CHAPTER 1

INTRODUCTION

The 21st Century is witnessing many social problems like unemployment, poverty, child labor, social unrest, terrorism and health problems like AIDS which are afflicting humanity, especially the younger generation. The latter is greatly endangered by AIDS because youth, sexuality and AIDS are inter-related.

1.1. YOUTH

Youth is defined by Webster's New World Dictionary as "The time of life when one is young, especially. a) the period between childhood and maturity b) the early period of existence, growth, or development." Around the world the terms "youth", "adolescent", "teenager", and "young person" are interchangeably, often meaning the same thing, though they are sometimes differentiated.

Over a period of 20 years, more than 60 million people have been infected with HIV, half of them became infected between the ages of 15 and 24. An estimated 11.8 million people between the ages of 15 and 24 are living with HIV/AIDS. In some African countries more than one young woman in every five is living with HIV/AIDS.

It is the last two decades of the 20th century which have seen the emergence of this disease called AIDS, which is actually an abbreviation.
of the term “Acquired Immune Deficiency Syndrome”. At the global level, it has transcended all geographical boundaries, especially, among many young people who become sexually active, do so without having any accurate information about reproductive health. Such information puts them at the risk of unplanned pregnancy as well as sexually transmitted diseases (STDs). Sex education can be one means of helping the youth of the future to face these problems. Youth constitute one third of our total population, and the absence of proper knowledge, attitudes and behaviour with regard to HIV and sexuality may lead to truly dismal prospects for our youth. The entertainment media loves young people since they are its chief patrons. Love, romance, and sex are the favourite subjects it chooses for the entertainment it provides to the youth. What the latter comes to know about sex through the entertainment media is often misleading, incomplete, or distorted. Efforts are now being made to use the mass media to help our youth adopt healthful behaviour.

A developing country like India is confronted by a number of social problems, especially those pertaining to the young people. It is widely recognized that the youth of a country can influence considerably its social and economic development. But the proper development of human resources and the successful tackling of social problems can be achieved only by those with a deep commitment to serve their society to the best of their abilities. Youth is a period of great significance in a

\[1\text{Joint United Nations Programme on HIV/AIDS (UNAIDS) and World Health}\]
person's life Young people experience freshness and happiness even while they are beset by anxieties, difficulties, frustrations, and complexities. The abilities, the potentialities and the energies of the youth are unlimited. They require proper guidance, inspiration, and advice to become good citizens.

It is time that the youth of today, which is the most vulnerable age group as far as exposure to this dreadful disease is concerned, understood the gravity of the situation which confronts them. The youth of today can very well serve as bridge between the dark present and a bright and happy future characterized by peace, development, and international understanding. This is particularly relevant in the present context when the world is shrinking into a global village. Unless and until the youth of the present day provides the leadership, the issues that now confront the old cannot be resolved. They should look within themselves to develop the qualities of leadership and thus provide themselves with the necessary impetus to succeed.

1.2. SEXUALITY

According to Anthony Giddens, the word 'sex' as used in the ordinary language is ambiguous, referring both to a category of person and to acts in which people engage, as when we use the word in phrases like 'having sex'. For the sake of clarity, we must separate these two.
senses We should distinguish 'sex', meaning biological or anatomical differences between women and men, from sexual activity. We need also to make a further important distinction between sex and gender. While sex refers to the physical differences of the body, gender concerns the psychological, social, and cultural differences between males and females. The distinction between sex and gender is fundamental, since many differences between males and females are not biological in origin.

Writing about sex can be dangerous, and talking about sex is prohibited in public. It has of course, been always possible to write about sexuality. But, to do so, and be listened to, it has usually been necessary to work within the confines of an acceptable discourse.

As Lea Terhune points out, South Indian society is extremely conservative when it comes to intimate sexual matters, legal or illegal. Not even in its urban centres do you find the type of red light districts that other cities have. Here the sex trade is particularly landline. The sex houses consist of brothels, pimps, and members of their families, each of which keeps one girl at a time, passing her off as a relative. These set ups are moved to new locations every few months to evade the police, unless, of course the police hierarchy is paid off. According to Weeks, J., there are five broad categories of social relationship which are constructed around, and, in turn, shape and reshape sex and gender relationships.

