Awareness about HIV/AIDS among youth in slum area: A sociological study

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ABSTRACT

The AIDS pandemic, in its fourth decade, has exhibited its impact both on science, as well as on society. Today, it is both a medical problem as well as a societal issue. It emerged as the most devastating epidemic. In 2009, the World Health Organization (W.H.O) estimated that there are 33.4 million people worldwide living with HIV/AIDS, with 2.7 million new HIV infection per year and 2.0 million annual deaths due to AIDS. This present study will analyze about the Awareness about HIV/AIDS Among youth living in slum area of Daya Basti of North-West Delhi. Daya Basti in the Capital among the worst affected area. With squatters taking over nearly 150 acres (60 hectares) of unused prime land in the Capital as many as 52 slums clusters have come up on the usurped railway land and house nearly 47000 dwelling units. In the study, there was 77 respondents chosen by random lottery method. An Interview Schedule had been also prepared both in structured and semi structured in nature for getting minute information from the respondents. On the basis of awareness about the HIV/AIDS data shows that the majority of the respondents (71.74 percent) are aware about HIV/AIDS and 15.58 percent respondents have not any information regarding it and only 12.98 percent have no idea about HIV/AIDS. So, it becomes especially important to create awareness especially among the migrant population because these persons are found most vulnerable for the infection of HIV/AIDS.

Keyword: HIV/AIDS, Youth, Slum area, Social Media.

INTRODUCTION

In 2007, UNAIDS estimated 33.2 people worldwide had AIDS. AIDS killed 2.1 million people in the course 2007, including 330,000 children and 76 percent of those deaths occurred in sub-Saharan Africa. According to UNAIDS 2009 Report, worldwide some 60 million people have been infected, with some 25 million deaths, and 14 million orphaned children in Southern Africa alone since the epidemic began” (UNAIDS, 2007). HIV/AIDS is a virus and a retrovirus (Kadiyala S. & Barnett T., 2004). Those infected are transferrable over a long duration, are in good health and can unintentionally infect another people. The virus can convert its genetic material and insert itself into the host’s cell which becomes a factory for new viral particles. Thus, the epidemic has social and economic effects targeting the most productive section of the society. According to U.N.D.P., HIV has affected the “single greatest reversal in human development in modern history” (UNDP 2005).

Origin of HIV/AIDS

On the bases of the many theories and myths about the origin of HIV, the most likely explanation is that HIV was introduced to humans from Monkeys. A recent study identified a subspecies of Chimpanzees native to west equatorial Africa as the original source of HIV-1, the virus responsible for the global AIDS pandemic (Gao, et.al.1999). The researchers believe that the virus crossed over from monkeys to human when hunters became exposed to infected blood. Monkey can carry a virus like HIV, known as SIV (Simian Immunodeficiency Virus), and there is strong evidence that HIV and SIV are closely related (Simon et.al.1998; zhu.et.al.1998).

The first cases of Acquired Immunodeficiency Syndrome (AIDS) were reported in the United States in the spring of 1981. Injection Drug Use (IDU) was identified as a direct route of HIV infection and transmission among injection drug users. The largest group of early AIDS cases comprised gay and bisexual men (MSMs: men who have sex with men or). Early cases of HIV infection that were sexually transmitted often were related to the use of alcohol and other substances, and the majority of these cases occurred in urban educated MSMSs (Batki, et.al:2014).

There are various routes of transmission of HIV such as Sexual Transmission, Blood Borne Transmission, Prenatal Transmission etc. Sexual intercourse is the most common route of transmission of HIV infection the can be transmitted from an infected person to his/her sexual partners, this mildews man to women, woman to man and man to man.

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Women are at great risk of being infected by their male partner because transmission from male to female is more efficient than from female to male.

**HIV/AIDS IN INDIA**

John et al. (1987) postulate that the ‘time of AIDS’ in India has its beginning in 1986, when serological testing found 10 of 102 female sex workers in Chennai found HIV positive. Unlike the west where AIDS was first diagnosed among the homosexual males, in India AIDS case was first diagnosed among Female Sex Workers (FSW) in Chennai in 1986. Since then HIV cases have been reported from all the states of India. In the early days, it was thought that the epidemic is a problem of the west and India would not be much affected because of the belief that risk behaviours such as homosexuality, multiple partners etc were not a part of Indian socio-cultural environment. Ramasubban (1998) holds that it was believed that the traditional socio-cultural norms of monogamy, universal marriage and, therefore heterosexual relations and virtual non-existence of homosexual behaviour, mother goddess worship, and societal proscriptions against an explicit focus on sex and sexuality in public social interactions and discourse provided the necessary shelter from a predominantly sexually transmitted disease.

