

Social Exclusion, Inclusion, Awareness on HIV/AIDS among the Fishing Communities: A Study in Some Villages of North Coastal Andhra Pradesh

¹P. VISWANADHA GUPTA[†], ²B. SIVA RAMA KRISHNA[‡] &
²N. BABAVALI*

¹*Department of Adult and Continuing Education, University of Pune,
Pune 411007, Maharashtra*

²*Centre for Study of Social Exclusion and Inclusive Policy, (CSSEIP),
Andhra University, Visakhapatnam 530003, Andhra Pradesh
E-mail: ramkrishna23@yahoo.co.in*

KEY WORDS: Acquired Immune Deficiency Syndrome (AIDS). Human Immunodeficiency Virus (HIV). People living with HIV/AIDS (PLWHA). Social discrimination. Vertical transmission. Blood transfer.

ABSTRACT: Human Immunodeficiency Virus (HIV) /Acquired Immunodeficiency Syndrome (AIDS) continues to remain a global challenge. It is a pandemic manifested in the late twentieth century, had sent shocking waves within the families of those affected by the disease, which has no cure until now. India accounts for highest numbers of HIV infected individuals in the world with around 2.5 million estimated cases. It is the fourth biggest nation in terms of 'People Living with HIV/AIDS' (PLWHA) and proportionately the number of children affected by the disease are quite high. The PLWHAs and their families experience a great degree of 'social exclusion' in their interactions at all levels. The paper essentially examines the perceptions on social exclusion and degree of awareness about HIV/AIDS among the fishing communities in fifteen selected villages of Srikakulam and Vizianagaram districts of North Coastal Andhra Pradesh. A qualitative approach was used to gather the data through semi-structured and informal interviews and observation technique. Content analysis method was used to classify the data. The paper notes that the educational interventions would surely foster 'social inclusion' of the PLWHA families.

INTRODUCTION

Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS) continues to remain a global challenge. It is a pandemic manifested

in the late twentieth century, had sent shocking waves within the families of those affected by the disease, which has no cure until now. Generally, HIV is understood as a sexually transmitted disease (STD) that would minimize the physical efficiency and the entire immune system, thus those affected by it lose their ability to defend themselves from the attack of the different lethal diseases. HIV/AIDS affects the

[†]Assistant Professor

[‡]Lecturer-cum-Assistant Director, CSSEIP

*Research Assistant, CSSEIP

social and economic progress of a nation (Yesudian, 2010). It depletes not only those afflicted with the disease but the entire family, the most vulnerable affected by it naturally are the children in such families. The harsh reality is that the children in these families are the worst affected, as they do not have proper parental care and affection and further it results in denial of their basic human rights (Samraksha, 2008). The most disparaging factor was that their educational and social needs are hardly met, paving them towards 'Social Exclusion'. It is one of the processes by which individuals or households are wholly or partially excluded from full participation in the society within which they live. It is a powerful form of discriminatory practice (Francis, '97). It is a state wherein the individual is unable to participate in the basic political, economic and social functioning of the society and is denied equal access to opportunities by certain groups in society. It is more often than not attributed to their parental and familial circumstances. The PLWHAs and their families experience a great degree of 'discrimination', 'social exclusion' and a 'stigma' always accompanies them in their interactions at all levels. India accounts for the highest numbers of HIV infected individuals in the world with around 2.5 million estimated cases. (Sinha *et al.*, 2009).

It is the fourth biggest nation in terms of 'People Living with HIV/AIDS' (PLWHA) and proportionately the number of children affected by the disease are quite high. Unfortunately, there are no reliable statistical figures available about the exact number of children afflicted with the disease ((Sinha *et al.*, 2009) The spread of HIV in India has been jagged. Although much of India has a low rate of infection, certain places have been more affected than others have. HIV epidemics are more severe in the southern part of the country and the far northeast. Andhra Pradesh¹ is one among the States with highest HIV prevalence, along with Maharashtra, Tamil Nadu and Karnataka in the south; and Manipur and Nagaland in the northeast (Yesudian, 2010).

