

**THE STUDY OF SOCIAL RESPONSIBILITY OF GOVERNMENT TOWARDS
CREATING AWARENESS OF SCHEMES RELATED TO HIV/AIDS AMONG
HAMMAL (BEARERS) AND TRUCK DRIVERS IN MUMBAI
(WITH REFERENCE TO LATEX PRODUCTS)**

Reji Krishna.U*
Dr. R. K. Jain**

ABSTRACT

The problem of HIV infection is fastest growing across the countries and none of the country is left alone. HIV occurrence in India proved the medical facilities and infrastructure to be underdeveloped compare to other nation's medical capabilities of handling death causing diseases. Lack of updated and innovative medical facilities, equipment, research facilities and specialists became the major cause of increasing infection in in and around the country. The objective of the study was to analyze the role of government schemes to create awareness of HIV/AIDS among Bearer (Hammal) workers and Truck Drivers. This paper analysed the opinion of 418 Bearer (Hammal) workers and Truck Drivers from 13 different locations in Mumbai. The results indicated the low awareness about cause, impact and government schemes for HIV/AIDS that need the attention of policy makers.

KEYWORDS: HIV/AIDS Awareness, Medical Facilities, Research Facilities, Infrastructure.

Introduction

'Human immunological disorder Virus' that called 'HIV' is stratified among the deadliest diseases of creature. It's a sort of virus attack on build that outstandingly interrupt the system of build that causes premature degradation of immune power of the infected body. HIV will increase the probabilities of opportunist diseases and severe infections. HIV causes important life gap between HIV + & HIV – individuals, and over the years the window of life gap is being narrowed from forty four yrs. to eleven yrs. in 2011 [3].

'Acquired Immune Deficiency Syndrome' which is popularly called 'AIDS' may be a later stage of HIV infection. Scientists decision it a complicated stage of HIV infection that cannot be cured if it's matured. Therefore, HIV AIDS has become a deadly illness in human history. AIDS transmit to a different person through usual channel which usually concerned humor mainly- Anal Fluid, Breast Milk, Blood, bodily fluid and duct Secretion. Over the long years of studies the sources are known and adjoin the societies across the world as a result of it absolutely was believed that hindrance is that the solely attainable cure of this deadliest illness. The problem of HIV infection is quickest growing across the countries and none of the country is left alone. The study on HIV/AIDS awareness among long distance truck drivers found that information and level of awareness is sort of low so they're at a lot of risk [5]. The authors additionally propounded that, Bearers and Truck Drivers area unit recognized of AIDS however they don't know abundant regarding it, even they're untouched from its venturous effects on health. AIDS is currently become a Cupid's disease across world societies and each nation is stood before it to fight and eliminate it from its root. AIDS within the society of Asian country may be a black sheep within the

* Ph.D. Scholar, Oriental University, Indore, M.P., India.

** Dean Research, Oriental University, Indore, M.P., India.

basket UN agency not solely hamper the expansion of the state however additionally considerably moving the social group development from the within. Present paper explored the answer for the question "Is there any important awareness level regarding the govt. Schemes of HIV/AIDS among Bearer (Hammal) employees and truck drivers in Mumbai?"

Literature Review

HIV/AIDS could be a wide spreading malady across the planet, no country is left from the unsafe effects of HIV/AIDS. Republic of India is additionally terribly distinguished country for HIV/AIDS victims. The primary case of HIV in Republic of India was detected in one amongst the sex staff in Tamilnadu within the year 1986. WHO credit of this discovery goes to young somebody of that point named 'SellappanNirmala' who did her PhD during this stream. The thought for following this subject was derived from her faculty member 'Solomon' UN agency accustomed work for tacking HIV/AIDS in US. It absolutely was the time once government of India doesn't need to tack HIV within the country as they believed India is much aloof from HIV infection that was quite common in alternative western countries [2]. Presently the country has HIV/AIDS prevalence around 0.26 % as compared to world average proportion of 0.2. The main a part of the prevalence magnitude relation belongs to 'female sex workers'. Scientists have marked this cluster as high risk cluster of the society. The 10 years when HIV detected within the country was terribly crucial and rate of infectious individuals has rose considerably however subsequently from 1998 it absolutely was started declining because of in depth efforts of agencies, doctors and government (Tamil Nadu State AIDS management Society). The first reason for infection was known as 'heterosexual' practices within the society. The most drivers of HIV in Republic of India area unit 'female sex staff, general sex between male and feminine, take drug through injectable instrumentality and male who will buggery with man while not protection and correct medical aid [1].

