Chapter -1

INTRODUCTION

1.1 Introduction about HIV/AIDS

AIDS does not inevitably lead to death...... It is very important to tell to people. Psychological factors are critical in supporting immune function. If you suppress this psychological support by telling someone he is condemned to die, your words alone will have condemned him.

-Dr. Luc Montagnier
(Discoverer of HIV)

Acquired Immuno Deficiency Syndrome (AIDS) is a fatal transmissible disease of the immune system caused by the human immunodeficiency virus (HIV). HIV slowly attacks and destroys the immune system, the body’s defence against infection, leaving an individual vulnerable to a variety of other infections. AIDS is the final stage of HIV infection (Barnett and Whiteside 2002; Janeway Jr. and Travers 1997; Lindenbaum 1999; Mach 2000; Mann 2001; UNAIDS 2002; Unnikrishna, et al. 1993).

AIDS was first reported in 1981 by investigators in New York and California. Initially, most U.S. AIDS cases were diagnosed in homosexual men, who contracted the virus primarily through sexual contact, or intravenous drug users who became infected by sharing contaminated hypodermic needles. In 1983, French and American researchers isolated the causative agent, HIV, and by 1985 serological tests to detect the virus were developed (Barnett and Whiteside 2002; Janeway Jr. and Travers 1997; Lindenbaum 1999; Mach 2000; Mann 2001; UNAIDS 2002; Unnikrishna, et al. 1993).

HIV/AIDS grew to epidemic proportions in the 1980s, particularly in Africa, where the disease may have originated. This growth was facilitated by several factors including increasing urbanization and long-distance travel in Africa, international travel, changing sexual mores, and
intravenous drug use. By 2002, AIDS had claimed over 25 million lives worldwide. Approximately 40 million people throughout the world are infected with HIV. People living in sub-Saharan Africa account for more than 70 percent of all infections, and in some countries of the region the prevalence of HIV infection exceeds 10 percent of the population. Rates of infection are lower in other parts of the world, but the epidemic is spreading rapidly in Eastern Europe, India, South and Southeast Asia, Latin America, and the Caribbean. In China, the government estimated that up to 850,000 people had contracted HIV by 2000 – more than half having acquired the virus since 1997. In the United States the HIV/AIDS incidence has stabilized at about 40,000 new infections per year. One-third of all new cases are women, for whom the primary risk factor is heterosexual intercourse (Encyclopaedia Britannica 2003; Lindenbaum 1999; Mach 2000; Mann 2001; UNAIDS 2002; Unnikrishna, et al. 1993).

HIV is transmitted by the direct transfer of bodily fluids, such as blood and blood products, semen and other genital secretions, or breast milk, from an infected person to an uninfected person. The primary means of transmission worldwide is heterosexual intercourse with an infected individual; the virus can enter the body through the lining of the vagina, penis, rectum, or mouth. HIV frequently is spread among intravenous drug users who share needles or syringes. Prior to the development of screening procedures and heat-treating techniques that destroy HIV in blood products, transmission also occurred through contaminated blood products; many people with haemophilia contracted HIV in this way. Today, the risk of contracting HIV from a blood transfusion is extremely small. In rare cases transmission to health care workers may occur by an accidental stick with contaminated medical equipment. The virus also can be transmitted across the placenta or through the breast milk from mother to infant; administration of antiretroviral medications to both the mother and infant around the time of birth reduces the chance that the child will be infected with HIV. HIV is not spread by coughing, sneezing, or casual contact (e.g., shaking hands). HIV is fragile and cannot survive long outside of the body. Therefore, direct transfer of bodily fluids is required for
transmission. Other sexually transmitted diseases, such as syphilis, genital herpes, gonorrhoea, and Chlamydia, increase the risk of contracting HIV through sexual contact, probably due to the genital lesions that they cause (Janeway Jr. and Travers 1997; UNAIDS 2002; Unnikrishna, et al. 1993).

The pathology of HIV infection involves three stages: (1) primary HIV infection, (2) the asymptomatic phase, and (3) AIDS. Primary HIV infection is the first stage during which transmitted HIV replicates rapidly. Some persons may experience acute flu-like symptoms, which usually persist for one to two weeks. A variety of symptoms may manifest themselves, including fever, enlarged lymph nodes, sore throat, muscle and joint pain, rash, and malaise. Standard HIV tests measuring antibodies to the virus are initially negative. As the immune response to the virus ensues, the level of HIV in the blood decreases (Bamett and Whiteside 2002; Janeway Jr. and Travers 1997; Mach 2000; UNAIDS 2002).