The AIDS disease would not only leave offsetting affects on the individual victim and his family but also would seriously hamper the social and economic progress of a nation. The disease has a disconcerting impact on the people worldwide that led to critical

outcomes. According to a report under the auspices of the United Nations General Assembly Special Session (UNGASS), the disease infected about 4.9 million people in 2005 and more than 41 million people are currently living with HIV. It further states that during the last two decades, around 25 million people have died of AIDS across the world (Yesudian, 2010). Further, Mayra (2005) rightly points out that it would be difficult for the children in 'People Living with HIV/AIDS' (PLWHA) families to have their needs met, whether in terms of care and affection, education or inclusion by acceptance in the community.

Exclusion and inclusion serve as the twin functional apparatuses of 'closure' which is based on individualistic or collective criteria. Obviously, when closure becomes operational, one group denies access to reward, or positive life-chances, to another group on grounds always justified by the former (Mayra , 2005).

Several public health issues confront the PLWHAs and their families apart from discrimination and social exclusion in the participatory processes at the community level. In this context, it is fair to mention that the public health system in India is in a developing form when compared to United States and other European nations. It indicates the seriousness of the issue, which calls for a systemic campaign for preventing HIV/AIDS infections as well as mitigating the sufferings of those who were affected. This ranges from ensuring access to treatment, to social services and to opportunities. The current national policy emphasizes the need for the public health care systems to work together with the 'Community Based Organizations' (CBOs) having strong linkages, with a view to combat the epidemic and ensure an AIDS free new generation in this millennium.

This study covered the fishing communities in the selected villages² of Srikakulam and Vizianagaram districts in the North Coastal Andhra Pradesh. The chemical and pharmaceutical factories established in the recent times along the coast in these areas discharge huge quantities of effluents and toxic substances into the sea. Due to these pollutants, the production of fishes has shriveled largely resulting in majority of the fisher-folk migrating for

livelihood. The migration rate is very high and they migrate for five to six months in a calendar year. They leave their life partners in the village. It needs to be observed that the respondents maintained extra marital relations by their visits to sex workers. Hence, it is becoming a vital source of transmission of STD and HIV/AIDS. Since HIV/AIDS is a fatal disease, it is considered essential to examine the awareness levels on HIV/AIDS among the fisher folk.

METHODS AND MATERIALS

The study was based on both primary and secondary sources of data. The primary data was obtained by administering a semi-structured interview schedule to 291 fisher-folk respondents individually, after establishing a good rapport with them. The respondents were explained about the need and objectives of the study and the appropriate method of responding to the queries. The nature of this study shall be both qualitative and quantitative. For this purpose, the investigators adopted participatory observation technique, in addition to informal interviews. The sample was drawn from among the fishing communities of 15 selected villages on a convenient and purposive basis in the two districts. Thus, 291 respondents constituted the sample for this study. Content analysis was used to classify data. The secondary sources include published works, particularly books and journal articles, reports of government and international agencies and web sources. Data were tabulated and analyzed using the Statistical Package for Social Sciences (SPSS). The study tries to comprehend the perceptions of the fisher-folk on Social Exclusion of persons affected by HIV/AIDS. It essentially examines the level of awareness about HIV/AIDS among the fishing communities in Srikakulam and Vizianagaram districts. It is a proven fact that the disease of HIV/AIDS was rampant among the fishing communities in the study area. Further, the present study highlights the social, educational and occupational backgrounds of the survey population, migratory tendencies, marital status and other important factors, such as the participation of the people and the community to assess the levels of awareness about the disease.

RESULTS AND DISCUSSION

Profile of the Respondents

The gender, caste, age, marital status, occupation and the levels of education of the respondents are shown in Table 1.

TABLE 1
Profile of the respondents

Variables	Description	Number	Percentage
Caste	Vadabalija	207	71.13
	Others	84	28.87
Gender	Male	195	67.01
	Female	96	32.99
Age	Below 15 years	34	11.68
	16 – 35 years	129	44.33
	36 – 60 years	75	25.78
	Above 60 years	53	18.21
Marital Status	Married	196	67.36
	Unmarried	95	32.64
Occupation	Fishing	148	50.86
	Fish vendors	65	22.35
	Homemakers	27	9.28
	Others	51	17.52
Education	Illiterate	149	51.20
	Elementary	97	33.33
	Middle school	34	11.69
	Secondary and above	11	3.78

Source: Survey data

Caste and Gender: Andhra Pradesh, with a huge coastline of 970 km, is a home for several fishing castes³ and an overwhelming majority of them depends on fishing for their living. Despite this homogenous factor, marriage alliances are restricted to caste and are endogamous in nature.