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4 Lea Terhune, Meeting the Challenge of HIV/AIDS, Span, November-December, 2000, p.8
First, there are kinship and family systems that place individuals in relationship to one another, and constitute them as human subjects with varying needs and desires, conscious and unconscious. Second, there are the economic and social organizations that shape social relations, status, and class division and the possible basic preconditions and ultimate limits for the organization of sexual life. Third, there are the changing patterns of social regulation and organization, formal and informal, legal and moral, populist and professional, religious and secular, the unintended consequences as well as the organized and planned responses. Fourth, there are the changing forms of political interest and concern, power, and policies. Finally, there are the cultures of resistance which give rise to oppositional subculture, alternative forms of knowledge, and social and sexual movements. Sexuality has become an increasingly important political as well as moral issue, condensing a number of critical issues with the norms of family life, the relation between men and women, adults and children, and the nature of normality and abnormality. Sexuality has been seen as a key element for understanding the social dynamics of modern society.

Sexuality, as Michel Foucault puts it, has been assigned so great a significance in our culture because it has become the point of entry both to lines of individuals and to the life, well being, and welfare of the

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5 Weeks, J (1986), Sexuality, London Tavistock
population as a whole. But it is also, of course, the focus of fantasy, individual and social, and of judgments about what is right or wrong, moral or immoral.

In India, the HIV which causes AIDS appeared much later than in some other countries and to visualize the devastating effects of the HIV epidemic within one’s life time is difficult. It requires immediate new programmes, and attitudinal and behavioural changes are needed to contain the illness.

Sexual behaviour is a very important area of human behaviour and deserves to be studied objectively by the social and biological sciences for its own sake.

HIV/AIDS has brought about a new examination of what “having sex” means, especially among young people. How young people define “having sex”, is important because it helps us to determine whether they consider themselves to be at risk, how they respond to HIV-prevention efforts, and how they report sexual experience in surveys.

It has been now been recognized that sex can no longer be seen as locked in to the natural. It is a legitimate subject of historical investigation. Seeing sexuality as a social construction or historical invention forces us to think beyond the boundaries of existing categories and to explore their historical production. Deconstruction of sexuality prepares us for reconstruction.
Health is a complete state of physical, mental, and social well-being, and not merely the absence of diseases. Youth health mainly constitutes sexual health and reproductive health. In the present system of education, till now no importance is being given to sex education in our country.

1.3. HIV/AIDS

1.3.1. Origin and Background of HIV/AIDS

In so many places, on the roads, advertisement such as “Beware of AIDS”, “AIDS is a deadly disease”, and so on can be seen. Such signs had never been there some two decades before. Many diseases appeared and spread during the 20th century but AIDS appeared so rapidly and has caused so much suffering and anxiety throughout the world. The first case of AIDS was identified in the spring of 1981 by M.S. Gattileb7 in Los Angeles. He was startled to encounter within a short time four cases of interstitial phenomena, a disease hitherto extremely rare. He reported his findings to the Centre for Disease Control and soon received information about other cases of this rare disease. According to Dr. J. Segal,8 the disease was initially named Lymphadenopathy Associated Virus (LAV). Confirmation that this virus was the cause of AIDS came in 1984 from the National Cancer Institute in Bethesda, USA. It was renamed human-T-lymphotropic virus Type 3 (HTLV-3). Finally, in 1986, an expert

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8Jacob Segal, The Origin of AIDS, Published by Parishad Bhavan, Trichur, 1989, p.33.
committee of WHO introduced the new term “Human Immuno Deficiency Virus” (HIV) for the virus which is responsible for causing AIDS.

In 1981, a few cases of a strange disease were reported, first in the west coast and later in the east coast of the USA. All of them were young adult homosexuals who had sex with multiple partners. The life threatening infections they had were unusual cancers. They had been quiet healthy, but were now suffering from severe deficiency in immunity. The immune deficiency had been recently acquired. Therefore, it was called a syndrome and hence the name Acquired Immuno Deficiency Syndrome was coined.

According to the 1987 definition of the Centers for Disease Control (CDC), AIDS is characterized by HIV encephalopathy, HIV wasting syndrome, or certain diseases due to immunodeficiency in a person with laboratory evidence for HIV infections and without certain other causes of immunodeficiency.9

The discovery of the virus came later. In 1983, French scientist identified a virus in the lymph node of a patient with AIDS, which they called lymphadenopathy associated virus. In 1984, two groups of American scientists identified the viruses which were called T-cells lymphatropic virus type III (HTLV III) by one group, and AIDS associated retrovirus by the other. All these three were the same virus that

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9Centre for Disease Control (1987) Revision of the CDC, Surveillance Care Definition for Acquired Immuno Deficiency Syndrome. Morbidity and Mortality Weekly Report
we call them today HIV-1. Subsequently, a second HIV was discovered in Western Africa, and was called HIV-2. The causative agent of Acquired Immuno Deficiency Syndrome is the Human Immuno Deficiency virus. But HIV and AIDS are not one and the same. HIV is a virus whereas AIDS is a state of disease.

