

CHAPTER - 7 DATA ANALYSIS AND INTERPRETATION

This chapter is one of the most important chapters of the thesis as it incorporates the analysis of the data collected from the respondents. The previous chapter discussed the research methodology and research design, data collection tool and other aspects of analysis and in this section the implementation of research methodology is presented wherein the data collected is coded and tabulated along with statistical analysis.

The demographic profile of respondents is presented in this chapter and tables and graphs are used to depict the collected data which is further analyzed by testing the formulated hypothesis. The chapter spreads over sections, each section is dedicated to a specific objective and hypothesis. Hypothesis testing is done to establish the objectives of the research.

Demographic profiling is a key tool in market research, social analysis, and public policy formulation, enabling a deeper understanding of the diversity within a given population

In the chapter on Data Analysis and Interpretation, the focus is on extracting meaningful insights from collected data, transforming raw information into actionable knowledge. This crucial phase involves employing statistical methods, visualization techniques, and analytical tools to uncover patterns, trends, and correlations within the dataset. The chapter delves into the application of appropriate statistical tests, data cleaning processes, and data transformation methods to ensure accuracy and reliability. Furthermore, it addresses the importance of presenting findings through clear and impactful visualizations, aiding in the effective communication of results.

Ultimately, the chapter emphasizes the significance of thoughtful interpretation, guiding readers through the process of drawing meaningful conclusions and implications from the analyzed data. This stage is pivotal in bridging the gap between raw data and informed decision-making, contributing to the overall validity and relevance of the study.

7.1 Section1 Demographic Profile

A demographic profile provides a concise overview of the characteristics of a population or a specific group, typically including information such as age, gender, race, ethnicity, education, income, and other relevant factors. This profile is essential for understanding the composition of a population, allowing researchers, policymakers, and businesses to tailor their strategies, products, or services to meet the specific needs and preferences of different demographic segments.

Table 6.1: Gender of the Patients

Gender	Respondents
Male	244
Female	156
Total	400

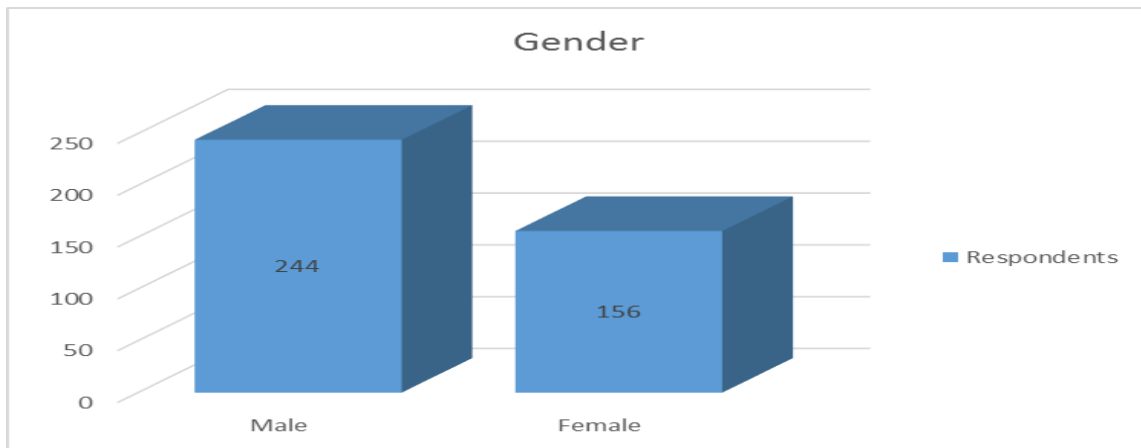


Fig. 6.1: Gender distribution

Interpretation

The above table clearly shows that The respondents were classified into two groups on the basis of their Gender. Maximum respondents 244 out of 400 were male whereas only 156 respondents were females.

Table 6.2: Category of the Patients

Category	Respondents
General	104
SEBC	75
EWS	24
ST	87
SC	78
Others	32
Total	400

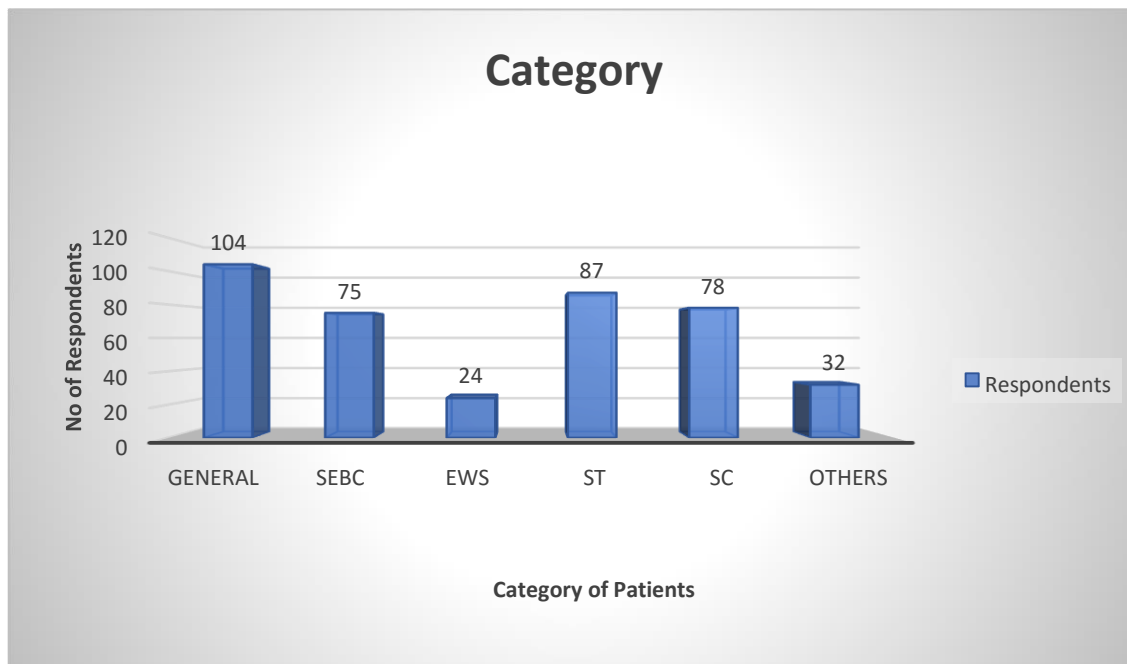


Fig. 6.2: Category distribution of the Patients

Interpretation

The above table clearly shows that the respondents were classified into six groups on the basis of their category. Maximum respondents 104 out of 400 were falling in the general category and minimum 24 were falling in the EWS category. 87 in the ST category and 78 in the SC category were recorded.

Table 6.3: Religion of the Patients

Religion	Respondents
Hindu	202
Muslim	53
Christian	84
Sikh	24
Others	37
Total	400

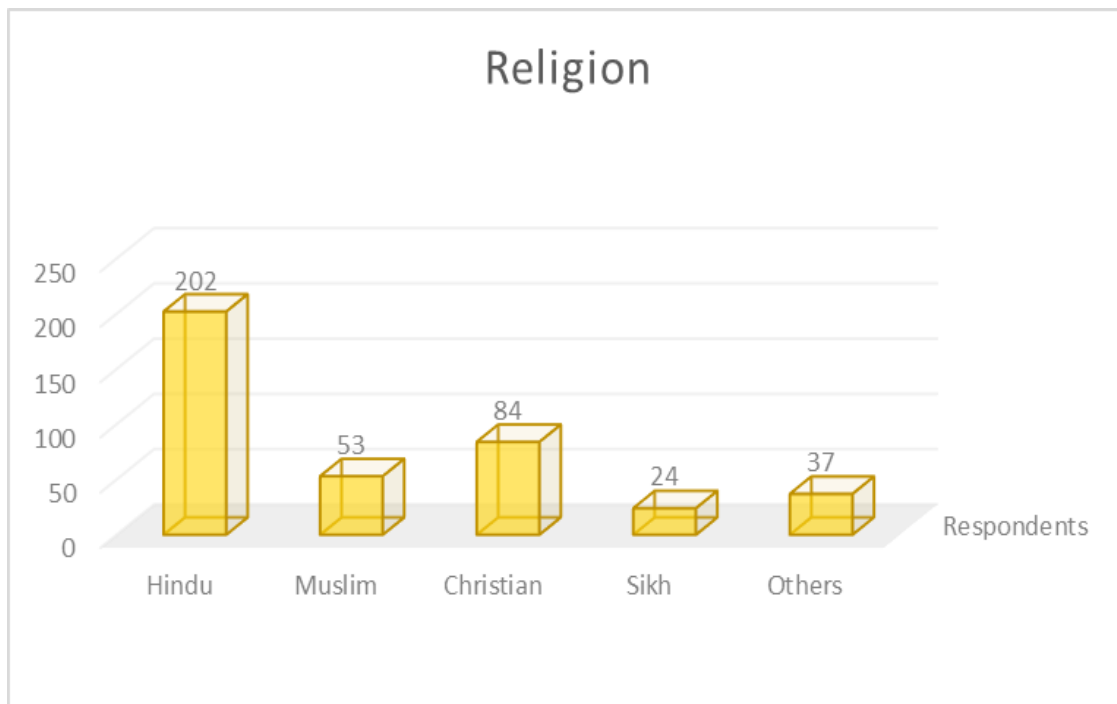


Fig. 6.3: Distribution of the Religion

Interpretation

The above table clearly shows that The respondents were classified into five groups on the basis of their religion. Maximum respondents 202 out of 400 was falling in the category Hindu and minimum 24 were falling in the Sikh religion category, 53 were Muslim and 84 were Christians while some of them fall in the others category.

Table 6.4: Location of the workplace of the Patients

Working area	Respondents
Rural	237
Tribal	18
Urban	145
Total	400

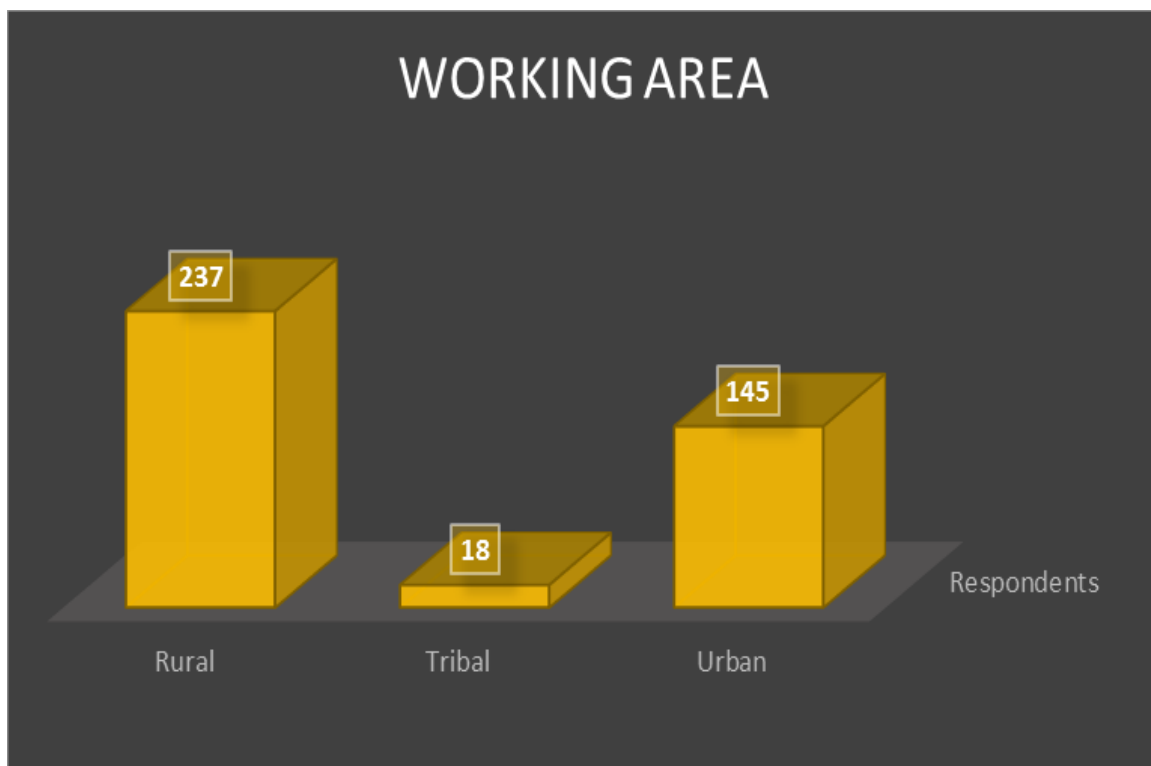


Fig. 6.4: Workplace Area Distribution

Interpretation

The above table clearly shows that out of 400 sampled respondents 237 are working in the rural area and 145 in urban area. Only 18 of them are working in the tribal area.

