SUMMARY

The Acquire Immune Deficiency Syndrome (A.I.D.S.) is caused by infection with a virus called Human Immunodeficiency virus (H.I.V.). This virus is passed from one person to another through blood, unprotected sexual contact, other body fluids and breast milk.

A.I.D.S. unknown prior to 1981, now dominates public health programmes and health services in several countries. H.I.V. disease is one of the most devastating and dreaded illness having multiple effects upon all aspects of human life. A.I.D.S. is one of the biggest serious public health problem changed into a global epidemic (pandemic) challenged as the most disastrous to human survival.

Globally; the number of people living with H.I.V. has risen from around 8 million in 1990 to 33.4 million today, and is still growing and more than 26 million people have died from A.I.D.S. since 1981. H.I.V./A.I.D.S. is spreading at a rapid rate all over the world with an estimated 16000 new infections everyday. India is estimated to bear the largest load of H.I.V. infected on account of the size of its population. India now moves down to third place in the list of countries for the largest number of persons living with H.I.V.. The fast soaring magnitude of the A.I.D.S. epidemic in India clearly justifies the need to move rapidly in addressing a number of critical prevention goals.
The disease profoundly affects the psychosocial, cultural and political aspects of communities and countries. The H.I.V./A.I.D.S. patient suffers from psychological difficulties that stem from the physical illness as well as resulting psychosocial stressors. Patients tend to experience an overload of emotional distress due to the loss of their own health, bereavement from the death of friends and lovers, and social stigma or discrimination from prior and new social groups.

The responses of patients to H.I.V. disease are varied. The crisis points, such as diagnosis, development of new opportunistic infections, changes in physical ability or appearance, rejection by others, loss of job, and so on; are likely to trigger intense emotional responses. Either a diagnosis of H.I.V. infection or A.I.D.S. may result in sudden and dramatic grief over a variety of changes and losses, such as health, self image, relationships, sex, future, job, family, independence, freedom of movement, and decision making. Many patients with these conditions have psychiatric disturbances. The social problems associated with H.I.V. infection are a reflection of the social stigma which has been attached to the disease and which arises from intense anxiety about its contagious aspect.

Ultimately, the legitimate warning on account of the rising threat of the A.I.D.S. pandemic has drawn attention to an area that has previously been forbidden, hidden and taboo—the intimate area of sexual behaviour. In
addition H.I.V./A.I.D.S. related psychosocial and behavioural issues had been gaining priority in the future research agenda.

The researcher had undertaken a review of some relevant theoretical propositions, empirical findings of consequence and also some specific literature having a direct bearing on the main theme of the study. The review of literature revealed a wide array of issues related to the present study. Many studies have shown living with H.I.V. infection or A.I.D.S. can be of tremendous somatic (i.e., physical) diseases, psychological and emotional burden for the patients.

H.I.V. infected individuals and A.I.D.S. patients experience psychological sequelae at all stages in their disease process. This disease complex, perhaps more so than any other in recent history, has highlighted the intricacy of the relationship between the physical and psychological aspect of health and disease. In particular, it has dramatized the great stress and tension experienced by individuals throughout the course of the infection, and their need to adapt to the changing personal and familial relationships and the challenges of their physical and mental health circumstances. It is evident from this study that H.I.V. infected individuals gained multiple physical as well as psychological problems, as the time passage.

Psychosocial interventions programmes and counselling services are important in A.I.D.S. and H.I.V. infection because they are immense fears arising from uncertainty and incomplete knowledge and sometimes conflicting information.
The Problem of Present Study:

‘PSYCHOLOGICAL SEQUELAE OF H.I.V./A.I.D.S.: PSYCHOLOGICAL AND SOMATIC PERSPECTIVES’.

Need of the Study

H.I.V./A.I.D.S. is not only a biomedical phenomenon; but a social reality rooted in human behaviour. It is a product of human actions in social contexts. The actions and their circumstances are shaped by longer cultural and social structures. Therefore to have a significant impact on the epidemic, education interventions must be rigorously designed according to best practices and adapted to local needs.