The year 1985 represents a landmark in the history of the treatment of AIDS since it was in this year that a test to detect an antibody developed using the principle of Enzyme Linked Immunosorbent Assay (ELISA). The test made detection of HIV infection and surveillance possible since a positive test indicates the presence of infection which is life long. Infection with HIV which in turn causes AIDS is one of the greatest health challenges of new kind of this century. Today, HIV infection takes place more among in the young and in heterosexual men and women. With hardly any medical care available for them in the developing world, the condition of the HIV-infected is far worse than that of their counterparts in the Western world where the majorities of those who are infected by HIV are diagnosed early and receive medical treatment.

1.3.2. Theories of HIV

To date three theories have been propounded regarding the origin of HIV. However, a debate is still going regarding which of them is the most acceptable.
The first theory is that HIV has been around mankind for a very long period and that it has recently become more virulent. One possibility is that the virus comes from a small and isolated ethnic group, which had immunity to it, so that it had rarely caused death. When it spread outside this group and reached people who had no such immunity, it became a killer disease. By its nature, this is a theory which is very difficult to disprove, but there is some evidence which goes against it.

The second theory is that HIV has existed for a long time as an animal disease, and that it has only recently managed to infect humans and trigger off an epidemic in them. There are other examples of diseases crossing over from animals to mankind, and a rather similar virus to HIV has been found in a species of monkey. But in 1988, the scientists who thought they had isolated a virus similar to HIV from the wild African green monkeys announced they had made a mistake. History has recorded many great human diseases or epidemics that have been traced back to infectious organisms carried by animals or insects. Since AIDS is a sexually transmitted disease, the theory that it originated among monkeys has in some cases given rise to the idea that the original transmission from monkey to human was via sexual relationship. A monkey origin for AIDS is often called the “Simian theory” “Simian” being a scientific term for apes and monkeys.

The third theory is that HIV is a man made virus, perhaps from a germ warfare laboratory. However, the science of genetic engineering
was not sufficiently advanced in the late 1970s for this to be possible. Further, a virus like HIV is not the sort of bug or germ a warfare laboratory would wish to develop

So far, there is no substantive evidence regarding where AIDS came from while there are a number of convincing arguments that any discovery of this origin is unlikely in the future

1.3.3. The Virus That Causes AIDS

HIV belongs to a family of viruses known as retroviruses. These viruses defy a general rule of biological systems whereby the genetic commandments flow from the master molecule deoxyribonucleic acid (DNA) to ribonucleic acid (RNA) which results in the production of proteins that keeps the system working. HIV, like all retroviruses, has an enzyme called reverse transcriptase, which actually reverses this genetic hierarchy and enables RNA to direct the synthesis of DNA first.

Currently, it is best recognized as a family of closely related viruses, the commonest of them being HIV-I. A distinctly different form of HIV is common in West Africa. It is called HIV-II. In South-east Asia, HIV-II has been found in Maharastra (India), and in two cases reported from Sri Lanka.

It is important to distinguish between being infected with HIV and having AIDS. People infected with HIV may take 7-10 years to develop
AIDS. HIV infected individuals may suffer from a variety of disorders and develop signs which are suggestive of being infected with HIV.

1.3.4. The Correlation between HIV and STDs

There is a strong association between the occurrence of HIV infection and the presence of certain STDs making early diagnosis and effective treatment of such STDs very important. STD causes some damage to the genital skin and mucous layers, and this facilitates the entry of HIV into the body.

1.3.5 Prevention of HIV

No border can keep AIDS out, it cut across all the time zones that divide us. We owe ourselves and to others to develop the utmost commitment to act against AIDS on a global scale, and especially where the scourge is most prevalent. AIDS is a disorder characterized by severe suppression of the immune system of the body. This immunodeficiency renders the body susceptible to a variety of normally manageable infections, cancers, and other diseases. HIV is spread through body fluids, such as blood and semen. The virus is most often spread through sexual contact. It may also be spread through dirty syringes and needles such as those used by users of illegal drugs. Social factors known to promote the rapid spread of the HIV/AIDS epidemic include poverty, discrimination, sexual inequality, and inadequate health or social services. Although these conditions exist to varying degrees in every
region of the globe, they are more prevalent in certain areas, resulting in increased numbers of HIV infections. As HIV/AIDS continues to spread, there has been an increasing impact on individuals, households, communities, and societies. Both HIV infected and non-infected people are affected, by the complicated social and economic consequences of the disease. UNPA is supporting AIDS prevention in most of its African family planning programs and also in some programs in Asia and the Caribbean. In addition, UNFPA supports separate AIDS communication programs in a number of African countries. Also, UNFPA is working closely with the WHO/GPA and with National AIDS committees to link AIDS prevention activities with family planning and maternal and child health activities.

