



Analysis of Impact of HIV-AIDS on Women's in Bagalkot District

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ABSTRACT

HIV/AIDS is a worldwide epidemic. It is a modern-day disease that affects a person's social, health, cultural, social, psychological, economic, and religious aspects of life. It affects both young and old people and is gender agnostic. AIDS is a long, frequently painful, and lethal disease that can grow up to a decade after a person is infected with the Human Immunodeficiency Virus (HIV). The final stage of HIV infection is AIDS. To date, there is no cure, successful treatment, or vaccine for its prevention. Currently, education is the only anti-AIDS vaccine available. AIDS has been a modern-day epidemic. Infectious diseases and illnesses have afflicted mankind since the dawn of time. Infectious agents differed from one time to the next, from one location to the next, and from one culture to the next. There have been outbreaks of lethal diseases in the past that grew to epidemic and pandemic proportions in a short period of time, taking a heavy toll on human life. The plague outbreak claimed the lives of millions of people around the world during the 14th century and after. Many epidemics were tested by scientific achievement and medical progress, which led to the discovery of various medicines and vaccines to combat them. As humanity progressed toward a healthier age, it was faced with a major setback in the form of AIDS.

Keywords: HIV, AIDS, Bagalkot, Women, Analysis, Impact

1. Introduction:

HIV/AIDS is a worldwide epidemic. It is a modern-day disease that affects a person's social, health, cultural, social, psychological, economic, and religious aspects of life. It affects both young and old people and is gender agnostic. AIDS is a long, frequently painful, and lethal disease that can grow up to a decade after a person is infected with the Human Immunodeficiency Virus (HIV). The final stage of HIV infection is AIDS. To date, there is no cure, successful treatment, or vaccine for its prevention. Currently, education is the only anti-AIDS vaccine available. AIDS has been a modern-day epidemic. Infectious diseases and illnesses have afflicted mankind since the dawn of time. Infectious agents differed from one time to the next, from one location to the next, and from one culture to the next. There have been outbreaks of lethal diseases in the past that grew to epidemic and pandemic proportions in a short period of time, taking a heavy toll on human life. The plague outbreak claimed the lives of millions of people around the world during the 14th century and after. Many epidemics were tested by

scientific achievement and medical progress, which led to the discovery of various medicines and vaccines to combat them. As humanity progressed toward a healthier age, it was faced with a major setback in the form of AIDS.

2. Need of Study:

Families affected by HIV/AIDS carry a significant burden of sickness and death, which leads to extreme poverty. Because of their poverty, these families can only spend a limited amount of money on food. This might lead to malnutrition in the long run. Since the beginning of the pandemic, the economic effects of the HIV/AIDS outbreak have been a source of concern. Some claim that the HIV/AIDS outbreak has slowed the rate of growth of the gross national product in many heavily affected countries, and that in some cases, GNP growth may be reduced by more than 1% for every 10% HIV prevalence. Others believe that HIV/AIDS has had little effect on the macroeconomic environment so far. Since so many factors other than HIV/AIDS influence economic development, it is difficult to estimate the impact of HIV/AIDS on economic performance empirically. Drought, battle, and other issues plague the country's most severely affected by the epidemic.

3. Objective of the Study:

The research is being carried out in order to achieve the following essential goals:

1. To determine the socio-economic conditions of the Female Sex Workers in Bagalkot District;
2. To determine the knowledge and awareness of Female Sex Workers towards recent trends in HIV/AIDS epidemic in Bagalkot District;
3. To suggest policy implications to curtail the spread of HIV/AIDS pandemic and to mitigate the impacts of HIV/AIDS by presenting trend analysis;
4. To analyze the social and psychological impact of HIV/AIDS pandemic among Female Sex Workers in Bagalkot Districts at Various age Groups;
5. To examine the disease seriousness among Bagalkot District in terms of its Death Trend, Positive Cases Enrollment;
6. To determine the quality of work life of Female Sex Workers in Bagalkot District.

4. Data Analysis and Interpretation:

Research has considered all the Female and Male Sex Workers who have registered under High Risk Group (HRG) in Bagalkot District TI's during research selected period 2007 to 2016 as sample size Its approximately more than 5000 Sample Size has been considered during 10 years research period as per the district health centers reports as case registered under FSW and MSW under HRG.