Among the Indians, sexual norms are still to abide by the life long rule of monogamy. While, in most societies severely hit by the H.I.V./A.I.D.S. epidemic. The norms have been ‘Changed of partners’. Virginity before marriage is still highly valued among most Indians and families have by and large greater control over the behaviour of children at least until they are married and settled.

However, with Indians shift from a predominantly agricultural, low subsistence and low consumption economy and a community based social structure, to an industrially developing nation with urbanization, migration and break down of rural economies, joint family system and communities, there have been shifts in social values and world views. The degree and nature of this impact has been various across different sections. The
weakening controls have allowed greater individual freedom and releasing the stifling controls on young people.

High status life styles have raised aspiration of others and increased the consumption gap between the top and bottom sections. Along with the increasing value placed on material consumption. There has also been an increase in perception of sexuality as a common to be ‘consumed’ for pleasure. The gap between material aspirations and socio-economic status has led to distortions such as the spread of promiscuity, corruption, growth of the mafia, drug trafficking etc. All these factors have also contributed to the spread of H.I.V./A.I.D.S. in the subcontinent.

_India now moves down to third place in the list of countries for the largest number of persons living with H.I.V._

The H.I.V./A.I.D.S. pandemic is a complex and evolving phenomenon, with both somewhat predictable and unpredictable elements. In this pandemic, what has already occurred H.I.V. infections and disease, continues to exist as people living with H.I.V. infection and disease as those infected develop disease and die. Also influences the future through further spread of H.I.V. and multidimensional impact of disease and death.

It is clear that there are currently a number of unmet needs in the area of H.I.V./A.I.D.S. research and care in our country. Several judicious initiatives in the sphere of H.I.V./A.I.D.S. research and intervention would go a long way in the prevention, control and care of H.I.V./A.I.D.S. in India. As of now there is no cure or vaccine for A.I.D.S.. Thus, more and
more trust should be laid on psychosocial research, which in turn would help in formulating and implementing culturally viable intervention programmes.

There is lot of misconceptions, misinformation and inaccurate information on the subject of H.I.V./A.I.D.S.. What we require today is to manage the illness through indigenously developed prevention strategies and not relying on materials prepared for people belonging to other social and cultural settings.

There is stigma attached to the H.I.V./A.I.D.S. disease which forces the infected to hide. Education with appropriate information will help people to provide better home care and emotional support.

The purpose of this study is to include promoting behaviours, that prevent the transmission of H.I.V./A.I.D.S., fostering attitude and behaviour that will prevent discrimination against those who are infected with H.I.V./A.I.D.S., and promoting solidarity among them and to increase the level of knowledge about the impact of H.I.V./A.I.D.S. and substance abuse on the community, society, economy of the country etc.

The aim of the present study is to see how psychological and somatic changes do take place in patients suffering from H.I.V./A.I.D.S. with the passage of time, irrespective of gender difference. The Independent Variable in the present study is Duration (i.e., Time Period) of the H.I.V./A.I.D.S. patients. Do Previously Diagnosed Group of H.I.V./A.I.D.S. patients develop more Psycho-Somatic changes in comparison to Recently Diagnosed Group of H.I.V./A.I.D.S. patients. Hence the main objective was to see the effect of duration of disease on the H.I.V./A.I.D.S. patients. Hence H.I.V./A.I.D.S. patients have not been compared with normal.
**Objective’s of the Study:**

This study intends to investigate the psychological and somatic (i.e.; physical) symptoms that are commonly prevalent among those who live with H.I.V./A.I.D.S. disease. The specific objectives may therefore be spelled out as follows:

(i) To study the psychological factors [i.e.; ‘anxiety’; ‘stress’; ‘depression’; ‘regression’; ‘fatigue’; ‘guilt’; ‘extra-version’; ‘arousal’ level] of recently diagnosed group (R.D.G.) of H.I.V./A.I.D.S. patients and previously diagnosed group (P.D.G.) of H.I.V./A.I.D.S. patients.

HYPOTHESES:

The following hypotheses have been formed on the basis of objectives:

(SET-A)

‘Psychological symptoms among the previously diagnosed group (P.D.G.) of H.I.V./A.I.D.S. patients will be significantly different; as compared to the recently diagnosed group (R.D.G.) of H.I.V./A.I.D.S. patients.’

