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A STUDY OF PUBLIC AWARENESS TOWARDS HEALTH EDUCATION AND SOCIAL ISSUES IN DEVELOPING COUNTRIES: A GRAPHICAL REPRESENTATION OF SOCIAL ISSUES IN NEPAL

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Abstract

In this research paper, we have studied procedures applying for documentation and institutionalization of learning and good practices for policy advocacy replication scaling up and public awareness. It also consists issue regarding health consciousness toward chronic diseases about whom rural people are unaware of and don't have understanding about the procedures of prevention.

Keywords: Rural Area, Societies, Health Education, HIV, County Coordinating Mechanism, Immune System

INTRODUCTION

AIDS is the more advanced stage of HIV infection. When the immune system CD4 cells drop to a very low level, a person's ability tso fight infection is lost. In additional there are several conditions that occur in people with HIV infection with this degree of immune system failure these are called AIDS- defining illnesses.

Human immunodeficiency virus or HIV is the virus that causes acquired immune deficiency syndrome (AIDS). The virus weakness is a person's ability to fight infections and cancer. People with HIV are said to have AIDS when they develop certain infections or cancer or when their CD4 (T-cell) count is less than 200. CD4 count is determined by a blood test in a doctor's office. Having HIV does not at always mean that you have AIDS. It can virus to develop AIDS. HIV and AIDS cannot be cured. However, with the medications available today, it is possible to have a normal lifespan with little or minimal interruption in quality of life. There are ways to help people stay healthy and live longer.

According to the CDC, about 1.1 million people in the U.S. have been diagnosed with AIDS since the disease was first diagnosed in 1981. The CDC estimates that 636000 people have died from the disease in the U.S. (see [1]).

How do people Get HIV?

A person gets HIV when an infected person's body fluids (blood, semen, fluids from the vagina or breast milk) enter his or her bloodstream. The virus can enter the blood through linings in the mouth, anus or sex organs (the penis and vagina) or through broken skin. Both men and wosmen can spread HIV. A person with HIV can feel ok and still give the virus to others pregnant women with HIV also can give the virus to their babies.

Common ways people get HIV:

- Sharing a needle to take drugs.
- Having unprotected sex with an infected person.

You cannot get HIV from:

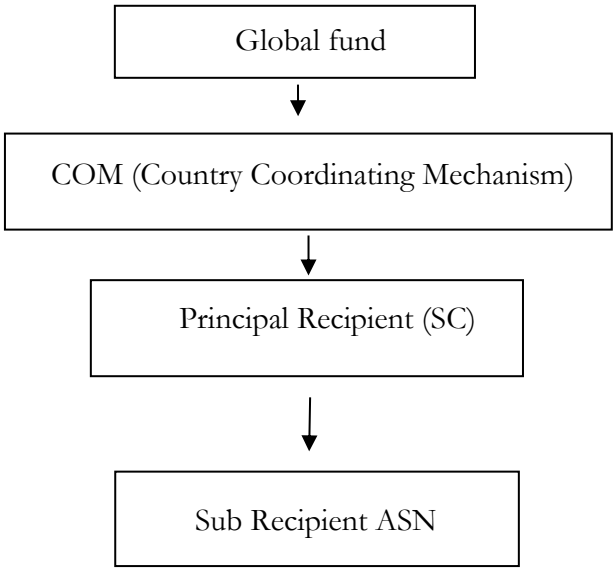
- Touching or hugging someone who has HIV/ AIDS.
- Public bathrooms or swimming pools.
- Sharing cups, utensils or telephones with someone who has HIV / AIDS.

Bug bites

Most of the world's 34 million people living with HIV and AIDS reside in developing countries in 2011 2.5 million people became died of HIV related illnesses. Sub Saharan Africa allocated for 69% of all new infections an nearly half of 24 HIV related deaths globally. While 8 million people worldwide can access treatment nearly 7 million additional people in need of access did not have it as of 2011.Moreover for every one person treatment, two are infected. Without effective HIV prevention the number of people requiring treatment will become unsustainable (see [2]).

HIV/ AIDS prevention program background

The Global fund is a unique public private partnership and international financial institution dedicated to attracting and disbursing additional resources to prevented and treat HIV and AIDS tuberculosis and malaria. The mechanism of the funding of the global fund has been a very much different from other funding. The mechanism of the global fund can be described as below chart.



The approved activities of the global fund R 10 in Nepal have been managed by the save the children(SC) as a principal Recipient and Aasaman Nepal (AN) is one of the sub Recipient working in Ramechhap in Migrants component.

