

ANALYSIS OF MEDICAL FACILITIES FOR HIV INFECTED VICTIMS IN VINDHYA REGION

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Abstract: Today humans are surrounded with several communicable diseases in their surrounding environment, among them Human immunodeficiency virus (HIV) infection is a big challenge in present era. Our study shows that all the sixty HIV infected participants are not satisfied with the medical facilities they are getting in the Rewa and Mauganj of Rewa district of Vindhya region of Madhya Pradesh. Even the behaviour of the doctors is not found satisfactory. As per our survey findings only 36 percent patients were satisfied with the behaviour of doctors. Present study shows that doctors have very negative attitude towards the HIV infected patients. Scarcity of good doctors is always a big issue in the study region. We found that for the normal medical help 75 percent peoples have to travel 11 to 50 kilometers. But when it comes to HIV/AIDS treatment, traveling distance might be much bigger (hundreds of kilometers). They take them as sinners rather than patients. It is quite important that health awareness programs should be focused on behavioral and attitudinal changes rather than just increasing awareness.

Keywords: disease, HIV, medical facilities, awareness.

I. INTRODUCTION

HIV was first reported in the United States in 1981 and has since become a major worldwide epidemic. AIDS (acquired immuno deficiency syndrome) is caused by HIV. By killing or damaging cells of the body's immune system, HIV progressively destroys the body's ability to fight infections. Around 2.5 million peoples suffering from HIV infection in India [1]. Insufficient medical facilities and poor performance of district information and broadcasting departments both together are responsible for decaying health awareness mechanism in the present study region. Studies show, that when a HIV patient goes to the hospital for proper testing of HIV infection, he does not get positive response from the doctors and other medical staff. It is quite important that health awareness programs should be focused on

behavioral and attitudinal changes rather than just increasing awareness.

II. RESEARCH METHODOLOGY

Face to face interview with public health department officials, personnel of non-government organizations and community based organizations working in the region, doctors and social activists, with the help of formally designed questionnaire. Sample size taken for the survey of 60 samples was chosen randomly. All the samples were chosen randomly from the Rewa and Mauganj of Rewa district of Vindhya region of MP of India. For data analysis respective statistical tools used with the help of software like SPSS statistics.

III. RESULT AND DISCUSSION

In an underdeveloped area of Vindhya Region, proper medication is a big issue. Insufficient medical facilities and poor performance of district information and broadcasting departments both together are responsible for decaying health awareness mechanism in the present study region. It is quite important that health awareness programs should be focused on behavioral and attitudinal changes rather than just increasing awareness. Insufficient information often distorts the facts and encourages people to develop wrong perceptions. In the present study area medical facilities are not good for the HIV infected victims. Our study shows that all the sixty HIV infected participants are not satisfied with the medical facilities they are getting in the Rewa and Mauganj of Rewa district of Vindhya region of MP. Even the behaviour of the doctors is not found satisfactory. As per our survey findings only 36 percent patients were satisfied with the behaviour of doctors.

Present study shows that doctors have very negative attitude towards the HIV infected patients. They take them as sinners rather than patients. We found that 37 percent of the total HIV infected victims were not satisfied with Doctor's behavior at Government Hospital, 26 percent were neither satisfied nor dis-satisfied and 36 percent were satisfied with doctor's behavior. Even the behaviour of other medical staffs was found very dis-satisfactory (**Table 1**). They not only dis respect the patients but their parents as well. Despite of the fact that unsafe sex and polygamy are not the only reasons for HIV transmission, but there might be plenty of other reasons, medical staffs dislike HIV infected patients.

Most gloomy situation persists with children and housewives. In most of the cases where women and children are victims, infected blood transfusion, disloyal husbands are the carriers. Even the behaviour was society was not good with the HIV infected patents. All the sixty HIV infected respondents were extremely disappointed with the behaviour of their neighbours. Many cried that their all the neighbours and close relatives broke all the relations with their family. They

TABLE 1
SATISFACTION LEVEL FOR MEDICATION, AVAILABILITY OF MEDICINE AND BEHAVIOUR OF DOCTORS, MEDICAL STAFF, NEIGHBOURS AND FAMILY MEMBERS.

| Options | Neither satisfied nor Dis-satisfied | | |
|----------------------------------|-------------------------------------|---------------|---------------|
| | Satisfied | dis-satisfied | Dis-satisfied |
| a) Medication | 00 | 00 | 100 |
| b) Doctor's behaviour | 36.1 | 26.2 | 37.7 |
| c) Behavior of the Medical Staff | 26.2 | 3.3 | 70.5 |
| d) Neighbours behaviour | 00 | 00 | 100 |
| e) Own family member's behaviour | 21.3 | 00 | 78.7 |
| f) Availability of Medicine | 32.8 | 3.3 | 63.9 |

Sample Size: 60

did not allow their children to come to their house. Even during the marriage ceremonies and other occasions, they were not invited by their neighbours. People frequently ignore them completely. Even

some people did not hesitate to make dirty comments and highly objectionable remarks on them and their family members.

According to a social activist, perhaps it is the darkest side of our society. Study shows that HIV victims become lonely. He begins to get depressed. Improper medication and ignorance of close ones take them to the brink of total self destruction. In 78 percent cases of the total HIV infected patients were not satisfied with their own family member's behavior. Even wife and children start to hate them. When wife comes to know that, her husband is found HIV positive, she turns extremely acidic. It is such a disappointing situation for an HIV infected victim. These way AIDS victims are different cases. They not only lose their hope but the sympathy of their close ones. It is found that none of the participants were satisfied with their neighbors' behavior. It is found that 63 percent of the total HIV infected respondents were dissatisfied because medicines were not available while 32 percent respondents were satisfied with medicine at Government Hospitals (**Table 1**).

A. Distance travelled for medication:

It is an indication how medical personals are now knowingly ignoring HIV positive patients. Perhaps local health centers are not well equipped for the tests like ELISA (*enzyme-linked immunosorbent assay*), CD4 & CD8 counts and viral load in the study region of Vindhya area of MP. In 29 percent cases of the total HIV infected victims had to travels up-to 10 kilometers for the medical treatment, 36 percent had to travels between 11 to 25 kilometers and 34 percent participants had to travel 26 to 50 Kilometers for the medical checkup and treatment (**Table 2**).

Scarcity of good doctors is always a big issue in the study region. We found that for the normal medical help 75 percent peoples have to travel 11 to 50 kilometers (**Table 2**). But when it comes to HIV/AIDS treatment, traveling distance might be much bigger (hundreds of kilometers).

TABLE 2
DISTANCE TRAVEL FOR MEDICATION (HIV/AIDS)

| Minimum distance | Up to 10 K.M. | 11 to 25 K.M. | 26 to 50 K.M. |
|------------------|---------------|---------------|---------------|
| Percentage | 29 | 36 | 34 |

Sample Size: 60

=Kilometers

K.M.

should be focused on behavioral and attitudinal changes rather than just increasing awareness.

IV. CONCLUSION

Role of society and health department is not positive towards HIV infected victims. Medical facilities are also far from the standard level. We found that people of Rewa district of Vindhya region of MP generally do not discuss the issues like HIV/AIDS with their life partners. Hypocrisy and social taboos disallow this kind of discussions. It is quite important that health awareness programs

ACKNOWLEDGMENT

I would like to thank my supervisors Dr. (Prof.) Devendra N. Pandey and Dr. (Prof.) U.K. Chauhan for their valuable suggestions and guidance.

REFERENCES

- [1] World Health Organization (2007), 2.5 million people in India living with HIV, according to new estimate.