The second phase of HIV infection, the asymptomatic period, lasts an average of 10 years. During this period the virus continues to replicate concurrent to a gradual decrease in the CD4 count (the number of helper T cells). When the CD4 count falls to about 200 cells per micro-litre of blood (in an uninfected adult it is typically about 1,000 cells per micro-litre), patients begin to experience opportunistic infections. This is Acquired Immunodeficiency Syndrome (Encyclopaedia Britannica 2003; Barnett and Whiteside 2002).

Full blown AIDS is the final stage of HIV infection. The most common opportunistic infections include *Pneumocystis carinii*, *Mycobacterium tuberculosis*, herpes simplex infection, bacterial pneumonia, toxoplasmosis, and cytomegalovirus infection. In addition, patients can experience dementia and develop certain cancers, including Kaposi’s sarcoma and lymphomas. Death results from the unremitting growth of opportunistic pathogens or from the body's inability to fight off malignancies (Barnett and Whiteside 2002; Janeway Jr. and Travers 1997; Mach 2000; Mann 2001; UNAIDS 2002).
A small proportion of individuals infected with HIV have survived longer than 10 years without developing AIDS. It may be that such individuals mount a more vigorous immune response to the virus or that they are infected with a weakened strain of the virus (Barnett and Whiteside 2002; Janeway Jr. and Travers 1997; UNAIDS 2002).

Tests for the disease identify for HIV antibodies, which accumulate after four weeks to six months after exposure. The most common test for HIV is the enzyme-linked immunosorbent assay (ELISA). The result is confirmed using more specific tests such as the Western blot. A problem with ELISA is that it produces false positive results in people who have been exposed to parasitic diseases such as malaria; this is particularly troublesome in Africa, where both AIDS and malaria are rampant. Polymerase chain reaction (PCR) tests, which screen for viral RNA and therefore allow detection of the virus after very recent exposure, and Single Use Diagnostic Screening (SUDS), are other options. Due to the high cost of these testing procedures, they are often out of reach for the majority of the at risk population. Pharmaceutical companies are developing new tests that are less expensive and that do not require refrigeration, permitting more thorough testing for the at-risk population around the world (Encyclopaedia Britannica 2003; Barnett and Whiteside 2002; Janeway Jr. and Travers 1997; Mann 2001; UNAIDS 2002).

There is no cure or effective vaccine for HIV infection. Efforts at prevention have focused primarily on changes in sexual behaviour by promoting abstinence and increasing the availability and use of condoms. Attempts to reduce intravenous drug use and to discourage needle reuse have also led to a reduction in infection rates in some areas. To treat HIV infection, three classes of antiretroviral medications are administered.
1.2. Statement of the problem

Delhi has an area of 1,483 square kilometers making it the largest city in the country. The total population of Delhi is around 1,67,53,235 out of which 30% reside in slums. Comparing them to other urban Delhi people, their socio-economic condition is lacked far behind, due to this reason they are not well aware of the importance of health, hygiene, sanitation and education in life. Due to their illiteracy, the educational, instructional instruments and schemes distributed by Government agencies and NGO’s are far much extent of no use to bring the awareness within their community.

It is foremost important that a person who is living in society, how well aware he/she is about his/her surroundings that can be judged by his/her Media habit. People living in slum areas are less aware about their surroundings, they are unknown to the significance and uses of Mass Media and they take it as an entertainment tool only instead of big source of information and knowledge. Though, this research study we have put in all our efforts together the actual reason for not adopting a good Media habit.

About 20, 30,000 Delhi populations reside in slums, is another reason that the study has decided to perform on slum area. The reason behind chosen the slum is that the awareness and knowledge level of slum dwellers about HIV/AIDS is insufficient, as well as the Media habit of the slum dwellers is not up to the mark, that is why the study impact of Mass Media on HIV/AIDS awareness in Delhi slums is undertaken.

HIV/AIDS is not only a medicinal problem but it is also a social, economic, political and cultural problem that violates human rights too. Therefore the researcher has decided to study the impact of Mass Media on HIV/AIDS awareness in slums.
1.3. Need of the study

Delhi is the largest commercial centre in Northern India and also the largest centre of small scale industries. It therefore attracts a large number of migrant populations from all parts of the country. Slums are easily available for living and are common in all metro cities of India. The slums are unplanned settlement and mostly originate at free hold land in outskirts of the city. People of slums are urban poor and marginal earners. They cannot effort the higher cost of urban dwellers hence, they take the shelter in slums. Most of slum dwellers are ‘outsiders’ heterogeneous groups in united and engaged in different kind of marginal economic activities. Delhi is well linked to other states of country through railways and buses therefore the people from other states easily migrate to Delhi for their livelihood.