Goals and objectives of HIV ? AIDS prevention program

Goal

To reduce HIV transmission, to enhance the quality of life of people living with HIV/AIDS and to contribute to the achievement of MDGS 4, 5, 6. are the key goals of this programme.

Objective

- Accelerate and scale – up comprehensive package of services for MARPS.
- Expand access and coverage of quality HIV testing and counseling and STI diagnosis and treatment.
- Increase access in quality prevention treatment, care and support for infected and affected populations.

Poverty gender inequality low levels of education and literacy and discrimination are major contributing factors to HIV vulnerability in Nepal. A national situations analysis identified the young people mobile population female sex worker, men who have sex with men (MSM) injecting drug user groups as the most venerable to HIV / AIDS in Nepal.

Aasaman Nepal, Ramechhap has been working with most vunerable to HIV / AIDS group, labor migrants and Ramechhap districts. These VDCS are khaniyapani, Rampur, Sangutar, Bijulikot Rakathum, Sukajor, Bhatauli, Pharpu, Bhalwajor , pakarbash, kathojor, dearali, Gelu, Nemadi, Nagdaha, Okhreni and Himganga.

Introduction of Aasaman Nepal

Aasaman Nepal (ASN) is a NGO led and managed by social activities since its establishment is 1999. ASN has been engaged in developing and implementing programme aimed at protection promotion and fulfillment of child rights in Nepal the organization is working with nearly 12418 community based support structures networks members to mobilize community stakeholders and local resources on child labor and education issues.

Its members (females 5120 Dalit – 2224) include women groups, youth groups, school management communities (SMCS) teachers community based organization and other stakeholders. ASN has been engaged with marginalized community in 24 districts. These districts are kailali, kapilbashtu, nabalparashi, Baglung, Kaski, Mahottari, sarlahi Rauthar, sindhuli, chitwan, makwanpur, kavreplanchowk, sindhupalchowk, dhading ,ramechhap, saptari, morang, jhapa, dhankuta and sirha in close collaboration with concerned government line agencies. 3 currently ASN has been conducting human rights child rights and alit right based educational programmers with coverage of 117, 373 populations (girls 43070, Dalit 27758) in the age group of 5 – 14 years in 465 schools across 207 villages development committees in the above district. ASN working strategy that lays emphasis on local ownership, capacity building and community mobilization has led to wider impact and sustainability of the programmer among local people in its working areas (see [3]).

Vision, Mission, Goals, Objectives

Vision

Aasaman envisages a society where all children are grown up and enjoying their childhood and development opportunities in a safe, supportive and friendly environment.

Mission

Aassman builds a society which protects promotes and fulfills the rights of children where all children equally enjoy their basic rights including access to quality health, education protection, and livelihood opportunities.

Goals

Assaman facilitates to increases voices and choices of right holders (mainly woman, girls and disadvantages people and communities) to government basic services and entitlements including their meaningful participation in local institutions and structures.

Objectives of the Study

- Increases access of rights holders to government entitlement and services provisions including improving access to and quality of services in education health and social sectors.
- Increases participation and representation of rights holders as meaningful decision makers at local institutions and government mechanism in education health and local development.
- Activate and strengthen rights holders' capacity and associations/ networks to enable them to claim their rights at local to national levels.
- Improve documentation and institutionalization of learning and good practices for policy advocacy replication scaling up and public awareness.

Area of Study

Area of the study is prevention of HIV / AIDS of Aasaman Nepal. In this research the area of study is mainly concerned with the people satisfaction levels for features. The main focus of the study is on to durability user friend lines operational features, technology used, performance, reliability value for money and attractive this institutions. The study is also based on the measuring the HIV / AIDS programme in different village in Ramechhap. And to find out its targeted people, the area of the study also concerns the overall performance of prevention of HIV /AIDS of Aasaman Nepal it is in increasing or decreasing trend. The study is also conducted to find out how much the customers are satisfied with the services of Aasaman Nepal.

Need of the Study

Need of the study was to find out the service provision of Aasman Nepal. Project was also carried because to know the satisfaction level of people with reference program to child protection. Prevention of HIV /AIDS poverty alleviation of different city and other different program started and service provider of different needed city. (see [6]).

Limitations of the Study

Human immunodeficiency virus or HIV is the virus that causes acquired immune deficiency syndrome. This virus weakness a person's ability to fight infections and concerned some of the limitations of the program are listed as below:

1. The field work report has been prepared within the limited time boundary in market performance of presentation of HIV /AIDS of Aasaman Nepal with limited requirement. So it fails to cover overall accepts in this topic.
2. This report is only for fulfillment of BBS programme.
3. This field work report has been conducted inside Janakpurdham valley so it may differ from the report conducted at other place.
4. This study only focuses on a single subject prevention of HIV /AIDS only.

