

# Youth and challenges: Case of Injecting Drug Users in Chhattisgarh

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## Abstract

HIV/AIDS is one of the major issues emerging as a serious social problems and a challenge to public health system in India. Prevalence rate of HIV/AIDS in India is increasing rampantly and for controlling the spreading rate of HIV/AIDS National AIDS Control Organization- NACO launched the TI- Targeted Intervention projects in different phases throughout country in the states of high prevalence rate of HIV/AIDS. TI projects intervene with different high risk groups for spreading awareness throughout country with FSW's, MSM's, IDUs, Truckers and Migrants etc. IDUs i.e. Injecting Drug Users are the drug users who intake drugs by injecting themselves, one of the important characteristic of IDUs is that they take drugs in group, sharing of the same syringe in group makes them prone and increases the risk factor of getting infection of HIV/AIDS and other blood related diseases. In Bilaspur numbers of IDUs are increasing day by day, maximum IDUs belongs to age group of 20 to 40 years which is a matter of concern as this group of people constitute youth and adult are considered to be the most productive age/group. Peer pressure and friend circle influence are also contributory factors in increasing the number of youth taking drugs and becoming addict of it. Injecting drugs for IDUs are expensive, because prohibition on supply and public selling of these drugs results in black marketing of it which directly increases the rate of these drugs. IDUs get addict of it and they buy it at any cost due to which their maximum share of income gets spend on it and generates lots of socio-economic problems. This paper is a study based on content analysis, interview, observation and case studies from fields in which highlighting features are to understand the IDUs socio-economic status, their drug seeking behavior, pattern, and risk factor associated with IDUs, impact of it on their life as well as intervention of TI projects.

**Keywords:** IDUs, TI, Risk groups, HIV/AIDS, ICTC

## INTRODUCTION

The HIV/AIDS epidemic is one of the world's most serious public health and social problems. India is the third largest economy in Asia and eleventh largest of the

world. India has the second largest population around the globe [1] with more than one billion people, half of whom are adults of the sexually active age group. Moreover, the prevalence of HIV infection in India has been steadily increasing over the past few decades [2, 3]. Thus, even with a small increase in India's HIV/AIDS prevalence rate thereby would imply a significant component of the world's HIV/AIDS burden. According to the data available from National Family Health Survey 3 (NFHS-3), during 2005-06, 2.5 million people in India are infected with HIV [4]. At present, India has the third largest number of HIV & AIDS cases after South Africa and Nigeria. Sentinel surveillance conducted by the National AIDS Control Organization (NACO) shows that in the general population HIV prevalence is low (0.25-0.43%), but among high-risk groups, HIV prevalence is much more. In at least five states, HIV prevalence among injecting drug users (IDU) is even more than 10%, with a highest prevalence of 24% among IDUs are HIV positive in Maharashtra. Prevalence is also elevated among female sex workers and men who have sex with men [5]. Commercial sex workers (CSW) and their clients are at the highest risk for HIV infection and transmission [3]. Certain states in India like Andhra Pradesh, Tamil Nadu, Maharashtra Karnataka, Nagaland and Manipur have been reported to have high number of HIV infected population in India [2].

**HIV/AIDS in Chhattisgarh:** In Chhattisgarh State HIV/AIDS cases are increasing with alarming rate and the most concerned fact is that there are 55% youths in total HIV/AIDS infected who belongs to the age group of 15 years to 35 years. According to the survey of NACO- National Aids Control Organization drugs and peer influence are the main reasons behind it, Raipur district has the highest number of HIV/AIDS cases among youths, Bastar which is the tribal belt and naxal prone region of Chhattisgarh is

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on second number, Durg one of the most highest literacy rate and education hub of Chhattisgarh is on third number following Bilaspur which is on fourth number with highest HIV/AIDS reported new cases according to the last ten months data of SACS – State AIDS Control Society published in a Patrika newspaper. According to table no.1 total 2616 new cases were reported in Chhattisgarh 25 districts within last ten months, it shows the speed of spreading of this epidemic which is mainly due to two risk groups- FSW and IDUs, in Chhattisgarh both are equal contributory group responsible for increasing cases of HIV/AIDS.

