

“A STUDY ON HEALTH RELATED CARE AND SUPPORT SERVICES RENDERED TO INDUSTRIAL WORKFORCE OF GUJARAT WITH SPECIAL REFERENCE TO HIV/AIDS RELATED SERVICE”

Ph.D. Synopsis

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**By
Shirish Srivastava
Enrolment No: 159997292011**

Supervisor:

**Dr. Ritesh K. Patel, Assistant Professor, Gujarat Technological University,
Ahmedabad**

Doctoral Progress Committee Members

**Dr. VIRAL G. BHATT, Principal, SAL, MBA, Programme, Ahmedabad
Dr. KAUSHAL A. BHATT, Associate Professor, GSMS, GTU-Ahmedabad**

Index

Sr. No.	Title	Page No.
1	Abstract	1
2	Brief description	2
3	Definition of the problem	3
4	Objective and scope of work	4
5	Original contribution by thesis	5
6	Research Hypothesis	5
6	Methodology of Research and Results	6
7	Recommendations with respect to objectives	13
8	Conclusion	15
9.	References	16
10.	Annexure-1 Copy of Published Research Papers	

Abstract

Health care is the preservation or improvement of health via the prevention, diagnosis, treatment, recovery, or cure of disease, illness, injury in people. The means of "Health care services" is to the furnishing of medical or surgical treatment, nursing, hospital service, dental service, optometrically service, complementary health services, or any or all of the enumerated services, whether or not contingent upon sickness or personal injury, as well as the furnishing to any person and all other services and goods to prevent, cure or healing human illness, physical disability or injury

In this study, the researcher focussed on health care services offered by our health system to the general population with special reference to HIV/AIDS-related services rendered to the industrial workforce Offered by an employer to their employees.

The researcher also evaluated efficiency & healthcare infrastructure & benefit passed to the urban & rural population of Gujarat in context with the workforce of organization & services related to HIV/AIDS. The informal industrial workforce bears a heightened risk of epidemic infection which results from the condition and structure of the migration process. Available evidence suggests that the migration of the informal workforce might be responsible for the spread of the epidemic in high-out migration states such as Uttar Pradesh, Bihar, Rajasthan, Orissa, Madhya Pradesh, and Gujarat.

In this study quantitative data was collected from the employees engaged in different company industries Small, Medium, and Large scales industry of Gujarat. A sample of 800 respondents was shortlisted, interview 610 respondents but after the data cleaning process, 539 valid responses were used for the analysis and testing model. The researcher collected the data from Ankaleshwer GIDC, Bharuch GIDC, Hazira & Sachin GIDC, Surat, Waghodia, GIDC, Vadodara. Tools selected for analysis are Descriptive and Inferential Analysis, Exploratory Factor Analysis, Confirmatory Factor Analysis, Cross Tabulation, Cluster Analysis, and Content Analysis. The research has used SPSS 25 and AMOS to perform varied statistical techniques to analyze the data. The Data was first inserted into an Excel sheet and then imported to SPSS software for further analysis.

At last, the researcher draws vital suggestions.

- To serve this vulnerable group by this study.
- To motivate stakeholders to invest proper funds to achieve program objectives.
- Developing a sustainable model for delivering health-related care & support services with special reference to HIV/AIDS rendered to an industrial workforce of Gujarat.
- Getting zero infection & stigma related to HIV/AIDS.

Key Words- Industrial workforce, Migration process, Informal workforce, epidemic

Brief description

The title “A study on healthcare and support services rendered to an industrial workforce of Gujarat with special reference to HIV/AIDS-related services”. In this research, special reference is given to HIV/AIDS disease-related services is being provided to the employees in the industries.

The societal approach regarding the disease HIV/AIDS is very conservative, and the people who are being affected either in or way, are not treated well. At the same, this study will focus on the services provided by the industries to their employees regarding creating the awareness and prevention of HIV/AIDS.

Additionally, this research is focusing on the other healthcare services, which are being provided to employees, the proper counseling with the concerned authorities regarding awareness, survival, and prevention is being provided to employees. As this HIV/AIDS is not at all curable disease, but it can be controlled with the help of proper medications, so it becomes very much necessary to involve the authorities, committees working in the welfare of such people who all are being infected.

