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CONTENTS

Sr. No.	TITLE & NAME OF THE AUTHOR (S)	Page No.
1.	A COMPARATIVE FINANCIAL ANALYSIS OF INDIAN BANKING SECTOR IN CONTEXT OF NPA MANAGEMENT <i>ALPESH GAJERA & DR. VIJAY PITHADIA</i>	1
2.	IMPACT OF INFORMATION COMMUNICATION TECHNOLOGY (ICT) ON EMPLOYEES PERFORMANCE: A STUDY OF MTN NIGERIA TELECOMMUNICATION LIMITED <i>DR. ADEWOYE, JONATHAN OYERINDE</i>	5
3.	KNOWLEDGE INCUBATION PRACTICES PREVALENT IN HIGHER EDUCATION SYSTEM: A REVIEW OF SELECT PRIVATE INSTITUTIONS IN BANGALORE <i>DR. A ELANGO VAN & VALARMATHI.B</i>	10
4.	A STUDY ON INTER-MANDAL AND INTER-DIVISIONAL VARIATIONS IN RURAL FEMALE WORK PARTICIPATION RATE IN CHITTOOR DISTRICT (ANDHRA PRADESH) <i>DR. E. LOKANADHA REDDY</i>	13
5.	IMPACT OF MICROFINANCE ON WOMEN'S LIVES: A STUDY OF LUDHIANA DISTRICT <i>DR. M. L. GUPTA & MUNISH KAPILA</i>	17
6.	IMPACT OF ANTECEDENTS OF BEHAVIOURAL INTENTION OF STUDENTS' IN HIGHER EDUCATION <i>DR. M. KALPANA, DR. D SUDHARANI RAVINDRAN & DR. K.RAMYA</i>	21
7.	ENERGY USES IN INDIA: A CASE OF ELECTRICITY <i>M.ANANDAN & S.RAMASWAMY</i>	27
8.	THE EXAMINATION OF CONNECTION OF BOTH BALANCE SHEET FINANCING AND ACCEPTED COMPANIES PERFORMANCE IN TEHRAN STOCK EXCHANGE USING MARKET VALUE TO BOOK <i>DR. ABOLFAZL GHADIRI MOGHADAM, DR. MOHAMMAD HOSSEIN VADIEI NEUGHABI, DR. HADI JABARI NEUGHABI & YOUSSEF HAGHIGHI</i>	34
9.	TEAM BUILDING IN INFORMATION TECHNOLOGY (IT) INDUSTRIES <i>SIRISHA DAMARAJU, DR. P. SAI RANI & DR. T. NARAYANA REDDY</i>	39
10.	IMPROVED PARALLEL THINNING ALGORITHM FOR NUMERAL PATTERNS <i>GAURAV KUMAR & AASISH OBEROI</i>	43
11.	AWARENESS AND INDIVIDUAL DIFFERENCES ON ORGANIC FOOD PRODUCTS IN ERODE DISTRICT, TAMILNADU <i>M. GOMATHI & DR. S. KALYANI</i>	48
12.	THE IMPACT OF ONLINE MARKETING IN INDIA <i>KUSHINI PRASAD & KONDA SANTOSH KUMAR</i>	52
13.	A STUDY ON EMPLOYEE ENGAGEMENT ACTIVITIES AT EFD <i>KANIMOZHI.R</i>	55
14.	NATURE AND TRENDS OF PUBLIC EXPENDITURE IN MANIPUR (2000-2010) <i>HUIDROM IMOBI SINGH</i>	59