The coastal and marine fishing communities have their distinct social, cultural governance structures and traditional practices, depending on the coast and area they inhabit. The study found that each fishing caste tries to claim superiority over the other on some grounds, say rituals and other social practices. It is seen from Table 1 that a majority, 207 (71.13%) of the respondents belong to Vadabalija, a numerically predominant fishing community in the north coastal Andhra Pradesh and the remaining 84 (28.87%) of them belong to other fishing communities like Palli and Jalari. It was also found that a majority, 195 (67.01%) of the respondents were males and the remaining 96 (32.99%) of them were females.

Age, Marital status and Occupation: More than two-fifths of the respondents (44.33%) were in the age group of 16 to 35 years, while 34 (11.68%) of them were below fifteen years of age. Seventy-five (25.78%), Fifty-three (18.21%) of the respondents were in the age group of 36-60 and above 60 years respectively. A majority, 196 (67.36%) of the respondents were married and the remaining 95 (32.64%) were found to be unmarried. Fishing has been a major source of food for humanity and for several fishing communities it is a provider for employment. The wealth of aquatic resources was assumed as an unlimited gift of nature. Of the 291 respondents, 148 (50.86%) were eking out their livelihood by fishing, while 65 (22.34%) of them were fish vendors as shown in Table 1. It was found that thirty-one (10.65%) of the respondents were homemakers and the remaining 47 respondents (16.14%) of them under the category of 'Others' were making out their living by their engagement in different callings, such as agricultural and non-agricultural labor, making of fish nets, cycle and auto rickshaw driving etc. Quite a few, for instance only six respondents of the sample come under the category of 'Others' were in the 12-14 years' age group, engaged in fish processing and allied activities. Thus, the proportion of respondents in this age group in gainful activity was quite less indicating a lower incidence of child labor. It is to be noted that only women were found engaged in "curing and processing," to make dry fish and prawns meant for sale. Thus, it will be observed that women significantly participate in the economic activities primarily, by engaging themselves in sale of fresh and dry fish, prawns as well as domestic help. The chief varieties of marine fish found in this region include Anclave, Indian Makrel, Red Snappers, Ribbonfish, Sardine, Seer, Shark, Palm fret, Tuna etc.

Education: Education is a vital instrument in the development of an individual and the society in every age and culture. It is a vehicle for imparting knowledge and skills. It primarily deals with human beings whose minds continuously react to personal needs, societal and material expectations (Okeke, 2010). The educational enrolment and attainment of the fisher folk continues to be low. In India, the benefits of education in general and health education

in particular have not pervaded fully to reach the marginalized sections of the society, like the fisher folk leading a life of penury. Health education is the process by which people learn about their health and more specifically, how to improve their health. Regrettably, this aspect is not given significant focus in education at school and college level.

The study reveals that more than half, 149 (51.20%) of the respondents were illiterate. The overall literacy rate of the respondents as detailed in Table 1 was 48.80 per cent, which comprised more than three-tenth of the respondents, 97 (33.33%) of them having elementary education, i.e. from primary to class V and 34 (11.69%) of them having studied up to middle school, i.e. class VIII. It needs to be noted that only eleven persons (3.78%) of them had secondary education, i.e. qualified in tenth class and above. This is due to the simple reason that fishing communities evince more interest on fishing and livelihood rather than education.