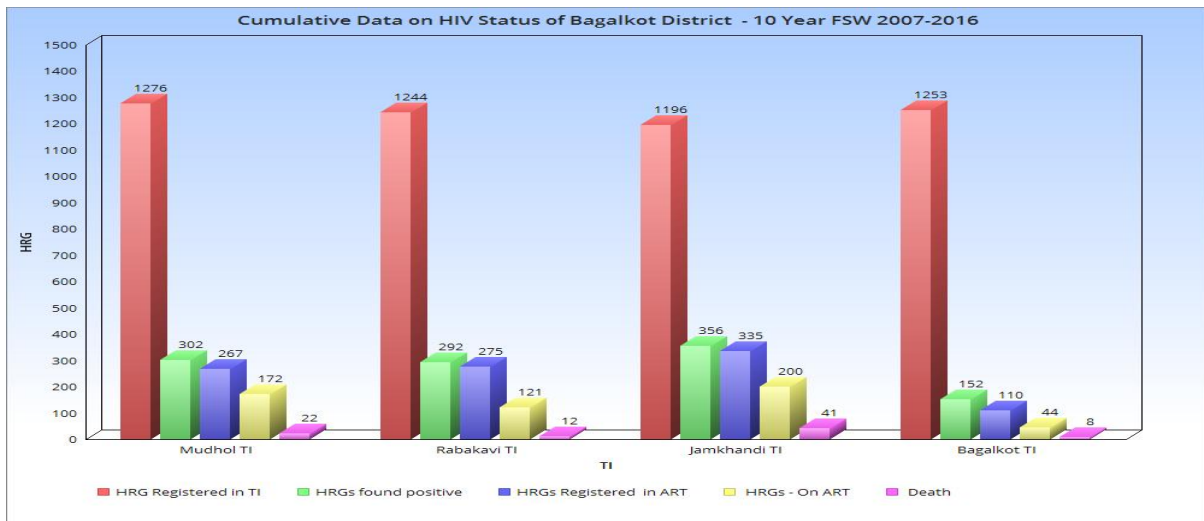
4.1 Cumulative Female Sex Workers (FSW) Data Analysis of 10 Years:

The average FSW prevalence of HIV in India is ~ 5%, which is significantly higher than the general population (<0.5%). In this prevalence, the FSWs have a prevalence of HIV of over 20% in several cities/districts (Mumbai brothel based SWs, Pune, Yevatmal, Krishna, Guntur, Bagalkot etc). In addition, the rate of partnership transition is much higher than in the general populace (250-750 per year). Some areas of India have a concentrated epidemic with the vast majority of sex workers and their customers infected. Targeted Interventions (TI) are an efficient way of implementing prevention and treatment programmes, in environments where HIV epidemics are low and concentrated. They are also an economical way to meet people most at risk of

wider epidemics. Many advances were made in the area of NACP-III to saturate covers with FSWs, from 22.32% to 78%.. With the expanded HIV testing facilities and STI services, services obtained by FSWs have been substantially increased and the use of condoms has increased in proportion. In the last ten years, for example, the prevalence of HIV among both FSW and the population has declined considerably over the last ten years. It is difficult to work with vulnerable populations that are confronted with serious stigma and abuse. The NACO believes in the right of health-based approach to ensure that the basic rights of FSW's in health care are not abused, in other words, in the prevention of HIV/AIDS and in the provision of relevant services. Secondly, because this category is marginalized and frequently obscured, it is better placed for the community to understand and resolve their concerns and also for the community (from FSWs) to play a key role in the programme. The next generation of TIs for FSWs will continue to focus on prevention and improve relationships to positive FSWs through the strengthening of TIs capability. It is led by and owned by the group, using an approach focused on health rights, stressing accountability and openness for all, and focusing on gender, equality, respect and collaboration. The methods for implementation will be diverse and necessary. The following are outlined in detail in the main guiding principles.

Cumulative Data on HIV Status - 10 Year – FSW							
District	Name of the TI	Typology	HRG Registered in TI	HRGs found positive	HRGs Registered in ART	HRGs - On ART	Death
Bagalkot	Chaitanya Mudhol	FSW	1276	302	267	172	22
Bagalkot	Chaitanya Rabakavi TI	FSW	1244	292	275	121	12
Bagalkot	Chaitanya Jamakhandi TI	FSW	1196	356	335	200	41
Bagalkot	Chaitanya Bagalkot	FSW	1253	152	110	44	8
	TOTAL		4969	1102	987	537	83

(Table 4.1)



(Graph 4.1)

Female Sex Workers (FSW) Cumulative Data from the High Risk Group (HRG) of Bagalkot Districts is shown in the table and graph above. Female Sex Workers (FSW), Registration towards High Risk Group (HRG), Positive Cases Found among High Risk Group (HRG), HRG Registration information under Antiviral Drug Therapy (ART), Cumulative Death Rates in Bagalkot District for Female Sex Workers (FSW) under High Risk Group (HRG) from 2007 to 2016 are considered under the current research

study.