No single strategy against AIDS can work everywhere; the approach in each country should reflect the epidemiological patterns of the infection. Nevertheless, because most HIV infections occur during adolescence, focusing on young people appears to be a crucial strategy. Another reason to focus prevention efforts on youth is that HIV-positive youth, because they were recently infected, are highly infectious. HIV is most infectious when viral loads in the blood are high, resulting in HIV shedding in many body fluids. Normally, there are two such periods: the first period, the primary infection, occurs immediately after the HIV

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*Donayre, J UNFPA, UNFPA AIDS Activities, Personal communication, September 15, 1989*
infection, and lasts only a few months. The second period is at the end, when the HIV infection progresses to AIDS.

Preventing HIV infection among youth also would help reduce the mounting cost of treatment, freeing resources that could help meet the other needs of young people. For instance, in India the cost of treating one AIDS patient for one year, even without expensive therapies, equals the annual cost of providing primary school students.12

Delegates at the 2001 United Nations General Assembly Special Session on HIV/AIDS resolved to “reduce by 2005 HIV prevalence among young men and women aged 15 to 24 in the most affected countries by percent and by percent globally by 2010”.13 Reaching this ambitious goal will require much greater efforts than those which are now in evidence.

Preventing HIV/AIDS among youth is central to the goal set at the 2001 United Nations General Assembly Special Session on AIDS14 to reduce HIV prevalence by 25 percent in the hardest-hit countries by 2005. Efforts must reach a wide range of youth, including children approaching puberty, adolescents, and young adults, and must address a variety of factors for developing and sustaining healthy behaviour.

1.3.6. Vaccine Development

There is broad agreement that the best way to fight a disease is through prevention. Vaccination is the safest, easiest, and most effective form of prevention of any infection. Initial attempts to develop HIV vaccines were hindered by a number of obstacles, primarily the failure of experimental vaccines to protect animals from HIV infection. There is now a general consensus that a vaccine suitable for preventing HIV infection in humans is unlikely to be developed any time soon. To facilitate and accelerate these efforts, a WHO strategy in the past has been developed to coordinate activities in the development, evaluation, and availability of the vaccine. This strategy covered all three potential types of HIV vaccine, i.e., preventive, therapeutic, and perinatal vaccines.

HIV has at least six different sub-types – A, B, C, D, E and F. In Thailand, two sub-types (B and E, the latter being more common) have been found, while in India at least three sub-types have been identified (C is the commonest). This has important implications for vaccine development. Ideally if a vaccine has to be effective in all countries, it will have to be a cocktail which could act against all the sub-types of the virus.

The development of an AIDS vaccine is complicated by the considerable genetic variability of HIV in different geographical areas and even within an infected person over time. This genetic variation
needs to be completely understood if HIV vaccines are to be effective and appropriate for use in populations in both developed and developing countries. Until such a vaccine is developed, educational campaigns will have to play the key role in the prevention and fight against AIDS.

1.3.7. Meaning and Definitions Pertaining To HIV/AIDS

**Antigen Test**

- A laboratory test done on a sample of a person's blood to detect the presence of parts of the HIV organism itself. The virus is present only in minute amounts, and, in addition, cannot be found with this method during many stages of the infection.

*Asymptomatic HIV-infected person*

- An HIV-infected person who appears well but is capable of transmitting the infection to another person. Such persons may not have outward signs or symptoms of the infection they carry.

*Casual contact (casual sex)*

- A sexual encounter with another person that does not lead to a long-term relationship.

**Condom**

- A soft rubber device made of latex which is worn by the male before sexual intercourse begins and during intercourse. The condom prevents sperm from entering the female genital tract and thus prevents pregnancy. The condom also prevents contact with seminal and vaginal fluids thereby preventing the transmission of STD and/or HIV from either partner.

**CSW**

- Commonly used abbreviation for 'Commercial Sex Worker'. A CSW is an individual, man or woman, who engages in sexual acts for the sole purpose of soliciting payment.
ELISA

➢ Short for Enzyme-Linked Immuno-Sorbent Assay. A test that is used to detect specific antibodies made in response to infection by different organisms.