The primary objective of this study is to find out the correlation between the factors, which are affecting health-related services by Industries, and organizations to their industrial workers, with special reference to HIV/AIDS in Gujarat. The data analysis has been done for the research work to achieve this objective on basis of the collected primary data. The responses of 539 industrial workers have been collected in this research. These respondents were selected from various cities of the Gujarat state so as the responses are received from all the major areas of the city - Ahmedabad, Vadodara, and Surat. Most of the response has been taken in terms of 7 points scaling where 7, indicates influence on the higher side, and 1, indicates influence on the lower side. Frequency calculation has been done by the researcher for all the study variables to understand the characteristics of the collected data.

Definition of the problem

The research problem means the main problems for which the whole research is being carried out.

The title “A study on healthcare and support services rendered to an industrial workforce of Gujarat with special reference to HIV/AIDS-related services”. In this research, special reference is given to HIV/AIDS disease-related services is being provided to the employees in the industries.

The societal approach regarding the disease HIV/AIDS is very conservative, and the people who are being affected either in or way, are not treated well. At the same, this study will focus on the services provided by the industries to their employees regarding creating the awareness and prevention of HIV/AIDS.

Besides, this research is also focusing on the other healthcare services, which are being provided to employees, the proper counseling with the concerned authorities regarding awareness, survival, and prevention is being provided to employees. As this HIV/AIDS is not at all curable disease, but it can be controlled with the help of proper medications, so it becomes very much necessary to involve the authorities, committees working in the welfare of such people who all are being infected.

Objective and scope of work

The primary objective of this study is to find out the correlation between the factors which are impacting health-related services by Industries and organizations to industrial workers with special reference to HIV/AIDS in Gujarat. The data analysis has been done for the research work to achieve this objective on basis of the collected primary data. The responses of 539 industrial workers have been collected in this research. These respondents were selected from various cities of the Gujarat state so as the responses are received from all the major areas of the city - Ahmedabad, Vadodara, and Surat. Most of the response has been taken in terms of 7 points scaling where 7 indicates influence on the higher side, and 1 indicates influence on the lower side. Frequencies calculation has been done by the researcher for all the study variables to understand the characteristics of the collected data

Research Objective of the Thesis are:

- To study the factors influencing the health care support services in the industries.
- To understand the valuation amongst the various factors related to health care support services concerning demographic variables.
- To identify the factors affecting the healthcare support services in the industries.
- To confirm the factors affecting the healthcare support services in the industries.
- To clarify the factors affecting the healthcare support services in the industries.

The researcher comes to know that during his research and literature review that migration is very high between the state of Gujarat, Uttar Pradesh, Bihar, Maharashtra, Orissa, West Bengal, Rajasthan, etc. and there is no record maintenance standard processor follow between the states at ground level hence to provide health-related care and support services including HIV/AIDS is very tough for any organization to his workers.

The researcher strongly suggest to state migrant cell of every state to work in close coordination and develop a central management information system(CMIS) to share data so that proper healthcare service could be provided to industrial workers at his home town as well as workplace

The researcher also recommended visiting OHC canters of every industry and capture the

data monthly so that it can be verified at the state level and provide proper guidance to OHC heads to ensure quality health services to the company workforce.

Original contribution by the thesis:

The researcher here selected the topic of migrant workers who are from the unorganized sector and discussed healthcare services with them. Previously lots of studies were conducted for the same area but respondents were truckers, sex workers, and local workers. No researcher did not address migrant workers' studies properly. Migrant workers are more vulnerable to such chronic diseases as they are transferring from state to state, city to city, and region to region. There are higher chances of spreading infection of such diseases through them.

Through this thesis, the researcher tried to address the issue of healthcare facilities provided to migrant workers concerning infectious diseases like HIV. There is a lack of a system where such workers are scanned in a matter of healthcare before entering any specific city, region, or state. Some STP or HIV maintains no proper registers about their health records, which gives an idea about their health situation whether they are infected. Government has so many schemes regarding the treatment of such disease like how the patient will be treated, what facilities will be provided by the government and industry for the infected patient, what financial help will be provided to a worker and his family, etc. There is an absence of a proper system that can be used for pre-scanning and act as a precaution against such disease.

The researcher mainly focused on the part where less research is conducted, and they are migrant workers. This thesis will prove a new area of study for researchers and academicians, and it will also help the government.

Research Hypothesis

H1: There is a significant difference among various clusters for overall health support services concerning industrial workers suffering from HIV/AIDS

H2: There is a significant variation between gender and marital status of workers

H3: There is a significant variation between age group and monthly income of workers

H4: There is a significant variation between the age group and the age of the industry.