Over the decades, there have been changes in traditional family structures in terms of breakdown of joint family system and emerging nuclear family, rapid urbanization and population movement from rural areas to urban areas. The pace of development being unequal across urban/rural areas, classes and gender, has created grounds for vulnerability to biological hazards such as HIV/AIDS epidemic. Reduced access to healthcare resources for maintenance of minimum standards of health, nutrition, housing facilities and livelihood resources are some of the major issues faced by the people.

Under these conditions, the marginalized section may often engage in various activities commercial or otherwise which may put them in a high-risk position in terms of health concerns, one such example being HIV infection. Failure of social and economic development creates lacunas in infrastructural development and services. The culture of silence surrounding the issue of sexuality inhibits people from accessing information and knowledge regarding modes of transmission and prevention of health epidemics and in many cases even accessing treatment for health care. India being patriarchal society women does not have much voice in terms of negotiation within the family and institution of marriage. Over the years, the infection has covered grounds and has spread across population groups and the epidemic is reported among the general population.

Today, India, the world’s second most populous country is ranked as the country with second highest number of seropositive individuals after Sub-Saharan Africa. There are an estimated 2.27 million people living with HIV/AIDS in 2008. HIV prevalence rate among adult population has declined from 0.34 percent reported in 2007 to 0.29 percent in 2008. Women account for 39 percent of infections while children account for 3.8 percent. 19.6 percent of adults and 35.1 percent of children with advanced HIV infection have received treatment by 2007 (UNGASS, 2010). Data from National Surveillance Survey 2006, report that clients of sex workers are the single most powerful driving force of the epidemic. The epidemic is concentrated in certain population groups of the society – 9.2 percent among injecting drug users (IDU), 7.3 percent among men who have sex with men (MSM), 4.9 percent among FSW and 2.5 percent among STD clinic attendees and low prevalence of 0.49 percent among antenatal clinic attendees. HIV epidemic in India is heterogeneous in terms of the geographical variance (NACO Annual Report, 2009-10).

Shaukat, and Panakadan (2004) opine that the epidemic in India is really a collection of a number of small and large localized epidemics with their own dynamics and rates of growth, in different groups and parts of the country.

In India, HIV appeared much later than in other parts of the world. However, this riled disease is spreading rapidly and has now emerged as a serious social, economic and public health problem. AIDS does not differentiate between age, sex, profession religious, social, political, economic, culture, education, and family status. The tragedy of AIDS in the worst affected countries of Africa and the same has been repeated in India. Overall, the number of people living with HIV and AIDS in the region is about 2.6 million, of whom the lion’s share are in India. The countries covered differ significantly in terms of the share women among the people living with HIV/AIDS, which ranges from 17 percent to about 37 percent (India, Sri Lanka). (Hacker et al. 2010).

**SLUM - A COMPLEX HUMAN SETTLEMENT PHENOMENA**

Though numerous researchers, academicians, planners, administrators and the civil society at large will swear by the plentiful existence of the phenomena of slums in almost all human habitations in the hundreds and thousands of towns and cities across the length and breadth of the world, a clear definition which could be uniformly applied to locations all over the world, as to what constitutes a slum, has eluded them all for far too long. Slums are part of the scenario in all urban settlements - big or small and it has become a topic for debate and discussion among sociologists and city planners. It is a symptom of a grave urban issue capable of destroying the quality of urban life, needing urgent remedial measures.
Slums are the result of structural inequalities in society. They have grown over the years owing to the industrial and commercial expansion in the city. People have been migrating from nearby and far-off areas. Rural areas function as the main depository from which villagers have been moving to the city in search of jobs since its emergence as an industrial place. The city is able to absorb them as cheap labour but is not built to accommodate them. These slum-dwellers make a significant contribution to the economic life of the city. Be it the formal sector or the so-called informal sector of the economy, they provide cheap labour to run both sectors.