15.	CHALLENGES TO RETAIL SECTOR: A STUDY OF DISTRICT RAJOURI IN JAMMU AND KASHMIR STATE <i>AASIM MIR</i>	68
16.	BLENDING WITH THE BEST: EVALUATION OF SERVICE QUALITY OF HOTEL INDUSTRY <i>DR. LEENA NITIN FUKEY</i>	75
17.	A CRITICAL ASSESSMENT ON MEASURES OF EMOTIONAL INTELLIGENCE <i>MEETA MANDAVIYA</i>	83
18.	IMPACT OF INFLATION ACCOUNTING ON FINANCIAL STATEMENTS AND EARNING PER SHARE <i>MONIKA KHEMANI</i>	88
19.	A STUDY OF EFFECT OF PERFORMANCE APPRAISAL ON THE ORGANIZATION AND THE EMPLOYEE IN NIDHI TECHNOLOGIES <i>AVINASH GOYAL</i>	94
20.	A STUDY ON IMPACT OF GLOBAL RECESSION ON INDIAN ECONOMY WITH REFERENCE TO INDIA'S EXPORTS <i>DR. A.MUTHUSAMY</i>	104
21.	KNOWLEDGE, ATTITUDE, PRACTICE AND PREVENTION ABOUT HIV/AIDS AMONG MEN WHO HAVE SEX WITH MEN (MSM) IN KARNATAK: AN EMPIRICAL STUDY OF BELGAUM DISTRICT <i>UMESH T, SEEMA DEVADIGA & DHAVALESHWAR C U</i>	112
22.	RELATIONSHIP BETWEEN INFORMATION SECURITY AWARENESS AND INFORMATION SECURITY THREAT <i>WILLIAMS SOLOMON ADEDAYO & AKANMU SEMIU AYOBAMI</i>	115
23.	WHY MBA STUDENTS ARE NOT EMPLOYABLE? (WITH REFERENCE TO DAVANGERE MBA STUDENTS) <i>ASIFULLA A</i>	120
24.	AN EVALUATION OF AUDIT EXPECTATION GAP IN NIGERIA <i>OLOLA OLAYEYE ADUWO</i>	124
25.	ROLE OF FINANCIAL INCLUSION FOR INCLUSIVE GROWTH: AN INDIAN SCENARIO <i>BHARGAB KUMAR KALITA</i>	131
26.	PROBLEMS OF SELF HELP GROUPS WITH SPECIAL REFERENCE TO STATE MICRO FINANCE VISION 2011, ARUNACHAL PRADESH <i>AKEPI LINGGI EHILI</i>	137
27.	INDEBTEDNESS AND FARMERS SUICIDES IN RURAL PUNJAB <i>DR. GURMEET KAUR</i>	141
28.	PRESERVATION AND MAINTENANCE OF THE COLLECTION OF SRI VENKATESWARA ORIENTAL RESEARCH INSTITUTE LIBRARY, TIRUPATI: A USER SURVEY <i>B. DEENADHAYALU, A. SIVAKESAVULLU & M.BHANUMURTHY</i>	147
29.	USE OF INFORMATION AND COMMUNICATION TECHNOLOGY (ICT) PRODUCTS AND SERVICES IN UNIVERSITY LIBRARIES OF TIRUPATI (A. P.): AN ANALYTICAL STUDY <i>DR. D. KONAPPA</i>	150
30.	SATISFACTION ON FACILITIES AND SERVICES OF J. B. WOMEN'S ENGINEERING COLLEGE LIBRARY IN TIRUPATI: AN USER SURVEY <i>B. VEENA KUMARI</i>	155
	REQUEST FOR FEEDBACK	159

