithstanding more than 20,000 announced AIDS cases around the world, India had no revealed instances of HIV or AIDS. In 1985, the Indian Council of Medical Research (ICMR) had set up a sero-observation program. In 1986 the nearness of the infection was first distinguished in sex specialists in Chennai. The principal Indian patient to experience the ill effects of AIDS was accounted for from Mumbai. In 1987, the ICMR cautioned the nation about the approaching pandemic. Not long after the detailing of the initial couple of HIV and AIDS cases in the nation in 1986, Government perceived the reality of the issue and took a progression of vital measures to handle the pandemic.

There was acknowledgment, however, this would not be the situation for long, and concerns were raised about how India would adapt once HIV and AIDS cases will begin to rise. One report, distributed in a therapeutic diary in January 1986, expressed: "Not at all like created nations, India does not have the logical labs, inquire about offices, hardware, and medicinal faculty to manage an AIDS pandemic. Moreover, factors, for example, social taboos against discourse of sexual practices, poor coordination between neighborhood wellbeing experts and their networks, far reaching destitution and ailing health, and an absence of ability to test and store blood would seriously impede the capacity of the Government to control AIDS if the infection became across the board.

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Review of Literature

Naomi Theuri, (2014)justified that NGOs have been effectively engaged with both worldwide and national approach forms coming about to advancement of human rights. Be that as it may, NGOs contribution in strategy process vigorously relies upon their prosperity, since approach creators connect just fruitful NGOs. In deciding if NGOs are effective, markers of NGO achievement ought to be apparent in their tasks. This postulation centers around three pointers of NGOs achievement in particular, adequate assets, embeddedness in the network and an officially settled accomplishment in the nation where they are geologically situated, with an expect to demonstrate that effective NGOs have a part in strategy process and such NGOs advance delight in rights, for example, appropriate to wellbeing and opportunity from separation. The markers are identified with each other and are similarly imperative for a NGO to pick up progress. Along these lines, pointers of NGOs achievement have awesome effect on NGOs achievement that affects NGOs part in approach process.

Catherine Connor, (2000) studied that Non-legislative associations (NGOs) have driven the path in giving HIV/AIDS benefits and expanding the range of national and global projects, yet there is little data on the fruitful methods for choosing, contracting, and directing NGOs. Brazil has had an exceptionally fruitful ordeal contracting NGOs under AIDS I and II, two tasks co-financed by the World Bank and the administration of Brazil. Since 1994, more than US$ 25 million has been appropriated to more than 200 nearby NGOs to execute just about 800 subprojects. The Ministry of Health built up a unit committed to working with HIV/AIDS NGOs that directed a yearly aggressive procedure to choose extends in aversion, benefit conveyance, and institutional improvement. Numerous variables added to the accomplishment of the contracting procedure in Brazil, incorporating the NGO's cooperation in venture plan, the consideration of NGO contracting as a component of a more extensive nation system to battle the HIV pandemic, accentuation on straightforwardness and coordinated effort, experience and ability to oversee contracts in both the NGO and open parts and the mixture of benefactor financing and support for NGO inclusion.

Dejong J et al (2015) in "Conceptive Health Matters" looked into the sexual and regenerative wellbeing circumstance of youngsters matured 10-24 in the Arab States and Iran, in view of distributed and unpublished writing and meetings with 51 enter witnesses working for the most part in NGOs and global offices in the district. There are couple of national government programs tending to youngsters' sexual and conceptive wellbeing with the special cases of Tunisia and Iran and an absence of populace based information to guide such projects. In spite of the fact that the solid accentuation on the trustworthiness and quality of the family has a defensive impact, youngsters need access to data. National-level information are additionally rare concerning STIs and usage of STI facilities is amazingly derided over the area, especially for ladies. There are few examinations on the occurrence of STIs among youth. In Morocco one examination found that 40 percent of STIs recorded were among youngsters matured 15-29. The WHO Eastern Mediterranean Regional Office (EMRO) got reports of a sum of 73,000 STIs from 5 out of 23 nations for 2002. Moderately few investigations have investigated the degree of youngsters' information about STIs despite the fact that there is some confirmation to propose it is low. For example in a broadly illustrative investigation of teenagers in Egypt, among 16-19 years of age 30 percent of young ladies and 19.7 percent of young men did not know any of STIs or HIV. For those with tutoring these figures were as high as 37.7 percent for young ladies and 31 percent for young men.