Slums exist the world over, irrespective of the size and stages of growth status of countries. They vary in varying degrees, prevail in almost all developed, developing as well as in underdeveloped countries. On the one hand, a slum assumes a geographical dimension as a space or an area or a habitat, and on the other, it refers to a physical structure of a building or a group of buildings affected by certain quality of life, custom and environment characterized by the availability of facilities and services which are relatively lesser than the minimal requirement for human survival. Thus the slum conditions are often subjective and even relative to the lifestyles in the non-slum gireas where the availability may be plentiful. The degree of difference between these two segments of population vary according to lifestyles, growth status and development perspectives of nations, states and towns, and that seems to be at the root of all these definitional differences.

From the deliberations of numerous committees, institutions and activist groups, and from the writings of eminent scholars, researchers and academicians, slums appear to be a complex human habitat phenomena which may have a combination of:

- High Density - More people sharing too little space
- Substandard houses made of non-durable materials
- Violation of Norms and standards for construction
- Absence of ownership titles and tenure rights
- Inadequate basic civic amenities of drinking water, light, toilet and streets.
- Unhygienic environment, ill-health, poor sanitary and waste disposal arrangements.
- Absence of community and social facilities of health and education
- Deficient physical infrastructure of roads, drains, sewers, pathways and open spaces
- Crimes, diseases, drug abuse, AIDS
- Lack of social security.
- Irregular and insufficient job opportunities, low wages, and exploitation
- Absence of adequate opportunity for education, skill improvement and training.

LITERATURE REVIEW

Some of the major studies which are causally related with the objectives of the present study are as follows:

Singh (2001) study observed that many of the contextual factors leading to HIV/ AIDS lie outside the realm of health department and of biomedical/behavioral intervention. In fact, wider scope exists for imaginative multi-sectional policies to reshape those features of society which makes particular groups vulnerable to HIV infection. This may also involve addressing issues such as migration, housing, women's economic dependence, rural poverty, labor rights, etc. the study also observed that it is important that HIV/AIDS management initiatives are formulated by local stakeholders who have an understanding of the local dynamics and situations. In this respect, a positive step in India has been the decentralization of NACO and setting up of regional AIDS Control Units, attempts to work in tandem with local organizations, groups, panchayats, etc.

Chatterjee (2001) reviewed on “A study on awareness of AIDS among school students and teachers of higher secondary schools in North Calcutta. Higher Secondary School students and their teachers were studied to assess the knowledge about AIDS and attitude towards AIDS patients. Only 13.5 percent senior school students and 16.2 percent teachers had clear knowledge regarding AIDS its general aspects, transmission and prevention. Girls had higher and clear knowledge than boys. 45.8 percent of girls, 38.8 percent of boys and 20.3 percent of teachers had positive attitudes towards nursing an AIDS case. It is suggested that schools have to device ways to open up more effective communication with students in relation to education on sex and AIDS”.

Daniel (2003) studied the problem of HIV/AIDS in India. “The study revealed that the first documented case of AIDS in India was reported in Chennai in 1986. To combat the spread of AIDS, the Indian government created the National AIDS Committee in 1986 and launched the

Ballha et. al. (2005) try to analysis about the awareness about the HIV/AIDS among senior secondary school students in Jamnagar, Gujarat. “The study revealed that all the students under study had heard of the disease. Though the sample subjects included both the biology and non-biology stream students but no major difference was found in-the knowledge level regarding mode of transmission of HIV/AIDS between the two groups. Most of the subjects had misconceptions about the pandemic and books were on the top of the list followed by TV and newspapers as leading
sources of information regarding HIV/AIDS for the students. The study also suggested that a specific chapter on HIV/AIDS should be included in the school curriculum which could make them aware of the problems of HIV/AIDS epidemic”.

Hali et. al. (2007) examined the assumption that “HIV transmission is due to the large volume of male seasonal labor out-migration in Northern Karnataka, India. In order to examine this issue, an ethnographic study was conducted in one of the Northern Karnataka districts using a combination of quantitative and qualitative methods. Major finding of the study that migration does not seem to be a key factor affecting sexual behavior among married men. Approximately 35 percent of married migrant men reported being involved in extra-marital sex and 40 percent of unmarried migrant men were involved in pre-marital sex.” furthermore, the study revealed that in earlier studies a very strong correlation was found between HIV infection and migration, but recently the correlation seems to be getting weaker as compared to earlier studies.