H5: There is a significant variation between marital status and type of family of workers

H6: There is a significant variation between gender and type of family of workers

H7: There is a significant difference among various clusters for marital status and gender.

1. Methodology of Research & Results

Research Approach & Design:

According to (Saunders, Thornhill, & Lweis, 2009) research can, in general, be divided into three categories: exploratory, descriptive, and explanatory. The aim of the study and the design of the research question are the main determinants of which one of these three categories to use.

The study is related to **Descriptive Research**; at the same time, we will try to study questions related to the concern related to the industry and with the related Hence we will apply the Descriptive Research design as well as Conclusive Research Design.

Research Instrument:

To collect data, the researcher distributed Self-administered questionnaires to be completed by the respondents.

The questionnaire was framed based on a literature review and was structured in nature. In this research the questionnaire is divided into 6 different headings:

1 First Part: Discuss the demographic details and the workers are engaged in the industries.

2 Second Part: (SECTION I STATEMENTS) – This section discusses the basic medical facilities available in the organization where the worker is working. In brief, all such information is being collected from 11 statements from this section.

3 Third Part: (SECTION II STATEMENTS) – This section consists of 5 statements having more emphasis on the special reference to HIV AIDS.

4 Fourth Part: (SECTION IV STATEMENTS) - This section consists of 7 statements having an emphasis on the special treatment, or any facility given to the employees who are suffering from HIV AIDS.

5 Fifth Part: (SECTION V STATEMENTS) – This section deals with the requirements of the positive employees. Here 9 statements are dealing with the accommodations of the employees provided by the company and the facilities provided by the company to all employees.

Target Population:

The target population for the present study includes all persons aged 18 years and above and range up to 60 years who are leaving in rural and urban areas of Gujarat for more than 7 years at the same place (either Urban/Rural).

Sampling:

Non – Probability convenience sampling was used for this study.

Sample Size:

In this study, quantitative data was collected from the employees engaged in different company industries Small, Medium, and Large scales industry of Gujarat. For the collection of data, convenience sampling was used among the various employees/workers working at different levels likewise Senior, Middle, and Junior level in the different industries of Gujarat. The sample size for the study was taken as 539.

For the present study, three major Districts (Vadodara, Bharuch & Surat) and five GIDC areas (Bharuch, Ankleshwar, Wghodia, Haziara & Sachin) have been selected.

Data Analysis:

Descriptive Analysis and Inferential Analysis:

Descriptive Analysis has been done by using Graphical Pie Chart/Bar Chart and Cross Tabulation. Inferential Analysis and Testing of Hypothesis has been carried out by executing the different tests like Exploratory and Confirmatory Factor Analysis, Reliability test, ANOVA, Cluster Analysis, etc.

Key Result of the study:

Reliability Analysis:

Reliability Test Results		
Construct	No. of Items	Cronbach's Alpha (α)
OHS	9	0.984
EHS	5	0.979
GHS	9	0.984
OPS	7	0.959

ORS	9	0.961
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Reliability:

Composite Reliability and Cronbach's Alpha for dimensions of Evaluation of Health-Related Services to Industrial Workers

Table 4.20: Composite Reliability and Cronbach's Alpha for dimensions of Evaluation of Health-Related Services to Industrial Workers					
Construct	Item	Factor loading	Composite reliability	AVE	Cronbach's Alpha
Organizational Healthcare Support OHS	OHS-1	0.819	.991	.927	0.984
	OHS-2	0.836			
	OHS-3	0.858			
	OHS-4	0.819			
	OHS-5	0.842			
	OHS-6	0.828			
	OHS-7	0.838			
	OHS-8	0.805			
	OHS-9	0.832			
	OHS-10	0.824			
	OHS-11	0.790			
External Healthcare Support EHS	EHS-1	0.865	.966	.849	0.979
	EHS-2	0.892			
	EHS-3	0.896			
	EHS-4	0.887			
	EHS-5	0.884			
Government – Aided Healthcare Support GHS	GHS-1	0.510	.951	.738	0.984
	GHS-2	0.570			
	GHS-3	0.608			
	GHS-4	0.615			
	GHS-5	0.597			
	GHS-6	0.582			
	GHS-7	0.595			
	GHS-8	0.587			
GHS-9	0.579				
Organizational Policy Support	OPS-1	0.624	.979	.839	0.959