Causes of HIV/AIDS: In reality, several factors account for the cause of HIV/AIDS in different parts of India. Most obviously, HIV is the virus that causes AIDS. This virus is transmitted from one person to another through blood-to-blood and mostly by sexual contacts. Another possible cause of the disease is by way of "vertical transmission", i.e. infected expectant women can pass HIV to their babies during pregnancy or delivery, as well as through breast-feeding. People with HIV have what is called HIV infection. Most of these people will develop AIDS because of their HIV infection. The body fluids that have been proven to spread HIV include, blood, semen, vaginal fluid, breast milk and other body fluids containing blood etc. (APSACS). According to the estimates of National AIDS Control Organisation (NACO, 2008), in the southern states, HIV is mostly spread through heterosexual contact. Infections in the northeast are mainly found amongst injecting drug users (IDUs) and sex workers. While these causes remain to be tangible for the spread of the disease and infections, the evidence based on this study among the respondents present a different setting. The fisher folk have some beliefs and superstitions, which may be termed 'mythical'. For, they believe that the sources of illness could be of two kinds, natural and supernatural. The respondents considered that cold,

food contamination and diet impurities, nausea, weakness, lack of moderation, and stress come under the category of 'natural source', while illness allowed by God, witchcraft, and evil influences, come under the 'supernatural source'. They believed that the affliction by HIV/AIDS as something 'supernatural'. The most common remedies include antidotes, food, medicines, prayer, and healing.

The field level observation was that in the fisher folk villages, many children and their parents died without proper diagnosis regarding the clear cause of death. One of the main reasons for this was the non-availability of qualified medical practitioners and proper health care facilities. In the 15 fishing villages surveyed, it is estimated that of the 13,000 people living in the area, children below 14 years constitute more than 4,000. According to the official figures, in Andhra Pradesh 2.5% of the population were infected by the disease (APSACS, 2011). These statistical figures would mean that it concerns about 400 people in these 15 villages. A major source of concern in the study area was found to be the spread of HIV/AIDS. However, the limiting factors were that there were no official figures available quantifying the number of people affected with HIV/AIDS in these villages.

Risk Factors: Fishing communities particularly in the study area have been identified as among the highest risk groups for HIV infection with high overall rates of HIV/AIDS prevalence. It was found that the vast majority of the fisher folk, affected by HIV/AIDS reside in the villages situated close to the National Highway lying between Chennai to Kolkata. The study indicates that a number of risk factors affect the fishing population in the study area. Significantly in the first place, the fishermen were found to migrate for longer periods during a year to the neighbouring States of Orissa, West Bengal or the West coast for fishing. Men who do not fish were found migrating continuously to seek their living either by engaging themselves in cultivating paddy or engaged in large construction activities. Second, the mothers of single families were found to have recourse to flesh trade for a morsel of food for their younger children. The study confirms in particular the fact that highways were found extremely responsive to this kind of activity where these women most likely get into sexual contacts with truck drivers. Thirdly, the

hypermasculinity and the subordinate economic and social status of women among the fisherfolk as evidenced by some studies also add to the risk of infliction of this disease (Seelay *et al.*, 2005). Fourthly, the people in this area were found having multiple partners; although monogamy is practised, extra-marital relations were found among men in a clandestine manner. The government campaigns for HIV / AIDS hardly reach the people in these very remote areas. Fifthly, the villagers depend on unqualified health care professionals such as Registered Medical Practitioners (RMPs), quacks and take the medicines given by them and finally it needs mention that deliveries were conducted at homes instead of hospital by elderly women, untrained midwives or traditional birth attendants. These factors together could mean that there is a greater incidence and prevalence of HIV / AIDS in the study area and it was found that the worst affected were the naive children in PLHWA families. The position of the children is disturbing with the increase of their population afflicted with HIV / AIDS, death of many orphans and semi-orphans.

Migration: Migration to urban areas has been a most common feature among fisher folk in the study area. It was found that the informants migrate to urban centres or places in search of work, where the chances of employment are better. The main causes of migration are lack of land ownership, inadequate and irregular income. The majority of the fisher folk have neither financial resources nor access to them, such as loans and hence find themselves difficult to survive r economic hardships and support their families. The main reason for migration is to earn money for economic stability, subsistence and welfare of the family. The recent years witnessed the establishment of several pharmaceutical units near the sea banks abutting the villages near Pydibhimavaram, Allinagaram, Pusapatirega, areas of Srikakulam and Vizianagaram districts respectively. It is a common practice that these industries dump the wastes and effluents in huge quantities into the sea, which not only leads to the extinction of numerous aquatic species but also cause marine pollution. This naturally had an adverse impact on the livelihoods of the fisher folk with reduced income resulting in economic hardships, exposing most of them to indebtedness. In

this vulnerable condition, people were found to migrate to different places for employment.

