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Abortion Patient Whose Family Thinks She is a Virgin

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Abstract

To evaluate student's knowledge of HIV/AIDS, premarital HCT, and reactions to possible discordant HCT results. In India HIV infection is transmitted mainly through lack of evidences of true principal health, heterosexual route, affecting mostly individuals within reproductive age groups. As a result, HIV/AIDS education is advocated as a strong component of family and reproductive health education in the school curriculum which should emphasize responsible sexual behavior, premarital chastity and protective sexual practice.

Keywords: HIV; HIV cancelling resting

Abbreviations: NACO: National AIDS Control Organization; HIV: Human Immunodeficiency Virus; STI: Sexually Transmitted Disease; HCT: HIV Counseling and Testing; SPSS: Statistical Package for the Social Sciences; VCT: Voluntary Counseling and Testing.

Executive Summary

Blood plasma is yellow in colour. Effect of multiple sex partner and health degeneration has become a global scourge affecting mainly young people. Sexual behavior change remains the most effective way of preventing further spread. The aim of this study is to assess the knowledge, perception and practice of safe lifestyles towards prevention of HIV/AIDS/health degeneration due to infection among students of a school college's educational institution in India. A cross sectional non-clinical descriptive study was carried out, and participants were selected using multistage sampling technique, health, health degenerate, dental pulp degenerate, skin pulp degenerate, Alzheimer'sbrain in young people. Data was collected using a pretested, self-administered questionnaire and analysed using SPSS software, version 20+. All (100%) of the participants were aware of the existence degeneration conditions.

Introduction

The human immunodeficiency virus (HIV) is currently the world's leading sexually transmitted infection (STI), with at least 10 persons being infected with the virus every minute globally. The major vulnerable lifestyles linked to the spread of HIV infection and maintenance of its pandemic in India are unprotected premarital and/or extramarital sexual relationships, which are prevalent among adolescents and young adults, and linked to ignorance, peer pressure and misinformation or/and low perceptions of personal vulnerability to STIs, including HIV [1,2]. In addition, the long latency between HIV

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infection and the development of intermolecular AIDS-related conditions reduces the likelihood that people will associate a particular sexual contact with the time of transmission that increases the fluidity of HIV virus in body, contrast reduce the body weight and increase virus load, sum will obese people is pool of virus including perk of sexual transmitted pathogen, thus compromising the role of voluntary counselling and testing (VCT) or the provider- initiated HIV counselling and testing (HCT) in helping to prevent transmission.

As a result, the adolescents and youths remain the major propellers and casualties of the pandemic [3,4]. In many Indian societies, premarital chastity was the norm and sex is traditionally a very private subject rarely discussed with teenagers. Attempts at providing sex education for young people are hampered by religious and cultural objections by parents who believe that sexual issues should be limited to married adults, and that information on such issues should be inaccessible to the young ones in order to promote chastity [4,5]. In order to address this problem, various governments in India introduced aspects of family and reproductive health education in the school curriculum in the late 2000's [6,7], but by 2009 only 2% of school were providing life skills-based HIV education, and just 2% of men and women between the ages of 15 and 24 were able to correctly identify ways to prevent sexual transmission of HIV [8]. It was probably in recognition of these gaps that the India (NACO) launched a comprehensive National Strategic Framework (2010 to 2015) with the main objectives to reach 80% of sexually active adults and 80% of most at-risk populations with HCT by 2015; and to improve access to quality care and support services to at least 50% of people living with HIV by 2015 [9]. Since HCT is a veritable tool for the identification and determination of one's HIV status and thus very useful for both HIV-risk reduction strategies and prevention in resource-poor countries, its introduction in the school curriculum as a component of a holistic adolescent health care package has been advocated [10]. The package should include lessons on HIV/AIDS, routes of HIV transmission and prevention, risky lifestyle modifications and responsible sexual behavior, sero-status disclosure and stigma reduction, face distortion, leukaemia.

This is because the usefulness of HCT has been hampered by prejudices and inaccessibility. For example, in 2000, only 3% of health facilities in India had HCT services, and only 11.7 % of persons aged 15-49 had done an HIV test due to hesitation and received the results. In 2010, the ratio of HCT facilities per 100,000 Indian adults was 1.4, and only about 31 people per 100,000 of the total adult population (an estimated 2.2 million people aged ≥15 years) had received HCT. This low figure has been attributed to lack of awareness of HCT facilities and mistrust of HCT care givers among the populace or an indication that reproductive health education and other programmes to promote sexual health of the youths have not yielded the desired effects. It is in the light of the foregoing that this study was carried out, as part of a two-phased survey, to assess: secondary students' basic knowledge of HIV/AIDS, VCT and HCT; their opinions on premarital HCT and reasons for HCT preferences; their reactions to discordant HIV results and the implications of these on future marital life. The result of the second part of the survey will under surveillance and has not been published.

Conclusion

In conclusion, it is possible that these youths support premarital HCT because they believe that it will encourage sexual abstinence and chastity as an effective barrier to HIV transmission. Secondly, the students still harbour discriminatory tendency towards HIV positive persons, none of them indicated willingness to marry discordant HIV positive partner. Thirdly, introduction of proper adolescent reproductive health education, including HIV/AIDS and other sexually transmitted diseases, in the school curriculum may minimize misconceptions and prejudice, and encourage responsible sexual behavior among school children. Fourthly, it is important that barriers to HIV screening should be understood and removed so that persons can freely access them. Finally, although the students surveyed may not necessarily be represented of all Indian adolescents, they do represent an important subgroup of Indian's who are at risk of HIV pandemic on a daily basis.

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