7.2 Section 2 Bivariate and Multivariate Representation

Table 6.5: Gender likely to be victim of discriminatory behavior

Gender likely to be victim of discriminatory behavior	Respondents
Male	257
Female	143
Total	400

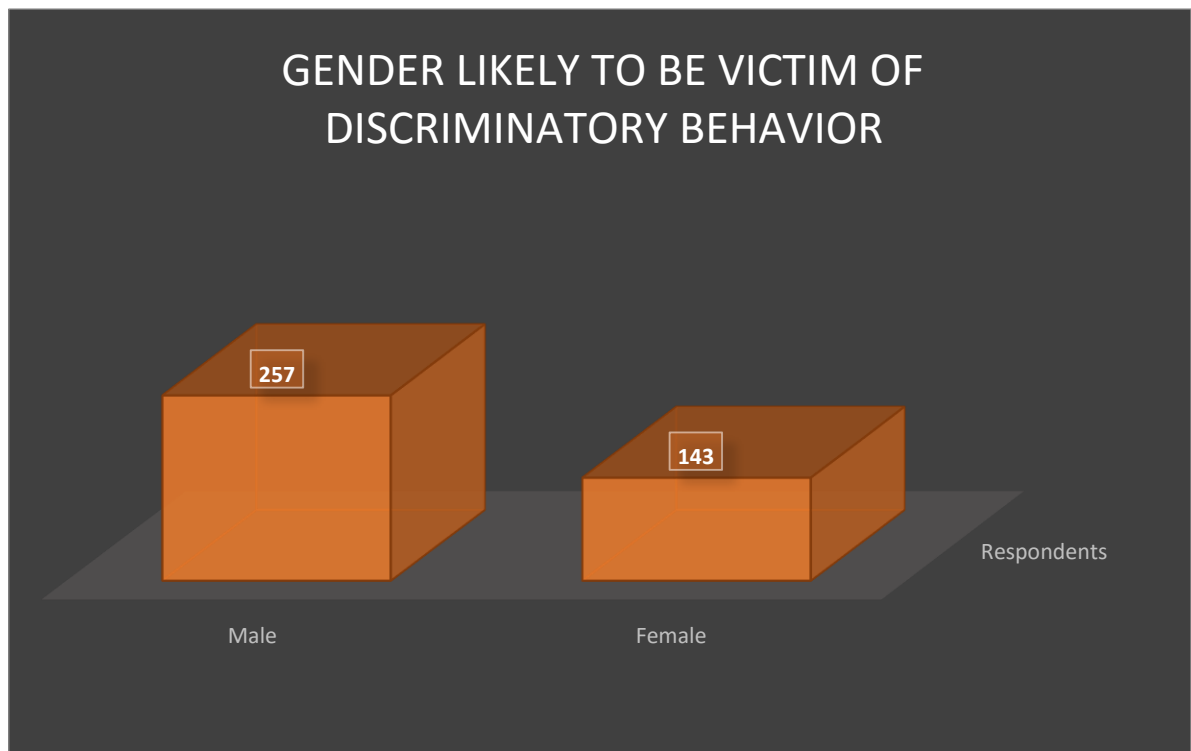


Fig. 6.5: Gender likely to be victim of discriminatory behavior

Interpretation

The above table clearly shows that male as well as female Gender is likely to be victim of discriminatory behavior. Out of 400 respondents 257 males and 143 females Patients of HIV/AIDS agree that they have to face discriminatory behaviour in the society.

Table 6.6: Relative engaged in discriminatory behavior

Relative engaged in discriminatory behavior	Respondents
Husband/Wife	99
Family Members	80
Relatives	101
Village People	84
Others	36
Total	400

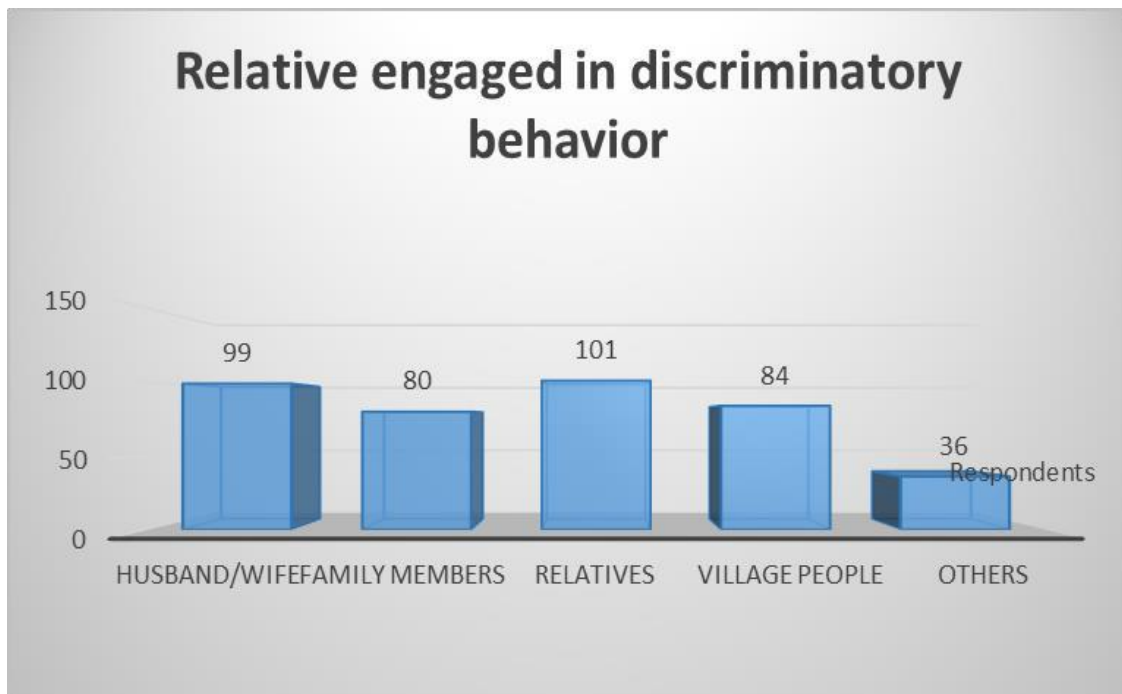


Fig. 6.6: Relative engaged in discriminatory behavior

Interpretation

The above table clearly shows that discrimination is generally done by Relatives and by spouse. it is also found that family members and village people are also engage in such type of behavioral bias.

Table 6.7: Area of discriminatory behavior

Area of discriminatory behavior	Respondents
At work place	317
At Home	83
Total	400

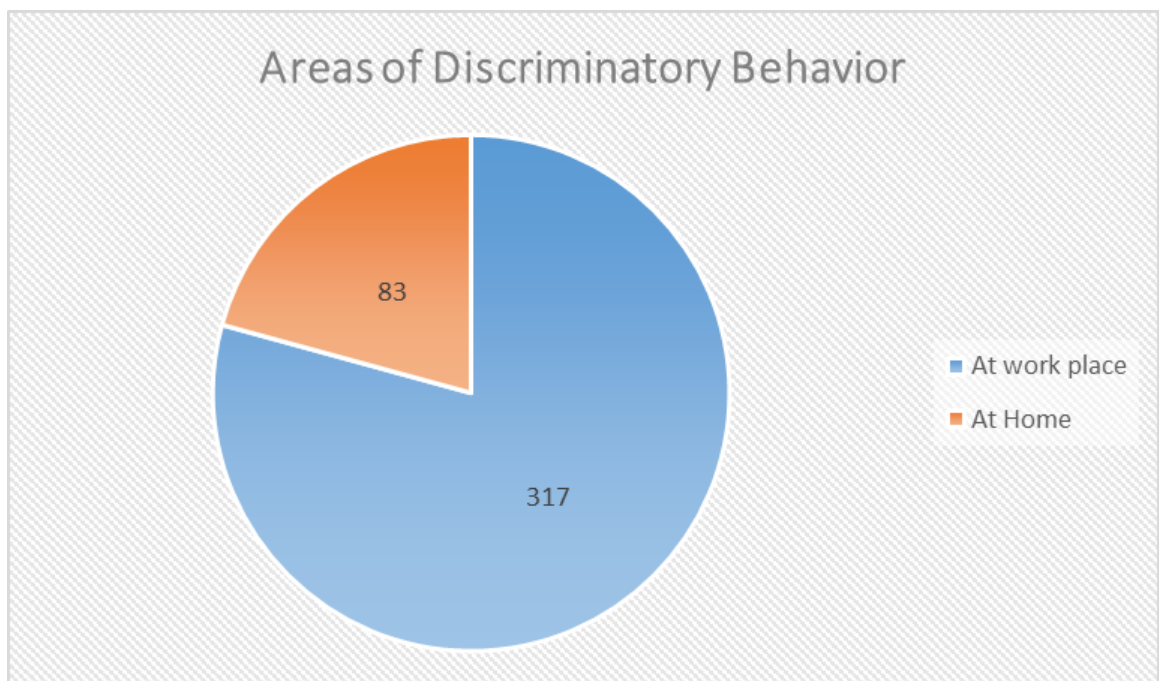


Fig. 6.7: Area of discriminatory behavior

Interpretation

The above table clearly shows that discriminatory behavior is more common at workplace. Out of 400 respondents 317 reveal that they face discrimination at work place more and 83 opined that it is more at home.

Table 6.8: HIV cases having cohabitation breakdown

HIV cases having cohabitation breakdown	Respondents
Yes	252
No	148
Total	400

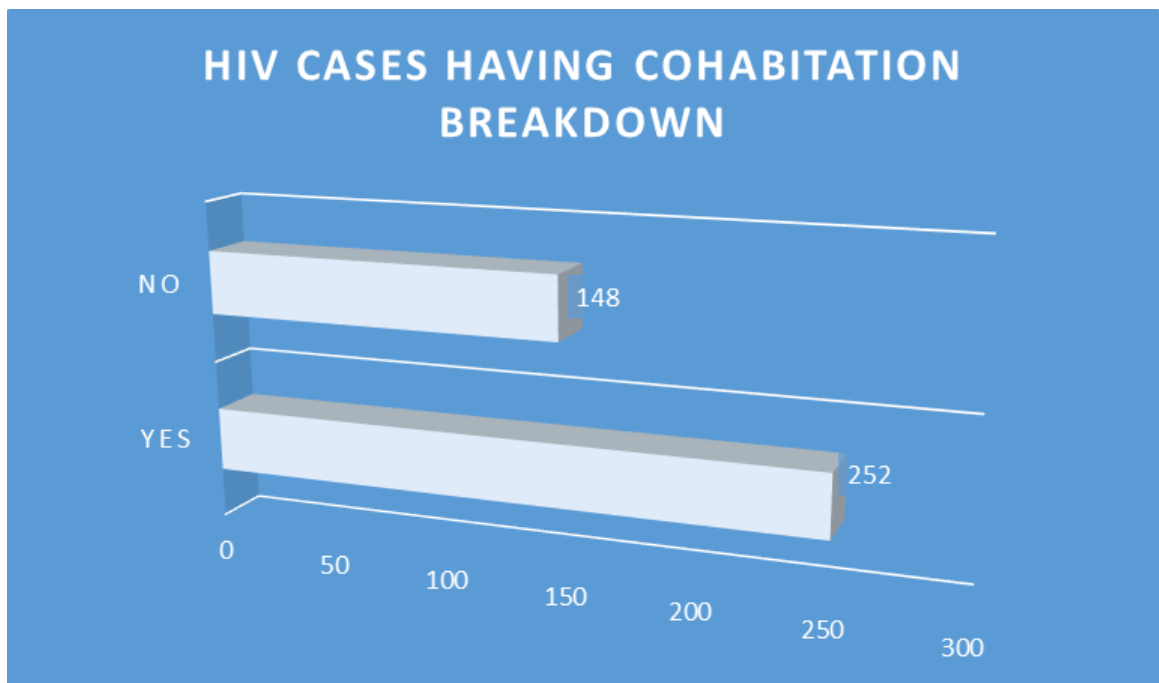


Fig. 6.8: HIV cases having cohabitation breakdowns

Interpretation

The above table clearly shows that out of 400 respondents 252 said yes to HIV cases having cohabitation breakdown and 148 say no to such practice

Table 6.9: HIV patients complaining against defamation or injustice

HIV patients complaining against defamation or injustice	Respondents
Yes	302
No	98
Total	400

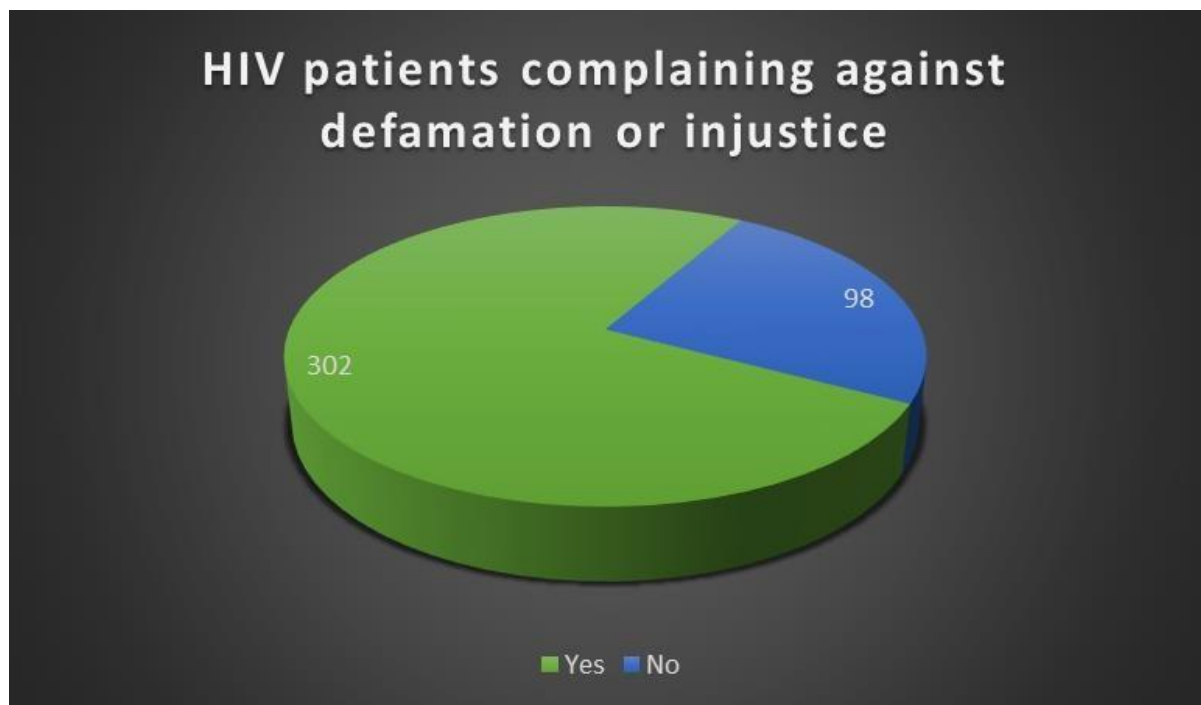


Fig. 6.9: HIV patients complaining against defamation or injustice

Interpretation

The above table clearly shows that HIV patients complaining against defamation or injustice is increasing and 302 agree that they are now open to complain about any wrong practice or behavior.

