CHAPTER – II
REVIEW OF LITERATURE

This chapter will examine the research studies that have been conducted that (National and International) on HIV/AIDS intervention programmes and HIV/AIDS related issues. The review of literature focused on the theoretical background on HIV/AIDS intervention, knowledge, attitudes, and behaviour as well as the studies that were done, both internationally and locally. It will also present the problem of HIV/AIDS has been the primary focus for much intellectual thinking and have also engaged in interventions at different levels to alleviate the problem who investigated how HIV/AIDS knowledge, attitude, and behaviour can be changed through intervention programmes. Reviewing the evidence base for the efficacy and effectiveness of such interventions requires seriously embracing this approach as a legitimate research pursuit and expanding efforts beyond the traditional behavioral research paradigms. Research must clearly trace the pathways between social determinants and HIV infection and develop new methodologies to develop and test structural interventions to disrupt these pathways. It deals with the research that was done on these concepts and it also gives the HIV/AIDS intervention programmes that are implemented in India. HIV/AIDS education programmes (courses, workshops, and classes), voluntary testing and counseling, communication, HIV/AIDS reduction programmes, and condom distribution. Communication through mass media, like films and television is an effective vehicle for
supporting the maintenance of awareness of the continued existence and subsequent threat of HIV in the population (Sixsmith, Kelleher, & Grangle, 2000) and is included in this study as an HIV/AIDS intervention programme.

One can gain knowledge of what to do and what not to do from his regular experiences. This knowledge is to be either preserved or transmitted to the next generation. So, human can take the advantage of the knowledge, which has been preserved or accumulated through the centuries or since the origin of human being. Unsafe sex is one of the activity performed by human being throughout the world. This factor is of particular importance cause to put human being in risk of getting the dangerous disease HIV/AIDS is main theme in the present research.

For any specific research project, in the development of a discipline, the researchers must be thoroughly familiar with both previous theories and research. To assure familiarity, every research project in the anthropological, social, sciences, needs at one of its stage, a review of the theoretical and research literature.

The term ‘Review’ means to organize the knowledge of specific area of research to evolve an edifice of knowledge so that this study would be an addition to this field. The word literature has conveyed different meanings from traditional meaning. But in research methodology the term literature refers to the knowledge of a particular area of investigation under any discipline, which includes theoretical and its practical research studies.

The task of review of literature is highly creative and tedious because researcher has to synthesize the available knowledge of the field in a unique way to provide the rationale for his study.

2.1 Definitions of Review of Literature

Thus the term review of literature has been defined in the following ways: According to W.R. Brog “The literature in any field forms the foundation upon which all future work will be built. If we fail to build the foundation of knowledge provided by the review of literature our work is likely to be shallow and native and will often duplicate work that has already been done better by someone else”.

According to Charter V. Good, “The keys to vast storehouse published literature may open doors to sources of significant problems and explanatory hypothesis and provide helpful orientation for definition of the problem, background for selection of procedure, and creative and original, one must read extensively and critically as a stimulus to thinking”.

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According to John W. Best, “Practically all human Knowledge can be found in books and libraries. Unlike other animals that must start a new with each generation, man builds upon the accumulated and recorded knowledge of the past. His constant adding to vast store of knowledge makes possible progress in all areas of human endeavor”.

Reviewing the literature has two phases. The first phase includes identifying all the relevant published material in the problem area and reading that part of it with which we are not thoroughly familiar. We develop the foundation of ideas and results on which our own study will be built. The second phase of the review of related literature involves writing this foundation of ideas into a section of the research report. For the researcher, it establishes the background in the field.

2.2 Importance of Review of Related Literature

One of the early slips in planning a research work is to review research done previously in the particular area of in that and qualitative analysis of this research usually gives the worker an indication of the direction. It is very essential for every investigation to be up-to-date in lies information about the literature. It previews source of problem of study, and also it avoids the replication of the study of findings to take an advantage from similar or related literature, as regards to methodology techniques of data collection, procedure adopted and conclusions drawn.
A review of the related literature gives the scholar an understanding of the previous work that has been done. The results from the review actually provide the data used in research has been done and data used in research. These reviews will give the student the insights he needs to convert his tentative research problem to a specific and concise one. In the process of reviewing the literature the student is on the alert for finding out research approaches in his area that have provides to be sterile. The review of the literature provides us with an opportunity of gaining insights into the methods, measures, subjects and approaches employed by other research worker. This in turn will lead to significant improvement of our research design. A careful consideration of the chapter entitled recommendations for further research in various research studies guide us regarding the suitability of a problem and assists us in delimiting our research problems. The review of related literature is the basis of most research projects in physical sciences, Natural sciences, Social Sciences and Humanities.

Thus, the investigator carefully studied keeping in view the importance, purpose and advantages of the review of the related literature, the scale of scoring procedure, statistical tools utilized and measures and methods will be taken in to consideration.

2.3 Sources for Related Literature

There are various types of sources, which have to be located and studied for the present study. In this the investigator has mainly depended on primary
sources and secondary sources. The primary source belonging to the data collected from the respondents and the secondary source is related to the books, journals, articles etc. The sources of information have also been classified as direct sources and indirect sources.

**Direct Sources**

i. Journals

ii. Books, monographs, yearbooks and bulletins

iii. Dissertation and thesis

iv. Government publications etc.