OPS	OPS-2	0.645			
	OPS-3	0.604			
	OPS-4	0.645			
	OPS-5	0.635			
	OPS-6	0.585			
	OPS-7	0.634			
	Organizational Recreational Support ORS	ORS-1			
ORS-2		0.898			
ORS-3		0.864			
ORS-4		0.877			
ORS-5		0.808			
ORS-6		0.898			
ORS-7		0.851			

Item Loadings of all the five factors are 0.5 or higher signifies that these factors converge on a common point on Latent Variable – Employee readiness for change. T- Value is also known as Critical Ratio of all the observed variables is higher than 1.96 at a significant level of 0.05 confirms the convergent validity. Composite Reliabilities is another indicator of convergent validity. Composite reliability of all the observed variables is higher than 0.6 indicated good reliability of the factor structure. Composite reliability above the 0.70 thresholds and an extracted variance above the 0.50 threshold is recommended by Hair et al. (2006). The last component of convergent validity is the Average Variance Extracted (AVE). Average Variance Extracted (AVE) is higher than 0.5 but we can accept 0.4 because Fornell and Larcker (1981) said that if AVE is less than 0.5, but composite reliability is higher than 0.6, the convergent validity of the construct is still adequate.

Confirmatory Factor analysis Fit Statistics:

Fit statistics	Df	GFI	AGFI	NFI	CFI	TLI	RMSEA	RMR
Recommended	----- -	>.90	>.90	>.90	>.90	>.90	< 0.05	< 0.05
Obtained	351	.909	.949	.959	.970	.966	.0363	

(Source: Primary Data)

	CR	AVE	MSV	OHS	EHS	OPS	GHS	ORS
OHS	0.991	0.927	0.013	0.963				

EHS	0.966	0.849	0.003	0.005	0.922			
OPS	0.951	0.738	0.432	0.115**	0.056	0.859		
GHS	0.979	0.837	0.432	0.099*	0.009	0.657***	0.915	
ORS	0.795	0.729	0.225	0.111*	0.052	0.232***	0.475***	0.645

From the above table we can find the data of component reliability, Average Variance extracted, and Maximum share variance. The threshold value for AVE should be greater than 0.05, For composite reliability, it should be more than 0.7. The values of CR should be greater than AVE. Convergent validity refers to how closely the new scale is related to other variables and other measures of the same construct. Not only should the construct correlate with related variables but it should *not* correlate with dissimilar, unrelated ones.

Validity:

From the above table, it is easily interpreted that the convergent validity of all the factors that are OHS, EHS, OPS, GHS, and ORS is more than 0.7, and the values are very closely related to each other.

CLUSTER ANALYSIS:

The purpose of cluster analysis is to classify the respondents amongst the various clusters, these clusters are internally homogeneous concerning psychographic aspects while externally unique and having different intensity concerning the impact of respondents thinking about healthcare services provided to industrial workers with special reference to HIV/AIDS. Here researcher wants to understand that what are the different statements are responsible for distinguished the different clusters. The variations among the cluster determine based on F-statistics in the initial looks ANOVA table indicate the significance value for all 41 statements is responsible for creating impact in healthcare services provided by industries to healthcare workers are significantly different amongst all six clusters. Because for all 41 statements the significance value is 0.00 which is less than 0.05 indicate that these particular statements differentiate in terms of the behavior of respondents in all three clusters.

FINAL CLUSTER ANALYSIS :

Final Cluster Centers

CONSTRUCT	Cluster						F	Sig.
	1	2	3	4	5	6		
(OHS-1)	2	6	2	2	1	2	194.428	0.000
(OHS-2)	2	5	2	2	2	2	249.993	0.000
(OHS-3)	3	5	2	2	2	2	173.869	0.000
(OHS-4)	2	5	2	2	2	2	116.046	0.000
(OHS-5)	2	6	2	2	2	2	177.176	0.000
(OHS-6)	2	6	2	2	2	2	155.241	0.000
(OHS-7)	2	6	2	2	2	2	228.164	0.000
(OHS-8)	2	5	2	2	2	2	201.318	0.000
(OHS-9)	2	6	2	2	2	2	221.714	0.000
(OHS-10)	2	6	2	2	2	2	173.656	0.000
(OHS-11)	3	5	3	3	2	2	110.190	0.000
(EHS-1)	4	5	4	5	1	5	75.328	0.000
(EHS-2)	4	5	4	5	1	5	72.464	0.000
(EHS-3)	4	5	4	5	1	5	77.488	0.000
(EHS-4)	4	5	4	5	1	5	103.005	0.000
(EHS-5)	4	5	5	6	2	6	90.678	0.000
(GHS-1)	4	3	3	3	2	2	63.099	0.000
(GHS-2)	5	3	3	3	2	2	104.292	0.000
(GHS-3)	5	4	3	3	2	2	88.827	0.000
(GHS-4)	5	3	3	3	2	2	91.515	0.000
(GHS-5)	5	3	3	3	2	2	101.474	0.000
(GHS-6)	5	3	3	3	2	2	96.716	0.000
(GHS-7)	6	4	3	4	2	2	102.188	0.000
(GHS-8)	5	3	3	4	2	2	94.856	0.000
(GHS-9)	5	3	3	3	2	2	62.964	0.000
(OPS-1)	2	2	5	2	2	2	165.514	0.000
(OPS-2)	2	3	6	2	2	2	258.411	0.000
(OPS-3)	2	3	5	2	2	2	109.237	0.000
(OPS-4)	2	3	6	2	2	2	193.314	0.000
(OPS-5)	2	3	5	2	2	2	140.551	0.000