HIV prevalence in Republic of India proven the medical facilities and infrastructure to be underdeveloped compare to alternative nation's medical capabilities of handling death inflicting diseases. Lack of updated and innovative medical facilities, equipment, analysis facilities and specialists became the main reason for increasing infection in in and round the country [5]. Lack of coordination among central and native medical agencies and authorities was conjointly an enormous reason of failure of dominant HIV/AIDS within the society. Studies reveals that the primary case of HIV was happened because of foreign guests creating physical relationship with Indian sex staff in province. This incident afraid true of HIV within the country. Shortly numerous testing centers were established at numerous locations to observe the individuals and to manage the malady inside that geographic region [7].

Truck driver's area unit the distinguished cluster of the society. UN agency have considerably a lot of HIV positive results than others within the society. The first reason of this example is man to men sex. Truck driver's area unit sometimes found to own sex with their co-drivers, cleaners or bearers. Buggery is said to be eight times a lot of risky than sex with a feminine [8]. One amongst the best issue behind this is often lack of awareness among truck drivers, cleaners or bearers. In an exceedingly survey organized by NACO in Republic of India was found that truck drivers and bearers have little info concerning HIV/AIDS. And that they have such a big amount of thought too, that ends up in discontinuing their perspective of exploitation condoms. Majority of respondents within the studied year don't recognize truly once to wear preventative and what's the aim of it. Then after, awareness concerning the HIV infection, its sources are exaggerated throughout the last 10-12 years. But still, truck drivers and bearers area unit unbroken in 'low awareness and high risk' class [7].

The speed of HIV/AIDS prevalence in truck drivers and bearers is sort of three percent above the other distinguished cluster [4]. Therefore, the corporation is swing efforts to coach those concerning HIV/AIDS and emergence of sex. Change of integrity hand during this campaign, TATA motors conjointly launched a program named 'use dipper at night' meaning the motive force is cognizant of HIV and stand alongside nation to fight against it [15]. But, important impact of this campaign couldn't be determined as truck drivers took it as order not the social cause. They become Associate in nursing integral a part of this campaign however throughout the journey this couldn't stop them creating unsafe sex with business feminine sex staff [10].

The general development of HIV to illiterate individuals like bearers and truck drivers isn't therefore serious as they're unaware of significant relation because of this infection. This is often one amongst the best reasons of their casual behavior towards HIV [9]. The author conjointly researched the variations between patients of HIV UN agency area unit at initial and later stages. conjointly HIV infected cases coverage to medical authorities for 1st time area unit a lot of in peril than UN agency have already

been taken STD treatment from the selected medical authorities [12]. In keeping with hauling population across all the nations area unit thought of as high risk cluster because of their vulnerable scenario and behavior. Majority of them area unit concerned and related to the cluster UN agency area unit the most supply of sexually sending infections each STI & HIV [11]. Countries like Republic of India and alternative economically similar nation's area unit the evident of such infection in and round the places wherever trucks area unit being loaded and blank. Another spot of HIV prevalence is places wherever truck stops for food, rest and document checks [14]. These area unit the points wherever sometimes take very long time keep and this become a conditioned scenario wherever these individuals involves into gender with feminine sex staff and lots of the time with man to man.

Truck drivers in Bombay and across the country avoids the utilization of condoms at most time. The first reason was found 'sexual pleasure' [4]. Their study conjointly indicated that, long distance truckers UN agency pay significantly very long time on road fuck with multiple partners which too with none medical safety. Throughout the study it absolutely was determined that, so as to own full pleasance they avoid use of preventative [13].