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Table 6.10 HIV patients requiring legal assistance

HIV patients requiring legal assistance	Respondents
Yes	286
No	114
Total	400

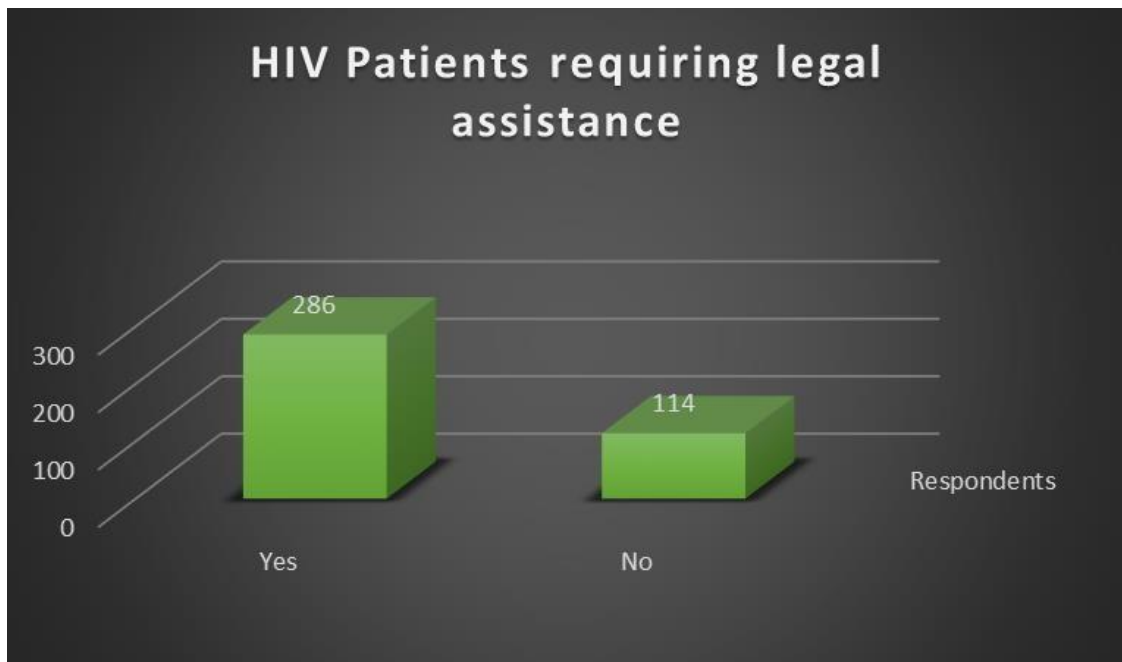


Fig. 6.10: HIV patients requiring legal assistance

Interpretation

The above table clearly shows that out of 400 respondents 286 agree that HIV patients require legal assistance for malpractices against them

Table 6.11 Patients Aware About Laws Related to HIV

Patients Aware About Laws Related to HIV	Respondents
Yes	39
No	361
Total	400

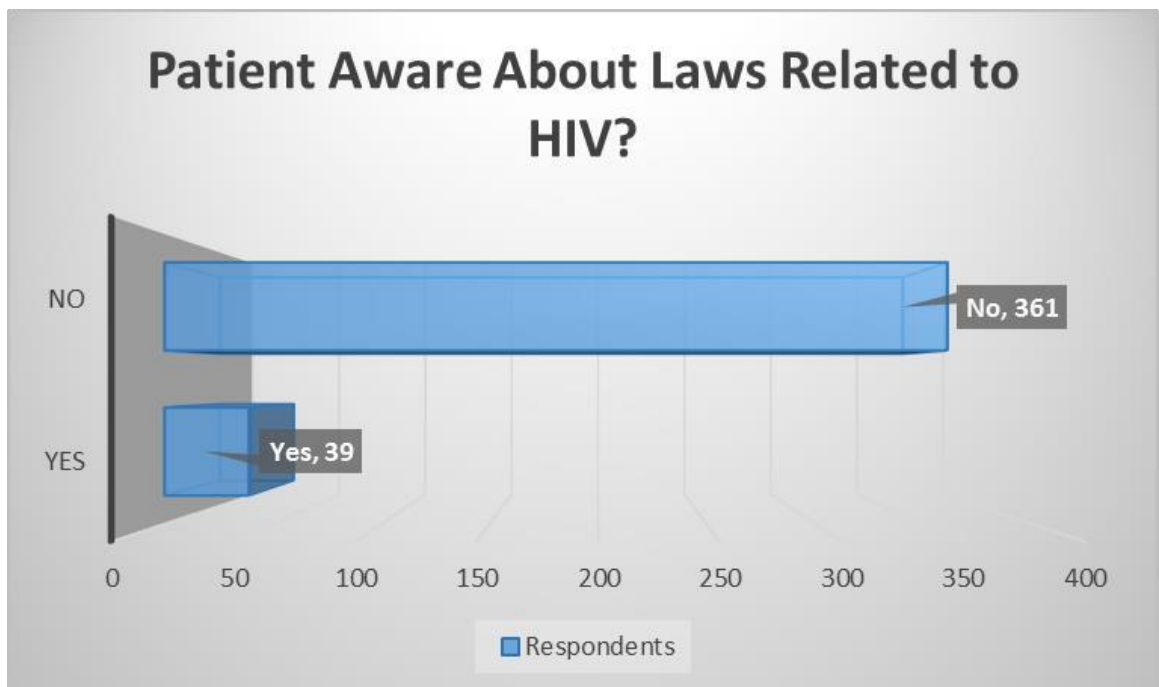


Fig. 6.11: Patients Aware About Laws Related to HIV

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Interpretation

The above table clearly shows that awareness of Patients About Laws Related to HIV is very low only 39 say yes that they are aware but majority 361 say that they are not aware about their legal rights.

Table 6.12 Are HIV protection laws appropriate

Are HIV protection laws appropriate	Respondents
Yes	314
No	86
Total	400

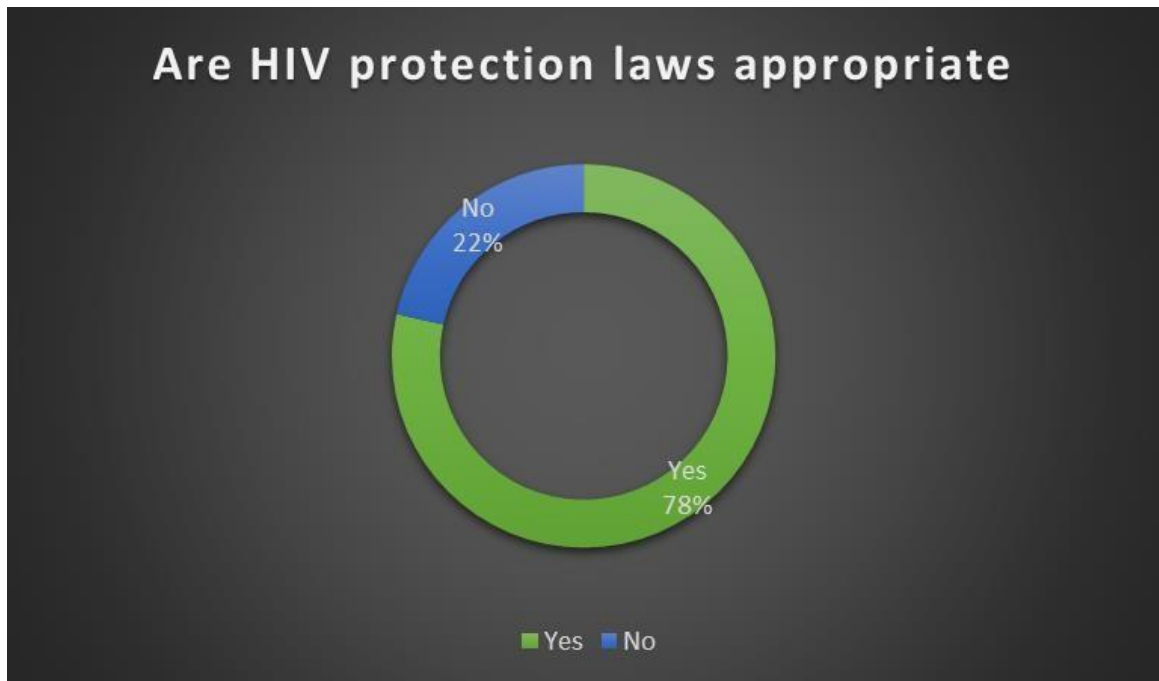


Fig. 6.12: Are HIV protection laws appropriate

Interpretation

The above table clearly shows that majority 314 out of 400 respondents say that HIV protection laws are appropriate and only 86 respondents deny that these laws are sufficient.

Table 6. 13 Gender of Respondents

Gender	Respondents
Male	244
Female	156

Total	400
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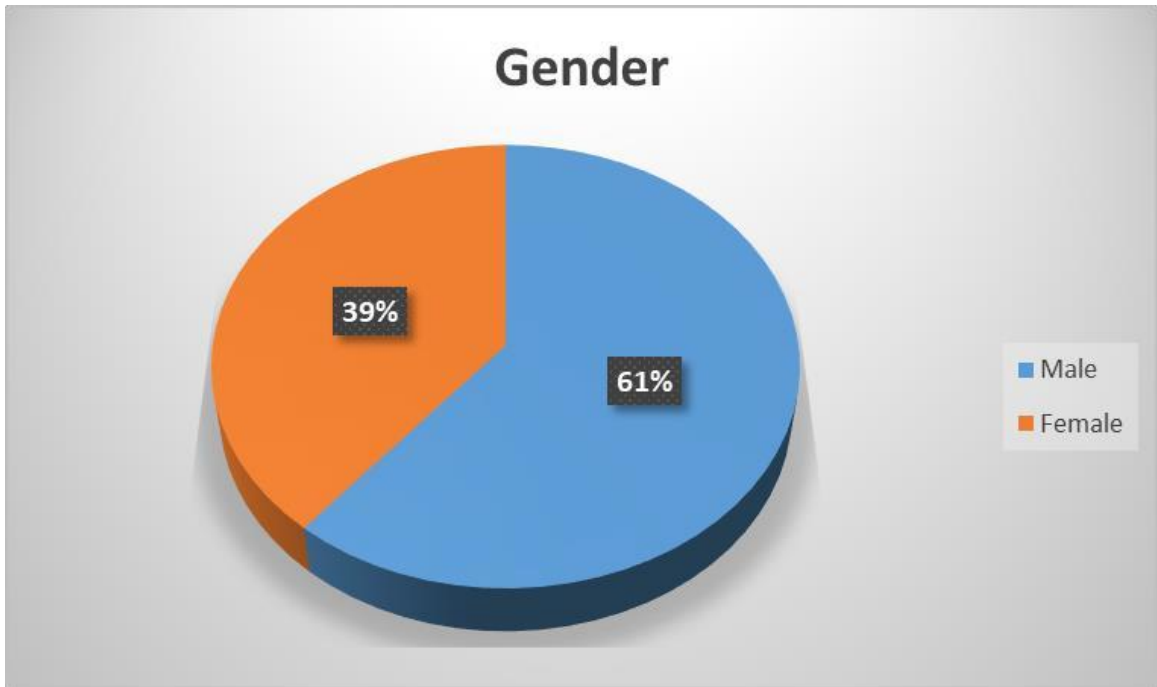


Fig. 6.13: Gender of respondents

Interpretation

The above table clearly shows that The respondents were classified into two groups on the basis of their Gender. Maximum respondents 244 out of 400 were male whereas only 156 respondents were females.

Table 6. 14 Category of respondents

Category	Respondents
General	104
SEBC	75
EWS	24
ST	87

SC	78
Others	32
Total	400



Fig. 6.14: Category of respondents

Interpretation

The dataset categorizes 400 respondents into various groups, reflecting the demographic diversity within the sample. Among these, 104 respondents are classified as General, 75 as SEBC (Socially and Economically Backward Classes), 24 as EWS (Economically Weaker Sections), 87 as ST (Scheduled Tribes), 78 as SC (Scheduled Castes), and 32 respondents fall under the "Others" category. This categorization provides a snapshot of

the social and economic composition of the surveyed population, offering valuable insights into the distribution of respondents across different classifications.

Understanding these demographics is essential for gaining a nuanced perspective on the experiences and opinions of individuals from various social backgrounds.