**Table :** New HIV Cases in Different Districts of Chhattisgarh of last 10 months

SR. NO.	DISTRICT	NO. OF HIV PERSONS
1.	Raipur	650
2.	Bastar	438
3.	Durg	389
4.	Bilaspur	369
5.	Rajnandgaon	172
6.	Kawardha	90
7.	Sarguja	72
8.	Mahasumund	60
9.	Balodabazaar	65
10.	Korba	52
11.	Korea	45
12.	Raigarh	43
13.	Balod	37
14.	Dhamtari	24
15.	Janjgeer- champa	19
16.	Bametara	16
17.	Dantewada	16
18.	Kondagaon	16
19.	Kanker	14
20.	Jashpur	13
21.	Surajpur	06
22.	Gariaband	03
23.	Mungeli	02
24.	Sukuma	01
25.	Balrampur	01
26.	TOTAL	2616

Source: Patrika (Newspaper) Bilaspur, Tuesday 21-04-15

**Risk Groups:** Risk groups can be understood as a group of people who are practicing any of behavior through

which risk of transmission of HIV virus get spread to another person. There are different identified risk groups responsible directly or indirectly spreading HIV/AIDS in country or throughout globe among them are: FSW-female sex worker, MSM-men having sex with men, IDUs-injecting drug users, Truckers and migrants. Out of which FSW is one of the major risk group which is responsible for more than half of cases of HIV transmission around the globe, but other risk groups are too contributing for the increase of the cases of HIV/AIDS.

Third HRG (High Risk Group) are IDUS (Injecting Drug Users) for which Targeted Intervention (TI) projects are playing pivotal role. Sharing needles and other injecting equipment is highly responsible factor for transmission of HIV due to which HIV/AIDS spread very rapidly within networks of IDUS who shares the injecting equipment with each other. Once HIV prevalence is high in the IDU population, it can also get expand in their sexual networks, as some IDUs are also sex workers which can link quickly the HIV transmission in the IDU networks leading to transmission in the larger high risk sexual networks. Like sexual transmission of HIV, HIV among IDUs should be essentially preventable. TI projects are implemented through NACO- National AIDS Control Organization and SACS- State AIDS Control Society.

**TI Projects:** Targeted interventions (TIs) are prevention interventions that specifically address HRGs who are at risk of acquiring or transmitting HIV infection. The focal objective of TIs with IDUs along with their sexual partners is preventing HIV transmission through:

- Providing the basic and essential means and services to IDUs and their sexual partners so that they practice safe behaviors applications for injecting as well as sexual, this will reduce the degree of transmission of HIV/AIDS.
- Creating an enabling environment, which not only make pressure for application of safer behavior but also proactively supports the practices of safer behavior.
- Ensuring that the IDUs community (including their sexual partners) are empowered as a whole to decide for themselves, able to lobby and advocate for what they need.

**Typologies of Injecting Drug Users (IDUs):** IDUs are not injectors at all times in their injecting life span. They may inject, and then fall back into non-injecting (eg. oral) drug abuse or abstinence and then returns to injecting. Thus IDUs are defined as those who used any drugs through injecting routes in the last three months. In addition to addressing IDUs, program for IDUs should ensure that they also address the regular sexual partners of IDUs, as many of them are likely to be infected and some of them may be IDUs too. It is equally important to remember that some IDUs might be sex workers or MSM and some of them are also female.

**IDUs in Bilaspur:** In Bilaspur district Targeted Intervention project started in 2010, this project is being implemented by NGO- non-governmental organization- Chhattisgarh Prachhar Aivam Vikas Sansthan, which is working on IDUS one of the target group under TI, whereas two more organizations in Bilaspur are working on two other different TI projects. NGO- Samarjit is working on FSW- Female Sex worker and migrant labors (in pipeline), and Chhattisgarh Network of People Living with HIV/AIDS: is working on MSM- Men's having Sex with Men. In Bilaspur total number of IDUs registered with Chhattisgarh Prachhar Aivam Vikas Sansthan, are 750, but unofficially they have identified and maintained the record of total 1500 IDUs, at present they are not providing any services to the rest of IDUs except IEC, because they have the target of only 750, may be it can increase in coming years. Means that target is important here not the person, because government has some protocols which these NGOs are bound to follow, whatever target these NGO have got specific services- risk reduction kits and IEC packages, hiring of office support staff along with the Peer Educators, are allocated and granted to them accordingly with their target. Grass root efforts and work experience of these NGOs explains the genuine position of any government project. According to a NGO representative there are chances of having more than 1500 IDUs alone in Bilaspur district and near about 10% of whom are women, more than half of the risk group (IDUs) are facing unmet need of basic risk reduction services which an NGO in TI projects provide to them and i.e. disposal syringe, needle, ointment and precaution information for protection of HIV/AIDS through which they can protect themselves from an infection of HIV.