METHODS

Research methodology refers to the various sequential steps to be adopted by a researcher to studying a problem with certain objectives in view. Other words research methodology describes the method and process applied in the entire aspect of the study.

For the completion of this report we have to go various procedures and also we have to apply various method to collect data and information on which this field work is based statistical tools have been employed to have better empirical analysis of research works both the analytical and descriptive researcher designs are applied.

Method of data collection

On the preparation of the assignments reports first of all the purpose of the writing was determined and investigation on specific field was made many books of different writer have been referred. I conclude some bulletins, magazine, writing on assignment report of senior and my friends and basic of data provide by staff of Aasaman Nepal. This report is prepared.

Sources of data research

Required data for the report can be obtained either from primary sources or secondary

1. **Primary sources:** Statistical data and other information originally collected for an investigation are caused primary data. They are generally inquired conducts by government some individual institutions and bodies.

2. **Secondary sources:** Data which are not originally collected rather obtained from published or unpublished sources are called secondary sources.

RESULTS AND DISCUSSION

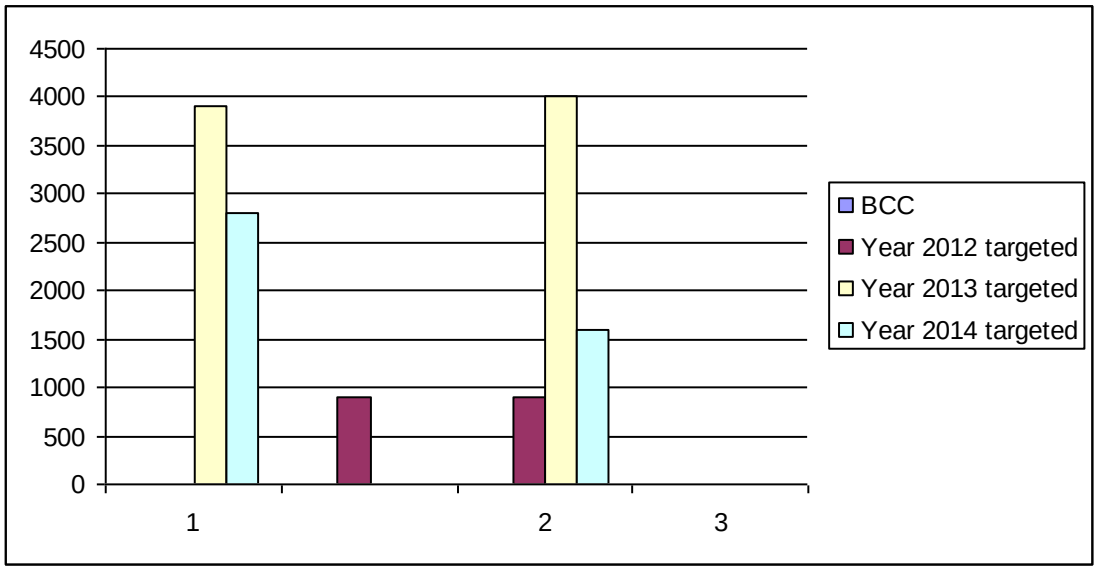
Most of world's 34 million people living with HIV and AIDS reside in developing countries. In 2011 2.5 million people became newly infected with HIV, and 1.7 million died of HIV - related illnesses. Sub-Saharan Africa accounted for 69% of all new infections and nearly half of all HIV – related deaths global. While 8 million people worldwide can access treatment, nearly 7 million additional people in need of access did not have it as of 2011. More ever for every one person on treatment, two are infected. Without effective HIV prevention the number of people requiring treatment will became unsustainable.

Table No. 1 Targeted person of BCC

S.N.	BCC	Year 2012 targeted	Year 2013 targeted	Year 2014 targeted
1	First time BCC to migrants	900	3900	2800
2	First time BCC to spouses of migrants	900	4000	1600
3	Repeated BCC to emigrant and their spouses	-	-	-
4	BCC in integrate health center (IHC)	-	-	-

Table no. 1 shows the targeted person of different year in different BCC the targeted person of first time BCC to Migrants 900, 3900 and 2800 of different year 2012, 2013& 2014 respectively. The targeted person of first time BCC is to spouses of migrants 900, 4000 & 1600 of different years 2012, 2013 & 2014 respectively. The targeted person of

repeated BCC to migrants and their spouses is all year Nil. The targeted person of BCC in integrate health center (IHC) all year Nil



Behavior change communication (BCC)