1. When compared to other TI's like Rabakavi, Jamakhandi, and Bagalkot, research shows that registration of Female Sex Workers (FSW) under the High Risk Category has steadily increased in Mudhol TI over the last ten years. During the study period of 2007 to 2016, Mudhol TI had the highest HRG Female Sex Workers, with 1276 FSW.
2. According to the research, Jamakhandi TI has the highest number of Positive Cases among female sex workers in Bagalkot District, with 356 Positive Cases among other TI's in the district.
3. On the other hand, researchers discovered that Jamakhandi TI registered more Female Sex Workers for ART Treatment under the High Risk Group, compared to Bagalkot TI, which had the least number of Female Sex Workers registered for ART Treatment under the High Risk Group, at 152.
4. During the research study era, the death rate of female sex workers was high in Jamakhandi TI's Registered High Risk Community. During the last ten years, Jamakhandi TI has reported 41 deaths of female sex workers.

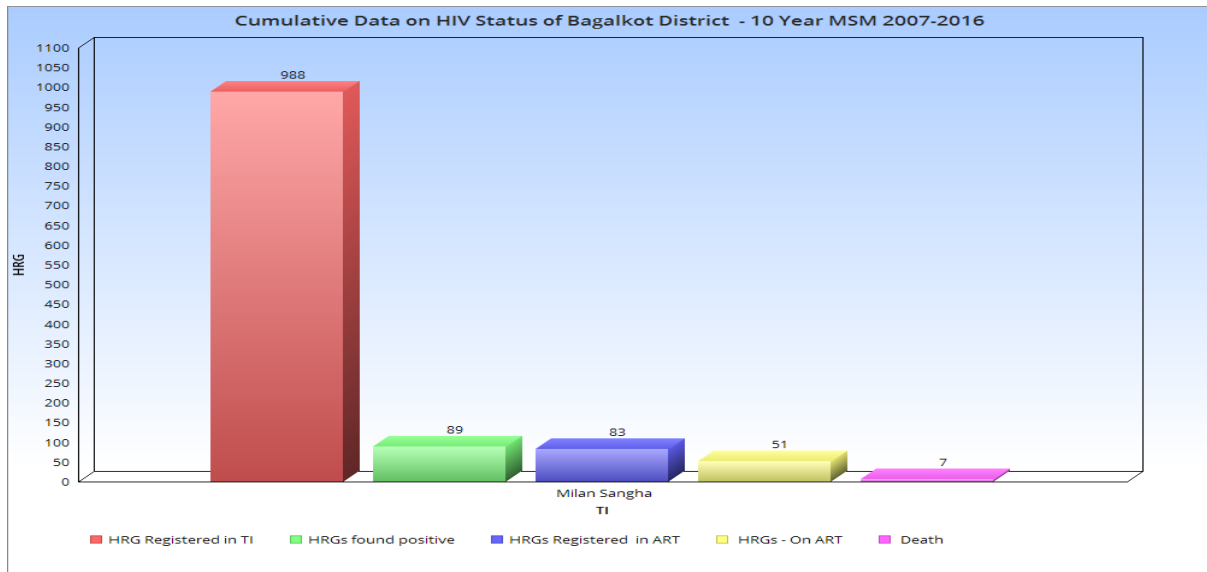
4.2 Cumulative Male Sex Workers (MSW/MSM) Data Analysis of 10 Years:

Men who have sex with men are 27 times more likely than the general population to contract HIV due to molecular, behavioral, legal, social, and cultural factors. The Centers for Disease Control (CDC) released the first official report on the virus on June 5, 1981, detailing the cases of five young gay men who were hospitalized with severe infections.

The New York Times announced a month later that 41 homosexuals had been diagnosed with Kaposi's sarcoma, with eight of them dying less than 24 months after the diagnosis. Gay-related immune deficiency (GRID), "gay cancer," and "gay compromise syndrome" were all terms used in the medical community by 1982. The word Acquired Immune Deficiency Syndrome (AIDS) was not proposed as a replacement for GRID until July 1982 and the CDC did not use the AIDS acronym in an official report until September.