**Indirect Sources**

i. Encyclopedia of Anthropology

ii. Anthropological Indexes

iii. Anthropological Abstracts

iv. Directories and Anthropology

v. Quotation sources

vi. Miscellaneous sources

Therefore, an attempt has been made to review the published and unpublished literature of previous studies belonging to social sciences on participation of sex between male and female and HIV/AIDS. To understand the significance of sex transmission diseases and HIV/AIDS patients, the review of literature has been discussed.
2.4 Related Studies

Paul Flowers (2012) studies on ‘Advances in biomedical HIV prevention’, as in the case of male circumcision or the potential of antiretroviral therapies for prevention, provide substantial opportunities to re-invigorate behavioural approaches to HIV prevention and challenge us to advance structural approaches so that these advances can get to those who need them the most. All these prevention approaches contribute to effective HIV prevention within communities, and thus behavioural strategies need to be used in combination with biomedical and structural approaches that are combined strategically to address local epidemics.

‘Survivors of sex trafficking in Andhra Pradesh : Evidence and testimony’ by U. Vindhya and V. Swathi Dev (2011) is based on the case studies of 78 trafficked women from Anantapur, their origin to metropolitan cities across India and returning to their homes. It attempts to highlight the gendered vulnerabilities that capture the process of the trafficking experience by laying focus on the individual and family circumstances.

Unicef Report (2011) stated that A continuum of prevention can lower young people’s vulnerability to HIV what causes the transmission of HIV among young people. is no mystery: unprotected sex with an HIV-positive person contact with infected blood or other then aids through the sharing of non-sterile injecting equipment. What works to prevent HIV transmission in young people no mystery either:
- Abstaining from sex and not injecting drugs
- Correct and consistent use of male and female condom
- Medical male circumcision
- Needle and syringe exchange programmes as part of a comprehensive harm reduction programme
- Using antiretroviral drugs as treatment (which lowers the chance of transmission) or as post-exposure prevention
- Communication for social and behavioural change

Along with a continuum of HIV prevention, there is a need to address the underlying problems that lead to young people’s risk: lack of opportunity, gender inequality, and poverty. This is why the MDGs are so crucial to the success of the AIDS response. And while the goal is to prevent new HIV infections in young people, it is also to help those young women and men already living with HIV to manage their chronic illness in a way that gives them as much chance to succeed in life as their HIV-negative peers.

Agweda. T.O. and V.A. Dibua (2010) had worked out on the impact of stigmatization on the acceptance and care for People Living With HIV/AIDS (PLWHA) in the society. The study was conducted among civil servants in Auchi in Edo state, Nigeria. A few findings of the study are that people have high knowledge of HIV/AIDS and stigmatization living with HIV/AIDS in the society. The enlighten programmes can change people’s attitude towards people living with HIV/AIDS in the society and reduce the level of stigmatization associated
with the diseases.

Dayanand Sharma (2010) emphasised that India’s most affected populations are also the most marginalized – commercial sex workers, migrant workers, MSM and drug users. Among these groups, India has focused most intensely on the sex worker industry, resulting in a number of successful prevention and outreach education models in brothels across the country. However, the story is far different for drug users who are targets of India’s harsh laws and punitive treatment. For example, harm reduction, including needle exchange programs – a proven HIV prevention method for drug users – is not even incorporated in government policies. Pushed even further from sight are MSM – whose sexual practices are illegal – making it all but impossible to reach them with information. HIV outreach workers and peer educators are frequently harassed or even jailed for working with this population. This also increases the risk for the general population to contract HIV, due to the large percentage of MSM with female partners and/or wives.

In addition, stigma and discrimination against women remain deeply entrenched as women lack adequate access to human and economic resources, which only further weakens their ability to protect themselves while increasing their vulnerability. As in other countries, gender inequality remains a significant problem in the fight against HIV/AIDS. And finally, stigma toward people living with HIV is still widespread in India. The misconception remains that AIDS only affects a certain segment of the population due to socially deviant behavior,
which makes them responsible for their disease. An illustration of the consequences of this stigma is the case of HIV/AIDS activist, Jahnabi Goswami, who was kept from running for state office because of her HIV status. Complex Behavioral Screening Intervention and HIV/AIDS.

Sumaiya Abedin et.al., (2009) explained in their study that the aim of the study is to investigate the stark reality of commercial sex work of floating female sex workers, their socio-economic, demographic and health conditions of Rajashahi city in Bangladesh. The study reveals that most of the commercial female sex workers are resorted to commercial sex work for their daily survival and suffer from various physical problems. A set of influential factors that cause such problems as the number of years in commercial sex, number of children born before resorting to commercial sex work, body fat and pulse pressure are found to be important factors that are responsible for all health problems.

Franca Attoh (2009) examines ramifications of the prostitution in women. He observed that the Nigerian society has a different phenomenon about the women and economical differences that exist. The economic conditions of women and inequalities will pull the women to this illicit trade.

Babatunde Raphael Ojebuyi (2009) has studied people’s knowledge about HIV/AIDS. This article has focused on reading, primarily to investigate its effectiveness as a receptive communication skill, through which the public can be better educated about HIV/AIDS.
Anuja Agarwal (2008) has published a book on prostitution among the Bedias of India. This study is based on an anthropological study of prostitution and patriarchy among the Bedias, a de-notified tribe. She traces the history of prostitution among the Bedias, linkages between prostitution and their criminal status during the colonial period. She then discusses the process of making of a Bedia prostitute which ensures the Bedia woman shaping the responsibility of her family income.

Anagha Tambe’s (2008) paper argues that the debates and collective actions around prostitution in India are not restricted to the polarized ‘sex wars’, but goes on to action. Though this voice is hardly acknowledged in contemporary debates, it has emerged through historical struggles in India, challenging prostitution as Brahmanical sexual exploitation. This paper emphasizes the strengthening of this voice for understanding the diverse issues and voices in the organization of women in prostitution in India.