Another barrier for their low earnings was the inadequate fishing equipment to carry out their avocation. At present, they have small wooden boats, which were unfit for deep-sea fishing. It may be observed that most fisher folk in the surveyed villages were found migrating to States, like Gujarat, Orissa, and cities, like Visakhapatnam, Hyderabad and other places in search of work. People, who migrate to Gujarat, go for fishing in the month of August and return in May after a lapse of nine months. Sometimes, they would also go for fishing as 'help hands' or 'deck-hands' in mechanized fishing vessels. They get an irregular income of Rs.100/- to 200/- per day by way of wage employment and contractors provide them with food at the work place.

Delivery Situation: The pregnant women among fishing communities prefer delivery at home, as hospital staffs, they fear normally go for surgery instead of normal delivery. Further, generally they are not aware of the probable delivery date. When labour pains begin at nighttime, transport facility in general will not be available to go to hospital. Whenever, any such serious situation arises, they go to hospital by auto rickshaw even though it is expensive. They feel the advantage of delivery at home, as it would facilitate the relatives and neighbors to visit the home and teach precautions at the delivery time. Moreover, they feel that the hospital staff do not give proper care of them and show diligence, as they are poor. In addition, they believe that the doctors and other staff particularly in state run health centers behave badly with them without any reason. For these reasons, they prefer delivery at home under the supervision and help of experienced, untrained elderly women (midwives), called '*mantrasanis*' or 'traditional birth attendants'.

Awareness of HIV/AIDS: It is startling to note that a large proportion of the respondents stated that this was a known disease, while 30 (10.30%) of them stated that this was an unknown disease, and 18 (6.18%) of them expressed that this was not a curable disease. A majority, 198 (68.04%) of the respondents reported that the awareness meetings conducted by different government agencies like health department, Rural Development and Revenue Officials, provided deeper insights about the disease. About 127 (43.64%)

of the respondents stated that the mass media (cinema and television) helped in creating awareness about the disease particularly the medium of cinema through the newsreels brought a significant change. Only 49 (16.83%) of the respondents stated that they learnt from their friends and relatives. The most obvious reasons for this degree of awareness were the abysmally low income, seasonal migration, illiteracy, unhygienic medical practices, non-availability of qualified doctors and health educators, cultural practices prevalent among the fisher folk, that have exposed them to greater risks.

PERCEPTIONS ON THE MODE OF TRANSMISSION AND PREVENTION

For a broader understanding of the respondents' awareness of the disease, their knowledge of symptoms, mode of transmission and prevention is assessed.

TABLE 2
Respondents' perceptions on symptoms of HIV/AIDS

Description	Number	Percentage
Regular fever	185	63.57
Weight loss	144	49.48
TB	145	49.83
Diarrhea	105	36.08
Jaundice	48	16.49

Source: Survey data (multiple responses)

Transmission

The most common route for transmission of HIV/AIDS continues to be the sexual intercourse with two or more sex partners, which accounted for 87 per cent of PLWHAs as of February 2010. Surveys indicated that the disease is transmitted at the prenatal stage; while the additional routes of transmission of the disease include unsafe blood and blood products, infected needles and syringes and the like (AIDS Data, India 2011).

Table 2 signifies the respondents' perceptions on the mode of transmission of HIV/AIDS. A majority, 185 (63.57%) of the respondents felt that 'frequent fever' lasting for more than five days was one of the symptoms, while 144 (49.48%) of them noticed that 'weight loss' was a symptom. Their knowledge on other opportunistic infections and diseases was limited.

