



THE MIGRATION STATUS OF ADOLESCENT'S IN THE MOST HIV/AIDS PREVALENCE DISTRICT OF (GANJAM) IN ODISHA, INDIA

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ABSTRACT

Aims/purpose: Adolescents are a rich human resource and an important part of the development process. Adolescents, especially girls, mostly from disadvantaged communities and families, are trafficked for the purposes of early forced marriages, domestic workers commercial sex work and are forced to work in inhospitable, unsafe and exploitative conditions are the main components for development of HIV/AIDS. The present study was an attempt to assess need of knowledge based counseling among 13 to 17 year old adolescents adolescent girls who all were studying in class 9th, 10th, 11th and 12th in different high schools and women's collage's.

Methodology of study: The total sample for the present study included 400 adolescents i e 200 from different girl's high schools and 200 from women's colleges which are the most of HIV prevalence blocks of the Ganjam district of Odisha state. By using exploratory and the descriptive study design, the researcher attempts to describe female adolescents' knowledge and understanding regarding HIV/AIDS, a scheduled questionnaire was used covering all aspects of HIV/ AIDS and observation methods were also used to collect the data from the adolescent girls. To analysis data the researcher used frequency percentages and the t- tests were computed.

Findings: The majority of (86 per cent) are from families whose parents are non-migrants and belong to native of Ganjam district of Odisha, rest of the adolescent's family those who have migrants they may have migrated from slum areas whose occupations are daily workers, maid servants and service holder

Conclusion: The present study found out that the district of Ganjam is well-known for its high rate of migration in the state of Odisha but fortunately in the area where the research study was conducted the majority (86.5%) respondents' families are not migrating to other places in search of better livelihood options. The respondents' families those who have migrated to other places; 23% because of natural disaster and 25.3% in search of better livelihood option to the urban areas which is the main causes of HIV/AIDS transmission.

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INTRODUCTION

The period of adolescence is the second decade of life and it is a powerful formative period of transition from childhood to adulthood. It is a time of physical development, identity formation, relationship development and a time when vocational direction and life goals are expected to be formulated and to create a favorable environment for their implementation.

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It is also one of the most crucial periods in the life of an individual, because between the ages of 10-19 years, many key biological, social, economical, demographic and cultural events occur that set the stage for adult life. It is the period during which rapid physical growth, physiological and psychosocial changes occur. Adolescents are vulnerable because they often do not know how serious the problem of HIV/AIDS is, how it is caused or what they can be done to protect themselves. Many adolescents do not even go to school, and do not have access to information about AIDS, or opportunities to develop the life skills that they need to turn this information into action. They also do not have access to services that take their specific needs into consideration.

People migrate with the hope of employment. Of course the city life is also an attraction to them. Most literate or semiliterate the youth from rural Ganjam migrate with eye full of dreams. However many of them return with only to count the days of their life after being infected in the deadly virus. The study was conducted in Ganjam district of Odisha state. Ganjam is one of the most populous, underdeveloped district in Odisha, with a population of; total- 35,20,151; male- 17,77,324 and female- 17,42,827, per the 2011 census, and a sex ratio of 978 females to 1000 males. It consists of 22 blocks and 3 sub-divisions; with a geographical area of 8071 sq km. Ganjam has the highest HIV prevalence in Odisha. Some young people are particularly vulnerable. In countries where the predominant mode of transmission is by hetero sex, girls are often more vulnerable than boys, for both biological and social reasons. Young people involved with sex work, migrants and refugee, and adolescents living on the street, in war situations or who are marginalized and discriminate against, are all likely to be especially vulnerable. Of course vulnerability is also increased by HIV/AIDS itself, for example young people who are living with HIV/AIDS and AIDS orphans (of whom large proportions are adolescents) become even more vulnerable to HIV/AIDS. Young People - a window of hope in the HIV/AIDS pandemic. The HIV/AIDS pandemic is one of the most important and urgent public health challenges facing governments and civil societies around the world. Adolescents are at the centre of the pandemic in terms of transmission, impact, and potential for changing the attitudes and behaviors that underlie in this disease. It is estimated that 50 percent of all new HIV infections are among young people (about 7,000 young people become infected even in one day), and that 30 percent of the 40 million people living with HIV/AIDS are in the 15-24 year age group. The vast majority of young people who are HIV positive do not know that they are infected and few young people who are engaging in sex know the HIV status of their partners.