To be more explicit they are:

(1) 'Anxiety Level' of P.D.G. of H.I.V./A.I.D.S. patients will be significantly higher than R.D.G. of H.I.V./A.I.D.S. patients.

(2) 'Stress Level' of P.D.G. of H.I.V./A.I.D.S. patients will be significantly higher than R.D.G. of H.I.V./A.I.D.S. patients.

(3) 'Depression Level' of P.D.G. of H.I.V./A.I.D.S. patients will be significantly higher than R.D.G. of H.I.V./A.I.D.S. patients.

(4) 'Regression Level' of P.D.G. of H.I.V./A.I.D.S. patients will be significantly higher than R.D.G. of H.I.V./A.I.D.S. patients.

(5) 'Fatigue Level' of P.D.G. of H.I.V./A.I.D.S. patients will be significantly higher than R.D.G. of H.I.V./A.I.D.S. patients.

(6) 'Guilt Level' of P.D.G. of H.I.V./A.I.D.S. patients will be significantly higher than R.D.G. of H.I.V./A.I.D.S. patients.
(7) 'Extra-version Level' of P.D.G. of H.I.V./A.I.D.S. patients will be significantly lower than R.D.G. of H.I.V./A.I.D.S. patients.

(8) 'Arousal Level' of P.D.G. of H.I.V./A.I.D.S. patients will be significantly lower than R.D.G. of H.I.V./A.I.D.S. patients.

(SET-B)

'Somatic or Physical symptoms among the previously diagnosed group (P.D.G.) of H.I.V./A.I.D.S. patients will score significantly higher; as compared to the recently diagnosed group (R.D.G.) of H.I.V./A.I.D.S. patients'.

To be more explicit they are:

1. P.D.G. of H.I.V./A.I.D.S. patients will suffer significantly more with 'Weight loss' than R.D.G. of H.I.V./A.I.D.S. patients.

2. P.D.G. of H.I.V./A.I.D.S. patients will suffer significantly more with 'Diarrhoea' than R.D.G. of H.I.V./A.I.D.S. patients.

3. P.D.G. of H.I.V./A.I.D.S. patients will suffer significantly more with 'Fever' than R.D.G. of H.I.V./A.I.D.S. patients.

4. P.D.G. of H.I.V./A.I.D.S. patients will suffer significantly more with 'Asthenia' than R.D.G. of H.I.V./A.I.D.S. patients.

5. P.D.G. of H.I.V./A.I.D.S. patients will suffer significantly more with 'Cough' than R.D.G. of H.I.V./A.I.D.S. patients.


8. P.D.G. of H.I.V./A.I.D.S. patients will suffer significantly more with 'Constipation' than R.D.G. of H.I.V./A.I.D.S. patients.
9. P.D.G. of H.I.V./A.I.D.S. patients will suffer significantly more with 'Headache' than R.D.G. of H.I.V./A.I.D.S. patients.
10. P.D.G. of H.I.V./A.I.D.S. patients will suffer significantly more with 'Prolonged weakness' than R.D.G. of H.I.V./A.I.D.S. patients.
11. P.D.G. of H.I.V./A.I.D.S. patients will suffer significantly more with 'T.B.' than R.D.G. of H.I.V./A.I.D.S. patients.
12. P.D.G. of H.I.V./A.I.D.S. patients will suffer significantly more with 'Candidiasis' than R.D.G. of H.I.V./A.I.D.S. patients.
13. P.D.G. of H.I.V./A.I.D.S. patients will suffer significantly more with 'Cryptosporidiasis' than R.D.G. of H.I.V./A.I.D.S. patients.
14. P.D.G. of H.I.V./A.I.D.S. patients will suffer significantly more with 'Herpes Zoster' than R.D.G. of H.I.V./A.I.D.S. patients.
15. P.D.G. of H.I.V./A.I.D.S. patients will suffer significantly more with 'Toxoplasmosis' than R.D.G. of H.I.V./A.I.D.S. patients.
16. P.D.G. of H.I.V./A.I.D.S. patients will suffer significantly more with 'Bacterial infections' than R.D.G. of H.I.V./A.I.D.S. patients.
17. P.D.G. of H.I.V./A.I.D.S. patients will suffer significantly more with 'Cryptococcal meningitis' than R.D.G. of H.I.V./A.I.D.S. patients.
18. P.D.G. of H.I.V./A.I.D.S. patients will suffer significantly more with 'Kaposi Sarcoma' than R.D.G. of H.I.V./A.I.D.S. patients.
19. P.D.G. of H.I.V./A.I.D.S. patients will suffer significantly more with 'P.C.P.' than R.D.G. of H.I.V./A.I.D.S. patients.
SAMPLE:

<table>
<thead>
<tr>
<th>Category of H.I.V./A.I.D.S. Patients</th>
<th>Duration of H.I.V. Diagnosis</th>
<th>No. of Subject (i.e., respondent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recently Diagnosed Group (R.D.G.)</td>
<td>1-6 Weeks</td>
<td>50</td>
</tr>
<tr>
<td>Previously Diagnosed Group (P.D.G.)</td>
<td>6 Month's and Above</td>
<td>50</td>
</tr>
<tr>
<td><strong>Total No. of Subject’s (i.e., Sample Size)</strong></td>
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<td><strong>100</strong></td>
</tr>
</tbody>
</table>

VARIABLES:

<table>
<thead>
<tr>
<th>Independent variable (I.V.)</th>
<th>Dependent Variables (D.V.’s)</th>
</tr>
</thead>
</table>
| Duration (i.e., Time Period) of H.I.V./A.I.D.S. patients | I.  H.I.V./A.I.D.S. symptoms regarding 'Psychological perspectives, like anxiety, Stress, Depression, Regression, fatigue, guilt, Extraversion and arousal.  
TOOLS:

In the present study the following tools were administered individually on the subjects:

1. 'The Eight State Questionnaire (8 S.Q.)' : 8 S.Q. (Form-A-1990) prepared by Sri Malay Kapoor and Dr. Mahesh Bhargawa.
2. 'Self made Schedule' for Collecting data of somatic (i.e., physical) perspectives: (please see Appendix B,C).

PROCEDURE

Method of Gathering Data:

For this study the researcher had a special informed consent form, and selected H.I.V. seropositive participants (i.e., subjects) were asked if they were willing to participate voluntary. After establishing a good rapport with each case; the '8 S.Q. test' and 'Physical perspectives data collection schedule' were individually administered on each case by the researcher.

Data Processing & Statistical Treatment of Data:

Once the targeted number of individual interviews were conducted, the interview schedules were checked, edited and each schedule was given an identification number. Subsequently the job of coding; i.e., transferring the codes on to the code sheet was undertaken. The entire data were
written into a master charts for R.D.G. and P.D.G. of H.I.V. positive/A.I.D.S. patients (respondents) separately. Then entire data were fed into computer in Microsoft office 2007 Excel format to make computerized master charts for R.D.G. and P.D.G. of H.I.V./A.I.D.S. patients separately. And after this procedure with the help of ‘SPSS/PC+’ and 'INSTAT GRAPHPAD' P.C. software programmes, descriptive statistics such as frequency and percentage, mean, standard deviation, standard error of mean and inferential statistics such as value of 't' and the value of 'p' were calculated ; for the analysis of psychological perspectives. As the aim of investigation was to study the impact of duration in Psycho-Somatic changes in Recently and Previously Diagnosed Group of H.I.V./A.I.D.S. patients ; ‘t’ test was used to findout the difference in two groups. Both groups included male and female patients. Hence ‘t’ test has not been used to see the effect on gender difference. More ever sex difference has been controlled. Keeping in view the second objective of the study; 2x2 fold contingency tables for 'Chi-square' were obtained and then inferential value of 'p' were calculated; for the analysis of somatic (i.e., physical) perspectives.

The paired 't'-test was computed to study significant differences between the two groups, viz.; R.D.G.’s and P.D.G.’s. the 't'-test were executed to examine whether significant differences would emerge between the two groups on any of the variables.