TABLE 3
Respondents' perceptions on the mode of transmission of HIV/AIDS

Description	Number	Percentage
Sexual contacts	218	74.91
Blood transfer	165	56.70
Mother to child	145	49.83
Tattoos	48	16.49
Syringes	195	67.01

Source: Survey data (multiple responses)

A sizeable majority, 218 (74.91%) of the respondents opined that sexual contacts were one of the principal modes of transmission of HIV/AIDS as illustrated in Table 3. It is enriching to note that most of them were aware as to how HIV / AIDS would transmit. More than half of the respondents (56.70%) stated that blood transfer was another mode of transmission of the disease. About 195 (67.01%) of the respondents felt that the improper usage of syringes as one of the reasons for the carriage of risk. More than four-fifths of the respondents, 145 (49.83%) were aware of the fact that the disease could be transmitted from mother to the child during conception and subsequent delivery (Table 3). This may be compared to the findings of several surveys on AIDS, for instance, the United Nations Surveys reported that around 90 per cent of children living worldwide with HIV acquired the infection through "vertical transmission." It was also reported that India has the largest number of AIDS orphans with the UNAIDS estimating the number to be 2 million. Furthermore, nearly 4 per cent of the 2.4 million HIV infections were believed to be among children, due to vertical transmission (*cf.* Surveys on Surveys of UNAIDS 2006, 2008). It will be observed that a vast majority of the deliveries in the study area were conducted at home. There was also a practice of 'tattooing' prevalent among the fisher folk, done by instruments, which can become a source of transmission of the disease. It is understood that 'tattooing' carries great health risks in the event of using the same instruments on other persons without proper sterilization. The use of unsterilized tattoo equipment or contaminated ink leads to surface infections of the skin, tetanus, some forms of hepatitis and HIV.

A sizeable proportion of the respondents in the universe were aware of the fact that infected blood

and needles spread HIV. It was found that only 48 persons (16.49%) knew that using the same instrument for 'tattooing' different people could lead to transmission of HIV/AIDS. There were several myths among the fisher folk about the transmission of HIV/AIDS. For instance, it will be observed that more than one-tenth, 37 respondents constituting (12.71 per cent) were of the view that food / dress as one of the causes for transmission of the disease from one person to the other, while a few a few individuals believe smooching as one of the modes, which is fallacious.

Prevention

The respondents' opinion on the preventive measures to be taken to keep away HIV/AIDS is presented in Table 4.

TABLE 4
Respondents' perception on prevention from HIV / AIDS

Description	Number	Percentage
Abstention/ use of contraceptives	109	37.46
Use of certified blood	174	59.79
Use of disposable syringes	195	67.01

Source: Field data (multiple responses)

Table 4 illustrates that a majority, 195 (67.01%) of the respondents believed the use of disposable syringes, followed by 174 (59.79%) of the respondents, who felt the use of certified blood to prevent contracting the disease of HIV/AIDS. More than one-third (37.46%) of them felt that abstention/ use of contraceptives would prevent the contracting of HIV / AIDS. About 33 respondents constituting 11.34 per cent expressed the view that 'healthy, balanced food and tidy dresses' could be one of the prevention methods.

ATTITUDE TOWARDS PLWHA

The attitude towards a person generally comprises the likes, judgments and beliefs. In general, attitude is the readiness of the psyche to react towards human beings in situations calling for help, dependency and some degree of reassurance. The positive reaction or treatment by societal members towards a human being is known as 'social acceptance'. Social acceptance involves absence of discrimination that results in inclusion.

TABLE 5
Respondents' attitudes towards HIV/AIDS patients

Description	Number	Percentage
Discriminated	79	27.15
Treated as untouchable	24	8.25
Not discriminated / Friendly	88	30.24
Friendly	21	7.22
No response	79	27.15

Source: Survey data

Table 5 represents the attitude of the respondents such as, social acceptance and discrimination of HIV/AIDS infected patients. More than one-fourth of the respondents, say 79 of them (27.15%) stated that they would discriminate HIV/AIDS patients if they meet any of them. A small proportion of the respondents, 24 (8.25%) of them reported that they would treat HIV/AIDS patients as an untouchable person and 30.24 per cent of the respondents said that they would empathetically accept HIV / AIDS persons and treat them without any discrimination.