Maximum slum dwellers are poor, illiterate and unaware about health hazards like AIDS. Sometimes, they establish unhygienic and unsafe sexual relation with unknown persons, such clients may be at the high risk of contacting of HIV and spreading it. The main modes of transmission of HIV/AIDS in slums are heterosexual and homosexual intercourse. Therefore the correct knowledge about HIV/ AIDS is necessary for slum dwellers. Keeping all above aspects in mind, this study of Impact of Mass Media on HIV/AIDS awareness among slum dwellers was designed.

During the review of literature for this study, I found that there was hardly any research been made in Delhi slum area. Therefore it is prime need in current scenario to study about the global serious issue through the impact of Mass Media on HIV/AIDS awareness in Delhi Slums.
1.4. Objectives

The purpose of the study is to find out the impact of Mass Media on HIV/AIDS awareness in Delhi Slums. To achieve this purpose, the following objectives were laid down:-

1. To understand the Mass Media habits and Socio-economic status of the people living in slum.
2. To find out the impact of Mass Media in generating awareness for prevention of HIV/AIDS in Delhi slum areas.
3. To study NGO’s and Government establishments functioning as communication network in prevention of HIV/AIDS.
4. To identify new strategies of communication to disseminate information about HIV/AIDS.
1.5. Definition and concept of the terms

HIV

HIV is a Virus. The full name of this virus is Human Immunodeficiency Virus causes AIDS by progressively and continuously weakening the body’s immune defense system. Though AIDS is not a disease, it is a syndrome and leads to the death of infected person because their immune system can no longer adequately fight opportunistic infections.

AIDS

Acquired Immunodeficiency Syndrome (AIDS) is a fatal transmissible disease of the immune system caused by the human immunodeficiency virus (HIV). HIV slowly attacks and destroys the immune system, the body’s defence against infection, leaving an individual vulnerable to a variety of other infections. AIDS is the final stage of HIV infection (Encyclopaedia Britannica 2003; Barnett and Whiteside 2002; Janeway Jr. and Travers 1997; Lindenbaum 1999; Mach 2000; Mann 2001; UNAIDS 2002; Unnikrishna, et al. 1993).

Slum

According to the UN HABITAT (part of the United Nations), a simple definition of a slum would be "a heavily populated urban area characterized by substandard housing and squalor". A further UN group goes on to say that slums typically have the following characteristics: inadequate access to safe water, inadequate sanitation and other infrastructure, poor structural quality of housing, overcrowding and insecure residential status.

The concept of slums and their definition vary considerably across the states depending upon the socio-economic condition and local perceptions prevailing in the society. There are regional differences in the name by which these slums are known in India. In Delhi, slums are commonly called “Jhuggi jhonpari” whereas in Mumbai jopadpatti or chawls are the names for slums. The physical characteristics in most of these slums are essentially the same. They are usually a cluster of
hutments with dilapidated and infirm structures having common toilet facilities, suffering from lack of basic amenities, inadequate arrangement for drainage and for disposal of solid wastes and garbage.

Under section -3 of the Slum areas improvement and Clearance Act 1956, slums have been defined as mainly those residential areas where dwelling are in any respect to unfit for human habitation by reasons of dilapidation, overcrowding, faulty arrangements and designs of such buildings narrowness or faulty arrangements of streets, lack of ventilation, light or sanitation facility or any condition of these factors which are detrimental to safety, health and morals. Thus conceptually slums are compact overcrowded residential areas (and not isolate or scattered dwellings) unfit for habitation due to lack of one and more of the basic infrastructure like drinking water, Sanitation, electricity, Sewerage streets etc.

Mass Media

The term Mass Media refers to any form of communication that simultaneously reaches a large number of people, including but not limited to newspapers, magazines, books, radio, television, the internet and films.

HIV/ AIDS Awareness

The awareness was derived from a question that queried about whether respondents had ever heard about AIDS. Respondents who answered 'Yes' to this question were considered to have aware about AIDS. Among the respondents who had aware about AIDS were tried to assess their knowledge regarding HIV transmission and prevention. The researcher included questions that related to high-risk behavior to assess the knowledge regarding HIV transmission and prevention. Knowledge regarding HIV transmission was assessed by asking whether HIV transmitted through homosexual intercourse, heterosexual intercourse, infected needles/blades/ skin punctures, mother to child and transfusion of infected blood. The respondents were asked whether they are using condoms for safe sex, checking blood prior to transfusion, sterilizing needles and avoiding pregnancy when having HIV infection.
1.6. Limitations of the study

The present study had some limitations. The targeted population is female and male aged 15-44 years, even though infection and impact ranges both before and beyond those age groups in the population. To study the Socio-economic background, the updated Kuppuswamy scale was one of the limitations.

The researcher found the respondents were not quite willing to cooperate properly. Research has been conducted only in five highly populated districts of Delhi out of nine. Time and money remained other limitations on the part of the sole researcher.