**Table :** No. of IDUs Registered in Chhattisgarh

Sr. No.	District	No. of IDUs
1.	Bilaspur	1500
2.	Durg	700
3.	Korba	600
4.	Bistampur	600
5.	Manendragarh	400
6.	TOTAL	3800

Source: State Aids Control Society Chhattisgarh 2014

## TARGET INTERVENTION FOR IDUS:

**Peer Educator (PE):** Peer Educator (PE) is a person from the HRG who works with her/his colleagues to influence attitude and behavior change. PEs are responsible for providing information on HIV which works for harm reduction, and promoting application of safety measures among colleagues/peers, which ultimately results in building peer pressure for behavior change. They can also distribute disposable needles and syringes. They also provide basic data for monitoring the project. A PE is paid an honorarium as per NGO/CBO costing guidelines for her/his contribution to the TI project. The PE to any risk group- FSW/MSM/IDUs/TG ratio is set at 1:60 – one PE for 60 FSWs/MSM/ IDUs/TGs.

**Peer Education:** Peer education enables members of a given group to effect change among other members of the same group. It is considered to be one of the most effective and sustainable tools for changing group behavior. Peer educators play an important role in TI implementation as they can:

- Help to build trust and establish credibility with the vulnerable group
- Provide a vital two-way link between the project staff and the community
- Provide important information about the vulnerable group to other stakeholders and the wider community
- Reach a large number of people effectively
- Provide a link between the service and the community (for instance, by introducing people or accompanying them to the service facility)

**Role of the PE:** Conducting outreach: this includes identifying new IDUs/TGs as well as maintaining regular contact with her/his own network of 60 IDUs/TGs. This

might entail contacts on a weekly or bi-weekly basis within any given month.

- Able to meet all her/his contacts minimum once in 15 days
- Providing dialogue-based IPC to IDUs/TGs
- Encouraging service and commodity uptake - motivate IDUs/TGs to come to DIC, distribute condoms, disposable syringe and needles make referrals for sick IDUs/TGs
- Advocacy with the known power structure
- Training of new PEs from within the project and outside
- Maintaining the DIC
- Generating demand for Welfare Programs and facilitating identification of beneficiaries
- Regular visit to condom service centers to gather information and to improve service
- Building skills of priority groups in understanding and assessing high risk behavior.
- Attending review meetings
- Preparing and presenting the daily reports to ORWs (Outreach workers)
- Report preparation for activities implemented
- Attending all trainings, workshops and seminars

**Needle/Syringe Exchange Program (NSEP):** Sharing of injecting items/equipments make IDUs more prone for having higher risk of contracting blood borne viruses as- HIV, Hepatitis B and C. The primary objective of the needle/syringe exchange program is to provide IDUs a new needle and syringe every time they inject, in order to reduce the transmission of these blood borne viruses and infection rates for the whole community because a HIV infected person is not in risk alone but he is also a cause of risk for transmitting and infection of HIV to others too.

**Substitution of Injecting:** Drug substitution means replacement of the drug an IDU is taking with some other or similar drug. It may also mean that intake of same drug but through different mode or way for example, sublingual buprenorphine/methadadone to replace injection of the drug.

**Abscess Management:** Ulcer/abscess management is another key component of harm reduction strategy. An abscess is a pocket of pus that forms in an infected

area, made of dead tissue, germs and white blood cells. Drug injectors often get abscess on their arms or legs, mostly at injected sites, due to unclean injection practices or when they miss their veins and inject non injectable pharmaceutical substances like spasmoproxyvon, which is an irritant to the soft tissues and causes damage. If the abscess is left untreated further liquefaction of the tissue causes formation of more pus often leading to gangrene. If the abscess is left untreated, the bacteria can enter the blood stream, causing a complication called sepsis. Abscess that discharge spontaneously and are not dressed properly may attract flies that lay eggs followed by maggot formation in an individual who may neglect their own health.