Epidemiology

➢ The study of the distribution and determinants of an infection or disease event in a defined population group

HIV

➢ The abbreviation for human immunodeficiency virus, the virus that can cause the development of AIDS. This virus was previously known by a variety of names such as LAV and HTLV III. Two types of HIV have been identified

HIV test

➢ Refers to one of the HIV antibody tests. Laboratory tests are performed on the sample of a person’s blood to detect the presence or absence of antibodies to HIV. The presence of antibodies in an adult indicates that the person has been infected with the virus. The most commonly used test is the Enzyme-Linked Immunosorbent-Assay (ELISA)

IEC

➢ Information, Education, and Communication (IEC), which comprises a range of approaches, activities, and outputs to raise awareness about HIV/AIDS in order to bring about behaviour change.

IDU

➢ An abbreviation for 'Intravenous drug use'. This means the practice of using drugs through injection into the veins.

Immune deficiency

➢ When a person’s immune system is deficient and cannot satisfactorily protect the body, resulting in an increased susceptibility to infection.
Immune system

➢ The body’s defense mechanism against attack by bacteria, viruses, harmful food substances, and some proteins

Incubation period

➢ The time between infection by a disease-causing organism, and the onset of signs and symptoms of the disease

Lymph glands

➢ These are small glands or nodes in the body which contain large numbers of white blood cells. Agents of infection are channeled into the lymph system, and so forced to meet the white blood cells in the lymph glands. Infections cause swelling of these glands.

Opportunistic infections

➢ Infections that are caused by organisms to which the body is normally immune. When the immune system is depressed or destroyed, as in AIDS, opportunistic infections can take hold.

Sexually transmitted disease (STD)

➢ Any disease that is usually acquired while having unprotected sex with an infected partner. Such diseases may also be transmitted by other routes.

Syndrome

➢ A set of symptoms and signs resulting from a single cause, or so commonly occurring together that a definite clinical picture is manifest.

Virus

➢ An organism visible only with an electron microscope. Viruses cause a wide variety of diseases in humans, including some cancers.

Western blot

➢ A test used to confirm the presence of HIV antibodies not detected by the ELISA. This test is no longer recommended.
(barring exceptions) due to its cost, because of that two ELISA tests using different principles produce results as accurate as the western blot test.

**White blood cells**

➤ Types of white blood Cells in the blood, which are responsible for fighting infectious agents. There are several cells, such including lymphocytes

**Window period**

➤ The period of time when a person has been infected with HIV but has not yet produced antibodies. This period is usually no longer than 6 to 12 weeks

1.4. DEFINITIONS AND EXPLANATIONS OF TERMS

1.4.1. Knowledge

The knowledge is the fact or condition of knowing something or somebody through experience or association. Knowledge is a fluid mix of framed experience, values, contextual information, expert insight, and grounded intuition that provides an environment and framework for evaluating and incorporating new experiences and information. It originates and is applied in the minds of the knower. In an organization, it often becomes embedded not only in documents or repositories but also in organizational routines, processes, practices, and norms.

Knowledge is the awareness and understanding of facts, truths, or information gained in the form of experience or learning (a posteriori), or through introspection (a priori). Knowledge is an appreciation of the

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To sum up, knowledge is:

Knowledge is the act or condition of knowing something with a familiarity gained through experience or association. It means "to perceive directly", "to have direct cognition", "to apprehend intellectually", "to acquire facts". (www.calvarychapel.com/redbarn/terms.htm)

a) The condition of knowing something with familiarity gained through experience or association

b) The condition of being aware of something

c) The condition of apprehending truth or fact

d) The condition of having information or of being learned (tangents home.att.net/data/rlgdef.htm)

1.4.2. Attitude

It is a mental position with regard to a fact or state or a manner assumed for a specific purpose or frame of mind or way of thinking or way of looking at things or school of thought, and it is defined as:

A manner of acting, feeling, or thinking that shows one's disposition, opinion, etc. (www.ifdn.com/teacher/glossary.htm)

It is similar to approach, that is, how a writer feels about his or her subject-matter (www.longman.co.uk/tt_seceng/resources/glosauth.htm)
Mental disposition, usual frame of mind. Attitudes are subsumed into the abilities. For example, the ability to interact socially requires certain attitudes. (www.ee.wits.ac.za/~ecsa/gen/g-04.htm)

A complex mental state involving beliefs and feelings and values and dispositions to act in certain ways; for example, “His attitude towards work was that it was fun”.