Table 6. 15: Types of Family

Types of Family	Respondents
Joint	298
Nuclear	102
Total	400

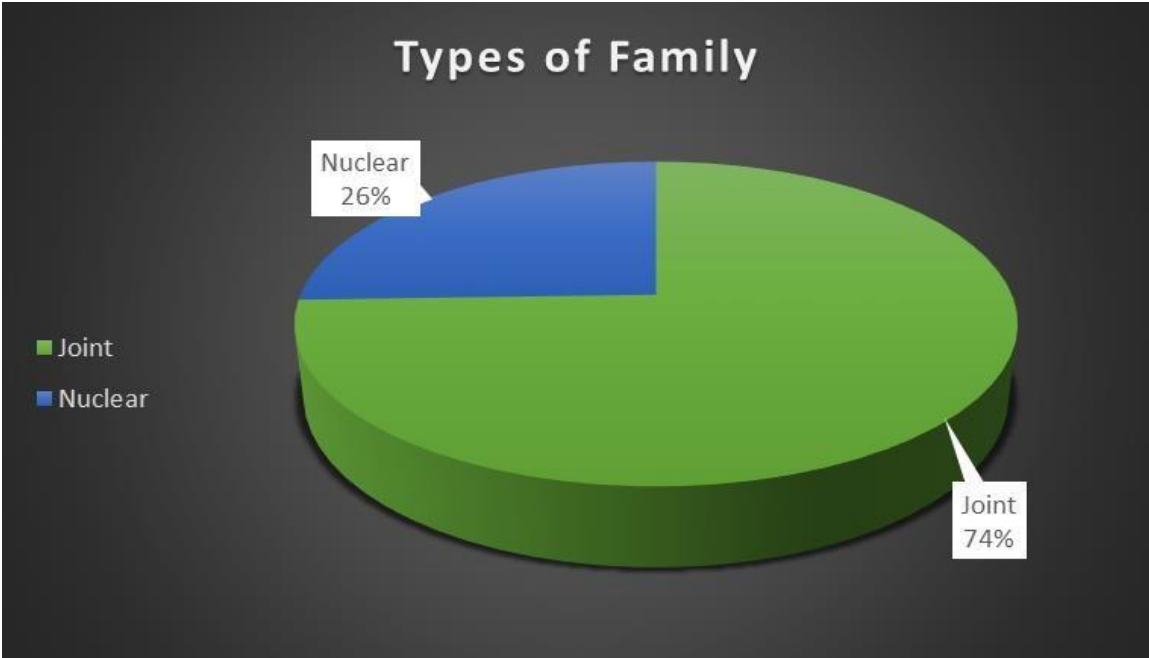


Fig. 6.15: Types of Family

Table 6. :

Interpretation

The above table clearly shows that The respondents were classified into two groups on the basis of their family type. Maximum respondents 298 out of 400 were living in joint family whereas only 102 respondents were having a nuclear family.

16 Education Status

Education	Respondents
Uneducated	162
Primary	43
Secondary	72
Sen. Secondary	63
UG	32
PG	28
Total	400

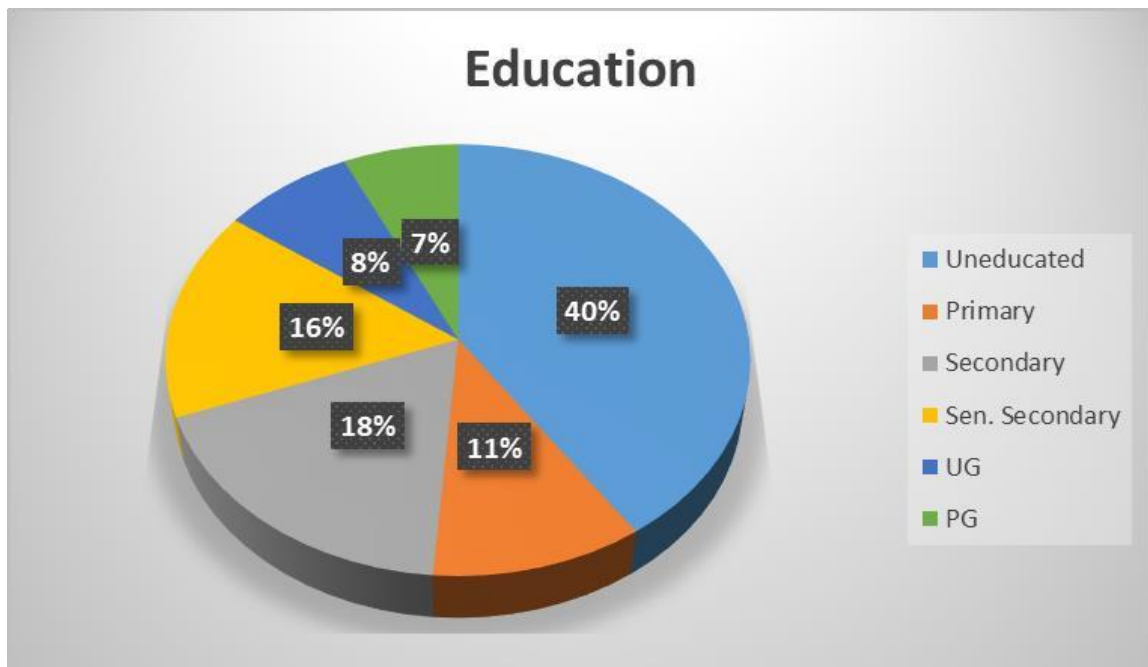


Fig. 6.16: Education Status

Table 6. :

Interpretation

The above table clearly shows the educational qualification of the respondents. The respondents were classified into six groups on the basis of their highest education. Maximum respondents 162 out of 400 were uneducated whereas 72 were having secondary education and only 28 were PG and 28 were UG.

17 Marital Status

Marital Status	Respondents
Single	81
Married	253
Widowed	29
Divorced	37
Total	400

Table 6. :

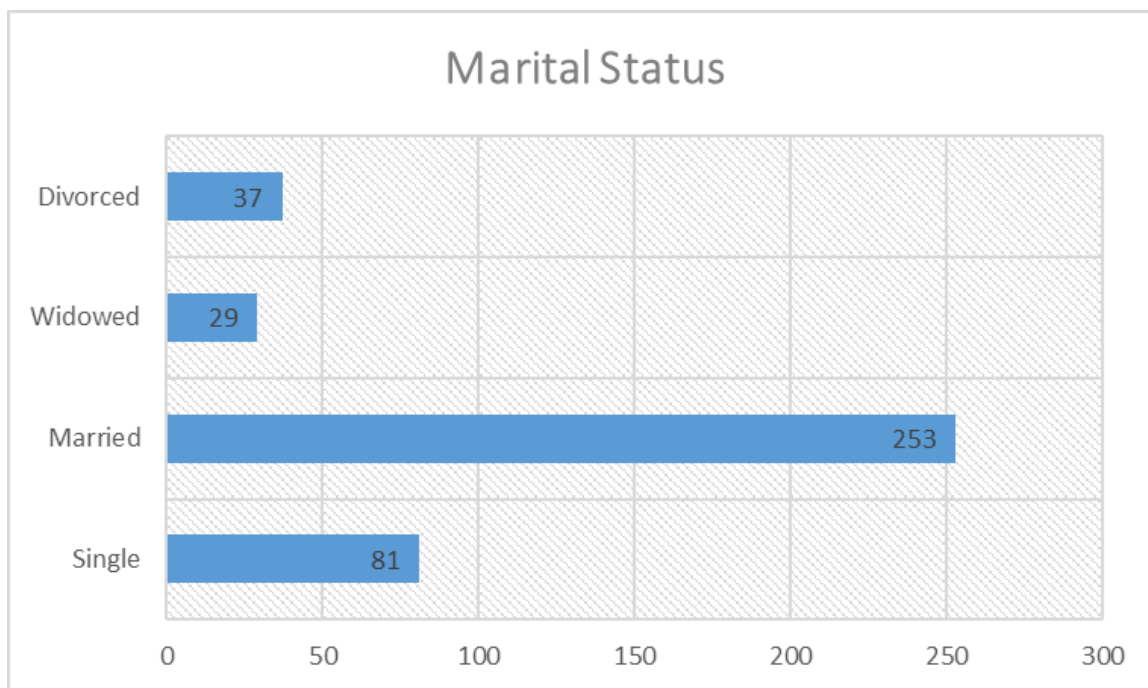


Fig. 6.17: Marital Status

Interpretation

The above table clearly shows the marital status. The respondents were classified into four groups on the basis of their status. Maximum respondents 253 out of 400 were married only 81 were single whereas 27 were divorced.

18 Source of HIV related information

Source of HIV related information	Respondents
News Paper	11
Books	7
Posters	49
Magazines	2
Radio	24
TV	31
Friends	77
Health Workers	87
Doctors	26
HIV positive patient	11

Table 6. :

attending work-shop	4
Through NGO	58
Others	13
Total	400

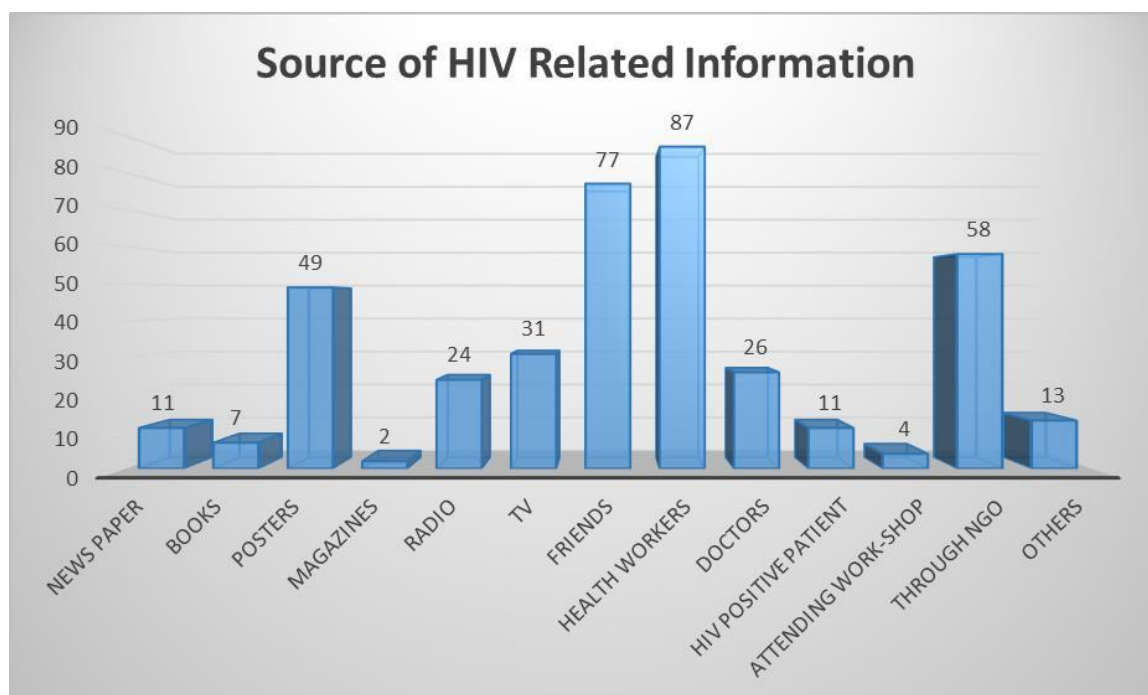


Fig. 6.18: Source of HIV related information

Interpretation:

The above table shows the **source of HIV related information** to the respondents. Maximum respondents 87 out of 400 received information through health workers and 77 from friends and 58 from NGO workers.

Table 6. 19: Reason behind getting affected to HIV

How did you got affected to HIV	Respondents
Through interpersonal relationship with HIV infected person	19
Through HIV infected Blood transfusion	146
Through Mother got transmitted to Child	14
Through the use of a unsterilized needle	194
Other	27
Total	400

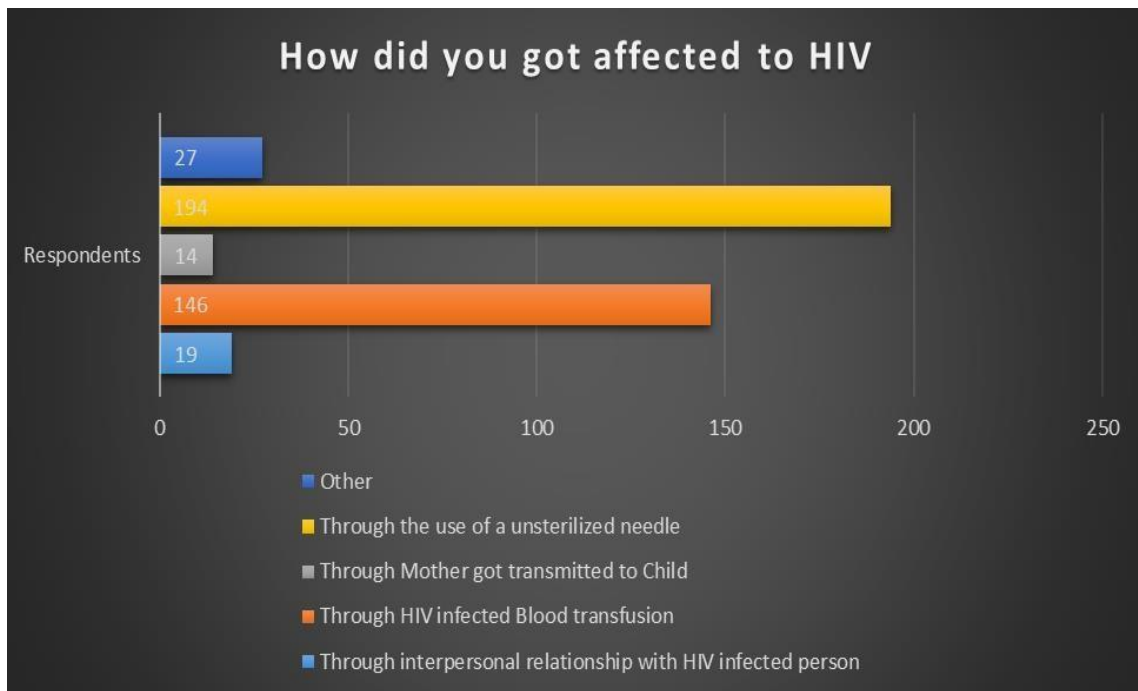


Fig. 6.19: Reason behind getting affected to HIV

Interpretation

The above table shows the means of **HIV infection**. Maximum respondents 194 out of 400 received Through the use of unsterilized needle and 146 Through the use of a unsterilized needle ,19 Through interpersonal relationship with HIV infected person and 14 through infected mother, rest of them were infected by other means