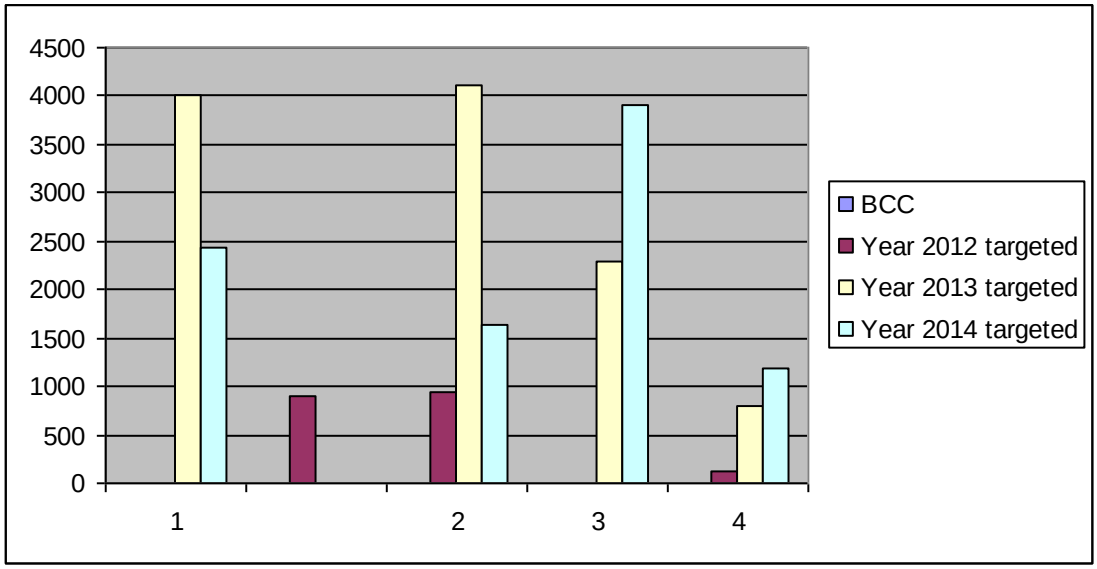
Behavior change communication on HIV /AIDS programme is part of a comprehensive workplace effort to inform workers about HIV /AIDS promote behavior change that will reduce the behavior change that will reduce the spread of the virus reduce discrimination and support workers who are living with HIV /AIDS, BCC is an effective tool for 7 dealing many community and group related problems. BCC has been adapted as an effective strategy for community mobilization, health and environment education and various public outreach programs. Enhanced knowledge about the behavior change process has facilitated. The design of communication programs to reduce the risk of HIV transmission and AIDS. A wide variety of health promotion strategies use communication as either an educational or norm forming strategy. In addition, specific strategies must be designed for high risk group such as women. Young people injecting drug abusers homosexuals and HIV positive groups. (see [4]).

Table No. 2 Reached person of BCC

S.N.	BCC	Year 2012 targeted	Year 2013 targeted	Year 2014 targeted
1	First time BCC to migrants	901	4001	2428
2	First time BCC to spouses	934	4103	1628

	of migrants			
3	Repeated BCC to emigrant and their spouses	-	2300	3910
4	BCC in integrate health center (IHC)	115	807	1190

Table no. 2 shows the Reached person of different year in different BCC the Reached person of first time BCC to Migrants 901, 4001 and 2428 of different year 2012, 2013& 2014 respectively. The Reached person of first time BCC to spouses of migrants is 934, 4103 & 1628 for different years 2012, 2013 & 2014 respectively. The Reached person of repeated BCC to migrants and their spouses is Nil, 2300 & 3910 of different year 2012, 2013 & 2014 respectively. The Reached person of BCC in integrate health center (IHC) 115, 807 & 1190 of different year 2012, 2013 7 2014 respectively.