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KNOWLEDGE, ATTITUDE, PRACTICE AND PREVENTION ABOUT HIV/AIDS AMONG MEN WHO HAVE SEX WITH MEN (MSM) IN KARNATAK: AN EMPIRICAL STUDY OF BELGAUM DISTRICT

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ABSTRACT

The continuum of care for HIV/AIDS of MSM has been advanced mostly in developed countries, mostly due to the prolonging of life and an improved prognosis for those testing HIV-positive due to the advent of triple therapy and ART. This continuum has come to include a set of modalities including prevention, treatment of opportunistic infections, HIV syndrome treatment, antiviral drugs, social/psychological care, and palliative care. Here researcher made an attempt to know the MSM's knowledge, attitude and practice aspects related with the HIV/AIDS, paper covered definition; HIV/AIDS control programs and MSM measurement issues, suggestions and recommendations with the social work perspective to prevent HIV among the MSM's

KEYWORDS

HIV/AIDS, MSM.

INTRODUCTION

India has the second largest number of persons living with HIV/AIDS in the world after South Africa. India has an estimated number of 3.7 million (2.1 to 4.3 million) HIV-infected people at the end of 1999 (UNAIDS, 2000), and 3.86 million at the end of 2000 (NACO: <http://naco.nic.in/vsnaco/indianscene/update.htm>: accessed on 23rd September 2001). In India, national statistics shows that HIV spread is mainly through heterosexual transmission (NACO, 1999). As a result, awareness campaigns and prevention programs of Govt. of India have been focused on the general heterosexual population.

OBJECTIVES

1. Knowledge, Attitude, Practice and Prevention about HIV, Among Men Who Have Sex With Men (MSM)
2. Intervention of social work for welfare of MSM,S

METHODOLOGY

Tools of data collection interview schedule, 25 respondents the study covered the Belgaum district in Karnataka state. The selection of universe by purposeful sampling method and selection of respondent made by simple random sampling method for insuring that the unit selected has equal potentiality to be chosen as a sample. The all 15 respondents are MSM; s from various socioeconomic backgrounds was interviewed. The questionnaire was administrated to them during January February of 2013 for this purpose. Face to face interviews were carried out with them. They were asked about income sources, working conditions, health issues knowledge of HIV/AIDS, Attitude of them and their sexual practices. The interviews were held in their routine meeting fields and/or in their homes providing the opportunity to gather additional information by observation.

DEFINITIONS

Men who have Sex with Men (MSM): This term is used to denote all those men who have sex with other men regardless of their sexual identity. This is because a man may have sex with other men but still consider him to be a heterosexual or may not have any specific sexual identity at all. This means one has to concentrate on behavior, in addition to the sexual categories, in the area of HIV/STD prevention.

Males who have sex with Males (MSM): This is used as an umbrella term under which all biological males who have sex with other males are included, regardless of their sexual/gender identity. Thus literally it also includes transgender/transsexual (male to female) persons since they are actually biological males. [Note: Some transgendered/transsexual persons (male to female) don't want themselves to be included under this term, even though this term mainly serves as a working definition. To denote such persons, recently, the term "Transgender persons who have Sex with Men" (TSM) has been introduced.(HIV prevention among MSM in India, (2002), spiritual, cultural, and moral concerns).

Same-sex sexuality: Currently, this term is being used as an alternative to the term 'homosexuality' (though some would like to use only this term instead of the term 'homosexuality'). Similarly, the term 'homosexual behavior' is being replaced by the terms - same-sex behavior, same-sex sexual behavior, same-gender sexual behavior. (Note: In this document the terms 'homosexuality' and 'homosexual behavior' are used because of their 'familiarity' and without any negative connotations).

HIV/AIDS CONTROL PROGRAMS AND MSM MEASUREMENT ISSUES

Current methods for collecting data on the dynamics of HIV/AIDS in India have proven limited. Clinical reporting of disease as a source of data is dependent on the willingness of providers and patients to provide data collection agencies with detailed and accurate information. Survey-based approaches have also not

accurately captured the role of MSM in the epidemiology of HIV/AIDS in India: questionnaires that use the variable of "marital status" in the absence of other variables relating to sexual preference will not capture useful information regarding MSM. Similar problems are encountered with non-examination-based information regarding anal and oral Manifestations of STIs.

BEHAVIORAL CHANGE

A great deal has been learned around the world about behavior change in relationship to HIV risk. The application in India and elsewhere of behavior-change interventions has been most effective when appropriate modifications were made to suit the unique construction of homosexual behavior as well as the local cultural norms. Specific interventions around particular places and behaviors should be favored over generic behavior-change approaches. Promotion of safer sex and condom use must take into account the discomfort many men feel while buying condoms in a public commercial setting. Encouragement of non-penetrative sex requires open discussion of sexuality in safe settings; therefore, identification of appropriate settings for such activities is vital. As part of information, education and communication (IEC) efforts to promote behavior change, condom distribution, and related education and outreach in public places (such as parks) have been successful. However, such work is currently restricted by police practices that do not allow public distribution of condoms in some parks. As mentioned earlier, there is a lack of acceptance of condoms as an STI prevention method, since condoms are strongly associated with heterosexual sex and with family planning, a trend observed elsewhere as well. An atmosphere of extremely limited discussion around anal STIs and HIV/AIDS among MSM compounds problems associated with low use of condoms and lubricants.