Table 6. 20: Advise to get check-up of problems was received from

Who advised you to get check-up of problems?	Respondents
Doctor	41
NGO worker	137
Friend	94
Family member	93
Relative	16
Other	19
Total	400

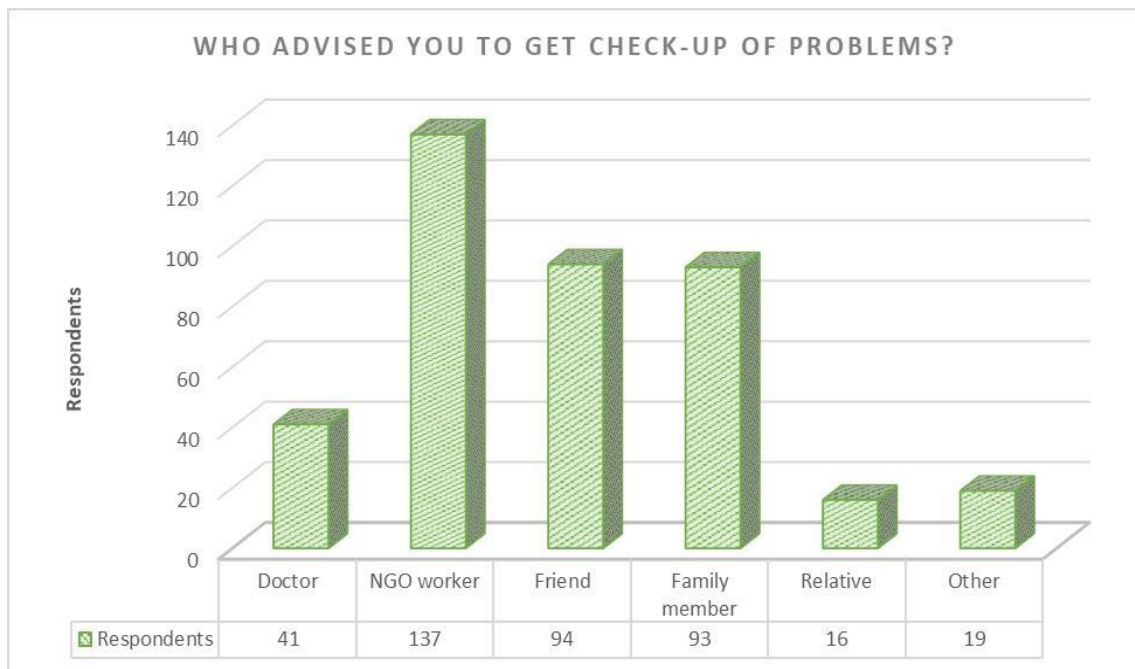


Fig. 6.20: Advise to get check-up of problems was received from

Interpretation

The above table shows that maximum patients 137 were advised by NGO workers to get check-up of problems followed by 94 friends ,93 and family members.

Table 6. 21: Response towards HIV Positive Report

What was your response to your HIV positive report?	Respondents
Got confused	12
Got worried about future	203
Got worried about family member	107
Felt uncertainty about life	22
Thought of report being incorrect	46
No hard feelings	10
Total	400

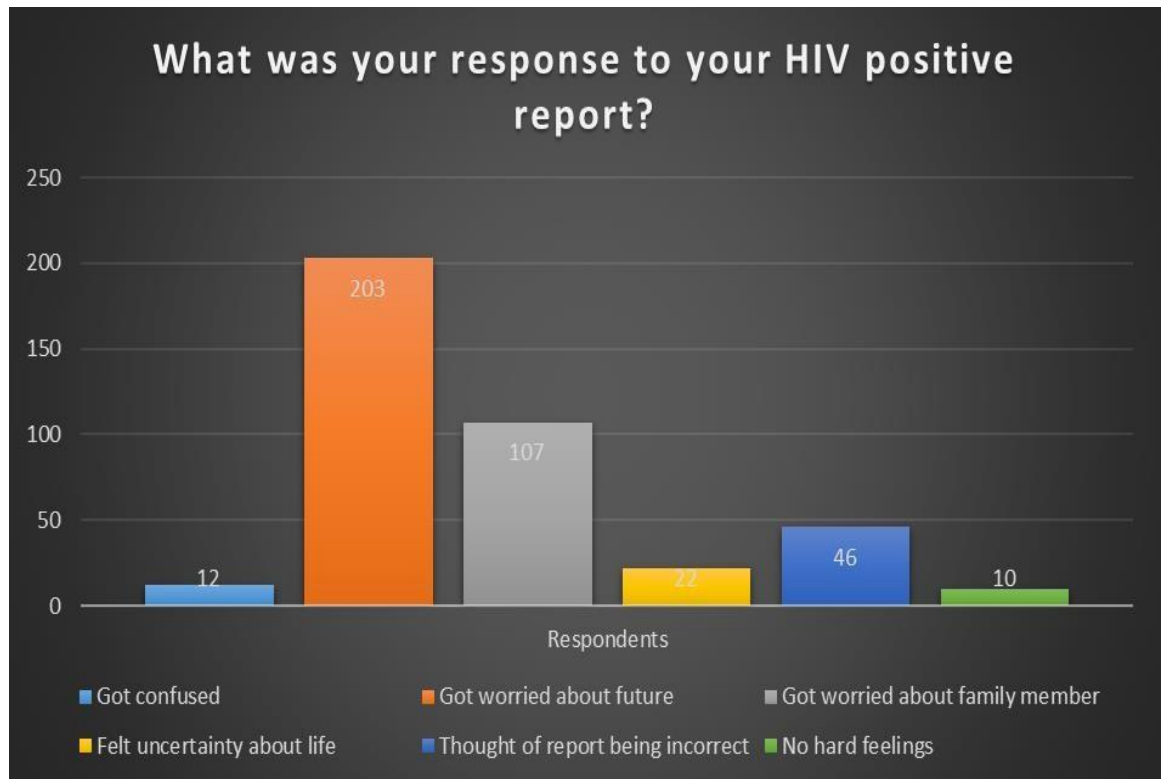


Fig. 6.21: Response towards HIV Positive Report

Interpretation

The above table reveals the response when the respondent first time received a HIV positive report. Maximum 203 were worried about future followed by 107 who got worried about family.

Table 6. 22: Did your colleagues behavior got changed?

Did you felt difference in your colleagues behavior ?	Respondents
Yes	378
No	22
Total	400



Fig. 6.22: Did your colleagues behavior got changed

Interpretation

The above table shows that maximum of them felt that difference in the behavior of the colleagues towards them after infected by HIV. Only 22 respondents said that it does not matter and had no change in their behavior.

Table 6. 23: Did you find difference in your working capability after HIV infection

Did you felt any difference in your working capability after HIV infection?	Respondents
Yes	65
No	335
Total	400

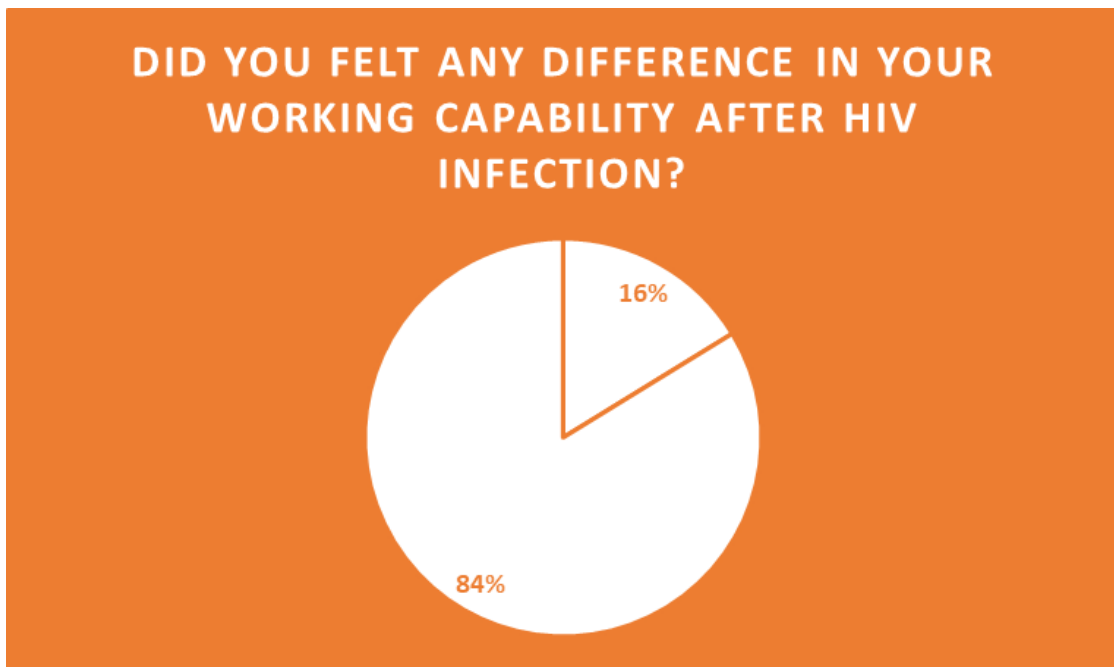


Fig. 6.23: Did you find difference in your working capability after HIV infection

Interpretation

The above table shows the difference in respondents working capability after HIV infection. And to a surprise only 65 out of 400 said that it was affected but 335 said that it was not affected

Table 6. 24: Got engaged in any programmes related to HIV

Did you engaged yourself in any programmes related to HIV?	Respondents
Yes	164
No	236
Total	400

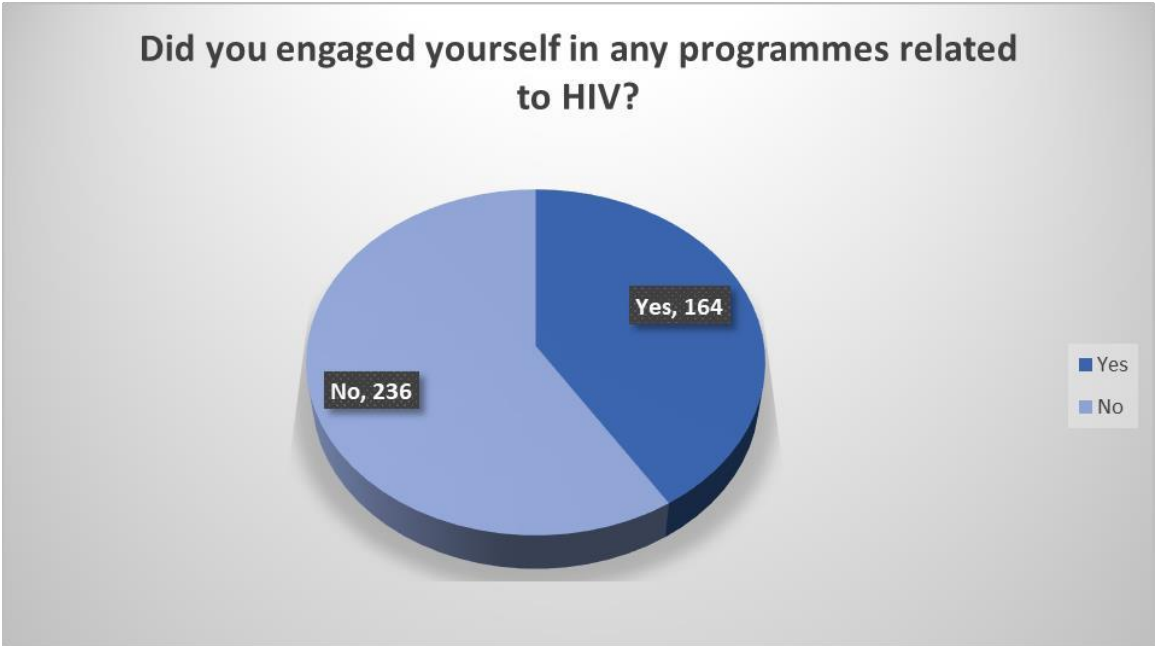


Fig. 6.24: Got engaged in any programmes related to HIV

Table 6.

Interpretation

The above table shows response to get engaged in any programmes related to HIV. it showed that 164 out of 400 were agree to it and rest of them were not engaged in any such program.

25: Attendance towards social occasions

Do you attend social occasions?	Respondents
Yes	43
No	357
Total	400

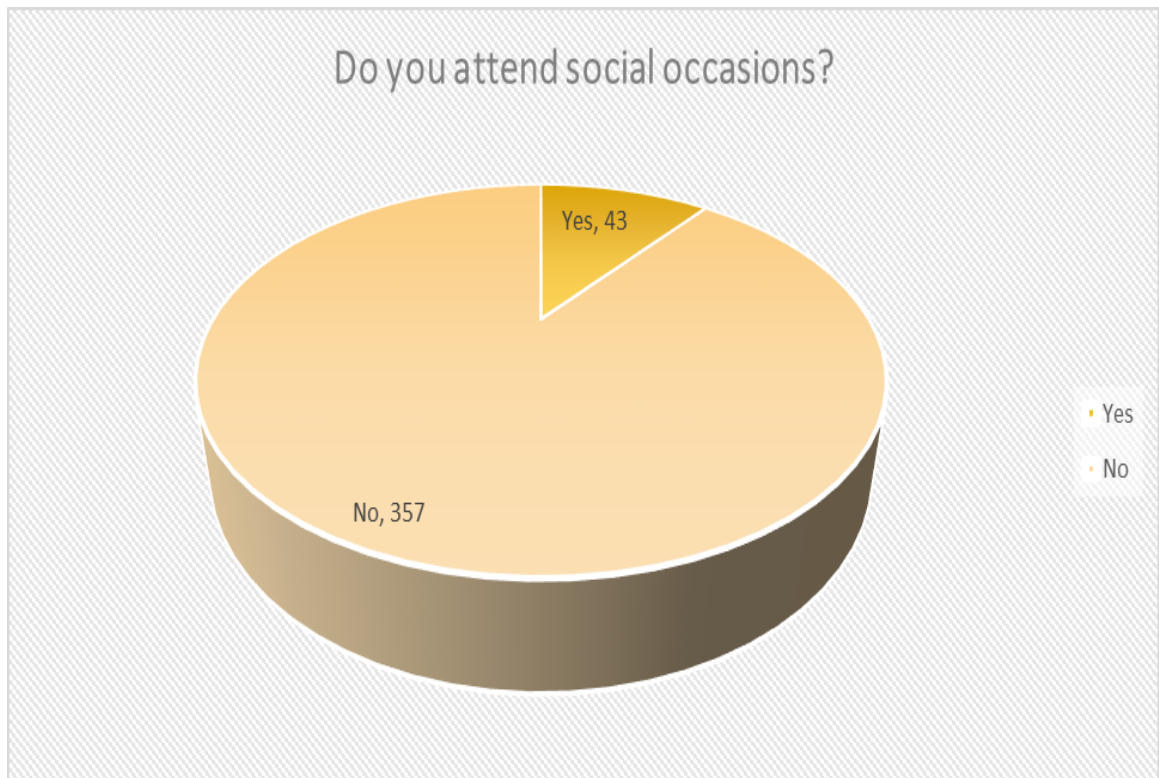


Table 6.