CONCLUSION

Everyone knows HIV / AIDS is a disease which has no cure. The study revealed that the knowledge in terms of symptoms of HIV/AIDS, mode of transmission and prevention was not uniform and low among the respondents. There were myths related to HIV / AIDS. The field observation is that the PLWHA and their families experience severe 'discrimination' and 'social exclusion' besides being absorbed in abject poverty. These families do not get work, nutritive food and are kept away from community activities. The study reiterates the fact of extremely poor medical and health care facilities in the villages surveyed, in addition to varying low levels of awareness among fishing communities about HIV/AIDS. The most obvious reasons for the low degree of awareness about HIV/AIDS are illiteracy, abysmally low income and poverty, seasonal migration, unhygienic medical practices, non-availability of qualified doctors and health educators, traditional beliefs and cultural practices prevalent among the fisher folk, that have exposed them to greater risks. The study finds the need for reorientation and restructuring of the health delivery mechanism in India particularly in rural areas to meet the challenges posed by the disease. Since

'health' was recognized as a 'basic human right' worldwide, there is an inextricable link between social and economic milieu, the physical environment, individual lifestyles, emphasis must be placed on improving the socio-economic conditions of the marginalized sections which would help combat the factors of discrimination, social exclusion and economic inequalities. One of the measures through which awareness could be spread could be by means of educative programs on HIV/AIDS prevention and treatment programs. While the conduct of awareness campaigns on HIV/AIDS are undoubtedly significant, equal emphasis is placed on the need for evaluation of these campaigns to assess their success rate.

The study confirms the manifold increase of number of children afflicted by the disease and as a consequence were brought into the fold of anti-retroviral therapy. It needs to be stated that there is a need to design specific projects and programs to focus on children not only affected by HIV/AIDS but also those living in PLWHA families to address their needs precisely. The study emphasises that the best way of putting away the disease would be to develop a 'precautionary and preventive approach' to combat the disease.

It is also fair to mention the option of 'dual anti-retroviral therapy' to prevent HIV transmission from mother to child. These issues emphasise the need for a comprehensive central legislation providing 'Rights on the HIV affected persons' which would address the issues of discrimination, inclusion such as a comprehensive 'State Health Insurance Scheme' that provide universal access to medicines so as to ensure health to all. The legislation shall embody specific provisions aimed to protect and promote the welfare of women and children affected by the disease with the sole object of maintaining their health and wellness at the individual and family levels. Furthermore, it is to be noted that the government introduce the curriculum at the school level on HIV/AIDS, pronouncing measures for its prevention and creating awareness in the community through education at school level and programmes to dispel false notions. It is hoped that the educational interventions would surely foster 'Social Inclusion' of the PLWHA families and would undoubtedly enhance the level of awareness, bring about behavioural changes and

create environments that support good health practices in the community.

NOTES

1. According to the Report of National Aids Control Organisation (2008), Andhra Pradesh, situated in the southeast of the country is one of the high ranking States with people affected by HIV/AIDS. The HIV prevalence at antenatal clinics in the State was 1% in 2007. This figure was smaller than the reported 1.26% in 2006, but remains the highest out of all states. It further states that the HIV prevalence at STD clinics was very high at 17% in 2007. Among the high-risk groups, HIV prevalence was highest among MSM, i.e. men who have sex with men (17%), followed by female sex workers (9.7%), and 3.7% in injecting drug users (IDUs).
2. These findings were based on an empirical survey conducted during September, 2011- July 2012 in the fifteen selected villages of Allivalasa, Barripeta, Chinna Kovvada, Pedda Kovvada, Cheekatipeta, Kothuru, Kotha Mukkam, Madduru, Pothayyapeta, Gurayyapeta, Donipeta, Jeerupalem, Komaravanipeta, Thammayyapalem and Thippalavalasa in Srikakulam and Vizianagaram, the backward districts in the North Coastal region of Andhra Pradesh.
3. The fishing communities in the State of Andhra Pradesh are characterised by abject poverty, social backwardness and find themselves excluded from the 'mainstream' in terms of sharing resources and welfare measures implemented by the government. Thus, "Social and Economic Exclusion" is the most common feature with these communities. The State accounts for thirteen fishing castes under the broad category of "Agnikula Kshetriya". The castes include, Bestha, Gangaputra, Gangavar, Vanyakulakshetriya, Vanne Kapu, Vanne Reddi, Pallikapu, Palli Reddi, Goundla and Neyyala, Palli, Jalari and Vadabalija. Of these, the Vadabalija, Palli and Jalari are the prominent and numerically dominant fishing castes, that inhabit the coastline of the study area of Srikakulam and Vizianagaram districts in the North Coastal part of the State.

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