Amubuja Kowlgi and Vijay Kumar Hugar (2008) have studied the health profile of female sex workers in Dharwad, Karnataka followed by the more sophisticated form of call girls based on a research report of Ishita Majumdar and Sudipta Panja for the Bhoruka Public Welfare Trust.

Vikrant Sahsrabuddhe and Sanjay (2008) have reviewed the public health implications of the high HIV burden among female sex workers in India. They
have discussed the socio-demographic, biological and behavioral factors that predispose Female Sex Worker to the risk of HIV/AIDS. They have also delineated some examples of interventions and risk reduction programmes.

Meena Shivadas (2008) in her paper “In the interest of business and health: Women sex worker’s efforts to protect themselves from HIV” examines the efforts of SANGRAM (Sampada Grameen Mahila Samstha) and VAMP (Veshya Anyay Muqbla Parishad) to build awareness about women sex worker’s rights to health. In this paper, she has discussed her experiences of mobilizing female sex workers to combat AIDS.

R.C. Swarnakar (2008) discusses the sexual behavior in the community based sex work of the Nat women in Rajasthan. He has investigated the interrelationships and interdependence at the levels of Nat Female Commercial Sex Worker (FSW) with other members of family and kin and FSW with those in sexual trade, i.e., hoteliers, transporters, middlemen, clients and soon.

Mathew Flynn (2008) examines Brazil’s experience with the public production of antiretroviral drugs (ARVs) and highlights the important role of the State in guaranteeing access to life-saving medicines and fulfilling human rights commitments. Further he “argues that three key factors led to the government becoming a direct producer of ARVs: 1) a pre-existing infrastructure of public laboratories that have served the public health system to a greater or lesser degree since the 1960s; 2) strong civil society pressures, including public health activists both inside and outside the government; and 3) a pharmaceutical sector
characterized by high prices and controlled by transnational drug companies” (Pp 513).

Thomas J Coates, Linda Richter, Carlos Caceres (2008) stated that Behavioural change has been responsible for the prevention successes to date. Strategies to modify risk behaviours need to remain a main priority for HIV prevention. They defined behavioural strategies as those that attempt to delay onset of first intercourse, decrease the number of sexual partners, increase the number of sexual acts that are protected, provide counseling and testing for HIV, encourage adherence to biomedical strategies preventing HIV transmission, decrease sharing of needles and syringes, and decrease substance use. Behavioural strategies to accomplish these goals can focus on individuals, couples, families, peer groups or networks, institutions, and entire communities. Whereas structural strategies seek to change the context that contributes to vulnerability and risk3 and biomedical interventions block infection or decrease infectiousness, behavioural strategies attempt to motivate behavioural change within individuals and social units by use of a range of educational, motivational, peer-group, skills-building approaches, and community normative approaches.


Adermi Suleiman Ajala (2007) has revealed that with regard to the Yoruba
culture of sexuality, disease and poverty, the three main global perspectives on the specific internal factors are ignored in explaining AIDS pattern in the society. Thus policies emanating from these have failed to adequately curtail the prevalence of HIV/AIDS in the society. Further he said that there is a need in re-direction to community-specific explanation of HIV/AIDS.

John Millan, NHASP, William Yeka, PNGIMR (2006) stated that in countries with generalized epidemics (a number of countries in sub-Saharan Africa and Haiti and Papua New Guinea), there are opportunities to foster an environment that will encourage healthy attitudes and behaviours, ensure greater gender equality and allow protection against vulnerability to take root and become the new norm. This is particularly important for young women and girls, who in these countries are at greater risk of HIV infection than young men and boys. Here, the same social norms that tolerate domestic violence also prevent women from refusing unwanted sexual advances, negotiating safe sex or criticizing a male partner’s infidelity. The silence and complicity around this inequality must, and can, be broken.

Joanne E. Mantell (2006) in his paper specifically addresses how the structure of gender relations for better and far worse- shapes the promise and limits of widespread use and acceptance of female- initiated methods. They have drawn on examples from around the world to underscore how the regional specificities of gender (in) equality shape the acceptance, negotiation, and use of the methods. Simultaneously, they demonstrated how the introduction and
sustained use of methods are shaped by gender relations and offer possibilities for reinforcing or challenging their current state. Based on their analysis, they offer key points and pragmatic recommendations to increase promotion and effective use of women–initiated HIV/STI protective methods for both women and men.

M.G. Olujide, O.O. Adelore and R.A. Popoola (2006) have focused on the attitude of rural dwellers to HIV/AIDS prevention programmes in Akinyele Local Government and Saki-East Local Government Area of Oyo state. South west Nigeria. According to them, awareness level of HIV/AIDS is high among the rural dwellers. They have also noted that the knowledge on route of transmission and methods of HIV/AIDS prevention is generally high but low on symptoms of the disease. They have concluded that the rural dwellers have positive attitude towards HIV/AIDS prevention promotion programmes. In this study there is significant variation in the attitude of the rural dwellers.

O.O. Adelore et.al (2006) have carried out the study to assess the impact of HIV/AIDS prevention promotion programmes on behavioral patterns among rural dwellers in Oyo state, South West Nigeria. In this paper, it is noted that majority of the rural dwellers are males, mostly married and without formal education. They noted that there are no changes in the behavioral patterns of rural dwellers having sex with more than one intimate partner that is, vigorously practiced by 66 percent and 77 percent of the rural dwellers before and after the programmes in Akinyele and Saki East Local Government respectively. They
even concluded that no changes in pattern of behavior are observed in using knives for scarification for medicinal purposes and sharing of clippers for hair cuttings. They suggested the need of much effort in terms of training and education for the rural dwellers due to behavioral practices that could endanger their life to HIV/AIDS infections are still widely and commonly practiced.