Attitude is a magazine published by Remnant Media within the United Kingdom aimed mostly at Gay men (en.wikipedia.org/wiki/Attitude_(magazine)

A manner of acting, feeling, or thinking that shows one's disposition, opinion, etc (www.ifdn.com/teacher/glossary.htm)

1.4.3. Behaviour

Way of behaving or way of acting or the way in which a person conduct himself/herself. Behaviour is the action or reaction of something (as a machine or substance) under specified circumstances, “the behaviour of small particles can be studied in experiments”

Behaviour refers to the actions or reactions of an object or organism, usually in relation to its environment. Behaviour can be conscious or unconscious, overt or covert, and voluntary or involuntary. Behaviour is controlled by the endocrine system, and the nervous system. The complexity of the behaviour of an organism is related to the complexity of its nervous system. (en.wikipedia.org/wiki/Behaviour)
This is the observable demonstration of some capability, skill, ability, or characteristic. It is an especially definitive expression of a capability in that it is a set of actions that, presumably, can be observed, taught, learned, and measured. (www.cchra-ccarh.ca/en/phaseIIreport/glossary.asp)

1.5. GLOBAL SCENARIO OF HIV/AIDS

The World Health Organization (WHO) and UNAIDS estimated that 36.1 million people were living with HIV/AIDS in 2000, that 5.3 million people were newly infected with HIV in 2000, 3 million people died of AIDS in 2000, and there had been 21.8 million AIDS deaths since the start of the epidemic.

For the Majority of the estimated 5.7 million (according to UNAIDS)-people living with HIV in India, it is a drain on their incomes. Sustaining themselves and their families, which might include other HIV Positive persons, is a daunting task. Many have become impoverished.

The total number of people living with the Human Immunodeficiency Virus (HIV) has reached its highest level in 2005, with about 40.3 million people suffering from the infection globally. And some 5 million new infections were reported in 2005.
1.6. INDIAN SCENARIO OF HIV/AIDS

In India, the Christian Medical College at Vellore, one of the institutions under the Dr. M.G.R. Medical University in Tamil Nadu, established a research station in 1985 with the support from the Indian Council of Medical Research (ICMR) to investigate whether HIV had entered Tamil Nadu. In 1986 blood samples were collected from 412 prostitutes who were temporarily housed in remand homes in Madras, Madurai, Tiruch, Vellore, Coimbatore, and Salem. Among these 412 women, 15 were ELISA positive, and 14 were confirmed by the western blot test. Ten HIV infected women were in Madras. Thus undisputable evidence was obtained to show that the infection had spread to India.

Thus the first AIDS case was registered in India in Madras 1986. According to NACO\textsuperscript{16} surveillance data published in 2003, 3.86 million people were infected with HIV. HIV is an infectious disease but it is not easily transmitted through the environment, e.g. from air, water, food, etc. Thus it is not a communicable disease like common cold, measles, or polio, and other similar infections. The virus enters the body in three major modes, sexually, parentally and perinatally. HIV infection in cities in India, while still rare by Western standards, is becoming more common. Among men at STD clinics in New Delhi, for example, 0.24 percent was infected in late 1987. One year later 0.89 percent was infected. During the same period the prevalence among urban blood

\textsuperscript{16}Surveillance Data of National Aids Control Organisation, New Delhi, 2000
donors rose from 0.02 percent to 0.29 percent. In India, an estimated 51 million people were living with HIV in 2003. Although levels of prevalence of HIV appear to have stabilized in some states such as Tamil Nadu, Andra Pradesh, Karnataka, and Maharashtra, it is still increasing in at-risk population groups in several other states as a result of this over all HIV prevalence has continued to rise.

1.7. AIDS PREVALENCE IN PONDICHERY

The Union Territory of Pondicherry, whose population is heterogeneous, has been badly affected by the AIDS epidemic as the rate of infection has shot up high in Pondicherry. The major cause of its spread is heterosexual promiscuity. The foreigners and migrants from other states who come to this region practice multi-partner sex and cause an all-round spread of the infection.

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Reported AIDS case from different centers

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<td>General Hospital Karaikal</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>89</td>
<td>37</td>
</tr>
</tbody>
</table>

Total AIDS cases reported up to 2004: 293 (M: 148)

Out of the Aids cases reported, 61 of them are from the UT area

The Remaining cases are from the near by states, of which a good majority are from Tamil Nadu

Source: Pondicherry AIDS Control Society
STI PREVALENCE FROM BLOOD BANKS

<table>
<thead>
<tr>
<th>Antibodies</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV +ve</td>
<td>49</td>
<td>51</td>
<td>67</td>
<td>57</td>
</tr>
<tr>
<td>HBsAg (Hepatitis - B)</td>
<td>282</td>
<td>379</td>
<td>494</td>
<td>394</td>
</tr>
<tr>
<td>VDRL (Syphilis)</td>
<td>45</td>
<td>36</td>
<td>72</td>
<td>55</td>
</tr>
<tr>
<td>HCV (Hepatitis - C)</td>
<td>33</td>
<td>58</td>
<td>103</td>
<td>81</td>
</tr>
</tbody>
</table>

The Blood screening data also can be taken in to account as an additional data for examining, STI prevalence in the Union Territory. During 2004, 57 HIV positives cases were reported from the blood banks.