Fig. 6.25: Attendance towards social occasions

Interpretation

The above table shows that out of 400 a high percentage that goes around almost equals 90% of the total respondents of HIV patients did not attended any social occasions.

26: Awareness of people in your society about your HIV infection

The people of society know about your HIV infection?	Respondents
Yes	134
No	266
Total	400

Table 6.

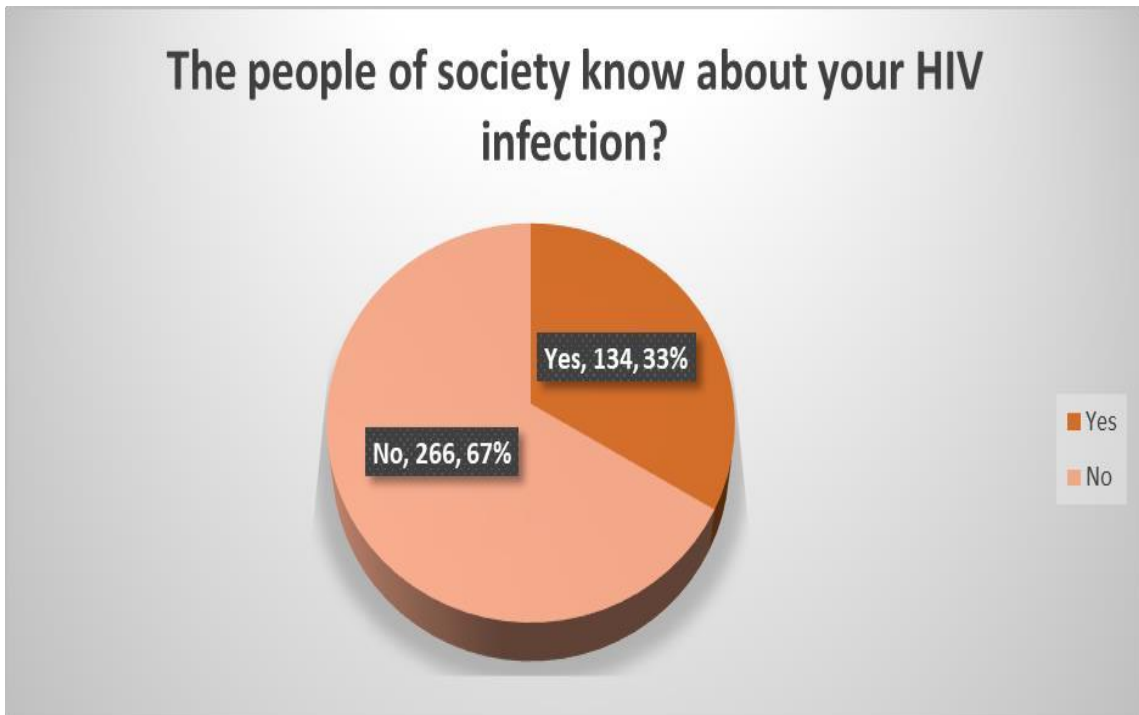


Fig. 6.26: awareness of people in your society about your HIV infection

Interpretation

Out of 400 maximum i.e. 67% did not tell about their illness to the people of society and 134 said that people of society know about their HIV infection. 27: Does HIV have created problems for your social status?

Does HIV have created problems for your social status?	Respondents
Yes	333
No	67
Total	400

Table 6.

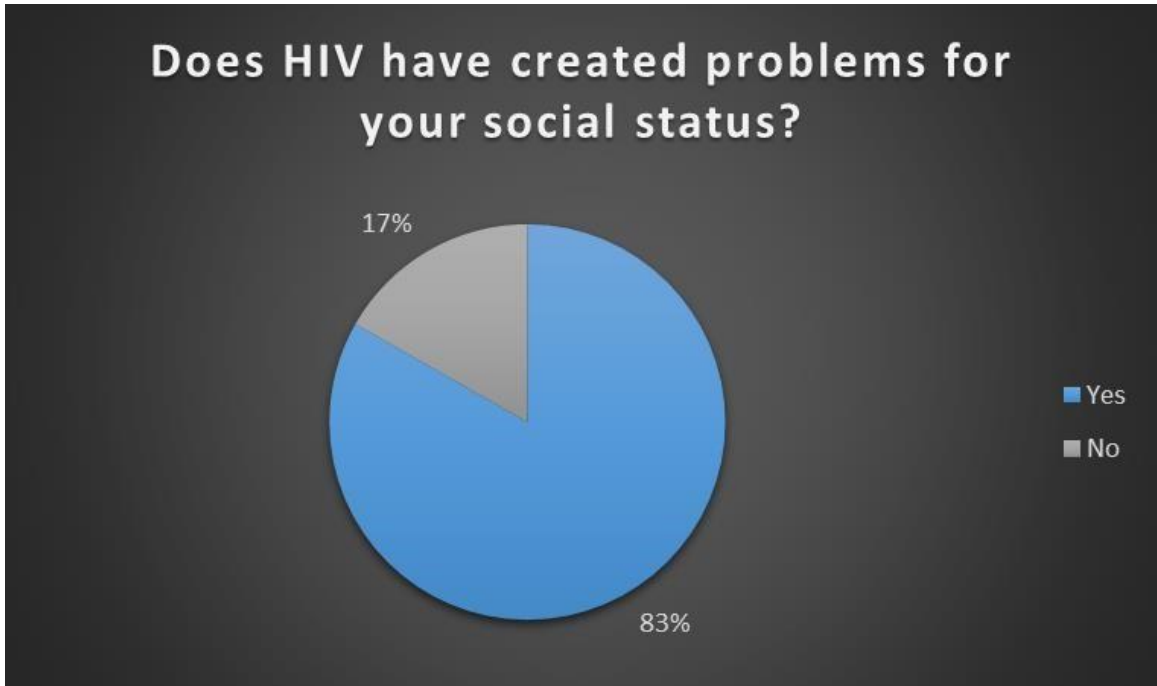


Fig. 6.27: Does HIV have created problems for your social status?

Interpretation

The above table shows response to whether HIV have created problems for their social status and the data reveals that 333 i.e. 83% agree to it and were sad that this has created a difference in their social life

28: Awareness about legal provisions for protection of HIV/AIDS patients

Are you aware of the legal provisions for the protection of HIV/AIDS patients?	Respondents
Yes	39
No	361
Total	400

Table 6.

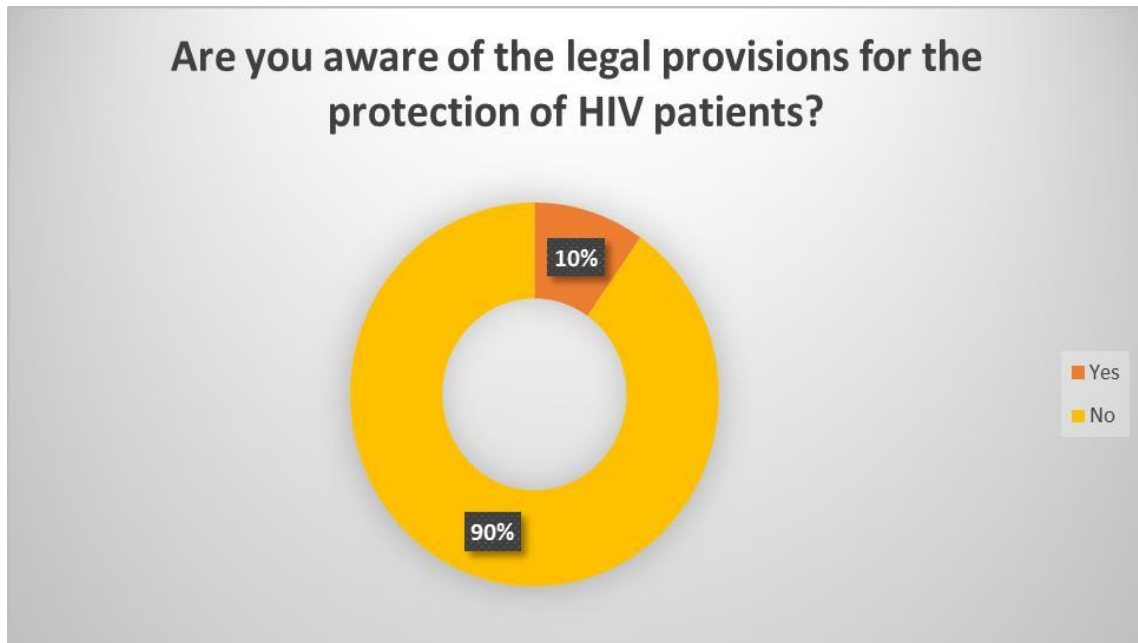


Fig. 6.28: Awareness about legal provisions for protection of HIV/AIDS patients

Interpretation

The dataset reveals a notable lack of awareness among respondents regarding legal provisions for the protection of HIV/AIDS patients. The majority, represented by 361 respondents, answered negatively, indicating a substantial portion of the surveyed population is not aware of the existing legal safeguards for individuals affected by HIV/AIDS. Conversely, only 39 respondents acknowledged awareness of such legal provisions. The data implies a need for increased awareness campaigns, education, and dissemination of information regarding the legal rights and protections afforded to those living with HIV/AIDS, highlighting a potential gap in knowledge that could impact the well-being and rights of this vulnerable population.

29: Feeling towards usage of legal provisions to protect HIV patients?

Have you ever felt that legal provisions should be used to protect HIV patients?	Respondents
Yes	94

Table 6.

No	66
No Idea	240
Total	400

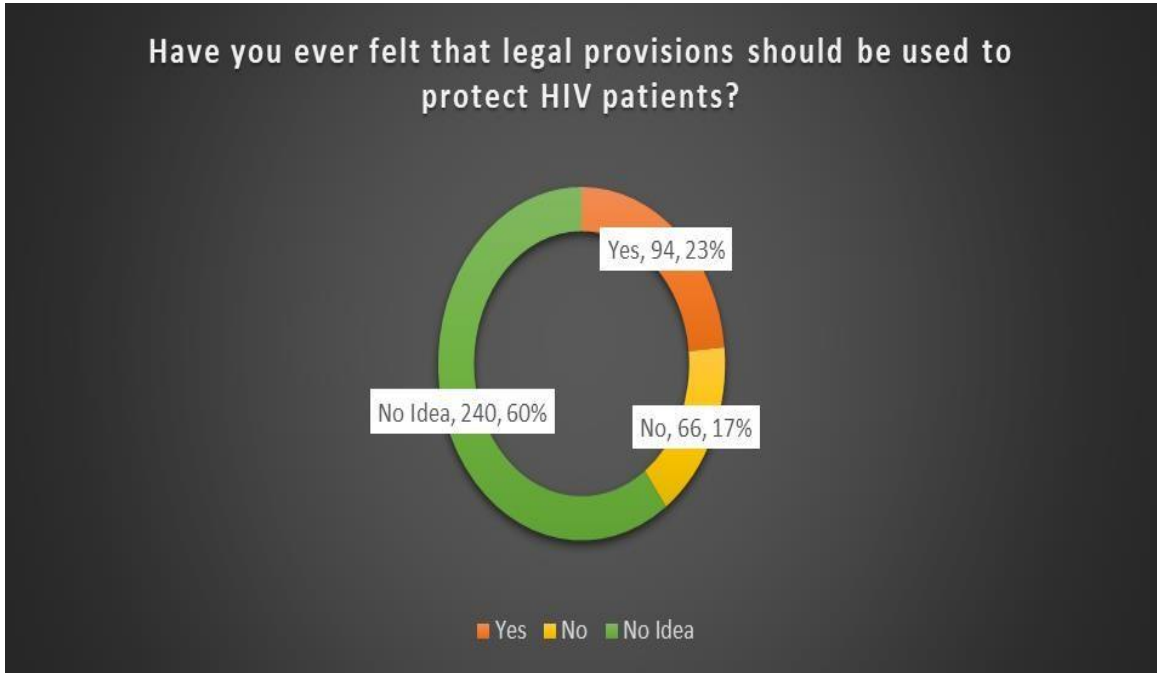


Fig. 6.29: Feeling towards usage of legal provisions to protect HIV patients?

Interpretation

The above table shows response towards importance of legal provisions felt by the patients to protect them. Majority i.e. 240 out of 400 have no idea about this legal rights of HIV patients or how laws can protect them.