PUBLIC EDUCATION

Widespread IEC interventions in India have already led to an increase in understanding among the general population as to how the disease is spread. The next steps in such efforts need to address issues of destigmatization of HIV/AIDS; this is especially necessary among the MSM population that suffers already from considerable stigma. While models from a number of countries already exist, specific public education around issues of MSM is of doubtful utility in India at present. The intervention needs to weigh the potential benefit against the damage wrought by public backlash and insensitively handled education efforts. Although the increasing tolerance for sexually oriented public discussion may help foster constructive IEC efforts, it is the belief of the authors that direct public discussion of MSM may be premature in most areas of the subcontinent. MSM-oriented interventions need to be conducted cautiously and in confidential, safe settings. At present, the most successful model has been to frame the discussion as concerning risk behaviors associated with HIV/AIDS and men's sexual health. This provides an adequate context within which MSM-oriented interventions can be conducted. There is widespread consensus within the MSM community on this issue, which provides validity to investigators working in this area.

ACT

ACT is an essential aspect of many HIV/AIDS prevention activities; it needs to become a norm for MSM-related HIV/AIDS interventions as well. The lack of knowledge of one's HIV status allows the virus to continue to spread without recognition or response. Those who test HIV positive tend to adopt safer-sex practices, and ACT has been understood as a crucial part of changing social norms, which has slowed the spread of the disease in many countries. Since public knowledge of how the disease spreads has not in and of itself been proven to change behavior, more focused approaches, such as aggressive ACT, may therefore be important strategies to be undertaken in India.

THE CONTINUUM OF CARE FOR HIV/AIDS PATIENTS

Anal STIs may have special relevance to MSM with regards to medical care: anal warts, anal gonorrhoea, and other sexually transmitted infections are, according to NGO-based clinics and the authors' experiences, common among MSM and represent special treatment needs in the context of HIV/AIDS. However, knowledge among medical professionals regarding anal STIs (whether in men or women) is generally lacking. In addition, it is unlikely that patients who are MSM will offer this information to doctors except in safe settings.

The provision of care for MSM in India is therefore problematic because of the hidden nature of MSM as well as the inadequate information among public health medical professionals. While it is likely that a resource limitation also exists with regards to such care, the basic foundation of the care continuum is so underdeveloped that issues of healthcare financing have not yet been approached or discussed to any significant degree.

RESULTS

BASIC INFORMATION

1. 40% of respondents are literate and they have passed their Secondary school education
2. Occupation wise 80% of respondents working in Private sector and earning good salary
3. Very interestingly 10 (85%) respondents married and even they happy with their family life along with their male partner.
4. MSMS' having their own group of equal minded people and group is not biased with any factors like, religion and caste and class.

KNOWLEDGE

Knowledge and information of HIV/AIDS of MSM's is concern, all the respondents are having great knowledge and updated information, the area Belgaum itself covered with the good literacy level, and the source of information is the health workers (73.3%) even few of them updating themselves by electronic and print media. Respondents know about laboratory investigation to confirm HIV/AIDS, however, They all aware with the roots of transmission of HIV, and knew about consequences by unprotected sex, unsafe blood transmission, mother to child impact, using same syringe for group during drug injection. Along with these views they are with very good information, that how the disease not spread, and manifestation of HIV like; Weight loss, Persistent cough, Diarrhea on/ off at least for one month, Skin lesions, Prolonged fever, etc.

Since they are from one of the developed are of Karnataka, obviously, they know that, HIV/AIDS is not a contagious disease, not even curable, but it can be preventable, by using condom and other preventive measures, whereas, they know how to use the condom.

ATTITUDE

Attitude plays vital role in molding the personality of human being in right way, to smooth practice, for self dignity and protection from legal issues, MSM's (100%) demand for the legalize the their activities, by that they want to come out from the inferiority and stigmatization from the society. Followed by this members of family/neighborhood should show empathy at MSM' who infected by HIV/AIDS, and this is better way to show moral, emotional support to them to live quality life and sustainable future. Further, they opine that The job and the position of the infected fellow should retain forever, he shouldn't be removed from job due to infection, any one should not feel discomfort, irritate, and biased of infection during; sharing the food, bathroom, toilet, shake hands, and to hug. Some respondents opine (20%) and conclude with the human rights concept that all the infected have all the right to live full and dignified life with their own family and children, infected one also can have his family and his/her offspring. But majority (80%) respondents reluctant to have family and children as they feel after them, no one come forward to look after their orphan kids.