Source: Pondicherry AIDS Control Society

1.8 STATEMENT OF THE PROBLEM

The purpose of the study is to evaluate the knowledge, attitude, and behaviour related to HIV and sexuality among the youth in the Pondicherry region.

1.9 OBJECTIVES

The following specific objectives have been set for the study:

- To evaluate the knowledge about HIV and Sexuality among the youth.
- To study the attitude about HIV and Sexuality among the youth.
- To study the behaviour regarding HIV and Sexuality among the youth.
- To trace the relevant literature pertaining to the study area.
To formulate strategies and recommend programmes on HIV/AIDS and Sexuality for the youth in future

1.10. HYPOTHESES

➢ It was hypothesized that the gender of people may not influence the attitude of the people towards the several variables related to HIV/AIDS.

➢ It was hypothesized that age may be an influencing factor on the attitudes of the people in the matter of their perceptions about HIV/AIDS.

➢ It was hypothesized that the educational level of the people may play a role in the attitude variables on sexuality.

➢ It was hypothesized that the origin of the people (rural / semi urban / urban) may have some impact on the attitude variables on sexuality.

1.11. NEED FOR THE STUDY

In the new millennium the world is undergoing many major transformations which may affect the lives of human beings. Almost daily, newspapers and magazines report about the impact of HIV/AIDS and related problems. The era of liberalization and globalization has been forcing people to confront many challenges.
Though many studies have been done on this aspect, only a few studies have been undertaken on the aspect of knowledge, attitude, and behaviour among youth.

According to WHO estimates, by the end of 1996, nearly 30 million people, including more than 2.5 million children, had been infected with HIV since the start of the epidemic. Every day, more than 7000 adults and 500 babies are infected. More than 8 million people have developed AIDS and the youth in particular of the world are at risk due to the AIDS epidemic.

According to the official estimates released by the National AIDS Control Organization (NACO), India has 3.86 million persons infected with HIV. Maharashtra, Tamil Nadu, Andhra Pradesh, Karnataka, and Manipur states are the high prevalence areas in India. The Union Territory of Pondicherry is said to have a high prevalence of the killer disease, AIDS. This study aims at finding out whether in this region the youth in particular, and the community in general possess the desired determination of whether the youth and the community are in general possess the desired level of awareness towards AIDS and sexuality.

The foregoing facts clearly demonstrate the seriousness of the problem, particularly among the youth. Therefore, this study was conducted to evaluate the knowledge, attitude and behaviour among the youth related to HIV and sexuality.
1.12. SIGNIFICANCE OF THE STUDY

The results of the present study will throw open a vista of virgin information to all particularly to the policy planners, administrators, teachers, etc of the Union Territory of Pondicherry. This study gains importance in the background of the very few extensive studies that have been done so far in India.

The present study may provide information regarding the level of awareness among the youth related to HIV and sexuality from different angles and perspectives.

It may provide information regarding knowledge, attitude, and behaviour among youth related to HIV and sexuality.

The purpose of the study is to explore the level of knowledge, attitude, and behaviour related to HIV and sexuality among youth and it may help the administrators and planners to formulate suitable target intervention programmes in future, and give sufficient information to trainers to plan out their future programmes.

This study is an earnest attempt to describe the nature of the HIV virus, the way it enters the human immune system, ways to control it, etc. A brief history of the origin, theory, preventive measures, ethical issues, economic and social impacts etc. have been presented to provide a clear perception of the way AIDS developed in the world. A few tests for HIV infection in the laboratory and symptoms of AIDS are described in the study. The preventive measures against AIDS are presented with
elaborate details for creation of increased awareness among youth in order to prevent AIDS from appearing and spreading unchecked and uncontrolled. AIDS awareness is crucial for all. It is a global concern. This study is a humble contribution in the direction of creating awareness towards the prevention of AIDS, it attempts to examine the effects of the awareness programmes on HIV and sexuality, review the earlier studies made in this area, and to provide suggestions regarding the control measures.

1.13. STUDY AREA

Pondicherry was a French colony, and was transferred to India in 1956. Though the Pondicherry region is small in size, the density of population is more than that of rest of India, and has been influenced by French culture, in contrast to the culture of the rest of India which has been influenced by British culture. According to the census carried out in 2001, the Union Territory of Pondicherry has an area of 492 sq kms. and a population of 9,73,829. The area covered by this study comprises the entire region of Pondicherry, consisting of seven administrative communes.