RJ Verma (2015) in "Avoidance and control of STIs among teenagers: the significance of a socio-environmental point of view A Commentary" examined the STI scourge among youths in the USA is in extricable attached to individual, psychosocial and social marvels. Re conceptualizing the pandemic inside an extended socio-natural system may give a chance to better face its difficulties. The creators utilizes socio-biological structure to recognize determinants of young people's sexual hazard and defensive practices and additionally predecessors of their STI obtaining.

Singh S.K., et al (2014) in the examination entitled "Ladies' Vulnerability to STI/HIV in India-Findings of the CHARCA Baseline Survey" planned to lessen the powerlessness of ladies especially young ladies of 13-24 years from HIV contamination in six chose regions in India. This program likewise meant to give data identified with sexually transmitted contaminations and rights issues, along these lines enhancing their abilities and availability to quality administrations and to manufacture their ability and supporting systems by giving a favorable domain that will engage them to ensure against STI/HIV and to successfully declare their rights. The CHARCA utilized the standard study which has received a logical report configuration created through a mix of quantitative

and subjective apparatuses in every one of five locale. The review demonstrated that the predominance of mindfulness about RTIs/STDs among as of now wedded ladies underneath 25 years old was 48 percent in Kanpur, Uttar Pradesh; 35 percent in Guntur, Andhra Pradesh; 23 percent in Krishanganj, Bihar; 29 percent in Aizawl, Mizoram; and 21 percent in Bellary, Karnataka. The discoveries of the examination uncovered that one of the determinants of weakness of youthful is absence of mindfulness about methods of transmission and counteractive action of STI/HIV. CHARCA has offered significance to STI/HIV and included it as one of the five noteworthy mainstays of intercessions. The investigation found that extent of ladies having no less than one indication sexually transmitted contamination amid the most recent a year is extensively higher in Kishanganj (85%), trailed by Aizawl (76%) and Kanpur (47%). Along these lines the investigation finishes up proposal for a pressing requirement for an extensive program of mindfulness that can be supported by presenting different topical ideas and messages among young ladies instead of focusing on a large scale level program. The investigation accentuation that a more particular network based program will be suitable as it can possibly expand the general information and mindfulness and to diminish winning confusions.

Government Policy

Government of India without wasting any time initiated steps and started pilot screening of high-risk population. A high-powered National AIDS Committee was constituted in 1986 itself and a National AIDS Control Programme was launched in the year 1987.

In 1991, the strategy was revised to focus on blood safety, prevention among population of high risk, level of awareness of the population should be raised and there must be scope of improving surveillance. With all the objectives keeping in mind the Government of India established a semi-autonomous body, National AIDS Control Organisation under the Ministry of Health and Family Welfare. The National AIDS Control Organisation (NACO) started its activities under its first phase from 1992-1999. Its emphasis is on committing for the disease on the national level, increasing awareness and addressing the problem of blood safety. Although the pace of the programme was a bit slow in the starting but due to the magnitude of the epidemic strict measures were followed thereafter. Apart from blood donations professionally which was banned legally after the implementations of the programme, screening of the donated blood became compulsory by the end of the phase. In order to facilitate more effective response, the power of the organisation was decentralised and some of the duties were assigned to states. There were varying degree of commitment and ability of the states was seen in the implementation of the programme at the state level. States like Tamil Nadu, Andhra Pradesh and Manipur demonstrated a much higher degree of involvement and commitment, states such as Bihar and Uttar Pradesh have yet to prove and reach that level.

In November 1999, the second National AIDS Control Program (NACP-II) from 1999-2006 happened with the expressed point of lessening the spread of HIV through advancing the knowledge. The program was propelled with World Bank crediting a help of US $ 191 million. In view of the experience picked up in Tamil Nadu and a couple of different states alongside the advancing patterns of the HIV/AIDS plague, the concentration moved from bringing issues to light to evolving conduct, decentralization of program usage at the state level and more noteworthy inclusion of NGOs. Amid this time, the model PMTCT or Prevention of Mother-to-Child Transmission program and the arrangement of free hostile to retroviral treatment were accessible and executed out of the blue. The approach and key move can be found in the two key goals of NACP-II:

- To decrease the spread of HIV disease in India
- To build India's ability to react to HIV/AIDS on a long haul premise.