Arun Rishb (2005) focused on Human Immunodeficiency Virus (HIV) & Sexually Transmitted Diseases (STDs). According to him, STDs impact on women health adversely for a variety of reasons such as more susceptibility than men, asymptomatic nature of infection, etc. He has concluded that obtaining reliable epidemiological data on various STDs in different communities and regions, country wide development of adequate laboratory infrastructure for accurate diagnosis of STDs, increased outreach of awareness programmes to communities in the rural areas are some of the key issues in the fight against HIV epidemic in India.

Christina. S. Meade et.al (2005) results suggest that teen pregnancy is a marker for future sexual risk behavior and adverse outcomes, and pregnant/mothering teens need hybrid interventions and have to promote dual use of condoms and hormonal contraception. Further they have delineated pregnancy that may provide a critical “window of opportunity” for sexual risk reduction.

Smith Fawzi (2005) suggests studies to estimate the prevalence of forced sex among women accessing services at a women’s health clinic in rural Haiti;
and to examine factors associated with forced sex in this population. The findings suggest that prevention efforts must go beyond provision of information and education to the pursuit of broader initiatives at both local and national levels.

Issac Luginaah et.al (2005) have reported their observations in an article “Challenge of a pandemic: HIV/AIDS-related problems affecting Kenyan widows”. Their findings reveal several challenges encountered by widows in their struggles with direct and indirect impact of HIV/AIDS. Widows who know or do not know their HIV status are conscious about possibility of contracting or transmitting the virus. Wife inheritance (a Luo custom), emerged as an outstanding particularly the widows in the context of HIV/AIDS transmission.

Emphasizing on “Female sex workers in Karnataka, India”, James F. Blanchard et.al (2005) compared the socio demographic characteristics and sex work patterns of women involved in the traditional Devadasi form of sex work with those of women involved in other types of sex work. They collected the data through interview technique and reported that they entered sex work through the Devadasi tradition. They concluded that there are differences in socio behavioral characteristics and practice patterns between Devadasi and other Female sex workers.

Payal Mahajan and Neeru Sharma (2005) have undertaken the study to determine the knowledge levels of adolescents towards HIV/AIDS. This study was conducted on 400 adolescent girls in which 200 were taken from rural areas and another 200 were taken from urban areas of Jammu. According to them,
urban adolescent girls have a comparatively better knowledge regarding these issues than rural adolescent girls. Further they have delineated that adolescents need to be taught about these body functions since ignorance perpetuates myths and mis-belief. School teachers play a key role in approaches to sex education such as later, boy approach may be used for providing scientific knowledge about sex and sex related issues.

L.M. Kaino et.al (2005) have shown that while most people were aware of the dangers of the disease, the rate of HIV/AIDS infection was raised resulting in enormous loss of lives. They have concluded that though the number of deaths due to AIDS do not seem to threaten the population growth for many years to come, assuming the same death rate continues, some drastic falls in population growth at certain periods of time pose a serious concern in future population predictions.

Nita Mathur’s (2005) focus is on the poverty, migration, sexual negotiations, and risk of HIV transmission. She has delineated two competing perspectives, the first that asserts that the discipline is theoretically and methodologically equipped to deal with the crisis of AIDS, and the second that challenges the claim. This paper brings both the perspectives to the fore and explores how local manifestation of AIDS may be juxtaposed with the global spreading meaningfully.

Padma Priyadarsini and Soumya Swaminathan (2005) have focused on “Preventive therapy for TB in HIV infected individuals”. According to them,
evidence to date indicates that preventive therapy for TB in HIV infected persons reduce the incidence of TB by 50-60 percent. Further they noted that the efficacy is higher in those who are tuberculosis test positive. They concluded that till the vast majority of HIV positive individuals in the world can access antiretroviral therapy, preventive therapy for TB will continue to play a role in reducing the incidence of TB thereby decreasing mortality and morbidity.

Uma Banerjee (2005) attempts an overview of a few of the important Opportunistic Infections with which majority of Indian patients present in the clinics. She has emphasized on conventional method of diagnostic approach, which is possible in most of the diagnostic laboratories set up in India. Further she says that awareness of the disease and maintenance of high index of clinical suspicion are required; and concluded that an integrated approach to patient management with active interaction between clinicians and microbiologists would be highly beneficial.

Christine Liddell et.al (2005) have examined illness representations in Sub-Saharan Africa, and their response to the emergence of AIDS. Further they have concluded that research exploring the extent to which indigenous beliefs may influence people’s decision about safe sex offering useful insights for AIDS prevention programmes.

Janet Grouber (2005) discusses how HIV/AIDS prevention, treatment and mitigation activities and funding for such work can lead to community conflict. He concludes by considering the potential input of participatory approaches,
community psychology and change management in the development and implementation of HIV/AIDS interventions specially so as to reduce potential for conflict. Its attention is to contribute to the debate on how best to implement genuinely community-based and managed HIV/AIDS.

Rashid H. Merchant and Mamtha M. Lala (2005) have successfully discovered the successful interventions that interrupt this transmission that has been one of the greatest successes in AIDS research. Further they have concluded that the transmission of HIV from an infected mother to child can be reduced to less than 2 percent by intensive interventions in the antenatal, intranatal and postnatal periods.