30: Are the laws appropriate and sufficient to protect anyone from HIV?

Are the laws to protect anyone from HIV are appropriate and sufficient?	Respondents
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Table 6.

Yes	84
No	13
No Idea	303
Total	400

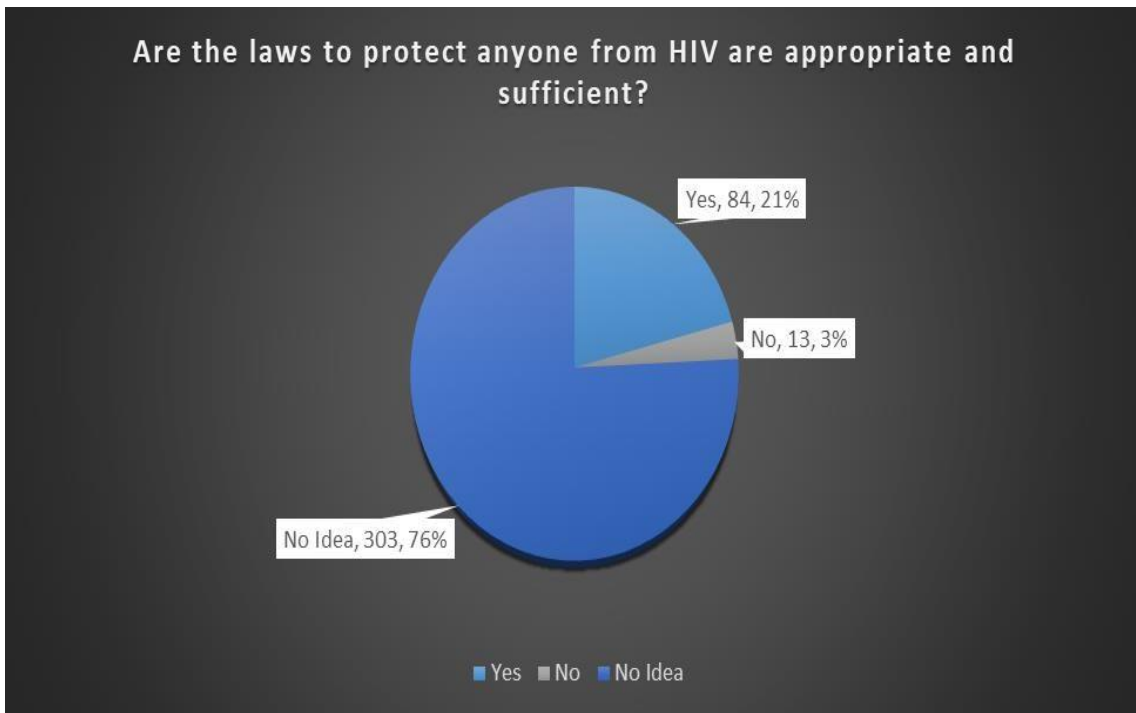


Fig. 6.30: Are the laws appropriate and sufficient to protect anyone from HIV?

Interpretation

The above table shows response towards appropriateness and sufficient laws to protect anyone from HIV and to a surprise majority i.e. 76% have no idea about this legal rights of HIV patients or whether these laws can protect them or not.

Table 6. 31: Expecting any kind of benefits from government side

Do you expect any kind of benefits from government side	Respondents
Yes	291
No	57
No Idea	52
Total	400

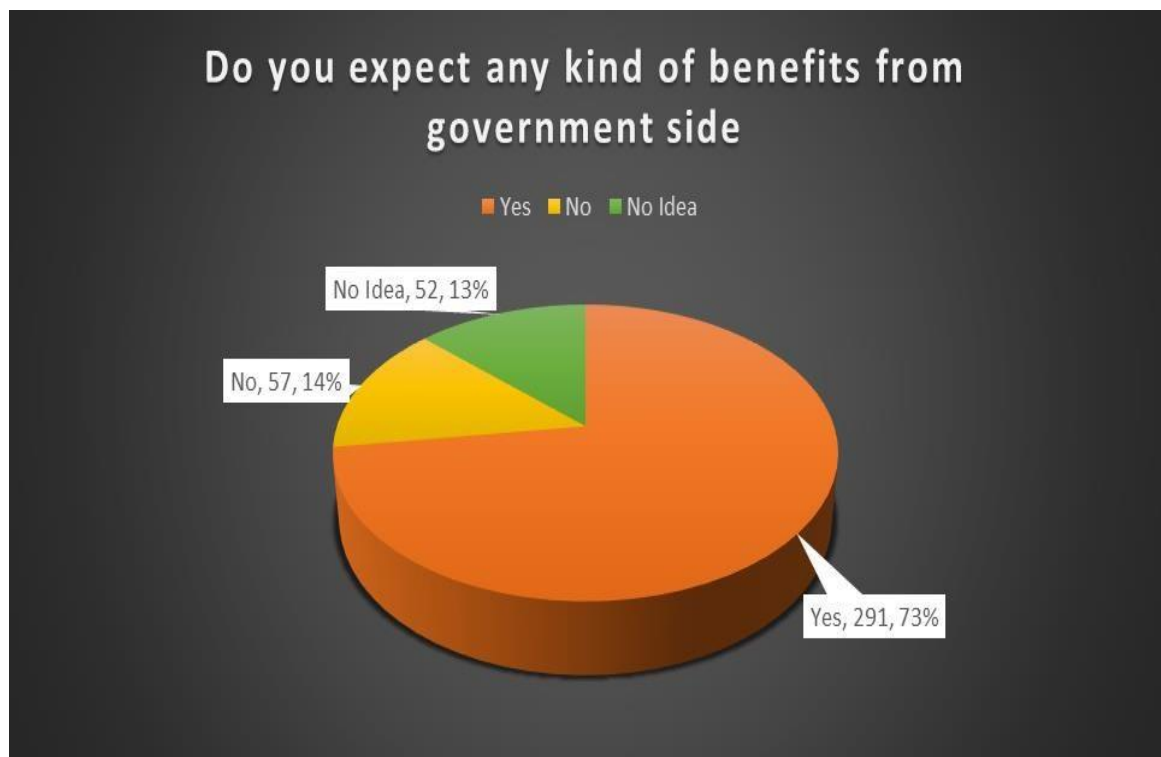


Fig. 6.31: Expecting any kind of benefits from government side

Interpretation

The above table showed the expectations of any kind of benefits from government side. 13 % have no idea about this, 14 % said no but maximum 73% said that they have assurance that government can work for their benefits.

Section 3 Responses of NGO Workers

Table 6.32: Experience of NGO Workers

Years of Experience	Number of Participants
Less than 5	67
5 to 10 years	43
10 to 15 years	72
More than 15	18



Fig. 6.32: Experience of NGO Workers **Interpretation:**

The majority of participants (72) have 10 to 15 years of experience working with HIV patients, indicating a significant presence of mid-career professionals in the sample. There is a substantial representation of individuals with less than 5 years (67) and 5 to 10 years (43) of experience. A smaller proportion of participants (18) have more than 15 years of experience in this context.

Table 6.33: Patient Response to NGO Workers

Patient Response to NGO Workers	Respondents
Positive	332
Negative	68
Total	400

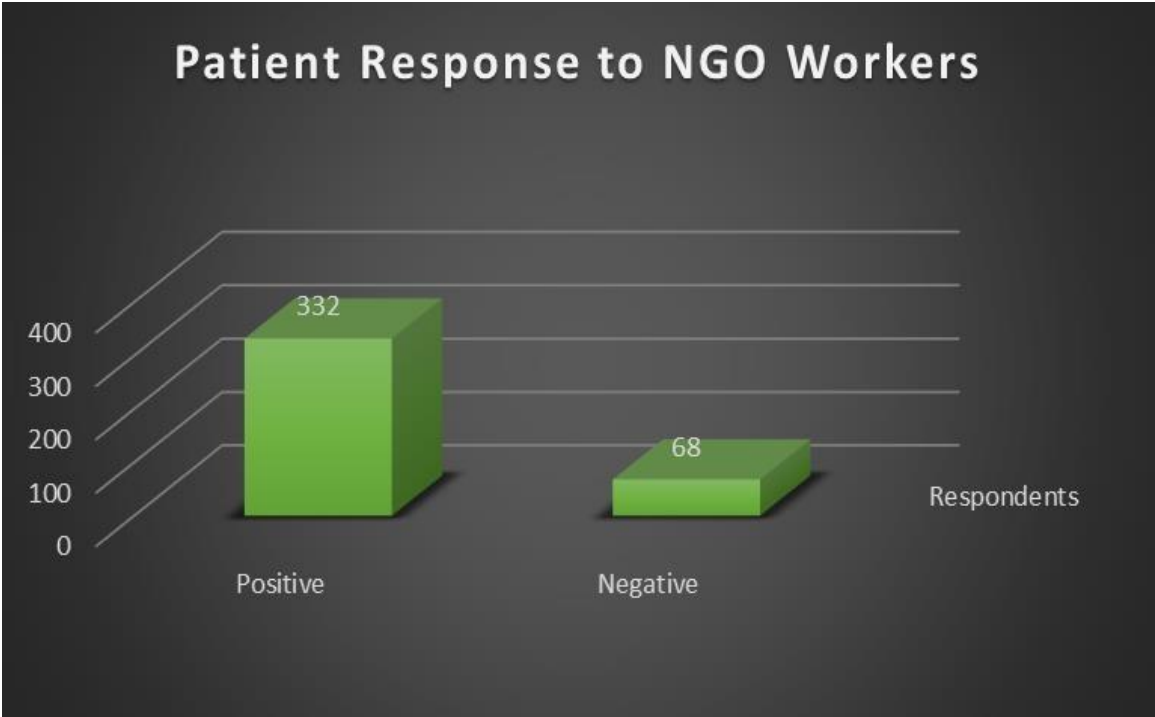


Fig. 6.33: Patient Response to NGO Workers

Interpretation

The above table clearly shows that only 332 Patient Response positively to NGO Workers for any type of details and questions asked related to any of the incident occurred while a certain group of people comprising of about 68 around 15% of them do not responded to the NGO workers.

Table 6.34: Participation level of patient in discussion

Participation level of patient in discussion	Respondents
Low	372
Medium	15
High	13
Total	400

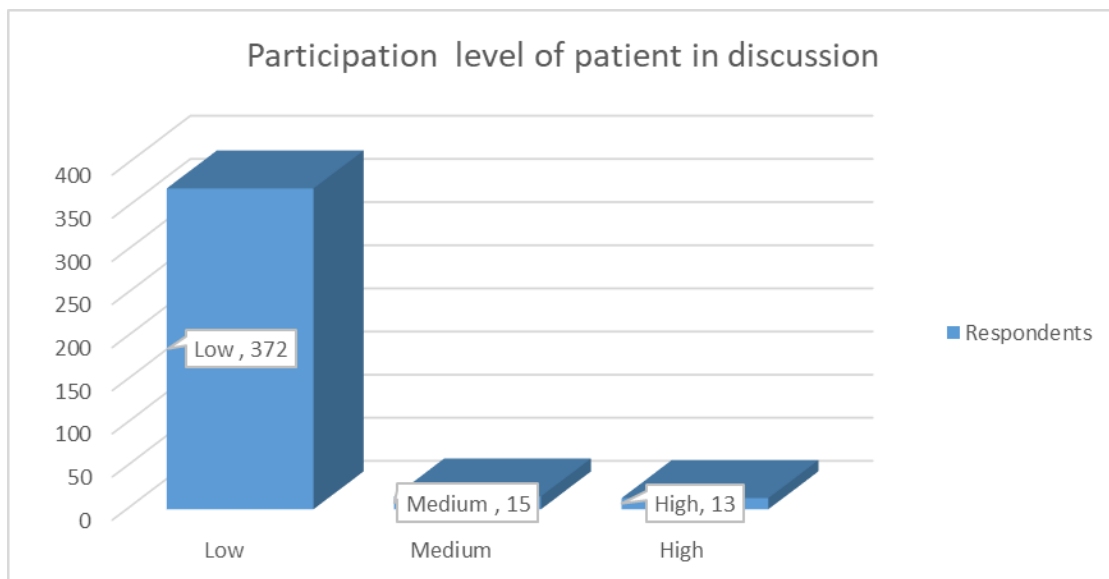


Fig. 6.34: Participation level of patient in discussion

Interpretation

The above table clearly shows that Patients ask questions to the NGO workers but the data revealed that 121 do not ask any question or discuss their issues with the NGO workers but a significant number of patients 279 are asking and conversant with the workers that shows that they are open to conversations.