Research Methodology

Descriptive research was used to study the research problem and to find out the solutions. For this study two different categories i.e. Bearer (Hammal) workers and Truck Drivers of were taken into consideration. Two hypothesis were framed as first "There is significant difference between awareness of HIV/AIDS among Bearer (Hammal) workers and truck drivers in Mumbai. ($\mu \neq 3$) and second as "There is significant positive awareness of Government policies and schemes among Bearer (Hammal) workers and truck drivers. ($\mu > 3$). The Population for this study was considered as Bearer (Hammal) workers and truck drivers in Mumbai and Sampling Area was Mumbai. Sampling Technique was Judgmental Sampling based on one judgment regarding years in this profession (Min. 3 years). As research studies showed low HIV/AIDS affected people in this profession with less experience in these profession. Sample Size was 418 (Bearer (Hammal) workers -208 and truck drivers - 210) for this study.

It should be noted that as the population increases the representative sample size increases at a diminishing rate and remains relatively constant at slightly more than 380 cases. (Robert V. Krejcie and Daryle W. Morgan, 1970). A Sample size of 418 from 13 different locations in Mumbai was considered as the ample size for the study. All respondents were classified in different categories based on age of respondents, marital status and education. These categories of respondents are used to find out the categorical difference between various other variables. The population for the research study was Bearer (Hammal) workers and truck drivers in Mumbai. Researcher divide the geographic area of the population in 13 small areas to collect the samples for the study. Two categories of Bearer (Hammal) workers and truck drivers have been establish to collect the data form the population pool for sample selection. Face to face interviews were conducted in Hindi and Marathi language. The research instruments were translated from English to Hindi and Marathi and blind back-translation was done by three experts who were lecturers in Savitri Bai Phule University, Pune who speak both languages fluently. The data collections were made on the basis of our study sample but also with Bearer (Hammal) workers truck driver's agreement. During survey the cases of refusal to participate were not included in the compilation of data. At the end of each interview the researcher revised the questionnaire to ensure that all items were completed. The data were then compiled by the investigator for results analysis. Interviews were conducted from January 2018 to October 2018 in Mumbai.

Primary data has been collected from respondents i.e. Bearer (Hammal) workers and truck drivers. This is the current data relevant to the topic of the research. Secondary data was collected from various magazines, books, previously published interviews and other relevant records. As per the need of the research study the data sources have been used. The survey instrument explored Bearer (Hammal) workers and Truck Drivers HIV/AIDS awareness and knowledge with 59 item questionnaire which comprised four parts. Part A is related to subject's awareness and knowledge level related to HIV/AIDS cause, Impact and prevention using a 37 item 5 point rating scale with 3 as neutral point. Part B explores Bearer (Hammal) workers and truck drivers' awareness towards Government Schemes to create awareness about HIV/AIDS using a 02 item scale. A reliability analysis was conducted to measure the internal consistency of the measurement method. The Cronbach's Alpha is used to measure the reliability of variables. Cronbach's alpha indicates the degree to which set of items measure a single construct. According to *Cooper and Schindler, 2008* it should be above 0.6. As per the analysis of the data for reliability coefficient, α value is 0.808 which is more than 0.60. Therefore reliability is established and instrument was good to measure the variables.

Result and Discussion

Data was collected and analyzed using SPSS with suitable statistical tools. The first hypothesis which was framed for this paper was “There is significant difference between awareness of HIV/AIDS among Bearer (Hammal) workers and truck drivers in Mumbai. ($\mu \neq 3$)”. Mean was seems to be similar for both the group ((Hammal) workers and truck drivers) as 3.2104 and 3.2015 respectively. This was further tested with independent sample t test with 95% level of confidence. The calculated t value was 0.237. The sig value (0.9) was greater than the level of significance (0.05) and thus researcher’s hypothesis was not accepted and it can be concluded that there is no significant difference among the two categories of research sample i.e. (Hammal) workers and truck drivers. The awareness level was not so enthusiastic that leads to unfamiliarity for general cause and impact of HIV/AIDS and it contribute to growth of HIV/AIDS among these groups.