(OPS-6)	2	3	5	2	2	2	103.167	0.000
(OPS-7)	2	3	6	3	3	3	37.573	0.000
(ORS-1)	2	3	6	2	2	2	185.994	0.000
(ORS-2)	3	3	3	5	3	2	38.908	0.000
(ORS-3)	3	3	3	6	3	2	63.644	0.000
(ORS-4)	2	3	3	6	3	2	79.886	0.000
(ORS-5)	2	3	3	6	3	2	71.026	0.000
(ORS-6)	3	3	4	5	3	3	58.584	0.000
(ORS-7)	3	4	4	5	4	3	50.541	0.000
(ORS-8)	3	3	4	5	4	3	41.702	0.000
(ORS-9)	3	3	4	5	4	3	24.882	0.000

ANOVA TEST

ANOVA						
		Sum of Squares	df	Mean Square	F	Sig.
OHS	Between Groups	754.900	5	150.980	264.308	0.000
	Within Groups	304.464	533	0.571		
	Total	1059.364	538			
EHS	Between Groups	776.548	5	155.310	95.725	0.000
	Within Groups	864.773	533	1.622		
	Total	1641.321	538			
GHS	Between Groups	633.032	5	126.606	114.924	0.000
	Within Groups	587.181	533	1.102		
	Total	1220.213	538			
OPS	Between Groups	556.180	5	111.236	213.383	0.000
	Within Groups	277.851	533	0.521		
	Total	834.031	538			
ORS	Between Groups	530.659	5	106.132	77.899	0.000
	Within Groups	726.176	533	1.362		
	Total	1256.835	538			

H₀: There is no significant difference amongst clusters concerning various factors evaluating health-related services provided by Industries to workers suffering from HIV/AIDS

H₁: There is no significant difference amongst clusters concerning various factors evaluating health-related services provided by Industries to workers suffering from HIV/AIDS

From the above ANOVA table, we can easily interpret that significance value for all five factors that is Organizational healthcare support, External healthcare support, government-aided healthcare support, organizational policy support, and organizational recreational support is less than 0.05, which means we will accept H₁ and reject the null hypothesis for all the factors

From the ANOVA table researcher concluded that each of all six clusters having a significance value less than 0.05 means here null hypothesis is rejected and the alternative hypothesis is accepted which means there is a significant difference amongst all the clusters.

In the above table one can see that F value for OHS and OPS are more it means there is a larger variation amongst all six clusters and the F value of ORS and EHS is less it means there is a lower variation amongst all the clusters that is A, B, and C. The variable GHS shows moderate variations