In addition, for the account of clarity, abbreviated tables or summary tables have been presented which would provide effortless reading across the tables and examining comparable categories.
RESULTS

Statistical treatments of the data of the present investigations yielded following results:

SET-A

Hypothesis

'Psychological symptoms among the previously diagnosed group (P.D.G.) of H.I.V./A.I.D.S. patients will be significantly different; as compared to the recently diagnosed group (R.D.G.) of H.I.V./A.I.D.S. patients'.

FACTOR WISE ANALYSIS

<table>
<thead>
<tr>
<th>Psychological Factor's</th>
<th>Results</th>
<th>Findings Conclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>Mean Difference</td>
</tr>
<tr>
<td></td>
<td>P.D.G.</td>
<td>R.D.G.</td>
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<td>Hypothesis No.1</td>
<td>Anxiety</td>
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<td></td>
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<tr>
<td>Hypothesis No.2</td>
<td>Stress</td>
<td>23.56</td>
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<tr>
<td>Hypothesis No.3</td>
<td>Depression</td>
<td>22.44</td>
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<tr>
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<td>---</td>
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<tr>
<td>Hypothesis No.4</td>
<td>Regression</td>
<td>23.54</td>
</tr>
<tr>
<td>Hypothesis No.5</td>
<td>Fatigue</td>
<td>27.94</td>
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<td>Hypothesis No.6</td>
<td>Guilt</td>
<td>26.38</td>
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<tr>
<td>Hypothesis No.7</td>
<td>Extraversion</td>
<td>7.0</td>
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<tr>
<td>Hypothesis No.8</td>
<td>Arousal</td>
<td>15.42</td>
</tr>
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</table>

(*Significant at 0.05 level, **Significant at 0.01 level, ***Not Significant)
SET-B

**Hypothesis**

'Somatic or Physical symptoms among the previously diagnosed group (P.D.G.) of H.I.V./A.I.D.S. patients will score significantly higher; as compared to the recently diagnosed group (R.D.G.) of H.I.V./A.I.D.S. patients'.

**SYMPTOM WISE ANALYSIS**

<table>
<thead>
<tr>
<th>Hypothesis No.</th>
<th>Somatic (i.e., Physical Symptoms)</th>
<th>Results</th>
<th>Findings Conclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>P.D.G.</td>
<td>R.D.G. Chi-square</td>
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<tr>
<td></td>
<td></td>
<td>Frequencies</td>
<td>Frequencies</td>
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<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Hypothesis No.9</td>
<td>Weight Loss</td>
<td>47</td>
<td>3</td>
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<tr>
<td>Hypothesis No.10</td>
<td>Diarrhoea</td>
<td>45</td>
<td>5</td>
</tr>
<tr>
<td>Hypothesis No.11</td>
<td>Fever</td>
<td>39</td>
<td>11</td>
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<tr>
<td>Hypothesis No.12</td>
<td>Asthenia</td>
<td>27</td>
<td>23</td>
</tr>
<tr>
<td>Hypothesis No.13</td>
<td>Cough</td>
<td>36</td>
<td>14</td>
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<tr>
<td>Hypothesis No.14</td>
<td>P.G.L. (Persistent Generalised Lymphadenopathy)</td>
<td>17</td>
<td>33</td>
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<tr>
<td>Hypothesis No.16</td>
<td>Constipation</td>
<td>30</td>
<td>20</td>
</tr>
<tr>
<td>Hypothesis No.17</td>
<td>Headache</td>
<td>40</td>
<td>10</td>
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<tr>
<td>Hypothesis No.18</td>
<td>Prolonged Weakness</td>
<td>45</td>
<td>5</td>
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<tr>
<td>Hypothesis No.19</td>
<td>T.B. (Tuberculosis)</td>
<td>31</td>
<td>19</td>
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<td>------------------</td>
<td>---------------------</td>
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<td>----</td>
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<tr>
<td>Hypothesis No.20</td>
<td>Candidiasis</td>
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<td>Hypothesis No.21</td>
<td>Cryptosporidiasis</td>
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<td>Herpes Zoster (H.Z.)</td>
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<td>Hypothesis No.23</td>
<td>Toxoplasmosis</td>
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<tr>
<td>Hypothesis No.24</td>
<td>Bacterial Infections</td>
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<td>46</td>
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<tr>
<td>Hypothesis No.</td>
<td>Condition</td>
<td>P.D.G.</td>
<td>R.D.G.</td>
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<td>-----------------------------------------------</td>
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<td>No.25</td>
<td>Cryptococcal meningitis (C.M.)</td>
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<td>No.26</td>
<td>Kaposis Sarcoma (K.S.)</td>
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<tr>
<td>No.27</td>
<td>P.C.P. (Pneumocystis Carinii Pneumonia)</td>
<td>3</td>
<td>47</td>
</tr>
</tbody>
</table>