Cumulative Data on HIV status - 10 Year – MSM or MSW							
District	Name of the TI	Typology	HRG Registered in TI	HRGs found positive	HRGs Registered in ART	HRGs - On ART	Death
Bagalkot	Milan Sangha Bagalkot	MSM	988	89	83	51	7

(Table 4.2)



(Graph 4.2)

The table and graph above indicate cumulative data from the High Risk Community (HRG) of Bagalkot Districts for Male Sex Workers (MSW). The current research study considers Male Sex Workers (MSW), Registration against High Risk Group (HRG), Positive Cases Found among High Risk Group (HRG), HRG Registration details under Antiviral Drug Therapy (ART), and Cumulative Death Rates in Bagalkot District for Male Sex Workers (MSW) under High Risk Group (HRG) from 2007 to 2016. This research aids in the comparison of male and female sex workers in the Bagalkot District. Also it helps to identify the Men Sex Workers who are having Sex with Men (MSM) in Bagalkot District.

1. As compared to female sex workers in the district, the rate of enrollment of MSM in Bagalkot District is very low, according to research.
2. Just 988 male sex workers have registered with Bagalkot TI's High Risk Community in the last ten years of research.
3. Positive Cases were found among them in 89 cases over the last ten years, 83 of whom were registered for ART care, and 7 of whom died between 2007 and 2016.

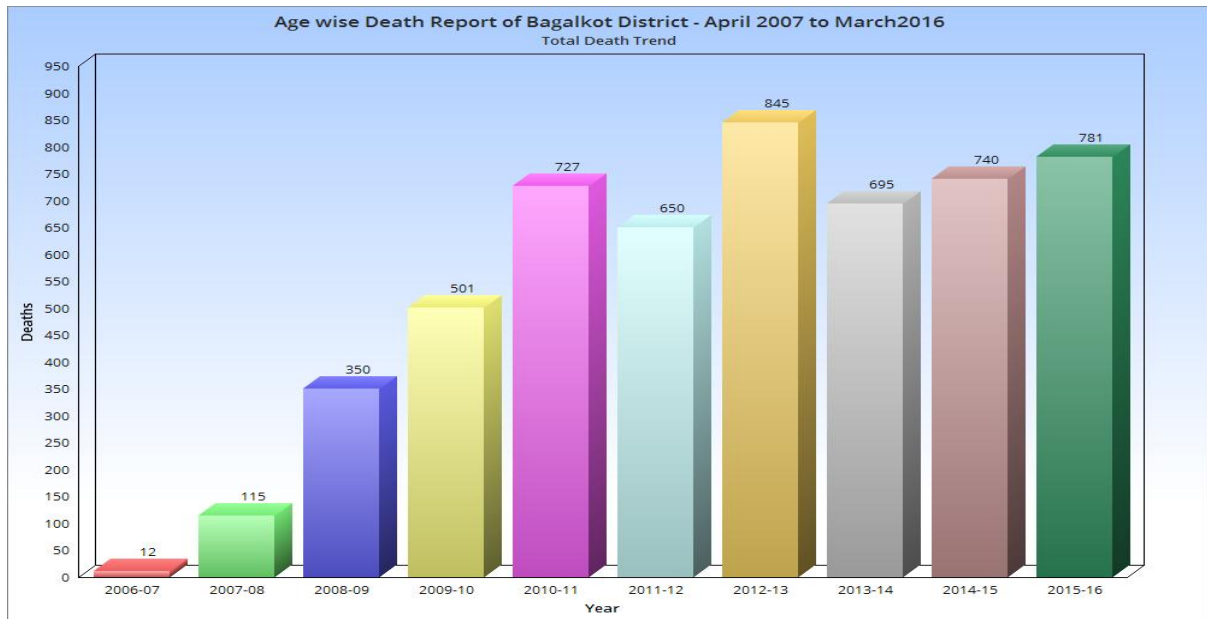
6.4 Year Wise Total Death Rate Trend Analysis of HIV:

According to UNAIDS, India needs to step up its efforts to combat the HIV/AIDS epidemic in order to maintain progress that saw the number of Indians dying from the disease drop by 58 percent from 2005 to 2016. The figures were released on Thursday in a new UNAIDS study that also stated that for the first time, more than half of all HIV-positive people (53 percent) now have access to medication, and AIDS-related deaths have nearly halved since 2005. AIDS-related mortality was projected to be 4.43 per 100,000 people in 2019, down from about 25 in 2004/05 and then continuing to decrease. Manipur had the highest AIDS-related mortality per 100,000 population (36.86), followed by Mizoram (28.34), Nagaland (26.20), Andhra Pradesh (21.76), Pondicherry (15.33), Meghalaya (11.08), and Telangana (11.08). Karnataka (9.72), Goa (9.68), Maharashtra (7.81), Haryana (6.83), Chandigarh (5.74), Chhattisgarh (5.25), and Delhi (5.21) were the other States/UTs where AIDS-related mortality was estimated to be at or above 5 per 100,000 populations. AIDS-related deaths were reported to be 58.96 thousand (33.61 thousand – 102.16 thousand) in the United States in 2019. Andhra Pradesh is expected to have the most AIDS deaths in 2019 (11.43 thousand), followed by Maharashtra (9.69 thousand), Karnataka (6.39 thousand), Telangana (4.08 thousand), Uttar Pradesh (3.87 thousand), and Tamil Nadu (3.87 thousand) (3.01 thousand). Bihar, Haryana, Madhya Pradesh, Odisha, Gujarat, Chhattisgarh, Punjab, West Bengal, Delhi, and Manipur were among the other States with AIDS deaths projected to be between 1,000 and 2,400 in 2019.

Annual AIDS-related deaths were reported to have decreased in nearly all states/UTs from 2010 to 2019, with the exception of Meghalaya, Arunachal Pradesh, Tripura, Jammu and Kashmir, Jharkhand, and Assam. The trend for this indicator was almost stable in Sikkim and Bihar, while it was slightly declining in Delhi (5 percent). In Karnataka, Telangana, Tamil Nadu, Maharashtra, Himachal Pradesh, West Bengal, and Andhra Pradesh, however, AIDS-related deaths have decreased by 70–80 percent. Punjab, Goa, Chhattisgarh, Kerala, Madhya Pradesh, Manipur, Gujarat, and Mizoram are the other states where AIDS-related deaths have decreased by more than 50% since 2010. As a result of improved survival and increased uptake of antiretroviral medication in India, people living with HIV are increasingly growing older. We used a statistical model study of 2017 rounds of HIV burden estimations under the National AIDS Control Programme to estimate the ageing HIV-infected population in India. According to our calculations, the average age of HIV-positive people will rise from 38.4 years in 2005 to 45.5 years in 2025; with the proportion of HIV-positive people aged 50 years or older increasing from 19% in 2005 to 37% in 2025. More non-AIDS morbidities, increased clinical complexity, and an unavoidable need for multidisciplinary health-care facilities to ensure sustained high-quality survival are all expected as the HIV epidemic ages.

No of People Died in Last 10 Years due to HIV/AIDS in Bagalkot District (Age wise & Sex Wise 2006-2016)	
Year wise Total Death Rate Report- April 2007 to March2016	
Parameter	Total
Year	
2006-07	12
2007-08	115
2008-09	350
2009-10	501
2010-11	727
2011-12	650
2012-13	845
2013-14	695
2014-15	740
2015-16	781
TOTAL	5416

(Table 4.3)



(Graph 4.3)

In this analysis, the 10-year Total Death Rate data of HIV/AIDS patients in Bagalkot District was examined. Furthermore, researchers compared death rates from 2007 to 2016. It aids researchers in determining the HIV/AIDS-related death rate trend in Bagalkot District in totality. It aids in determining the disease intensity in the district. As researchers looked at the year-by-year death pattern from 2007 to 2016, they discovered that the Bagalkot District HIV Positive Case Detection and Death Rate has steadily risen over time, despite all of the administrative efforts. In 2007, the death rate in Bagalkot district was 12, which included both male and females of all ages. However, as compared to 2016, the death rate rose to 781, indicating that the community is not as safe as it once was in terms of its effective treatment.

5. Conclusion:

Female Sex Workers (FSW) Cumulative Data from Bagalkot Districts' High Risk Group (HRG) is being considered for research. The current research study takes into account Female Sex Workers (FSW), Registration against High Risk Group (HRG), Positive Cases Found Among High Risk Group (HRG), HRG Registration details under Antiviral Drug Therapy (ART), and Cumulative Death Rates in Bagalkot District for Female Sex Workers (FSW) under High Risk Group (HRG) from 2007 to 2016.

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