PRACTICE

1. When the practices are concern 80% of respondents used the condoms for first sexual act and rest of them not used, though knowing all the consequences, they feel condom interrupt them to meet ejaculation condition. But after that unsafe sex of first attempt, respondents realized the worth of life and now they using condoms for every new attempt also they encourage their partners to use on regular basis.
2. Interestingly, majority of respondents (53.3%) opine that their partners reluctant use the condoms. Remaining (46.7%) respondents partners willingly ask to use the condoms for every new attempt.
3. 14 (93.3%) respondents have their regular partners and among them, 13(86.7%) respondents using condoms regularly, remaining 2 (13.3%) respondents not at all bother about to be infected of HIV.
4. Majority of them very health conscience, they wish to know the HIV status of their new partners, whereas they do very risk practice of both anal and oral sexual act (60%) and remaining 40% do only anal sex.
5. 93.3% respondents are bisexual, among them 93.3% wish to get marriage with woman; considerable thing is that they also want to continue relation with their male partners.

6. All are very eager to have their own children after marriage, and 73.3% never goes to FSW, habits are concern majority of (60%) them don't have any bad habits.

SUGGESTIONS AND RECOMMENDATIONS WITH THE SOCIAL WORK PERSPECTIVE

IMPROVE THE NETWORKS

Special interventions that work through confidential networks may be a useful tool to study this dimension of the epidemic. Groups working with MSM have access to networks in which behaviors and diseases can be studied, but these groups have not been made a part of official government AIDS control programs yet. For example, successful models exist in the subcontinent that can be used to increase our understanding of highly stigmatized behavior and the spread of STIs: these include interpersonal communication, creating networks of at-risk MSM, and community-based outreach efforts.

INFORMATION EDUCATION AND COUNSELING (IEC)

IEC methods that utilize a variety of media, such as radio and television (mass media) and peer outreach (community-based media), have served as cornerstones of behavior change in countries that have had success in curbing STIs and HIV/AIDS. In particular, the promotion of anonymous and voluntary counseling and testing (ACT) are means of prevention that hold significant promise in the Indian context. In developed nations, testing is linked closely to treatment such as protease inhibitors and highly active antiretroviral therapy (HAART). However, the utility of testing and counseling as a method of behavior change in and of itself must not be neglected. In addition public look at the issue should be very critical and such people treated without biases and discriminations therefore social workers and personnel who have engage with the IEC programmes should look after these all. Public awareness programmes and acceptability are the best tools to find remedy with the discrimination and to avail MSM s in public utility activities and to lead social life without any taboo.

TO PROVIDE AND IMPROVE THE HEALTH SERVICES

Due largely to the hidden nature of the behaviors and the stigmatized nature of HIV/AIDS in India, MSM will generally not come forward for counseling and testing unless anonymity is ensured. Therefore, the distinction between "confidential," when anonymity is attempted but not ensured, and true "anonymity," when no recording of names is made, needs to be clarified to the audience targeted for such services. Modification of clinical practice in large public clinics is essential if the clinics are to play a positive role in the control of the epidemic. NGO and private sector healthcare have for a long time played a major role in the treatment of STIs in India: all social classes rely on the private sector for a large proportion of their care. The government and international development agencies can play a role by encouraging the private sector with education programs for healthcare professionals, providing quality control criteria to private laboratories, and assisting in the development of best practices for counseling and outreach. These ends can be reached by setting examples and by setting standards of practice for the private sector.

LEGALIZATION OF MSM'S PRACTICES

Legalization of such practices would be constructive remedy to prevent HIV/AIDS; also to promote marital relationship among them is the key to promote their health and peaceful life. It is need of the hour that Indian govt should take such rational step to prove its step towards welfare of MSM,s and implications of legalizing MSM practices.

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