**Opioid Substitution Therapy (OST):** The key objective of initiating OST services is to improve the quality of life of IDUs by stabilizing them and to transition them from the injecting mode of drug administration to non-injecting, thus preventing HIV and other blood borne viruses. OST is a medical intervention in a clinic setting which aims at quality of care by providing clear information to client ensuring their participation in their treatment and bringing them in a situation where they realize about the importance of their life and drawbacks of injecting drugs, slowly and gradually their injecting tendency is lower down and substituted with OST to the non injecting mode of drugs intake. Clients (IDUs) registered in OST centers are monitored and evaluated by the team of OST centers doctors; counselor's etc. to ensure that there has been any change of circumstances or change in their health status which impacts the individuals progress and treatment services. In Bilaspur district hospital CIMS- Chhattisgarh Institute of Medical Sciences, OST services have been started since 2013 and total numbers of registered IDUs are only 20 who are taking OST treatment. According to Dr. J.R. Verma In-charge OST center, it's very hard for any IDU to leave injecting drugs and substitute it with oral drugs, because these people enjoys the pain of injection and they are addict of injecting themselves. OST drugs also give them the same level of addiction but for IDUs injecting provides them a different level of pleasure which they miss in oral drugs and this is the basic reason behind not seeking of OST treatment. OST tablet name which is given to IDUs is VERNOL-SL2 2mg.

**Follow up of OST Clients:** IDUs client are followed up by the OST staff on regular basis, twice a month for the initial month and subsequently on monthly basis. During follow up, physician monitors and advices the client on

following aspects:

- Current status of drug use of client
- General physical examination
- Any side effects of the OST drugs
- Counseling on HIV/AIDS, risk reduction practices (including safe sex practices)
- Relapse prevention strategies
- OST dos and don'ts
- Each fine details are recorded in the clients record
- Group discussion and focused group discussion are also done if required.

**Research Methodology:** This study is based on both primary and secondary data, in secondary data- content analysis is used whereas primary data was collected with different tools as-interview of NGO representative, OST center doctors, observation from fields i.e. different Hot Spots where IDUs use to gather in group and take drugs, focused group discussion was conducted with IDUs in hot spot to know their drug seeking behavior and pattern as well as to understand the consequences of injecting drugs on their life. Two case studies also conducted first of a woman registered in OST center CIMS whom I met while my visit in OST to meet doctor and second of a peer educator with AIDS whom I met at hotspot in Mangla community.

### Objectives of the Study

1. To know the socio-economic status of the IDUs
2. To understand IDUs drug seeking behavior and pattern.
3. To analyze risk factors and consequences of injecting drugs on IDUs
4. Gain information about government intervention for this high risk group (IDUs)

**Findings and Discussions:** In the study total 750 registered IDUs with NGO- Chhattisgarh Prachhar Aivam Vikas Sansthan, were analyzed and on certain variables facts were tried to find out which are mentioned below:

### Socio-economic Status of IDUs

- Age: Out of 750 IDUs, the lowest age group of IDU was 15 years and the maximum age was 52 years.

Age classification were 15-35 years 75% of total registered cases i.e. 562 IDUs, maximum IDUs belongs to age group of 15- 35 years which is the most productive age whereas 35 to 40 years age group total cases were 15% i.e.112 and 40 to 55 years IDUs were 10% of total registered cases which is 75.

- Sex: most of the registered IDUs are male except 2% i.e. 15 cases are female who are IDUs and registered recently within a year, which shows that drug addiction is increasing in female also This is the direct impact of husband intake of drugs which make them addict of these drugs. Unofficially there are more than 50 female IDUs in Bilaspur districts according to Shri Ashish Singh who are still unregistered.
- Education: Education level of the total registered IDUs were illiterate 5% i.e. 37, 16% cases were educated to primary level i.e. 118, 31% cases i.e. 233 were educated to upper primary level, 285 cases were found who have completed their high school education, and 49 IDUs have completed intermediate whereas 20 IDUs have completed their graduation and 08 registered cases have taken diploma degrees from ITI.

Form the above data it is clear that male youths are not continuing their education after high school, reason may be several as- lack of better education facilities, family, peer influence, early marriage, lack of guidance and counseling, unemployment.