(*Significant at 0.05 level, **Significant at 0.01 level, ***Not Significant*)
CONCLUSION:

On the basis of result drawn and discussion made it can be concluded that there is a significant difference in psychological as well as somatic symptoms between P.D.G. and R.D.G. of H.I.V./A.I.D.S patients.

As the aim of the present study was to find out psychological and somatic difference between R.D.G. and P.D.G. of H.I.V./A.I.D.S. patients. It was found that in all the eight psychological areas both groups differed significantly.

In the same way significant differences in somatic symptoms were found in both groups. Out of 19 somatic symptoms; significant differences were found on 13 areas.

It is also concluded that with the passage of time psychological as well as somatic symptoms developed more in H.I.V./A.I.D.S. patients.

Highest percentage of persons suffering from H.I.V./A.I.D.S. symptoms were in the age group of 38 years & above and the lowest in 18-27 years age group.

Symptoms of H.I.V./A.I.D.S. were found more in labours, persons in private jobs and among truck and taxi drivers. Their percentage was 42, 24 and 19 respectively.
In the same way 81% of the male; but only 19% females were found suffering from H.I.V./A.I.D.S. As far as educational standard is concerned, highest number of persons suffering from H.I.V./A.I.D.S. were illiterates. It was 40% and lowest among post graduates i.e., 1%.

In the same way in comparison to the nonmigrant’s, migrant’s suffer more from H.I.V./A.I.D.S. 

Effect of SES, locality and marital status too was found on H.I.V./A.I.D.S. persons. Persons from low income group, urban locality as well as married were found suffering more from H.I.V./A.I.D.S. symptoms. Their percentage is 74, 83 and 70 respectively.
LIMITATIONS OF THE PRESENT STUDY:

Following are some of limitations of the present study:-

1. The present study was conducted only on the sample of 100 patients.

2. It was conducted only in Kanpur city.

3. The role of socio-economic and demographic variables could not be studied separately.

4. In the present study only those patients who came to the hospital for V.C.T.C.'s Counselling services were taken. It does not cover many other patients who do not want to disclose their problem because of social taboo.
SUGGESTIONS:

Based on the findings of the study; the following suggestions are made:-

Sample in the study should be drawn from urban as well as rural areas so that effect of modernity could also be observed. Beside a systematic and comparative study is needed in order to see effect of migration, job, S.E.S., awareness of H.I.V./A.I.D.S. and level of education as well personality.

It is also needed to know that in females beside commercial sex worker's (C.S.W.'s); what type of females do suffer from this dreaded disease as well as a common source of disease in them.

Effort should be made to search those patients who do not disclose their problem voluntarily because of social taboo. And do not come to hospital for voluntary conselling and testing center's services. A study of such patients is needed.

An intensive campaign through media and educational institutions should be made about the nature of disease; its preventive as well as curative aspect.
IMPLICATIONS OF THE STUDY:

Findings of the study are of great beneficiary to social organizations, government agencies especially to health-departments and social welfare departments.

Findings of the study are eye opener to the general public. It gives insight to the dreaded consequences of the disease.

It will also help to the parents to guide their children and making them aware of such disease as well as helping them to take preventive steps.

Findings also emphasize that a knowledge of sex education among young children is also needed.

Findings also emphasize that health departments, government agencies, N.G.O.'s, social organizations as well as adult education institutions should emphasize on the preventive steps for H.I.V. and A.I.D.S..