Dhapola et. al. (2007) analyzed the sexual practices of young men in Palamu district of Jharkhand in the context of HIV awareness. The sample consist 504 migrants, including 403 young men and 101 young women. The sample also consist 458 young non-migrants includes 308 men and 150 women. The study focused on male workers. This study shows that the young migrants mainly were engaged with risky sexual practices and their level of knowledge regarding HIV AIDS is very low. The finding of the study also indicated that while migrants are engaged in sexual relations than locals, their sexual experiences have largely occurred in their areas of origin, both before and especially during regular visits home, mainly with girlfriends and relatives and not sex workers as often hypothesized.

Talukdar et. al. (2008) investigated whether homeless men are a bridge group for transmission of HIV to the general population in India. 493 of 606 homeless men aged 18 to 49 years who live in public places in Kolkata, India were surveyed to measure their past and current sexual activities. The result revealed that near about two-thirds of respondents had never attended school. Sex with commercial sex worker (CSWs), multiple sex partners, and inconsistent condom use were common in the respondents. Furthermore, the study observed that near about 90 percent of married homeless men visited CSWs, but only 3.3 percent consistently used condoms. AIDS awareness and risk perception were very low. It is also observed that less education and being married but not currently living with wife were associated with high-risk sexual behaviors.

Kumar et al. (2012) analyzed HIV/AIDS among high-school students of municipal corporation school in Pune. The study was conducted in a school of field practice area of Urban Health Training Center. Pre-designed, pre-tested anonymous, self-administered questionnaire was filled by 9th standard students after obtaining necessary permission. A film on HIV/AIDS was shown to them. The same questionnaire was again filled by the students. It is found that sixty three percent students were aware about HIV/AIDS. It is also found that TV was the main source of information. A significant decrease in knowledge about misconceptions and significant increase in knowledge occurred about various modes of transmission of disease, prevention of HIV/AIDS in post testing. It is observed in the study that intervention in the form of a film even can make a significant change in knowledge and attitude of adolescents going to school.

Mitra (2013) analyzed gender norms and expectations that apply to women can also heighten men’s vulnerability to HIV infection, and may put them on the “front line of risk. Often, gender norms dictate that boys and men be sexually more knowledgeable and experienced, which may result in men expressing sexual prowess to prove their manliness through casual and multiple partners, and dominance in sexual relations. These norms and expectations may also deter many men from asking questions or seeking information regarding Sexually Transmitted Diseases (STD) including HIV/AIDS. Given existing double standards of male sexual behaviour, men are less likely to pay attention to their sexual health and safety, and are much more likely to engage in behaviors that put their health at risk. In India men’s behavior is contributing substantially to the spread and impact of HIV. Existing data clearly show that men have more sex partners than women, and are more likely to be the clients of sex workers”.

Acharya et. al. (2013) explored the associations between mobility and sexual experiences among unmarried young people in India. Six states of India, namely, Bihar, Andhra Pradesh, Rajasthan, Jharkhand, Tamil Nadu and Maharashtra were selected as sample size. The study indicated that the mobile young men were significantly worse off in terms of household economic status and more likely to have worked as children suggest that household poverty may be a key factor in determining the experience of mobility of young men and that mobility was closely associated with the need to supplement the household income.

Oli et. al. (2014) accessed the Knowledge, Attitude and Practices (KAP) of HIV/AIDS among the migrant people of Dang district, Gujarat. “A total of 1102 blood samples from migrants as well as spouse of migrants were tested for HIV using Rapid Diagnostic Test (RDT) kits as recommended by national HIV testing protocol. The study identified that the overall HIV prevalence was found to be 0.6 percent in Dang district during the year 2012–2013, respectively. Migrants and spouse of migrants were infected in the equal ratio (0.3 percent). Maximum of the participants were among the age group 18-34 years and most of them had attained lower secondary level education. Maximum (97.3 percent) respondents had knowledge about the family planning methods and practice of condom use among the married population was also satisfactory. It is also observed that near about 16 percent of the participants had expressed their
practice of sexual relationship outside more than once, which signifies vulnerability to HIV infection. Maximum married females were suffered from Sexually Transmitted Infections (STI) which may lead to infection such as Syphilis and HIV/AIDS”.

Masthanaiah et. al. (2014) studied the risky sexual behaviours and substance abuse of among Andhra Pradesh male workers. The study was based on the qualitative data of 30 in-depth interviews collected from who migrated from Andhra Pradesh to Bhiwandi city area of Mumbai. Respondents were divide in to three categories i.e., who never married, married and not staying with wife, married and staying with wife, and then ten respondents from each category were interviewed. The study revealed that, respondents who have been staying in Bhiwandi for fairly longer duration are more likely to have sexual relations with commercial sex workers as well as other women/girls (non-CSW). Unsafe sexual habits, watching blue films, and substance use are more prevalent among respondents of all categories in the study community.