Arun Kumar Acharya (2004) says that the main cause of migration is seeking employment opportunity. This desire to reach the promised land is quickly seized upon and trafficking of people has become a lucrative enterprise. He observes the trafficking of Mexican women to America and deals various related issues.

Irwin Millen & Fallows (2003) were mentioned that AIDS, acquired immunodeficiency syndrome, is the medical designation for a set of motions, opportunistic infections, and laboratory markers indicating that a person is in an advanced stage of HIV infection with an impaired immune system. Although AIDS may develop in some people much more quickly, it takes an average of 10 years from the time one is infected with HIV for clinical AIDS to develop, regardless of whether the client is medically treated. As immune functions begin
to decline, the body becomes an open stage to certain, opportunistic infections, so called because they are able to cause illness as a result of a weakened immune system.

Uribe Salas Felipe (2003) focuses on socio demographic dynamics and sexually transmitted infections in female sex workers at the Mexican-Gautemalan Border. The aim of the study is to estimate the prevalence of STIs including HIV infection and to evaluate the population mobility of Mexican and Central American FSWs. In this study a sample of 480 women are selected. They opined that the women’s socio demographic characteristics are consistent with high percentages of STI, expect HIV infection.

Peter Olasupo Ogunjuyibe (2003) has investigated the knowledge and awareness of STDS/AIDS among Nigerian youth’s not- in-school and their risk reduction behavior. According to him, the youth believes that avoidance of sex with prostitutes and reduction of number of sexual partners will save them from contacting STDs or AIDS. It is suggested that the, youth’s not-in-school require a well organized and specifically targeted educational programmes.

Farmer (2003) argues that anthropological analytical skills helps in revealing inequalities built in systems that are exploring and searching for solutions for epidemics like HIV/AIDS. Anthropological skills help explore “these structurally mediated problems in the context of : 1) their historical depth (for they have not emerged out of now here In a historical vacuum), 2) their location in geographical breadth, in which the salient interconnections between different
parts of the interplay (eg) Haiti and are mapped the interplay of multiple and simultaneous axes of inequality-gender, class, race and sexual preference—without which anthropologists can not fully understand the constrains on, and the possibilities for, human agency and our capacity to face up to the AIDS pandemic and prevent it from having an indefinite future of devastating effects' (cf Harrison, 2005: 6, Farmar, 2003:42-43).

Voe ten, Helene A.C. et.al (2002) worked on the clients of female sex workers in Kenya. Their task is to study the socio demographic characteristics and sexual risk behavior of clients of female sex workers. The majority of clients are between 25 and 36 years old, married and had extramarital partners in addition to FSWs. They also reported that clients visited female sex workers on an average of once or twice a week.

ILO (2002) reported that earlier economic' estimates to measure the costs of HIV/AIDS in sub-Saharan Africa are prominent. It underestimates the social and economic value of the losses of ‘human capital’.

As a result of the stigma associated with HIV/AIDS, there are unfavorable attitudes towards HIV testing. Only 3% of Indian youth reported to have ever undergone HIV testing (National Family Health Survey, 2005-06). Attitudes of Indian youth towards HIV testing appear to differ from those in other nations. When compared with university students from the USA and South Africa, American students had a significantly more positive attitude towards HIV testing and stronger intentions to go for HIV testing than South African and Indian
students. The reason for this could be the importance given to HIV prevention and testing on US university campuses. Only 10% of Indian university students, compared with 25% of American students, claimed to have ever undergone HIV test (Mehra et al., 2002). It is also possible that, given lower HIV prevalence in the USA, students were answering a hypothetical question, while in India and South Africa HIV is far more of a reality.

Alarming results, which reflect upon the severely discriminatory attitude of Indian youth, were elicited from a group of students from the state of Jharkhand, where 95.8% said that they would prefer not to have medical treatment in a hospital where HIV/AIDS patients are treated, while 76.4% said that they would like to terminate a friendship with a person found to be HIV positive (Kumari, 2004). Rural-urban differences also exist (Lal et al., 1994). According to Mehra and colleagues (2002), a higher proportion of American and South African students held a positive attitude towards PLWHA compared with Indian students. Among college students in the state of Kerala (in South India), those from urban areas demonstrated a more favourable attitude towards AIDS (Lal et al., 2000).

Thus it was observed that students pursuing science from Nagpur University in Central India held a fairly positive attitude towards people with AIDS compared with the arts and commerce students (Deshmukh, Wadhva & Zodpey, 1998); and a significantly higher number of female students from English-medium schools in the city of Chandigarh seemed to hold a favourable attitude when compared with males from Hindi medium schools (Girish, Singh, Kohli & Kumar,
An appreciable change in attitude has been documented in the latest youth behavioural surveillance study performed in 2006. According the survey, 67.5% of youth were of the opinion that PLWHA should be allowed to stay in the community/village while 60.5% said that they were willing to share their food with PLWHA (NACO, 2007).

Moni Nag (2001) argues for the need to evoke a wider awareness by looking to the historical circumstances surrounding prostitution and argues for a multi-pronged effort to combat HIV/AIDS.

Esprza Jose, (2001) in his article “An HIV vaccine: how and when?”, he views that long term hope for controlling the human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) pandemic is a safe, effective and affordable preventive vaccine. But its development is a major challenge. In 1987 first HIV vaccine was trial, more than 30 candidate vaccines have been tested in USA and Europe. The interventional collaboration and coordination and critical ethical issues will need to be addressed. He ensures that future HIV vaccines contribute to the overall HIV/AIDS prevention effort.