Review of Literature

Adolescence: India is the second most populous country in the world with a total population over 1220 million and adolescents from a large section of the population at the rate of 22.5%, that is about 275 million as per the census data. Adolescence has been defined by WHO (World Health Organization) as the period of life spanning between 10-19 years and the youth as between 15-24 years (N. Swaminathan 2013). It is estimated that the adolescent group constitutes about one fifth of India's population. There are almost 200 million adolescents in India and it is estimated that this age group will grow to over 214 million by 2020 (Gupta, 2003). However, estimating numbers is rendered more complicated by the fact that there is no clear consensus on the exact age group that comprises adolescence. Therefore, programmes and organizations use differing categories depending on their specific target groups (Mishra 2005). To cope with the multiple and rapid changes that occur in their lives, adolescents have specific needs for new types of decision making powers. Adolescents need "safe places" to meet with peers and mentors, as well as resources to find alternatives to pressures to leave school, engage in illegal or unsafe work, abuse substances, marry early, have unsafe sex, and exchange sex for gifts or money (Bruce, 2006). The type of sexual behavior combined with the low awareness and knowledge about its implications may have serious consequences. Few studies on youth sexual behavior in India reveal that they are engaged in

sexual relations. These studies mainly focus on sexual behavior and very significantly in their objectives approaches and methodologies. However, they arrive at a common conclusion that sexual activity among youth is on increase especially in urban areas (Health action Sept.2012). In many ways the risks facing young people today are greater and consequences potentially more deadly, than for previous generations. This is most obvious in the spread of HIV/AIDS, increasingly prevalent among young people. A central element to HIV prevention is AIDS Education to change youth behavior and encourage adoption of healthy life style (World Bank, 2005).

Migration in Odisha: Odisha has a population of 40 million out of which 85% stay in village and the majority of the rest 15% still have links to their rural backgrounds. The average per capita income of the state is below the national average and nearly half of the state's population is below the poverty line. To add to the chaos, the recent trend of HIV/AIDS cases in Odisha is linked to the large migrant's population who move outside and also within the state in search of livelihood and revisit their native at regular intervals. Poor knowledge and lack of awareness or unsafe sexual behavior, among their migrating population is the biggest reason for rise in number of HIV infected cases in the state. Similarly supporting industrial and mining activities as well as long stretch of national highway are the reasons that fuel this menace. Even though Odisha is placed in low HIV prevalence category by National AIDS Control Organization (NACO) it is a highly vulnerable state. Awareness of high risk groups in non-traditional pockets is also a cause of concern. Women are made vulnerable by their lack of power to negotiate or to ascertain their rights because of social norms, poverty and lack of access to proper information and health care. The other reasons for migration are distress, better employment opportunities, natural calamities and displacement. Severe famine had hit this area 150 years ago and people started migrating to different British colonies like Rangoon, Sri Lanka, etc. After independence due to visa restriction the migration shifted to West Bengal, Bihar jute mills in 1950s the tradition of migration was established after 1970 most of the laborers migrated to Surat and by early 2000 there are different destinations. The migrants in Odisha are circulatory migrants who are alone and come back every year. In such cases the incidence and chances of getting the virus is very high (Nanda 2010).