Abdulkader et. al. (2015) studied the “HIV risk behavior among male migrant factory workers. a cross-sectional facility-based survey conducted in 2011. Male migrant workers aged ≥18 years, who were born outside Haryana were selected for the study. A total of 755 male subjects completed the interview. The study revealed that near about 21.5 percent had experienced non-spousal sexual intercourse in last one year. Only 53 percent had ever used a condom, which was higher in unmarried men as compared to married men. The median age at first sexual intercourse was 18 years. Furthermore the study concluded that unprotected recent non-spousal sex was common among male migrants, which increases their HIV/AIDS vulnerability. Promotion of consistent condom use and reduction of non-spousal sex by intensive interpersonal communication and other channels of behavioural change could help in reducing this vulnerability”.

Objectives of present Study

The major objectives of the present study are as follows:

- To Examine the Socio–Economic Background of the Respondents.
- To Examine the Level of Awareness about HIV/AIDS among the Married and Unmarried Respondents.
- To Know the Precorrections for Minimalizing the Transmission of HIV/AIDS.

METHODOLOGY AND FIELD AREA

As per census 2011 data shows that about 65 million people living in slum areas in India. This number is up from 52 million in census 2001. About 4041 towns are classified as slums towns. Only in territory about 1.8 million of the 22 million residents live in 22 slums areas i.e. is a worst situation for the country.

Delhi has an area of 1,483 square kilometers making it the largest city in the country. Total population of Delhi is about 1,67,53,235 out of the population 30 percent reside in slums. 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. The average households’ size in slums is no larger than the average household size of urban area. Slum literacy rate rose from 72.2 percent in 2001 to 77.7 percentage in 2011. This is still below the overall Indian literacy rate of 84.1 percent.

The present study was carried out in Daya Basti of North- West Delhi. We select the area i.e. Daya Basti because of it is considered as biggest slum area, therefore we had selected this area purposively. Daya Basti in the Capital among the worst affected area. ‘With squatters taking over nearly 150 acres (60 hectares) of unused prime land in the Capital as many as 52 slums clusters have come up on the usurped railway land and house nearly 47000 dwelling units. North and North West Delhi, which account for nearly half of the total encroached railway land, more than 24000 Jhuggis in 25 clusters have been built in two districts alone. The main purpose of the study is to explore the awareness about HIV/AIDS among youth in slum area, attitudes and beliefs of the migrant workers towards HIV/AIDS’. To understand this phenomenon, we have formulated the following methodology.

In this area, very few studies have been conducted particularly in Daya Basti. Therefore, we don’t have much data on HIV/AIDS. So, there is a gap in knowledge and data. Seeing the importance of this problem we have chosen this topic “HIV/AIDS Awareness among Slums in Delhi (Daya Basti)”. Therefore, this research will help us to understand the ground realities of HIV/AIDS problems among youths.

Sampling:

Through the pilot study we collect the information from some elderly persons who had complete information about that area, the researcher had contacted these persons through snow ball technique. Therefore, out of the total universe (460 persons both male and female) we had contacted only 310 male youth because we excluded the 150 female persons.
We include only male persons as respondents. With the help of stratified random sampling we had taken 25% of the total universe, it’s come to 77 respondents. These 77 respondents chosen by random lottery method.

ANALYSIS AND DISCUSSION

Keeping in view of the objectives of the present study the data shows those majorities of the respondents are belonging to below 25 years age and among them 18 respondents are married and another significance number (17) of respondents are unmarried. Noticeable number of the respondents (29.87 percent) is belonging to group of 26-30 and among them mostly respondents i.e. 15 are unmarried. Based on religion wise distribution of the data we can says that mostly respondents (54.54 percent) are Hindu and another a significant number (44.15) is belonging to Islam only one respondent is from Christian.

Economic background and nature of work of the respondents highlighted that a significant number of respondents are earning below 5000 per month and among them 20 respondents are engaged with shop keeping. 28.57 percent respondents are earning between 5001-15000 rupee per month and among them mostly respondents are engaged with manual labour. A small number of the respondents (16.88 %) are earning between 15001 to 25000 rupee per month and among them mostly respondents are also engaged with manual labour.