Andhra Pradesh State AIDS Control Society (APSSAC) in collaboration with an NGO, CHANGES (Community Health Awareness and Natural Green Environment Society) have conducted a survey on FSWs of Kakinada and Peddapuram of Andhra Pradesh in 2001. This survey shows the prevalence of Sexually Transmitted Infections among FSWs, the behavior of certain high-risk groups and the manner in which STI patients are managed in health care
settings. The main objectives of the project are to ascertain the prevalence of STIs, Hepatitis and HIV by laboratory methods among the FSWs of Kakinada and Peddapuram and to find out the prevalence of STI syndromes, other STIs clinically among FSWs and find out the behavioral correlates of STIs among them. This report shows that the first ELISA for HIV was positive in 97 FSWs out of 200 (48.5%) and second ELISA was positive in 84 FSWs (42.0%).

In an article, Sexuality, Culture and Power in HIV/AIDS Research, Richard Parker (2001) examines “The development of research in response to AIDS”. He says that during first decade of the epidemic, most social science research focused on the behavioral correlates of HIV infection among the individuals and failed to examine broader social and cultural factors by the late 1980s. However, earlier works done by anthropologists began to raise importance of cultural factors in shaping sexual practices relevant to HIV transmission and prevention. Further he says, “Since the start of the 1990s this emphasis on cultural analysis has taken shape alongside a growing anthropological research focus on structural factors shaping vulnerability to HIV infection. Work on social inequality and the political economy of HIV/AIDS has been especially important. Much of the current research seeks to integrate both cultural and structural concerns in providing an alternative to more paradigms”

Baby Illickal et.al, (2001) in their paper “Reaching efficiency in rehabilitative care for people living with HIV/AIDS” have discussed that in India, as the health facilities are not adequate for the affected people, health care
facilities are needed. It is because of the stigma and discrimination at care facilities, access to health care is difficult and hence poor health care of People Living With HIV/AIDS.

In an article “International AIDS Research in Anthropology”, Brook. G. Schoepf (2001) examines the contributions that the discipline had made. He records that from a slow beginning in mid 1980s, AIDS research has grown rich and diverse and concludes that anthropological research on AIDS has stimulated reflection on the hegemonic discourses that support power structures and justify social inequalities of gender, race and class. He also says, “the best anthropological research on AIDS refuses to reify culture, treating phenomena commonly designed as ‘cultural constraints to change’ as the complexly linked aspects of social life. It shows how structural and corporeal violence results in social suffering and contributes to risk of AIDS, and demonstrates the key role of power and inequality in determining the health of populations. Anthropologists’ witness to suffering, their concern and engagement, are potent elements in the research process, and in advocacy in national and international arenas’ (Pp.354).

Vijayendra Rao et.al (2000) have estimated that compensating differential for condom use among female sex workers in Kolkata based on a survey conducted in 1993. This survey reveals that female sex workers who always use condoms face a loss of 79% in the average earnings per sex act.

Sellhore Elizabeth (2000) emphasized on information and services, and stressed the importance of dealing with the issue with a human touch; and
prescribed a holistic approach, with partnerships and involvement.

Tony Barnett & Alan Whiteside (1999) in the article “HIV/AIDS and Development: case studies and conceptual framework” defined the prominence of civil society which is combating the epidemic and the theory of social cohesion as an intermediary factor that can slow the spread of HIV/AIDS. The authors hypothesized that the relative degree of social cohesion and overall levels of wealth in different societies determine how rapidly and extensively an HIV/AIDS epidemic will spread.

ICMR (1998) in ICMR bulletin “Campaign against HIV/AIDS Youth as force for change” reveals that the 1.5 billion young people between 10 and 24 years in the world today, 85 per cent live in developing countries. It is estimated that for every 12 seconds, a young person somewhere in the world acquires HIV infection and there are about 10 million young people living with HIV/AIDS. About half of all new HIV infections occur in this age group.

According to WHO (1997) “AIDS no Time for Complacency”, it is noted that prevention of HIV chapter explained that in South-East Asia, where HIV infection may still be in its early stages, prevention of HIV infection, in time, assumes paramount importance. Realizing the socio-economic impact of AIDS in the region, commitment for prevention and control is required at the highest political as well as operational levels.

In an article, “HIV and the Social World of Female Commercial sex
workers”, Waddell C (1996) has delineated the female commercial female sex workers of Western Australia. The author reveals that female sex workers relay on a strategy of demarcation between work-related sex and non-work related sex that serves to reduce their risk of HIV infection. It is noted that although prostitutes insist that clients use condoms, safe sex is rarely practice with husbands and boyfriends. He concludes, “the strategies adopted by commercial female sex workers have served to restrain the transmission of HIV through clients to Western Australia’s relatively uncontaminated heterosexual population”.

In an article “Talkabiltiy, Sexual Behavior, and AIDS”, Paul van Glender (1996) focused on various methodological complicates of making verbally explicit sexual relations and risk reduction behaviors. He examined a variety of relational and discursive strategies. Based on the interviews, he distinguished three specific types of sexual discourse, indicating three ways of sexual discloser: shameful, humanistic and masculine oriented.

Merrill Singer’s report (1996) observes on the further evolution of AIDS prevention education work at the Hispanic Health Council (HHC), a community – based health research, service, and advocacy organization. He also examines the changing role of anthropology in the AIDS work of the HHC.

Merrill Singer and Luis Marxuach – Rodriguez (1996) have described the Latino Gay Men’s Health Project an anthropologically informed effort to reduce
AIDS risk among Latinos by: ethnographically documenting risk patterns; using community outreach to recruit project participants; and, enrolling participants in a community based program designed to assist them in enhancing positive identities as Latino gay bisexual men acquiring and using AIDS prevention information skills, and building social support.

