INTRODUCTION

Knowledge regarding problems and prevention of knowledge about health and health related issues plays a vital role in maintaining health and preventing disease. HIV/AIDS is an epidemic that stands to destroy the human race on earth. This is an outcome of the risky behavior exhibited by human beings. During the beginning years of its identification, people thought AIDS was a disease striking mainly men. Later it was assessed to be a myth and in reality women are at higher risk of being infected by AIDS as well as increasingly bearing the burden of its impact.

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Consequence of HIV/AIDS

HIV (Human immunodeficiency virus) major public infection has now spread to every country in the world and continues to be a health issue. Statistics show that approximately 40 million people currently living with HIV infection and an estimated 40 million have died from this disease since the beginning of the epidemic. A vast majority will die in the next 10 years or so due to the lack of awareness, lack of proper treatment due to infection and the existing poor socioeconomic condition of that region till date 1459 patient have died in Odisha and 1276 died in Ganjam district due to HIV/AIDS (ICTC- REPORT-2017). The medications do not actually rid the body of the virus, which has the ability to elude medications by lying dormant in cells called CD4+ T cells, which signal another type of T cell, the CD8, to destroy HIV-
infected cells. When a person with HIV stops treatment, the virus emerges and replicates in the body, weakening the immune system and raising the likelihood of opportunistic infections or cancers that can sicken or kill the patient (July 2017).

Global HIV/AIDS an over views

HIV, the views that comes AIDS is one of the world’s most serious health and development challenges. According to UNAIDS there is approximately 37.7 millions of people worldwide living with HIV/AIDS in the end of 2015. Currently 36.7% living in HIV/AIDS (July 2017). Currently, only 60% of people with HIV knew their status. The remaining 40% (over 14 million people) still need to assess HIV testing centre. As 18.2 million people living with HIV were accessing anti retroviral therapy (ART) globally up from 15.8 million in June 2015 UNAIDS has get global target to be achieved by 2020 in the global response to HIV (Fernandes 2014).

Scenario of India

Due to its largest population size, India has the third largest HIV epidemic in the world. India’s epidemic is concentrated among key affected populations including sex workers and men who have sex with men. Compared to neighbor’s countries, India has made good progress in reducing non HIV infections by a half since 2001. Despite the free anti retroviral treatment, up take remains low as many individuals face difficulty in accessing clinics. 2.1million population are living with HIV, 0.3% Adult HIV prevalence, 80,000 new HIV infections, 62,000 AIDS related deaths cases, among the infected persons 50% adult on antiretroviral treatment, 33% children on anti retroviral treatment(2017).

Scenario of Odisha

About 3300 new AIDS and HIV patients are indentified in Odisha every year (July 2017) more than 15,00 hundred have been indentified, 4year back it was 13,218 official sources said the total number of AIDS and HIV patients has crossed 35,000 by now, but in official sources claim the number is over 80,000 in Gajam followed by cuttack with 4696 patients, Angul 1237,Balaswar 1119,Khordha 1705,Koraput 1927 and Sambalpur 1856, Boudh district has the least number of patient with only 34 .Till date 1149 patients have died of the disease, as per the survey by as intentional NGO, deadly disease is no more confined among the migrant works, gays, lesbians and sex workers as has been generally believed. The served has also said Odisha is among the five states there is every possibility of the easy spread the disease. The turn of the number of AIDS and HIV patients in Odisha presently ranks 14th in the country. In the state, 87% (29372) have been affected due to unsafe sex while 2138 have been inherited the disease form their parents i.e by their HIV-positive mothers during pregnancy, child birth or breast feeding (OSACS .July, 2017).

MATERIALS AND MEHTODS

Objectives

- To assess knowledge pertaining to HIV/AIDS among adolescent girls,
- To collect information regarding interest on pornography, practices prevalent among the adolescent girls under study.

Situational analysis of Ganjam District of Odisha State

Ganjam district tops the list of most HIV victims in the state of Odisha with 12,017 people: 35.9 per cent of the total cases. Cuttack is second with 13.2 per cent victims, followed by Koraput with 5.1 per cent, Sambalpur with 5.1 and Khurda at number four with 4.7 per cent of all HIV-infected people living in 30 districts, District AIDS Prevention and Control Unit (DAPCU, 2013). According to official reports, 3,427 AIDS patients were identified in Ganjam till November 2012. While Aska has highest number of AIDS patients of 456, Bhanjangar 349 and Chikiti the lowest 40. HIV tests were conducted on 5-59,425 persons during the period (DAPCU, 2013) and as per the reports of ‘ARUNA’, 2013 (a social service non-governmental voluntary organization) working for prevention of AIDS, majority of PLWHAS (People Living with HIV/AIDS) are from rural Ganjam. Large scale migration, ignorance, low female literacy, inadequate prevention activities, stigma and discrimination are the reasons behind the spread of AIDS.