- Occupation: Majority of cases registered were still unemployed and near about 25 percent IDUs were having their petty business, working as labor, vendors etc. Joint family culture is found here therefore in most of the cases before and after marriage parents are looking their children and youths are getting indulged in drug addiction in spite.
- Average family/monthly income: Average family income of 43% IDUs were Rs.3000/- per month, whereas 39% IDUs underlies in between average income of Rs. 5000/- per month and 12% of IDUs have average family income of Rs. 8000/- per month and above.
- Marital status: Except 7% of IDUs i.e. 52 youths all were married.
- Spouse occupation: Only 6% IDUs wives were engaged in some work which was- maid servant, and selling vegetables in nearby market, otherwise whole

family depends on the head of the family and that is male, who spends their maximum income on drugs.

- Attitude of family and community people: Society including their own family members do not have very positive attitude for drug users, but in Chhattisgarh addiction which may be of alcohol, ganja, or drugs is very common and most of the male use to take alcohol, they consider it as a part of their culture. People are still unaware that it can lead to HIV/AIDS and other blood borne diseases. Just like anti alcohol campaign till now mass community awareness and action is still lacking. In some cases family members don't know that their son or daughter is addict of injecting drugs.
- Problems faced by the IDUs as being community member: Negligence, denial, rejection disliking and mistrust are some of the common conditions which any IDU has to face, which is very disheartening and demoralizing as a person for them. Most of the time IDUs due to addiction remain in unconscious state of mind therefore they don't bother about people's attitude. No one wants to be connected and be in relationship making IDUs isolated and loneliness repel them towards more addiction.

**Drug Seeking Behavior and Pattern:** IDUs mainly use to take drugs in group, group may vary in size sometime 4 to 5 members are there and it can also go up to 10 to 12. Tendency of taking drugs in group develops due to certain reasons:

- Feeling of safety in group is more rather than individual
- Protection from community people and family members
- It's hard to get drugs individual and group leader is there who arrange the drugs
- Enjoyment, fun and pleasure is more in group

Taking drugs in group they need a place, which may any isolated, abandoned building, school campus, pond, and fields etc. where mobility is less. If there are more than 10-15 identified IDUs in any community, the place where they take drugs is known as hotspot sometime number of IDUs in a hotspot can go more than 50 also. There are total 10 hotspots with varying no. of IDUs in Bilaspur and including 2 to 3 hotspots one peer educator is appointed who is also an IDU and belongs from themselves only,

who can work in much better way as he/she is friendly with the person. There are total 10 peer educators and two Outreach workers for monitoring of peer educators. NGO under TI project provides disposal syringe, needles, ointments, IEC materials to peer educator on regular basis and peer educator delivers the materials to their allocated hotspots. This is only a risk reduction strategy, but it does not mean appraisal of drug intake, it only aims people who are taking drugs may practice safe methods for it, its responsibility of peer educator to bring IDUs in NGO office, where they get counseling services, medical check-ups and if diagnosed as an HIV then further treatment is started and those IDUs willing to leave drug addiction they are registered in OST centers.

**Risk Factors Associated with IDUs and Its Consequences:** Due to HIV/AIDS till now total 31 deaths have been registered, since the TI project has started in Bilaspur. There are several risk and their further consequences which are:

- Risk of getting infected with HIV and other blood borne diseases as Hepatitis etc. by sharing the same needle.
- Risk of transmitting the infection to their sex partners/life partners
- Risk of transmission of infection of HIV by blood donation also, sometime in emergency small hospitals do not conduct screening test of blood, cases have been reported of HIV infection through blood transmission
- Physical health of IDUs gets deteriorating, with less appetite and less immunity causing TB etc.
- Lack of concentration, loss of memory to some extent
- Mental illness may develop as- phobia, obsessive compulsion etc.

Once a person get indulged in drug addiction it's very difficult to rehabilitate him/her. Strong self motivation, zeal, confidence and trust on others along with supportive family attitude and friend circle and good counseling services can work in a fruitful way. It's a team effort but major role is of family and the IDU itself because rehabilitation requires mental strength and high morale to become normal. Consequences can't be measured but it can be acknowledge in form of loss which a person is getting or paying due to being an IDU some of them are:

- Family and social disorganization-family disputes, separation, no social circle and social boycott from community
- Economic problem-high debits, no job/work, sold property, problem of loan repayment etc.
- No marriage, divorce, unhappy family effects the children psychologically
- Early age addiction leads to low level of education
- Tough to rehabilitate IDUs themselves in society once again because addiction has possibility of getting repeated it's psychological.
- Deprivation of basic facilities once gets addicted of drugs.
- Most important effect is on family whom children are the sufferer ones, their education, socialization, and personality development all is adversely affected if head of the family or any one in family get indulged in drug addiction.