Migration and HIV/AIDS

Migrated labourers who are unmindful of the fact that sexual route is the major cause of HIV/AIDS, prefer to sexual escapades in the slum areas of Surat known for its red light areas rendering few minutes pleasure. Particularly, the unemployed youths of Ganjam, the home district of Odisha, migrate in lakhs (6 lakh as per rough estimation) to Surat (Gujarat) and Mumbai. The maximum migration is reported from Hinjilicut, Purushottampur, Bhanjanagar, Aska, Digapahandi, and Beguniapada blocks of Ganjam district. These 90 percent infected people are from the rural areas that use to migrate to other states in search of livelihood. These laborers migrate to other states particularly to Surat in Gujarat to earn livelihood, but to the misfortune and bad name of the district they do return with HIV/AIDS. There is congregation of heterogeneous population from all groups of the socio-economic-culturally diversified. People of coastal belt are illiterate ignorant about all most all modern way of living due

to lack of education. There are also people were conservation, had narrow outlook of life and maintained low quality of life. Young people living and working on the streets or labours and children and young girls married early (TOI 2011). The major cause of AIDS in Ganjam is the unsafe sexual behavior of the migrant's labors. The most vulnerable population is the adolescent group who indulge in unsafe sex, despite much awareness campaigns and information provided at railway stations and other such places "another dangerous development is that the AIDS affected people multiple the infection rates as they enjoy sex with their wife without her knowledge that her husband is in AIDS affected (Rao 2011). Of course the city life is also an attraction to them. Most literate or semiliterate the youth from rural Ganjam migrate with eye full of dreams. However many of them return with only to count the days of their life after being infected in the deadly virus.

HIV/AIDS: HIV (Human Immune deficiency Virus): Human Immune deficiency virus is that causes AIDS. The virus is passed from one person to another through blood-to-blood and sexual contact. In addition, infected pregnant women can pass HIV to their baby during pregnancy or delivery, as well as through breast feeding. People with HIV have what is called HIV infection. Some of the body fluids of human beings have been proved to spread the virus are blood, semen, vaginal fluid, breast milk and other body fluids containing blood. **AIDS (Acquired Immune Deficiency Syndrome):** Acquired Immune Deficiency Syndrome (AIDS) is the name of the fatal clinical condition that results from long term infection with the human immunodeficiency virus (HIV). AIDS is the name for the collection of symptoms that result from the immune deficiency caused by HIV. HIV progressively weakens the body's immune defense system, until it is no longer able to fight off infections, among of which would have been otherwise harmless. AIDS is not a disease rather; it is a syndrome (a group of illness). There is no curable for AIDS and at present neither there any vaccines that can prevent HIV infections. An HIV+ or Sero+ person is permanently infectious to others. HIV is transmitted through semen, Vaginal Fluid, Blood and Breast Milk (Sethy 2007).

Global HIV/ AIDS an over views: HIV, the virus that causes 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 access HIV testing centre. As of (June 2016), 18.2 million people living with HIV were accessing anti retroviral therapy (ART) globally up from 15.8 million in (June 2015) UNAIDS has set global target to be achieved by 2020 in the global response to HIV.

Country Scenario: 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 neighbors' 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. 2.1 million 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).

State Scenario: About 3300 new AIDS and HIV patients are identified in Odisha every year (July 2017) more than 15,00 hundred have been identified, 4 year 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 Ganjam 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 an intentional NGO, deadly disease is no more confined among the migrant workers, 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 METHODS

Objectives

- To study the migration status of the adolescent respondents;
- To assess knowledge pertaining to HIV/AIDS among adolescent girls,

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, Bhanjangan 349 and Chikiti the lowest 40. Over 1,400 people have lost their lives due to AIDS in Ganjam district in the last 14 years as per the latest figures released by Odisha State AIDS Control Society (OSACS), the State-level nodal agency for fighting the dreaded disease. By the end of October, 2014, 12,307 persons in the district were identified as HIV positive while 1,404 persons succumbed to AIDS between 2000 and 2014. Besides, HIV tests were conducted on 5-59,425 persons during the period (DAPCU, 2013) and as per the reports of 'ARUNA', 2017 (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 in a 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 migration status of HIV/AIDS 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. 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 Dist. of Odisha state. There is a mix of students from tribal, rural, coastal villages, town or city; with a mixed culture components comprising this universe. 1

suitable and convenient for conducting the investigation which is presumed to bring accuracy in the data to be collected.

C) Tools and Techniques Used – Present study adopted multi method approaches to collect primary data from the respondents under study. Being an exploratory and fact finding study following tools were used for the purpose. Interview schedule, Primary data were collected with the help of detailed self structured interview schedule comprising both open ended and close ended questions that is both quantitative and qualitative nature of questions.