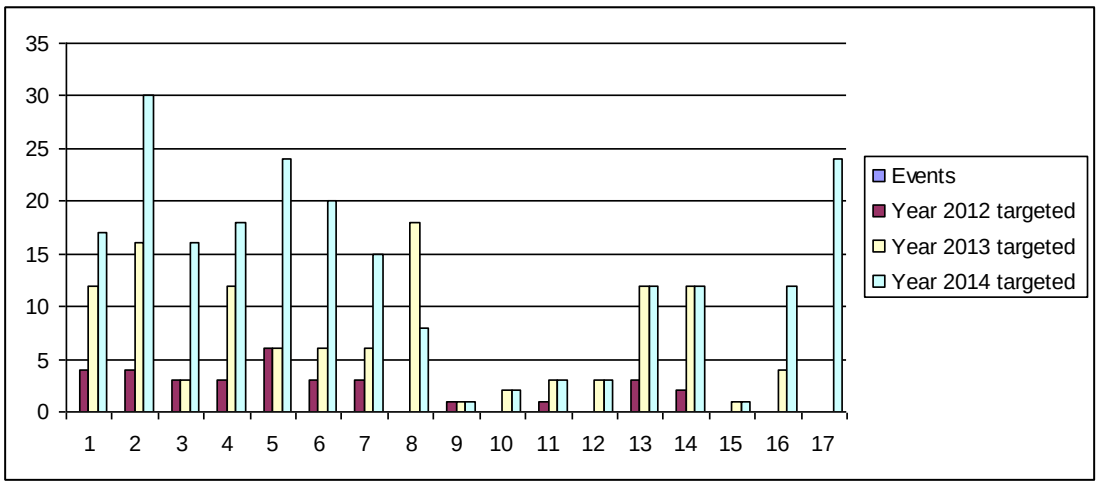
Orientation and Training

Table No. 3: The targeted person of different events

S.N	Events	Year 2012 targeted	Year 2013 targeted	Year 2014 targeted
1.	Orientation to header group	4	12	17
2.	Orientation to mother	4	16	30

	group			
3.	Orientation to teacher group	3	3	16
4.	Orientation to user group	3	12	18
5.	Orientation to spouses	6	6	24
6.	Pre- departure orientation to migrants	3	6	20
7.	Orientation in transit	3	6	15
8.	Conduct street drama	-	18	8
9.	Peer educator training	1	1	1
10.	Days observation (WAD, Candle light)	-	2	2
11.	Coordination/ Linkages meetings with DACC and stakeholders	1	3	3
12.	Board monitoring visited	-	3	3
13.	Staffs meeting	3	12	12
14.	Peer educator meeting	2	12	12
15.	Review meeting	-	1	1
16.	Radio board casting/ per day	-	4	12
17	Radio program/ per day	-	-	24

Table number 3 shows the targeted person of different events in different year. The targeted persons of orientation of leader group are 4, 12 and 17 in different years 2012, 2013 & 2014 respectively. The targeted persons of orientation of mother group are 4, 16 and 30 in different year 2012, 2013 & 2014 respectively. The targeted persons of orientation of teacher group are 3, 3 and 16 in different year 2012, 2013 & 2014 respectively. The targeted person of orientation of user group 3, 12 and 18, of orientation to spouses 6, 6 and 24, pre- departure orientation to migrants 3, 6 and 20, of orientation in transit 3, 6 and 15, of conduct street drama Nil, 18 and 8, peer educator training 1, 1 and 1, days observation (WAD, candle night) Nil, 2 and 2, coordination linkages meeting with DACC and stakeholders 1, 3and 3, of Board monitoring visited Nil, 3 and 3, of staff meeting 3, 12 and 12, of peer educator meeting 2, 12 and 12, review meeting Nil, 1 and 1, Radio broadcasting per day Nil, 4 and 12, Radio programs per day Nil, Nil and 24, of different year 2012, 2013 and 2014 respectively.