### Case Studies

**Case 1:** This case is of a woman who herself got addicted while she was trying for her husband's de addiction. A happy family with two children, husband and wife, Rekha (changed name) form Thakhatpur block of Bilaspur district was very happy with her husband and her dreams were usually like other parents that her children will grow up and seek higher education and be a successful person in their life. But her all dreams remain unfulfilled when her husband got influenced by some local youth and started injecting drugs. Due to this he lost his work and whole day remains unconscious after taking drugs, Rekha get him home back in condition of unconsciousness and requests him not to take drugs, but her husband didn't listen her any more. After some time he started taking injections at his home, family peace, love and emotional bond all gets smashed due to economic problems which arises from leaving work, no work no income and credits for purchasing drugs, her husband starts selling household items too. When Rekha got fed up of all these problems and avoidance of her husband, she injected herself with the same drugs, she did all just to teach a lesson to her husband, but slowly she too got addict of drugs, she feel relaxed and much tension free after taking drugs and day by day she increased the dose of drugs and started taking drugs in company of her husband. Due to which children

education got stop and adverse economic condition of family make them strive of hunger and other basic needs. With intervention of her parents Rekha got registered in an OST center in Bilaspur, where she is getting oral drugs and further treatment for de-addiction, now she has left taking injecting drugs and motivating her husband to leave drug addiction by registering him in the OST center. She expects that her family will again be the same happy and lovely family for which she is still doing efforts.

**Case 2:** The second case is of a person who got infected with HIV and died recently with AIDS who was just only of 35 years. Rammoorat Singh (changed name) residence of Jarahabhata, Bilapsur with the peer influence got addicted of injecting drugs in the age of 17 years, day by day doses were increased, he got married and has three children with his wife whom he loved a lot, but after her request of so many time it was very hard to leave drugs for Rammoorat. According to him if I would not take drugs I will die. When IDUs TI project started in Bilaspur he was identified and got registered in the NGO-Chhattisgrah Prachhar Aivam Vikas Sansthan, where he was also appointed as a Peer Educator, he did work of educating his peers for safety measures against HIV/AIDS, but who was knowing that working in the TI project and educating people (peers) one day he will get infected with HIV. After few days of registration only it was diagnosed that he is infected with HIV but he never lost his zeal towards life and perform role of a peer educator very well motivating people for rehailitation. He died recently (2014) of AIDS, but his life was devoted till the last moment for the IDUs only.

### CONCLUSION

There is no doubt that India is a country of youth population, but youths are in great crisis. Westernization, modernization and globalization have made them overambitious and opened more avenues for them. Youth are full of energy and have potential to achieve whatever they want. Sometime due to social environment youths get indulged in anti social activities and do deviant behavior which is not acceptable in society. Drug addiction is making this generation unproductive and unsafe practices are increasing the risk factors of getting infected with HIV/AIDS and a number of socio-economic problems. Youth energy can be channelized in a constructive way and they should be handled with proper care which starts from the family itself, in male dominating and patriarchy system

of Indian family gives more preference and favor to son instead of daughter. Family attitude and socialization play pivotal role in framing the personality and its characteristics. Peer influence, school, college, community or locality do have direct influence on anybody, but not more than a family, as a social worker what my perception is that family can modify the ill effects of the external environment and plays a significant role in environmental modification, which in form of psychological support, ego enhancement, treatment and rehabilitation of IDU. Family is a key unit which has great emphasis in client's case work in form of psychological support it decreases tension and guilt, increasing self confidence, encouraging healthy functioning which is fruitful for the treatment and rehabilitation of any drug addict. But conservative and traditional pattern of parenting lacks the development of emotional bond and degree of trust and love among family members, which is required to be changed or modified. Supportive environment and understanding behavior develops confidence in children and there is less chance of their deviant behavior. Parents need to understand the aspirations of youths and provide greater space for communication. It is the need of the hour. It may reduce the risk factors and bring a healthy environment.

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