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 better conclusion.

Table 1. Distribution of Universe and Sample

Dist	Blocks	Schools/ Colleges	Universe	Percentage	Sample
Ganjam	Aska	Govt. Girl's High School	250	40%	100
		Niranjan Women's College	250	40%	100
	Bhanjanagar	Govt. Girl's High School	250	40%	100
		Sabitri Devi Women's College	250	40%	100
			1000		400

Table 2. Migration status of the Respondents

Sl. No	Migration status	Frequency (N=400)	Percentage (%)	't' Test
1.	Migration Status of Parent's Migrant	54	13.5	1.36*
	Non-Migrant	346	86.5	
2.	If Migrant, Migrate From:			2.10*
	Village	254	63.5	
	Slum	106	26.5	
3.	Town	40	10.0	5.22*
	Reasons of Migration:			
	Displace due to Development Project	52	13.0	
	Refugee	30	7.5	
	Displaced due to Disaster	92	23.0	
	In search of Livelihood	101	25.3	
	Attracted Towards City	57	14.3	
Displace Due to Communal Violence	39	9.8		
Other reasons	29	7.3		

b) Sampling Procedure: There is a total no 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 13-17years are available. They are 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. The names of Institutions and particulars of these universe and samples are clearly given in Table -1:

Respondents are true representations of the female adolescent population. Therefore, the results of this study can be generalized to a larger population of female adolescents. Further, the investigation found that these places as most

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

Migration status of the Respondents: Human migration is physical movement by humans from one area to another, sometimes over long distances are in large group. The process of migration is deeply rooted in the socio-economic patterns of tribal as well as rural life style because they are illiterate. As the majority (64.5) of the respondents are from rural area of Aska and Bhanjanagar Block of Odisha for which they are illiterate sufficient livelihood incomes are that met for sustainability. 90% labours migrate to other state with eye full dream of better life but to the misfortune and bad name of the district they do return with HIV/AIDS. It is seen from the above chart that more than three fourth of the respondents (86.5%) are from families whose parents are non-migrants and belong to native of Ganjam district, while the remaining 13.5% of the respondents are migrants and the maximum such as

63.5% migrated from the village areas in the same time little more than a quarter 26.5% migrated from slum areas whose occupations are daily labour and maid servant.

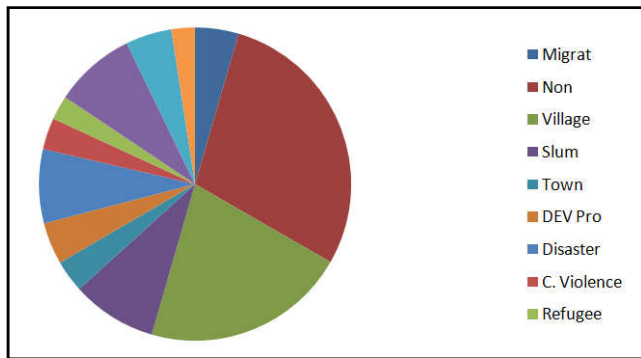


Fig. 1. Distribution of the respondents by their migration status of their families

Hence it is concluded that majority of the adolescents under the study are permanent residents from Ganjam district. Reasons of Migration: From our study, it is observed that 13% displaced due to development of project, 23% due to disaster and 9.8% due to communal violence. Whereas 7.5% of the respondents parents refugees. However one-fourth of the respondents migrated in search of their livelihood whereas 14% attracted towards city life, similarly 7.3% of them migrated for other reasons. Nearly one-fourth percent migrated, out of them 63.5% are from village area, and one-fourth (26.5%) are from slum area, only 10% reflected from town they are service holder.

Conclusion

The district of Ganjam is well-known for its high rate of migration in the state of Odisha but fortunately in the area where the research study was conducted the majority (86.5%) respondents' families are not migrating to other places in search of better livelihood options. The respondents' families those who have migrated to other places; 23% because of natural disaster and 25.3% in search of better livelihood option to the urban areas. 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, July 27, 2017).

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