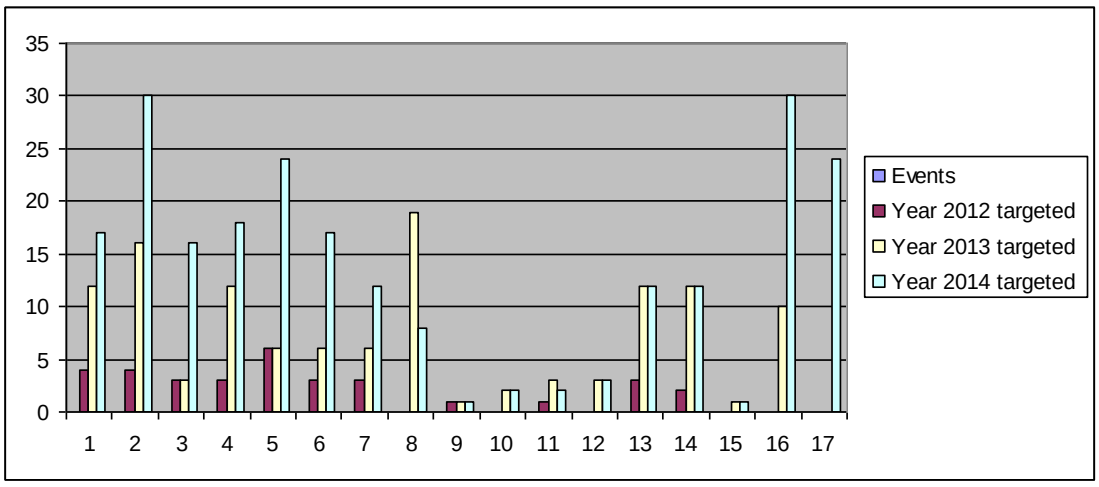
Orientation and training

Table No.4: The reached person of different events

S.N	Events	Year 2012 targeted	Year 2013 targeted	Year 2014 targeted
1.	Orientation to header group	4	12	17
2.	Orientation to mother group	4	16	30
3.	Orientation to teacher group	3	3	16
4.	Orientation to user group	3	12	18
5.	Orientation to spouses	6	6	24
6.	Pre- departure orientation to migrants	3	6	17
7.	Orientation in transit	3	6	12
8.	Conduct street drama	-	19	8
9.	Peer educator training	1	1	1
10.	Days observation (WAD, Candle light)	-	2	2
11.	Coordination/ linkages meetings with DACC and stakeholders	1	3	2
12.	Board monitoring visited	-	3	3
13.	Staffs meeting	3	12	12

14.	Peer educator meeting	2	12	12
15.	Review meeting	-	1	1
16.	Radio board casting/ per day	-	10	30
17	Radio program/ per day	-	-	24

Table number 4 shows the reached person of different events in different year. The reached persons of orientation of leader group are 4, 12 and 17 in different years 2012, 2013 & 2014 respectively. The reached persons of orientation of mother group are 4, 16 and 30 in different year 2012, 2013 & 2014 respectively. The reached persons of orientation of teacher group are 3, 3 and 16 in different year 2012, 2013 & 2014 respectively. The reached persons of orientation of user group are 3, 12 and 18, of orientation to spouses 6, 6 and 24, pre- departure orientation to migrants 3, 6 and 17, of orientation in transit 3, 6 and 12, of conduct street drama Nil, 19 and 8, peer educator training 1, 1 and 1, days observation (WAD, candle night) Nil, 2 and 2, coordination linkages meeting with DACC and stakeholders 1, 3and 2, of Board monitoring visited Nil, 3 and 3, of staff meeting 3, 12 and 12, of peer educator meeting 2, 12 and 12, review meeting Nil, 1 and 1, Radio broadcasting per day Nil, 10 and 30, Radio programs per day Nil, Nil and 24, of different year 2012, 2013 and 2014 respectively.



Commodities Distribution

Table No. 5: The targeted person of different commodities distribution of different year

S.N	Commodities distribution	Year 2012 targeted	Year 2013 targeted	Year 2014 targeted
1.	IEC (HIV / AIDS and STI)	-	-	-
2.	Condom	1800	23000	42000

Table number 5 shows the targeted different year. The targeted person of IEC (HIV / AIDS and STI) is all year Nil. The targeted persons of condom are 1800, 23000 and 42000 in different year 2012, 2013 and 2014 respectively.