In a book, “Culture and Sexual Risk: Anthropological Perspectives on AIDS”, Hanten Brummelhuis and Gilbert Herdt (1995) illustrate the complexity of studying human sexual risk behavior from global perspective. Emphasizing an anthropological perspective, they have presented material that illuminates the variation found among ethnic groups of a single country and the varied mechanism with which HIV/AIDS spreads to neighboring countries. They have also delineated the impact on adult populations, but incorporate research on teenagers also.

Peter Plumley (1994) made a remarkable comment that a person who is HIV-positive (or sero positive) has been infected but does not necessarily have AIDS. Because of the long delay between the time of infection and onset of diseases, the number of HIV-positive people in a population is always much greater than the number of people with AIDS. In the absence of treatment, however, AIDS will develop in nearly everyone who is HIV-positive within the next decade.

In an article “Vitamin A to check HIV transmission”, the Lancet (1994) reports that by the year 2000, an estimated 10 million children will have been
infection with HIV during pregnancy, at birth or through breast-feeding. Vitamin A is thought to have a role in transmission of HIV from mother to child. An US/African team investigated 338 HIV positive women to see whether vitamin A could affect transmission of the virus to their babies. The team has found that the mother’s vitamin A levels are related to the rate of infection in the children, so that as levels increase, the rate of infection decreases.

In his article, “AIDS Cure: Traditional systems raise hopes”, Promod Kumar (1994) says that in the absence of a treatment protocol, various methods based on systems like sidha and ayurveda are being practiced in an unorganized way, not to the tall claims of wonder cures which attract large numbers of infected people desperately scrambling for a new lease of life. The drugs offered include herbal extracts, heavy metals and many other concoctions.

John Vincke et.al (1993) “Factors Affecting AIDS-related Sexual Behavior Change among Flemish Gay Men”, builds further on that research by simultaneously considering aspects of the health belief model within the fear reduction model and the social support from a computerized questionnaire self-administered in a sample of Flemish gay men, the investigators employed multiple regression analysis with backward elimination to determine concurrently those factors from the indicated models that contributed to AIDS-related sexual behavior. “The results confirm that components of the three models interact and that none alone can explain behavior change. The most important factor in inducing change is belief in the efficacy of safer sex practices. AIDS knowledge
also proved to be significant. The combination of high perceived susceptibility and high self-efficacy was associated with safer sexual behaviors. High visibility of AIDS interacting with a high level of denial did not prevent subjects from adopting safer sex practices. Subjects experiencing social isolation were prone to change their behaviors. The authors interpret these findings within the context of the characteristics of the social situation of gay men in Flanders” (Pp 260).

Nancy Solomen (1993) has delineated that AZT and other anti-HIV drugs (such as dd I and dd c) slow the worsening of disease in most people with AIDS-related illness, but do not cure HIV infection. The Concorde study suggests that AZT does not seem to benefit healthy HIV-positive people. It is also not yet clear whether other drugs being developed will be any more effective.

Srivastava V.K. et al., (1992-93) on an assessment of “AIDS awareness among school teachers in a rural area of India”, have found that awareness was higher in graduates than non-graduate teachers and insisted on intensive health education efforts as school teachers are an important source of health related information for rural population. Most of the articles written by anthropologists have been published in the journals like Human Organization, Social Science and Medicine, Medical Anthropology Quarterly, Annual Review of Anthropology, Social Sciences, Indian Anthropologist and Human Ecology.

In his paper, “AIDS and US Ethnic Minorities: The Crisis and Alternative Anthropological Responses”, Merrill Singer (1992) has delineated varieties of anthropological response to AIDS, AIDS prevention in minority communities and
anthropological design of community intervention. In this paper, he attempted to identify a range of contributions that anthropologists working in conjunction with community-based organizations can make to AIDS prevention.

In their research study of “Tuberculosis in HIV subjects in Italy”, Giorgio Antonucci et.al (1992) concludes that TB is quite common among HIV infected subjects and the risk of TB in those subjects has not changed. They inferred that there were some differences between the pattern of the association between TB and HIV infection in Italy, compared with other industrialized countries.

In his paper, “Stigma, Self-Esteem, and Depression: Psycho-Social Responses to Risk of AIDS”, Norris G. Lang (1991) conducted ethnographic field work in Houston, Texas (us) The first part combines ethnography with psychometric scales in an effort to understand the lives of gay men with different levels of personal and medical impairment from the AIDS virus. The second part provides six case histories of individuals from the various categories who are affected negatively to different degrees.

Merrill Singer (1991) reviewed existing studies and reported on needle exchange programs, IV drug user attitudes and behavior relative to sharing and public attitudes on needle access, to draw public health policy recommendations.

In an article, “SIDA: The Economic, Social and Cultural Context of AIDS Latinos”, Merrill Singer et.al (1990) have delineated current epidemiological data within the socio, economic and cultural contexts of Latinos living in the US. This
article reviews the existing literature and new research findings on: (1) demographic, socio economic and general health characteristics of the Latino population; (2) prevalence of the disease by Latino sub group, geographic region, gender, age group, and route of transmission; (3) patterns of attitudes and cultural understandings of the disease; and (4) AIDS risk behaviors among Latinos, including IV drug use, sexual patterns, and gender relations.

Hunt C.W (1989) observes that HIV virus and the resulting AIDS first struck the layout concentration in Uganda and then moved outwards to the labour reserves, carried by migrant labourers and prostitutes as they returned to their birth places for care and assistance after being infected and falling ill in the urban areas.