In 2001, the legislature figures and received the National AIDS Prevention and Control Policy and particular destinations were likewise set. Previous Prime Minister of India Atal Bihari Vajpayee alluded to HIV/AIDS as the most inactive and genuine medical problem looking by India when he tended to Parliament. Under this stage, the administration keeps on extending the program at the state level. The states are being given strategy orders to actualize the methodologies. Arrangement activities taken amid NACP-II included appropriation of National AIDS Prevention and Control Policy (2002); National Blood Policy; a methodology for Greater Involvement of People with HIV/AIDS (GIPA); propelling of the National Rural Health Mission; propelling of National Adolescence Education Program; arrangement of Anti-Retroviral Therapy (ART); development of a between ecclesiastical gathering for mainstreaming; and setting up of the National Council on AIDS led by the Prime Minister". More prominent accentuation has been put on focused mediations for high hazard gatherings, preventive intercession among the all inclusive community, and more noteworthy contribution of Non-Government Organizations (NGO's) and different segments and

line offices, for example, training, transport and Police.

HIV/AIDS Awareness through Religion

In most countries across the globe the daily lives of people are strongly influenced by spiritual beliefs related to God, supernatural powers and life after death. Religious institutions and preachers form an integral part of many communities in these countries particularly in rural areas. They have been known to be powerful influences and are being currently trained to create AIDS awareness in the communities.

India is a nation of many religions. With various ethnic and social substances which without a doubt add extravagance to this nation. Every religious confidence has superb hierarchical structure and has been giving wellbeing, social and instructive administrations in their different networks for quite a while.

Tackling the officially existing interfaith framework and assets alongside community association to encourage better understanding resilience and assemble trust for benefit conveyance which is basic. The primary Interfaith Round Table on HIV/AIDS was held at the Urban Research and Training Institute in Bangalore on June 18-19, 2005, which was composed by NACO, UNAIDS and VHERDS. The Round Table reaffirmed the essential impact that the religious and otherworldly conventions can have on the development of solid conduct and right heart in people and the one of a kind part that the religious heads can play in checking the HIV/AIDS in the general public by being an ethical power in the network religious association (FBO's) accordingly give an exceptionally dependable stage and organization to address the test of HIV and AIDS aversion, control and mindfulness in coordinated effort and cooperative energy with the legislature.

Awareness through Community Participation

In recent years there has been a growing awareness about the HIV/AIDS in different communities playing a crucial role. The recognition of community participation or group meeting in facilitating HIV/AIDS prevention efforts led to the reformulation of both theoretical and practical efforts at HIV/AIDS prevention care.

Community participation or group meeting approaches allow us to study and determine the salient features of the social structure as well as the psychological factors of the community participatory methodology has also been extensively used to develop culturally appropriate behaviour changes programmes. The Social Marketing Initiative (SMI) technique was developed by the Centre for Disease Control and Prevention (CDC). Another programme which is also developed by CDC is the Preventive Marketing Initiative (PMI) approach, engaged in involving, preparing and recruiting young people of the communities to actively assist in HIV/AIDS prevention efforts.

Conclusion

HIV/AIDS isn't only a fight with the infection, yet additionally a fight for poise. The social disgrace related with those tainted, the absence of sex instruction, and the general disregard towards the LGBT people group and their rights add to the issue. Albeit substantially more should be done, we present to you a rundown of five associations which have effectively worked over the previous decades in helping us achieve where we stand today. The rundown is a long way from being thorough, however we trust that on the occasion of World AIDS Day, it will enable us to begin an important talk on what all the more should be done to make India HIV free and make lives of those living with HIV better. A portion of the elements in charge of such a situation are general backwardness of the general population, nonappearance of satisfactory number of committed people, over accentuation on targets and time bound projects, political impedance and personal stakes, simple accessibility of assets without appropriate arranging and evaluation of felt needs and shields for the network, doubt of organizations and specialists who don't have a base in the network and can't win its help and absence of decentralization which could give a sentiment of being accomplices being developed as opposed to improvement being pushed from above.

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