The second hypothesis which was framed for this paper was “There is significant positive awareness of Government policies and schemes among Bearer (Hammal) workers and truck drivers. ($\mu > 3$)”. Mean was seems to be low (2.28). This was further tested with one sample t test with 95% level of confidence. The calculated t value was -21.258. The sig value (0.00) was less than the level of significance (0.05) and thus hypothesis was not accepted and it can be concluded that there is no significant awareness of government schemes among the two categories of research sample i.e. (Hammal) workers and truck drivers taken together. The awareness level need to be increased to have a significant positive impact on reduction in the growth of HIV/AIDS population in these segments.

Conclusion of the Study

Bearer (Hammal) workers and truck drivers are known group to be most affected by HIV/AIDS after sex workers in India. These specific groups are having a different way of life that leads the scope for more awareness related to cause, impact and treatments related Government schemes targeted to this specifically. Research facility need to be more upgraded as this subject is still considered as taboo among this group. One of the finding of this study was low level of education that restrict the individual to understand and share the issue at initial level of HIV/AIDS. Hesitation in sharing the individual habits which may cause the HIV/AIDS in future was found to be effective cause of HIV/AIDS from initial stage to a dangerous stage.

Medical infrastructure and facilities are increasing but the reach of such groups are hindered because of their educational backwardness and lack of proper government support to make them able to utilize these services. Here the need of more aggressive awareness campaign are felt that are essential to uplift such groups and empower them to contribute to stop the growth of HIV/AIDS. Future researches are required to be carried out with specific aim towards analyzing the behavioral attitude towards learning and adoption of knowledge related to government policies and schemes with broader geographic research area.

Reference

1. Anand A. Sexuality, Abortion and the Media Review of adolescent concerns. CEHAT Mumbai: India (2003)
2. Bailey, A & Hutter, I. Cultural Heuristics in Risk Assessment of HIV/AIDS. *Culture, Health & Sexuality*. 8 (5), 465-477 (2006)
3. Johnson, A. Social and Behavioral Aspects of the HIV Epidemic-A review. *Journal of Royal Statistical Society*. 151 (1), 99-114 (1998)
4. Kadiyala, S & Barnett, T. AIDS in India : Disaster in making. *Economic and political Weekly* 39 (19), 1888-1892 (2004)
5. NACO. National AIDS Control Programme Phase III (2006-2011): Ministry of health & Family Welfare. Government of India retrieved on March 12th 2010 from <http://www.nacoonline.org>. (2006)
6. Nasir, A. et al. HIV/AIDS awareness; long distance truck drivers, *Professional Medical Journal*, Vol. 22, Issue 12, pp. 1580-1585 (2015)
7. Pandey, A. Improved estimates of India's HIV burden in 2006. *Indian J med Res*, 50-58279. (2012)
8. Paranjape R, Challacombe, S.J. HIV/AIDS in India: an overview of the Indian epidemic. *Oral Dis*, Vol. 22, Issue 1, pp. 10–14 (2016)

- 58 Inspira- Journal of Modern Management & Entrepreneurship (JMME), Volume 10, No. 01, January, 2020
9. Ramasubban R. HIV/AIDS in India Gulf between Rhetoric and Reality. *Economic and Political Weekly*, 2865-2871 (1998)
 10. Rao, K & Pilli, R & Rao, A. S. &Chalam, P. Sexual Lifestyle of Long Distance lorry Drivers in India: Questionnaire Survey. *British Medical Journal*, 162-163 (1999)
 11. Rao, M. Some Aspects of Sociology of Migration. *Sociological Bulletin* 30 (1), 21-35 (1981)
 12. S, Suresh. Conceptualising HIV/AIDS Related Stigma and Discrimination: Towardsan Integrated Paradigm. *Kerala Sociologist Vol XXXIV* (2), 61-68 (2006)
 13. Sjoberg, L. et al. Explaining risk perception. An evaluation of the Psychometric paradigm in risk perception research. Norway: Rotunde (2004)
 14. Tata Institute of Social Sciences and Population Council. Migration/Mobility and Vulnerability to HIV among male migrant workers: Maharashtra, Mumbai:TISS (2008)
 15. Yerdaw, M &Nedi, T &Fikre, E. Assessment of Awareness of HIV/AIDS among Selected Target Groups in and around Addis Ababa, Ethiopia. *African Journal of Reproductive Health* 6(2), 30-38 (2002).