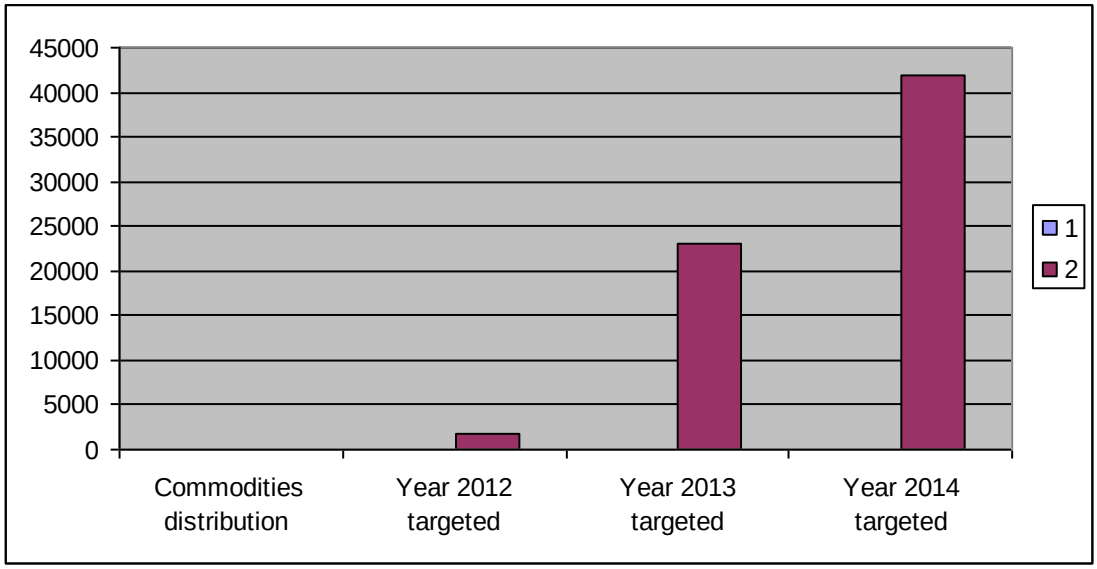
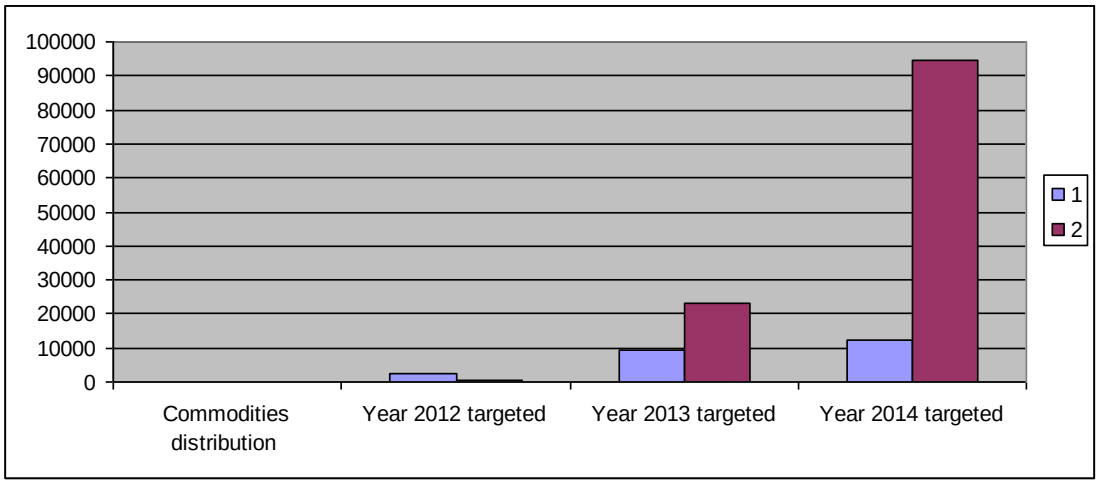


Table No. 6: The Reached person of different commodities distribution of different year.

S.N	Commodities distribution	Year 2012 targeted	Year 2013 targeted	Year 2014 targeted
1.	IEC (HIV / AIDS and STI)	2703	9198	12113
2.	Condom	600	22994	94523

Table number 6 shows the reached persons of different year. The reached persons of IEC (HIV / AIDS and STI) 2703, 9198 and 12113 in different year 2012, 2013 and 2014 respectively. The reached persons of condom are 600, 22994 and 94523 in different year 2012, 2013 and 2014 respectively.



HIV and AIDS

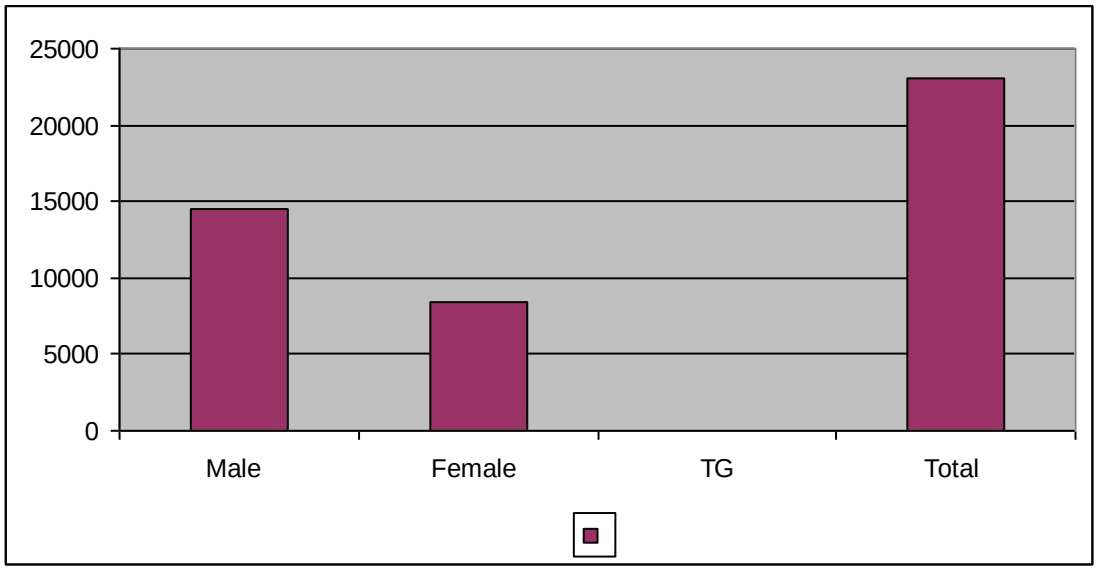
Table 7 shows the sources and uses of fund in different year. The cumulative total actual expenses of human resources 4493648, teaching assistance Nil, training 853423, health products and health equipment 4600, procurement tends supply management cost is Nil, infrastructure other equipment 434359, communication material 299600, monitoring and evaluating Nil, hiving supports to client/ target population 38510, planning and administrating 851853, overhead 539187 and other Nil. The cumulative total in Budgeted of Human Resources 4566588, teaching Nil, training 989947, health products and health equipment 7000, procurement tend supply management cost Nil, infrastructure & other equipment 476780, communication material 374720, monitoring and evaluating Nil, living