Sir Donald Acheson (1988) in his article views the most important way in which the virus is passed on is during penetrative sexual intercourse with an infected person. As a result of peno-vaginal intercourse from male to female and female to male, transmission can undoubtedly occur. More the partners, greater is the risk.

Psychologically, the HIV/AIDS intervention programmes can impact the knowledge, attitude, and behaviour of people towards HIV/AIDS related matters. McNeil and Hole (1998) reviewed 320 research abstracts, 591 project abstracts, and on-line literature in peer-reviewed literature in 19 developing countries. These are some of those who demonstrated that HIV prevention or intervention changed knowledge, attitude, and behaviour in target groups.
Kuhn, et al. (1994) used classroom based activities such as information sessions on HIV/AIDS, open discussion on HIV/AIDS, and integration of AIDS contents as HIV/AIDS awareness programme to 276 students whose ages ranged from 12 to 30 years in their study of the effect of an HIV/AIDS programme. A questionnaire which was translated from English to Xhosa was used to investigate the effect of the program on knowledge, attitude, and behaviour. The results also confirmed the relationship between the HIV/AIDS intervention programme and the three affective factors. They showed that the programme greatly improved students’ knowledge of HIV transmission and prevention; increased level of acceptance of people with AIDS (attitude), and had a small impact on behavioural intention.

Turner, et al. (1994) maintained that the knowledge, attitude, and behaviour scores for all students in the university were significantly higher than those not enrolled in the seminar aimed at promoting responsible sexual behaviour. Between pre- and post-intervention, there was a notable significant increase in knowledge and behaviour score for all students enrolled and not for students who did not enroll. Seven hundred and eighty-six students completed anonymous, self reported questionnaires that focused on sexual behaviour, as well as knowledge, and attitude regarding sexual behaviour. The questionnaire consisted of sixty nine items and Chi-square tests were used to assess differences in demographic variables, while t-tests were used to assess differences in mean knowledge, attitude, and behaviour score at pre-intervention and post intervention.
The HIV/AIDS intervention can bolster the person’s intention to change. This is evidenced in the work of MacNair-Semands, et.al. (1997) when they investigated the effect of intervention on knowledge, attitude, and behaviour. They found that HIV courses on college campus increased condom usage, the ability to discuss safer sex with partners, selection of sexual partners, and learning about HIV/AIDS. The majority of students reported making minor attempts at change prior to the course, and enrolled students made increased and more significant attempts to change in the duration of the HIV course. Heald (2002) states that AIDS epidemic is not seen as a new disease in Botswana. Helman (2007) cited that in Botswana, traditional heelers of AIDS but it as just a new form of mail, a folk illness caused by the breaking of certain sexual taboos.

The HIV prevention programme in Uganda was based on sexual behaviour change interventions. HIV infection rates in Uganda have been reduced from 30% to 10% (Parkhurst, 2002). Although the data shown by Uganda is controversial, it is often claimed that this data represents only those who attended a few antenatal clinics in cities, whereas 87% of the population live in rural areas. But it is easy to assume that the decline in prevalence indicate at least some success of the intervention.

On the other hand, Lyttleton (1994) describes that most of Thailand’s local villagers have learned about HIV from national top-down campaigns. These campaigns have primarily targeted two practices, needle sharing and promiscuous sex. While the practice is wider intervenes draped, g use (VIDU) is
more predominant in Thailand’s cities than in villages where roughly 80% of the population

In his book, ‘Prostitution in India’ Joardar (1986) has discussed the problems of prostitution in India delineating the history of prostitution, types of prostitutes and trafficking of women.

Aiyappan’s (1975) paper is based on the field work done in a rescue home in Ernakulum. He says that rescue home was started in 1857 and rehabilitates women who are female sex workers, by providing them employment or by arranging marriages or by restoration to their families.

In his paper Devadasis, Patil (1975) discusses about the types of Devadasis in different regions. He has also delineated how the institution of Devadasi system has degenerated.

Synder Paul (1974) has studied the prostitutes from poor peasant families and the prostitution is generally very attractive and it continues to support their families while working in a bordello or freelancing. Here in this book commercialized sex in specific Asiatic nations has been discussed.

Chandri Moti (1973) has discussed the institution of courtesans in ancient India. According to him, the courtesans in ancient India did not merely serve the basic needs of the society but were also a symbol of culture amorism. He concluded that in spite of their perfidies, are considered an urban institution which gives an impetus to arts and the life of luxury.
Hooja Swarna Lata (1970) has published a research paper on “Prostitution in Rajasthan”. This study is based on the information gathered from female sex workers of all age groups, police officials, responsible citizens and young students who are familiar with this trade.

Punekar and Kamala Rao (1967) have studied the case histories of 360 common prostitutes and 75 mistresses in Bombay city. It is primarily a study of family background of the respondents in terms of the emotional, social and economic aspects of their life until they become prostitutes. The second edition of the book includes the origin and development of the Devadasis cult in Karnataka region, with special reference to Yellamma, the goddess to whom majority of the Devadasis of the region are dedicated.

Benjamin, Harry and Master (1964) have further pointed out that Negro prostitutes who probably now constitute a majority of all earnings, ordinarily become promiscuous and prostitution is taken for granted. In the neighborhoods the old sisters, along with numerous other neighborhood females, set as the example.

Henirques Fernando (1961) an anthropologist has discussed in his book the historical aspects of prostitution in Greece, Rome, Japan, India, Near East, Africa, China, England and temple prostitution. Regarding the object of the book he said ‘the literature on prostitution is vast, but widely scattered and relatively inaccessible’.