RESEARCH DESIGN

The formidable problem that follows the task of defining the research problem is the preparation of the design of the research work, popularly known as the “Research Design”. A research design is the arrangement of conditions for collection and analysis of data is manner that aims to combine relevance to the research purpose with economy in procedure. For this study the researcher has adopted exploratory study and the design adopted to carry out this research is the descriptive design. By using this design, the researcher attempts to describe female adolescents’ knowledge and understanding i.e problems and prevention and the impact of HIV/AIDS are described as reported by the respondents in a clear cut manner.

a) Universe of the study

The proposed investigation was carried out in the state of Odisha situated in the eastern part of India. It is basically an agricultural state and in spite of rise in levels of urbanization and industrialization, traditional and cultural values still exist. Ganjam district alone contributes 38 percent of the state’s PLHIV and 37 percent of AIDS death. Latest figures from Odisha State AIDS Society estimate HIV infections among 7637 people, of whom 281 are from ANC centers, and 531 are children, while AIDS related deaths are reported to be 461 till 2015. There a huge proportion of males who migrate to Gujarat, Andhra Pradesh, Maharashtra, and Uttar Pradesh for different types of work leaving behind their spouses/wives in Ganjam. There are five ART centers in the state of Odisha, including one at the M.K.C.G. Medical College in Berhampur, the district’s major city, and another four link centers in the district recently introduced by the state AIDS society. Ganjam district has 26 functional individual counseling and testing centers (ICTCs) (Das 2012). Which was conservative, backward and more prevalence of HIV/AIDS district of the state had special significance in this study.
The present study adopted multi-method approaches to collect accuracy in the data to be collected. It was found that these places can be generalized to a larger population. Further, the investigation focused on the adolescent population. Therefore, the results of this study can be applied to a wider audience.

Respondents are true representations of the female adolescents between the age group of 13 to 17 years. They are students admitted for education in IX, X, XI and XII in Govt. schools and +2 junior Colleges of Ganjam district. The universe of the study comprises all female adolescents between the age group of 13-17 years. They are students admitted for education in IX, X, XI and XII in Govt. schools and +2 junior Colleges of Ganjam district. Considering the fact that there is a mix of students from tribal, rural, coastal villages, town or city, with a mixed culture and practices, the risk associated with HIV/AIDS infection to significantly higher.

There is a total of 22 blocks in Ganjam district among them 12 blocks have reported HIV/AIDS cases. Aska reported the most prevalence of HIV/AIDS. The researcher decided to study 2 blocks under the age group 13-17 years are available. They were from Aska and Bhanjanagar. As per the latest reports, out of the 14 districts of the country most affected with the AIDS/HIV the Ganjam district is being placed eighth and has been graded 'A' status as more than one percent people of the total population are infected with HIV. Bhanjanagar is the neighbor block of Aska, it is also reported one of the prevalence block of Ganjam district is having 152 positive cases and hot spots are available. Considering the fact that these geographical areas are occupied by people with lower level of literacy and also living below poverty, the risk associated with HIV/AIDS infection to significantly higher.

The analyzed data was presented in a scientific manner that gives better easy understanding to all concerned with this research.

**Sampling Procedure**

There is a total of 22 blocks in Ganjam district among them 12 blocks have reported HIV/AIDS cases. Aska and Bhanjanagar are the highest blocks in the district as the prevalence status. The universe of the study comprises all female adolescents between the age group of 13-17 years. They were from Aska and Bhanjanagar. As per the latest reports, out of the 14 districts of the country most affected with the AIDS/HIV, the Ganjam district is being placed eighth and has been graded 'A' status as more than one percent people of the total population are infected with HIV. Bhanjanagar is the neighbor block of Aska, it is also reported one of the prevalence blocks of Ganjam district is having 152 positive cases and hotspots are available. Considering the fact that these geographical areas are occupied by people with lower level of literacy and also living below poverty, the risk associated with HIV/AIDS infection to significantly higher.

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**Analysis of data**

All relevant collected data were tested and processed through the Statistical Package for Social Sciences (SPSS). Simple tables were made so as to make comparison between variables possible. Statistical tests such as t-test was applied so as to test the research hypothesis and thereby arrived at a better conclusion. The analyzed data was presented in a scientific manner that gives better easy understanding to all concerned with this research.

**Practice adopted by female adolescents**

Human sexual activities or human sexual behavior refers to the manner in which humans experience and express their sexuality. People engage in a variety of sexual acts from time to time, and for a wide variety of reasons. Sexual activity normally results in sexual arousal and physiological changes in the aroused person, some of which are pronounced while others are more subtle. Sexual activity also includes conduct and activities which are intended to arouse the sexual interest of oneself and/or another. Adolescence can be seen as a time when many sexual attitudes and reactions that were rehearsed in childhood begin to reveal their true meaning. Most important of all, it is a period in which experimental and exploratory sex play turns into purposeful adult sexual behavior. In this context the study attempted to know the different sexual activities the respondents indulged in. Misconceptions and misbeliefs on sexual issues are not uncommon among adolescents. Sometimes lack of adequate information and opportunities promote these young people to turn to literature (often pornographic), experimentation with prostitutes, friends or relatives of opposite sex and at times the same sex, and observation of sexual activities and masturbation.