On the basis of opinion about leisure activities and occupation of the respondent’s data depicts that 32 respondent (41.55) smokes a leisure activity among them 10 are engaged with manual labour and another 14 respondents are engaged with shop keeping. Another significant number of respondents (27.27%) think cinema as leisure in their life and among them most of the respondents (12) is engaged with manual labour. Another 18.18 percent of the respondents think drinking as leisure activity and among them most of the respondents are engaged with shop keeping.

On the basis of awareness about the HIV/AIDS data shows that the majority of the respondents (71.74 percent) are aware about HIV/AIDS and 15.58 percent respondents have not any information regarding it and only 12.98 percent have no idea about HIV/AIDS. Sources of information and age wise distribution of the respondents data reveals that majority of the respondents which is 39 (50.64%) got the information about HIV and AIDS through mass media among them 30 respondents are belonging to below 30 years age. On the other hand, 16 (20.77%) respondents got the information about AIDS and HIV through the campaign among which 15 respondents are from below 30 years age. Only 8 (10.38%) respondents received information about HIV and AIDS through NGOs these respondents are belonging to below 30 years age.

On the basis of opinion of the respondents and marital status data depicts that 55 (71.42%) respondents thinks that HIV is a disease among them 27 are unmarried and 21 are married, 4 respondents are divorced and 3 are separated. 16 respondents (20.77 % ) don’t know much about it and 6 respondents ( 7.79 %) thinks HIV/AIDS is a god curse among them 3 respondents are unmarried and 2 are married and only one respondents is living separately.

Opinion about the transmission of HIV/AIDS and marital status of the respondents the data shows that 16 (22.77%) respondents thinks that HIV/AIDS is transmitted through blood transmission and among them majority of the respondents i.e. 8 are unmarried and another significance number of respondents (6) are married. Out of 77 respondent’s majority of the respondents (25.97 %) think that HIV/AIDS transmit through sexual intercourse and among of them both unmarried as well as unmarried respondents has same opinion about it. A significant number of respondents i.e. 18.18 percent respondents think that HIV/AIDS transmit through mother to child and 15.58 percent respondents believed that HIV/AIDS can transmit through Razor/ Blade also; among of them six respondents are unmarried and 4 are married and only two respondents are living separately.

Opinion about the curability of HIV/AIDS the data shows that majority of the respondents (59.74 percent) think that HIV/AIDS is not curable and 27.27 percent respondents has no awareness about the curability of this dieses. Only 12.98 percent respondents agree that HIV/AIDS is a curable disease.

Most of the respondents (42.85 percent) argued that sex with only faithful partner is the major cause of prevented to HIV/AIDS. Another a significant number i.e. 31.16 percent respondents told that no sex with infected person and only 25.97 percent respondents said that no sex with commercial person is a major cause of HIV/AIDS.

Most of the respondents argued that a healthy-looking person be infected with HIV/AIDS. The data reveals that the majority of respondents (61.03 percent) accepted that a healthy-looking person be infected with HIV/AIDS and 11.68 percent have no awareness about this disease and the remaining number of respondents i.e. 27.27 percent has no idea about this diesis. Majority of the respondents (46.75 percent) told that protection from HIV/AIDS is extremely important for them or everyone but 25.97 percent respondents told that protection from HIV/AIDS is quite important. 15.58 percent respondents admitted that the protection form HIV /AIDS is not possible at any coast.
Mostly respondents (63.63 percent) argued that there is no caused by masturbation among male respondents and another 25.97 percent respondent have not any idea about that problem. Only 10.38 percent respondents admitted that HIV/AIDS is a caused by masturbation among male respondents. Majority of the respondents (61.03 percent) argued that handshake and physical touch are not responsible for the HIV/AIDS. 25.97 percent respondents have no idea about that phenomenon. Only 12.98 percent respondents think that handshake and physical touch is also responsible for spread the HIV/AIDS.

Based on opinion regarding precautions mostly respondent (54.54 percent) think that safe sex is most essential. But 23.37 respondents use precautions rarely and only a small number of respondents i.e. 9.09 percent told that precautions are not required. Rest of the respondent’s i.e.12.98 said that all these things are depend on own choice.

**CONCLUSION**

This study provides a picture of slum people and their attitude towards HIV/AIDS. The analysis which were obtained from the field work, it became necessary that it is need of hour of Government and Various Non-Government Organisation (NGOs) to take certain step to create awareness among the slum dwellers.

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