Recommendations concerning objectives

- In Gujarat migrant population is very high, they are living in a group, with family or alone. These groups are vulnerable and at high risk of HIV/STI disease and other health-related issues also. During the survey, the researcher came to know that they are living far away from their family and due to loneliness and peer pressure they go at high risk. They are doing unprotected sex resulted easily infected with HIV/AIDS. The matter is not closed here they are working as a carrier of HIV/AIDS and transfer HIV to his spouse, so they work as a bridge population and one of the reasons for dissemination of any disease including HIV. Therefore, it is very much important to cover these populations through health care providers.
- The researcher strongly recommends preparing a tracking system for these migrants with a unique ID in their hometown as well as workplace. This target group should submit their health report every month. At the same time, they aware of his health to avoid any infections.
- During the phase of research, the researcher comes to know that in the current health infrastructure there is no tool available in the hand of the health department to inhibit community spread and virus-like COVID-19. There is a massive failure they have seen during last year when Lockdown imposed on the general population and all the commercial/social activities completely stop resulting there is a huge loss faced by GDP of India. People lose their job even they are not able to move one place to another, all school was closed resulting loss of one academic year and so many things affected because of the pandemic.
- The Researcher strongly recommends preparing a separate department for pandemic management like COVID-19. Which should have a staff of research, Doctor, Nursing, etc who can manage all the influencing factors that directly or indirectly hit the society.
- It has been observed by the record that industrial workers or the general population avoid purchasing condoms from nearby shops of their home or workplace though they want to use a condom for a safe sexual relationship. Hence researcher suggested running an awareness campaign for correct & consistent use of a condom. It will protect against HIV/AIDS & Sexually transmitted infection.
- The awareness campaign also helps to increase the availability and accessibility of condoms, the researcher recommended running a mobile health van having a facility for a proper facility of

health check-ups and HIV/AIDS test kits. State health should circulate a village-wise plan to district and taluka health authorities and it should be properly monitored, every stakeholder should have the proper information for date & schedule so that maximum benefit can be gain through this activity.

- The researcher suggested issuing specific guidelines by state health authorities based on discussion with local health authorities & other stakeholders for useful and meaningful use of CSR funds. Government should properly conduct a need assessment (health specific) of that area and suggest corporate houses spend CSR funds accordingly.
- Secondly, the researcher observed that there is no coordination between local health authorities, NGOs, and health workers with a corporate house even an industrial house does not allow to enter any outside person in his industry. They do not want any interference in his activities. They think that CSR funds are raised by his profit hence they will spend according to him.
- Government should launch an app for reporting of their health care workers for appropriate reporting. One should know about program status and the number of beneficiaries at any point in time. At the same time, one should have enough information to plan of next activity for improving healthcare services & HIV/AIDS-related services.
- During an interview with the respondent, the researcher comes to know that some of the people get benefited through the program and some of them not but they don't have an exact number that what type of health benefit they are getting and what type of support is required by the general population or industrial population. This one can easily capture if they prepare a line list of services. One can easily tell us about the health care facility he is getting in his area and what is required, the researcher suggests taking it on one server and prepare a database to strengthen services as per the need of that area.
- There are clinics/hospitals run by the organization for their staff either at a workplace or they tie-ups with the private hospitals. The sole focus of this center is to provide healthcare services to his workers and his family members. But during the survey researcher come to know that they are not fully equipped with all the health-related services, they are not linked at all with government agencies & employees of the company could not getting complete health security/solutions from these centers. Hence researcher recommends linking all the centers with nearby government hospitals, community/primary health care centers so that one can get the

benefit of those schemes also which are running by the government. If it is discussed in the context of HIV/AIDS-related services, it's hardly available in the OHC center of an organization. They do not have even a Testing kit for HIV, no medicines available for HIV Patients. If someone is found positive, they are not able to work in an organization because they are not giving any special facility or relaxation at the workplace.

2. Conclusion

- NGOs are the eyes and ears of the health department of any state for successful implementation of any program local partners are required and NGOs are working in micro rural/Industrial areas/special economic zone/rural/urban. The researcher suggests to program directors of NGOs work in coordination with the industrial house and government. They are working as a bridge between government and private organizations. They can deliver health-related services very effectively at the ground level. They need to develop a good relationship with CSR/HR managers to provide program services offered by the health department with due permission.
- This is but obvious that prevention is better than cure and in the case of HIV/AIDS prevention is the only way to save oneself. As per standard guideline condom should available within walking distance on 15 minutes in rural and 10 minutes in an urban area.
- Where social marketing organization plays a very key role because they can ensure supply chain of cost-effective condom in the rural area.
- The researcher also suggested conducting periodical visits in rural and conduct interpersonal communication(IPC) session to remove stigma and discrimination in the general population
- At the same time ensure correct and consistent use of condoms for a safe and secure relationship.
- The human resource department has a very vital role to draft organization policy including health-related issues. Hence researcher strongly suggests working on health-related policy.
- Though the government has a standard policy for every HIV/AIDS-related issue at the workplace implementation part is dependent upon organization culture and staff. One should work over that because still stigma and discrimination persist between the general population related to HIV/AIDS or pandemics like COVID-19.

- Researcher suggest to all the industrial association should work and come on common consensus to deal HIV/AIDS & Pandemics

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