1.14. DATA COLLECTION

The data required for the present study has been broadly divided into two categories viz. primary and secondary sources. The primary data were collected through an interview schedule. The secondary data were
collected from articles, newspapers, magazines, published and unpublished records of Government organizations, etc.

A simple non-structured interview schedule was prepared to collect information from the respondents. The interview schedule was prepared and the same was sent to a few experts for their comments and opinions. Later the interview schedule was redrafted as per the experts' views and opinions, thereby ensuring the reliability of the data.

The interview schedule was pre-tested by administering it among a group of youth different from those included in the sample. The schedule consists of 90 questions. Open ended and closed ended questions form part of the schedule. Apart from these, the schedule consists of general information regarding age, sex, education, marital status, occupation, income, religion, origin, etc.

The study is mainly based on primary data. Secondary data has been used to substantiate certain points of relevance. The data relating to the study have been directly collected by the researcher himself. All the places of study were visited and the data was collected directly from the people concerned. Data was collected directly with the help of the interview schedule designed and tested for the purpose. Before designing the interview schedule sufficient care was taken for ensuring the right type of questions to elicit right type of information. In many cases, people came forward to give opinion and information on various issues, and these figure in the chapter "Summary and Conclusions"
1.15. SAMPLING

The main purpose of this research study has been to find out the level of awareness of the people regarding HIV virus and AIDS in the Union Territory of Pondicherry. Since this Union Territory consists of four distinct regions which are geographically separate, it was decided to carry out the study in only one of the four regions owing to the lack of resources. The Pondicherry region was selected as the area as it has the larger segment of the total population of the Union Territory than the other three regions. This region consists of seven administrative communes of varying areas and populations.

Since cent per cent enumeration is not possible in view of the financial and time constraints, it was decided to opt for sampling. It was felt desirable to have equal sample size for all the administrative communes, and as a consequence, it was decided to select at random 100 samples from the administrative communes, totaling 700. The details of the samples selected are provided in the following table.

The respondents in this study consist of youth in the age group of 14-35 years and the samples included males and females belonging to various religions, literates and illiterates, and the people from the rural and the urban areas. As has been already pointed out, it was not found possible to study all the youth in each of the commune. Originally the
investigator interviewed the 100 youth who were available at the time of the interviewing.

1.16. SELECTION OF VARIABLES

The study was conducted on young (male and female) respondents of age varying from 14 to 35 years and 700 young people were selected randomly for the purpose of the collection of data. The respondents differed from each other in their levels of education, employment, origin and economic status. The investigator personally met all the respondents and the collection of the data was done by interviewing the respondents with the help of the interview schedule. The first part of the data pertains to details of family type, marital status, origin, age, sex, religion, occupation, literacy status, monthly income, literacy level, membership of associations, etc. The second part contains the information about the knowledge, attitude and behaviour related to HIV, and the third part is concerned with seeking information about knowledge, attitude and behaviour related to sexuality.

1.17. RESEARCH DESIGN

The study was conducted to find out the level of knowledge, attitude, and behaviour related to HIV and Sexuality among the youth. In this study, the descriptive design has been followed. Statistical tools such as F-test, chi-square etc. have been employed in order to find out the difference in the attitudes among males and females, urban and rural people and the educated and the uneducated.
1.18. **DATA ANALYSIS**

The collected data were coded and converted into percentage values. The data have been represented by way of tables and graphs. The data collected through the interview schedule have been processed using SPSS the package and summarized in tabular forms.

1.19. **LIMITATIONS**

- The Union Territory of Pondicherry has four distinct geographical regions and only the Pondicherry region was selected as the area of study due to geographical considerations.
- Only 700 (both rural and urban) samples were taken randomly due to the limited resources.
- Because of the constraints imposed by time, random samples were taken, instead of complete enumeration.
- The study covers only the people belonging to the age group 14 to 35. Hence the findings of this study may not be extended straight to other age groups.
- As the subject of the study is quite new, the literature and other research materials available on it are comparatively scarce.
1.20. ORGANISATION OF THE THESIS

The thesis is divided into five chapters as detailed below:

The subjects of the study and methodology have been introduced in Chapter 1

Review of related literature in India as well as abroad are presented in Chapter 2

Chapter 3 deals with the Knowledge, attitudes and behaviour among the youth with respect to HIV/AIDS

Chapter 4 is devoted to the knowledge, attitude and behaviour among the youth with regard to sexuality

Chapter 5 comprises of Summary and Conclusions.