supports to client target population 105100, planning and administrating 1060033, overhead 645370 and others is Nil. The cumulative total in variance of Human resources 72940, teaching assistance Nil, training 136514, health products and health equipment 2400, procurement tend supply management cost Nil, infrastructure and other equipment 42421, communication material 75120, monitoring and evaluation Nil, living supports to client, target population 66500, planning and administrating 208180, overhead 206188 and others variance is 106183 respectively. (See [5]).

Table No. 7: HIV and AIDS situation of Nepal

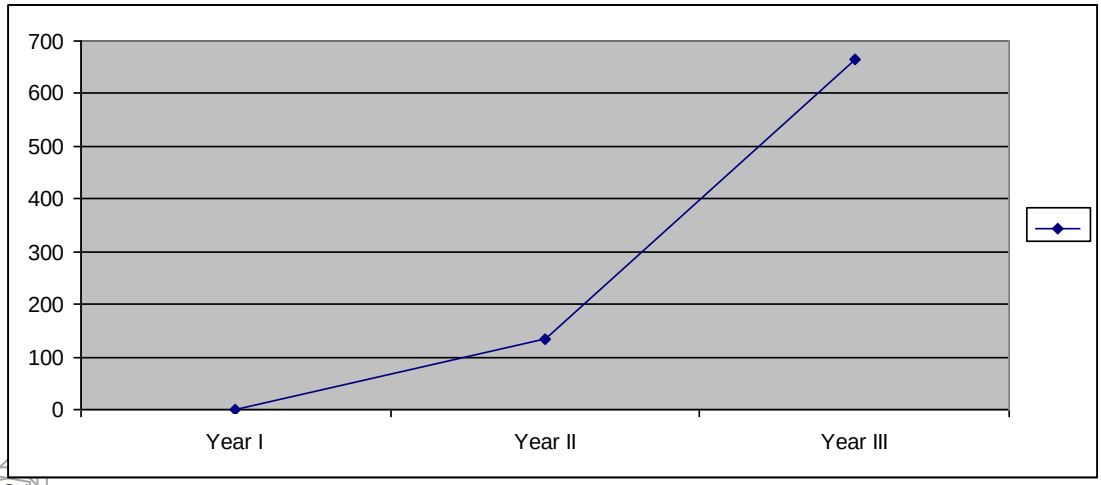
HIV infections	Male	Female	TG	Total
	14560	8408	26	22994

HIV Infections



8. VCT and STI Referral Chart

Referral



TableNo. 9 Capacity building of staff

S.N	Name of Training	Participate	Organizer	Remarks
1	Review and planning	PC and AFO	SC	3 times
2	Outreach worker training	5 ORW and 1 IHC in-charge	SC	2 times
3	Financial orientation	AFO	SC	2 times
4	M&E Training	PC	SC	1 times
5	Child safe guarding Training	PC	SC	1 times
6	Child safe guarding training	AFO,IHC,ORW, OSS	ASN, Ramechhap	1 times
7	SWOT analysis Training	ORW and OHCI	ASN, Ramechhap	1 times
8	HIV and Co-infection	ORW, IHC	ASN, Ramechhap	1 times
9	HIV prevention, care and counseling training	IHCI	ASN, Ramechhap	1 times

CONCLUSION

It was found that migrants spend most of the day out of home had high risk sexual behavior. The majority of them are married, knowledge and behavior related to sexually transmitted infection (SIT) and acquired immunodeficiency syndrome (AIDS) was generally poor in case of India migrants. Condom use was fund to be not satisfactory. Only little proportion of migrants and their spouse have under gone voluntary testing for HIV. The women spouses when getting infected with sexually transmitted disease used to seek treatment in governmental clinic. The women spouse constitute a large proportion of the high risk population for HIV infection behavior change communication such as peer

education was designed for them and finally to overcome this situation we coordination with DACC and DHO of Ramechhap.

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