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**Table 1. Distribution of Universe and Sample**

<table>
<thead>
<tr>
<th>Dist</th>
<th>Blocks</th>
<th>Schools/ Colleges</th>
<th>Universe</th>
<th>Percentage</th>
<th>Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ganjam</td>
<td>Aska</td>
<td>Govt. Girl's High School</td>
<td>250</td>
<td>40%</td>
<td>100</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Niranjan Women's College</td>
<td>250</td>
<td>40%</td>
<td>100</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bhanjanagar</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Govt. Girl's High School</td>
<td>250</td>
<td>40%</td>
<td>100</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sabitri Devi Women's College</td>
<td>250</td>
<td>40%</td>
<td>100</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1000</td>
<td>40%</td>
<td>400</td>
</tr>
</tbody>
</table>

**Table 2. Interest in Pornography**

<table>
<thead>
<tr>
<th>S. No</th>
<th>Variables</th>
<th>Frequency (N=400)</th>
<th>Percentage (%)</th>
<th>'t' Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Have You Ever Seen any Pornography or Blue Film</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>67</td>
<td>16.8</td>
<td>1.50*</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>333</td>
<td>83.3</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>If Yes what is the Frequency of Watching</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Daily</td>
<td>86</td>
<td>21.5</td>
<td>6.03*</td>
</tr>
<tr>
<td></td>
<td>Weekly</td>
<td>89</td>
<td>22.3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Monthly</td>
<td>76</td>
<td>19.0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Occasionally</td>
<td>149</td>
<td>37.3</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Habit of Reading Pornography Book or Magazine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>83</td>
<td>20.8</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>317</td>
<td>79.3</td>
<td>1.70*</td>
</tr>
<tr>
<td>4</td>
<td>If Yes, What is the frequency</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Very Frequent</td>
<td>114</td>
<td>28.5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Frequent</td>
<td>124</td>
<td>31.0</td>
<td>9.11*</td>
</tr>
<tr>
<td></td>
<td>Occasionally</td>
<td>162</td>
<td>40.5</td>
<td></td>
</tr>
</tbody>
</table>

Note: *0.01 level of significant.
Many studies reflect that female fantasies are largely romantic and emotional in nature. There is often a tendency to assume that the members of the opposite sex thinks and feels the same as oneself. This assumption, which is for removed from reality, results in a lot of confusion, misunderstandings and tensions, especially, during the process of dating. Sex and relationships is still a taboo subject between parents and teenage daughters, despite access to formal education and wider exposure to the realities of life through media. Hence there have been efforts to provide proper education on matters related to human sexuality and reproductive health through the educational system. In this background it is important to assess the level of understanding of HIV/AIDS and to ascertain the attitude towards persons living with HIV/AIDS. Therefore, 14 statements related to sex education, sexual practice, and PLHIVs were given to the respondents to reflect their attitude on the basis of a 5-point scale.

Interest in Pornography

Pornography is explicit sexual writing or visual materials, often considered obscene, most societies have always regarded any disturbance of pornography as potentially dangerous and corrupting. Particularly to young people they may believe that whatever is shown in pornography is the real thing and try to imitate them in real life. The study found out that out of 400, 333 respondents that is (83.3%) have not seen the blue film or any other pornography where as 37.5% of them watched occasionally and 21.5% of respondents in daily bases and 28.8% of them had habit of reading the pornography books or magazine. A majority of the respondents (54.8%) have taken to reading sex books or magazines. This reveals that risky sexual encounters continue to exist among adolescent girls. Adolescents involved in watching Pornography or blue film thoroughly, though all are not involved, but some of them had practice of watching pornography every day and nearly half of the adolescents do watch occasionally. It is interesting to note that only a very small portion of the respondents have the knowledge specific of the most effective way of good character and the majority of them may be the risk of sexual practices.

Conclusion

The study revealed that knowledge about the sources is very poor among the adolescent girls continuing their education in the Ganjam District, of Odisha. Out of 400 at list 162 adolescents have interest on pornography. The adolescent girls in schools or out of schools do not have access to sex education which sometimes leads them towards risky behavior. The teachers are also not so comfortable and competent enough to provide sex education to the students, and especially to adolescent girls. Sexual health being a sensitive issue in the traditional society; it is neither the parents nor the teachers who feel comfortable in providing education to the adolescent girls on sexual and reproductive health. Thus the knowledge could be imparted in different community setting with the help of the peer educators.

Implantation

According to the health and family welfare minister Atanu Sabyasachi Nayak, “the State Government has taken a number of steps for the welfare of the AIDS and HIV patients but due to the fear of being ostracized and halted by the society, the patient are unwilling to avail these programmes,” (OSB, 27.2017) “testing facilities is likely to be increased in the district as the Government wanted to test all suspected persons and in mandatory for pregnant women to control the spread of the disease” As Ganjam is a highly migration-prone districts and around 8 lakh people are working outside the state there is need to open more testing centre in the district, thus Government has provided the testing facilities at all delivery points for the testing of pregnant women(Mohanty,2017).

REFERENCES

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