Table 6.35: Patient curiosity in knowing about laws and rights related to HIV/AIDS

Patient curiosity in knowing about HIV/AIDS related laws and their rights	Respondents
Low	321
Medium	48
High	31
Total	400

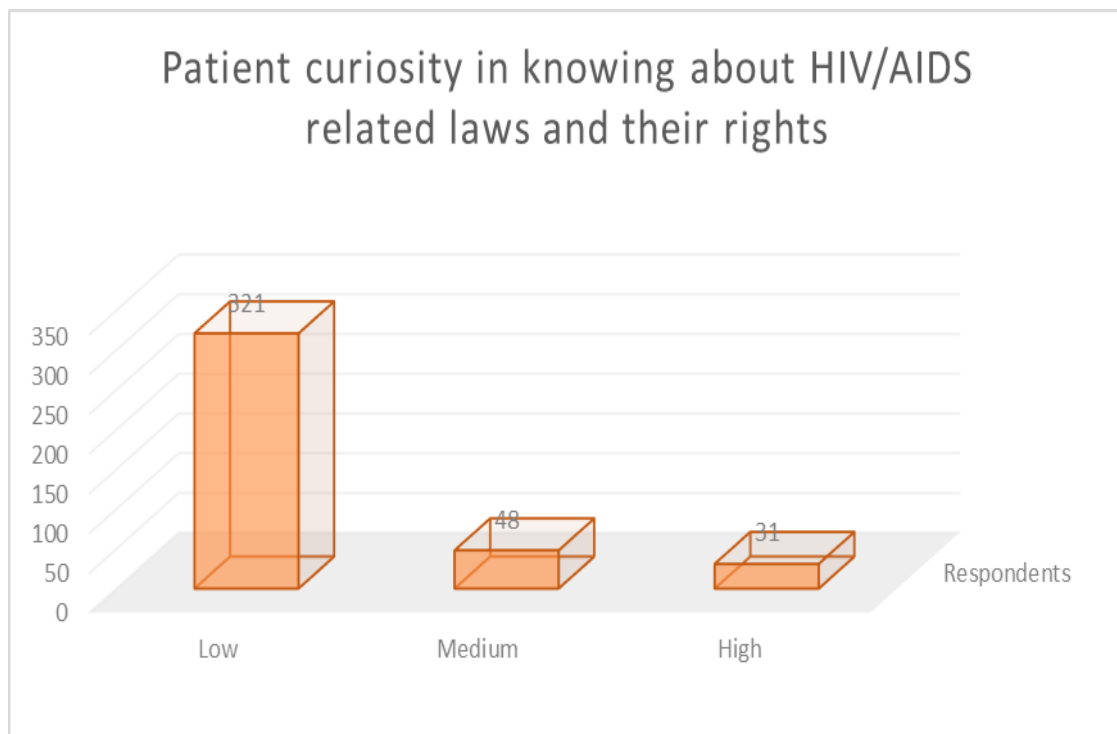


Fig. 6.35: Patient curiosity in knowing about laws and rights related to HIV/AIDS

Interpretation

The above table clearly shows that Patient interest to know about HIV/AIDS related laws and their rights. Out of 400 respondents 352 agree to this and are showing willingness to get awareness about legal rights.

Table 6.36: Options supported to control HIV and raise awareness

What is done to control HIV and raise awareness	Respondents
Campaigning	21
Targeting and message	92
Public education	27
Promoting openness	4

Counselling and testing	34
Focus on young people	22
Total	200

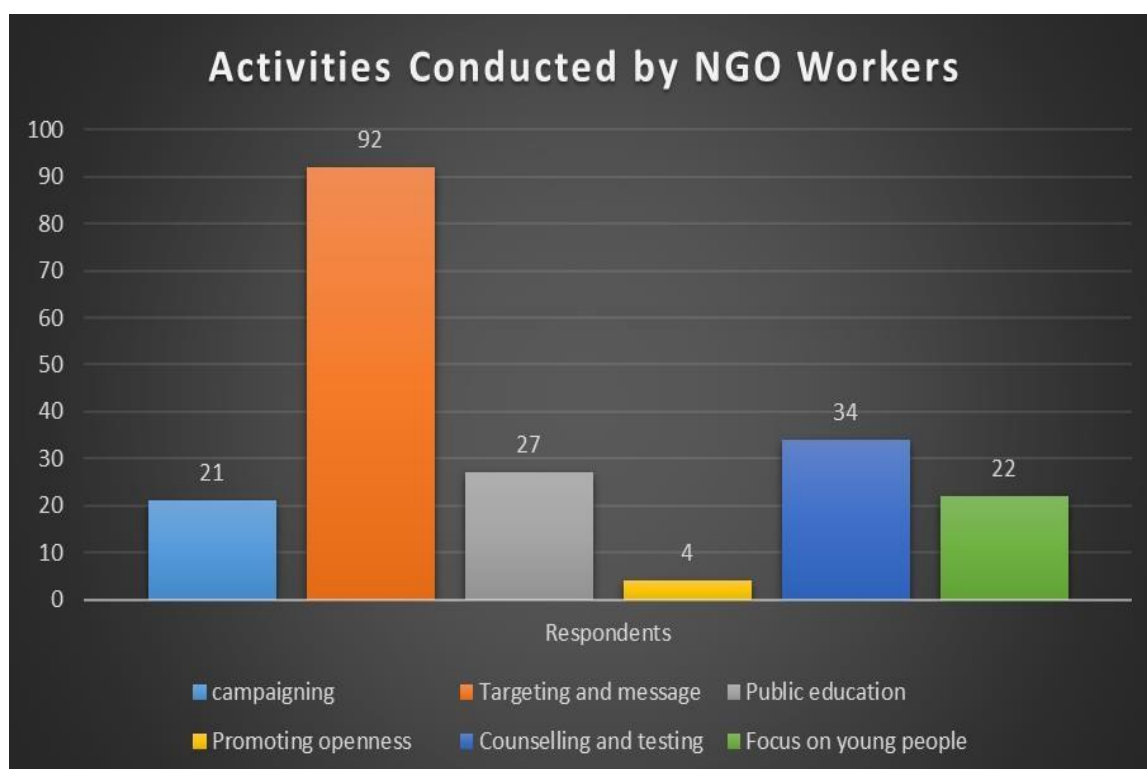


Fig. 6.36: Options supported to control HIV and raise awareness

Interpretation

The tabular data reveals insights into respondents' perspectives on strategies for controlling HIV/AIDS and raising awareness. The predominant response, with 92 respondents, underscores the perceived significance of tailored messaging and targeted interventions. Following closely, 34 respondents emphasize the importance of counseling and testing in HIV/AIDS control. Public education is recognized by 27 respondents, highlighting the value of disseminating information widely. The focus on young people is acknowledged by 22 respondents, suggesting a recognition of the need for age-specific

interventions. Campaigning receives a response from 21 participants, indicating a role for broad awareness initiatives. Notably, promoting openness is the least emphasized, with only 4 respondents. The data collectively suggests a nuanced approach to HIV/AIDS control, emphasizing targeted communication and varied strategies to address specific demographics.

Table 6.37: Patent understanding the NGO worker's explanations

Does the patent understand the NGO workers explanations?	Respondents
Yes	139
No	56
May be	5
Total	200

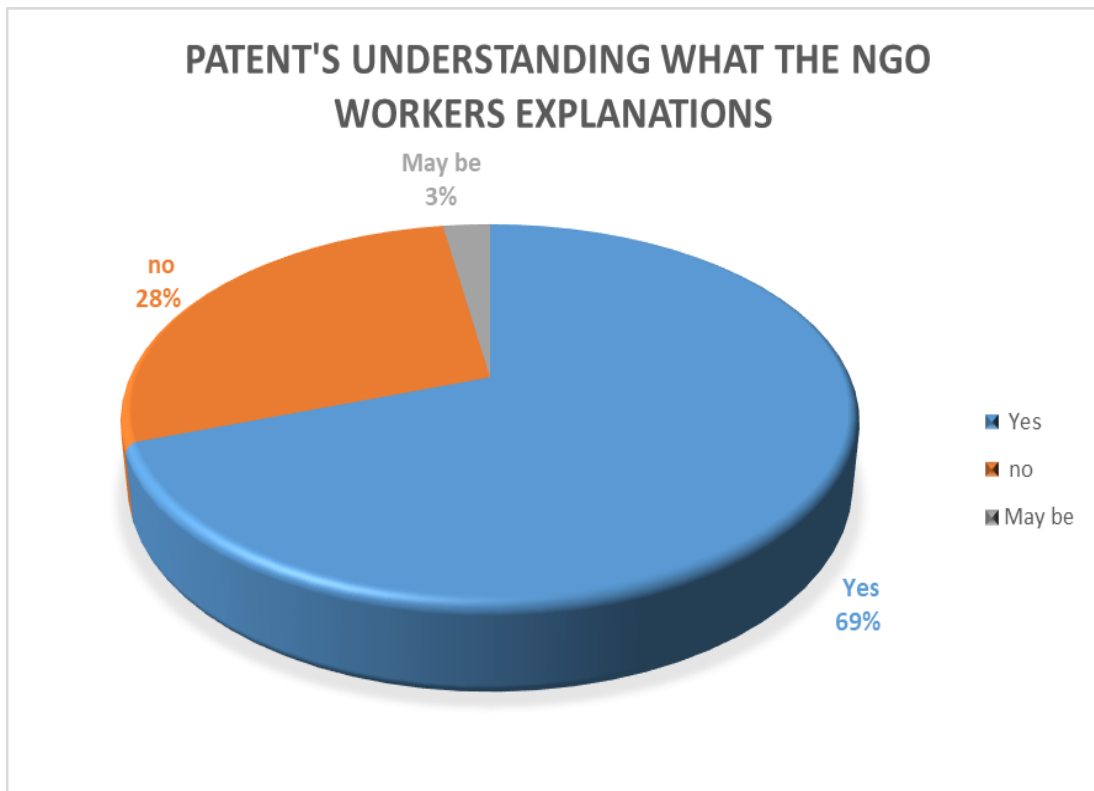


Fig. 6.37: Patent understanding the NGO worker's explanations

Interpretation

The provided data offers insights into the level of comprehension among respondents regarding explanations provided by NGO workers. The majority, with 139 respondents, indicated a positive understanding, suggesting that a significant portion of the surveyed individuals comprehends the explanations put forth by NGO workers. On the contrary, 56 respondents answered negatively, indicating a segment of the population that does not understand the explanations. The response "May be" is the least frequent, with only 5 respondents. Overall, this data implies that there is room for improvement in communication or clarity from NGO workers to enhance understanding among the surveyed individuals, given the proportion of respondents who expressed uncertainty or lack of comprehension.

Table 6. 38: Supportive Techniques Used in the Awareness Program

Supportive Techniques Used in the Awareness Program	Respondents
Encourage and support people living with HIV and AIDS	64
Motivate HIV and AIDS patients to speak at meetings	55
Encourage testing by organising testing drives	36
Create role models for how to cope with HIV and AIDS,	27
Identifying influential people who are HIV positive to raise awareness	18
Total	200

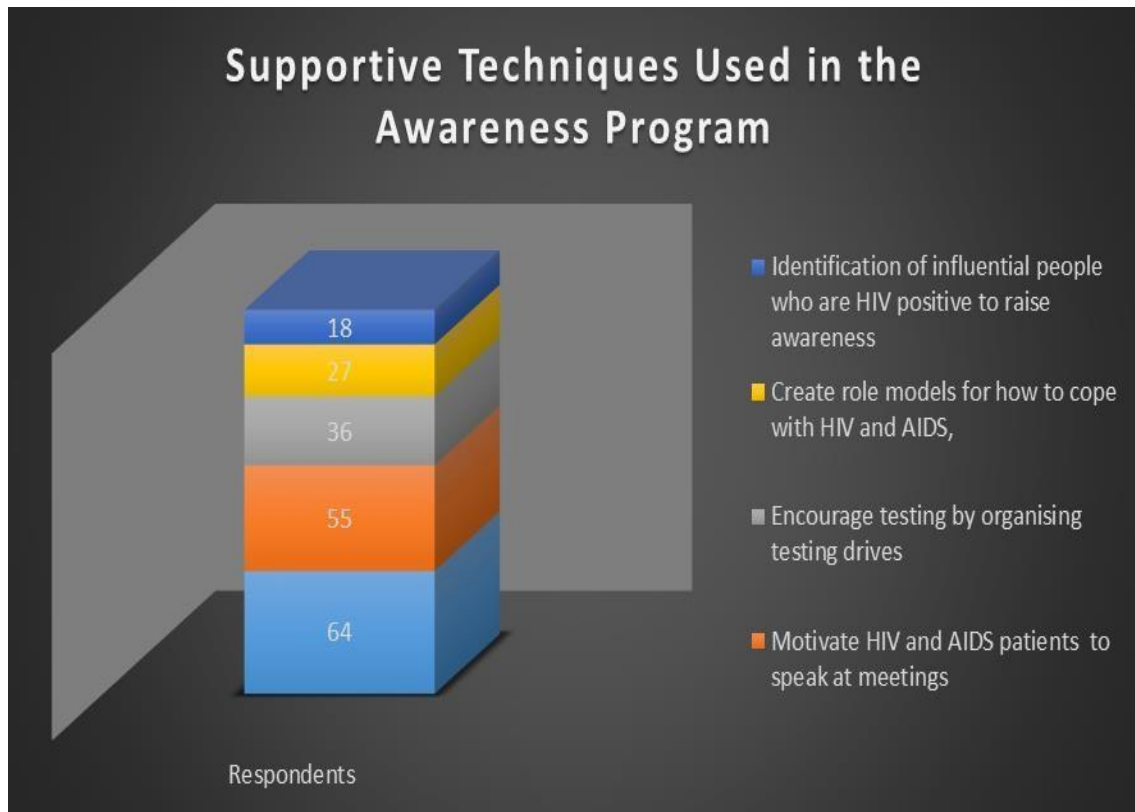


Fig. 6.38: Supportive Techniques Used in the Awareness Program

Interpretation

The presented data sheds light on the supportive techniques perceived as effective in HIV/AIDS awareness programs, as indicated by the respondents. The most frequently endorsed technique is "Encourage and support people living with HIV and AIDS," with 64 respondents expressing its importance. Following closely is the strategy of "Motivating HIV and AIDS patients to speak at meetings," endorsed by 55 respondents, emphasizing the significance of personal narratives in awareness efforts. "Encouraging testing by organizing testing drives" is considered essential by 36 respondents, highlighting the importance of accessible testing initiatives. Creating role models for coping with HIV and AIDS is acknowledged by 27 respondents, suggesting the value of exemplars in awareness programs. Lastly, the identification of influential people who are HIV positive to raise awareness is noted by 18 respondents. The cumulative data suggests a recognition of diverse and multi-faceted approaches to support and enhance HIV/AIDS awareness efforts.

Table 6.39: Participation level of patient in discussion

Participation level of patient in discussion	Respondents
Low	43
Medium	101
High	56
Total	200

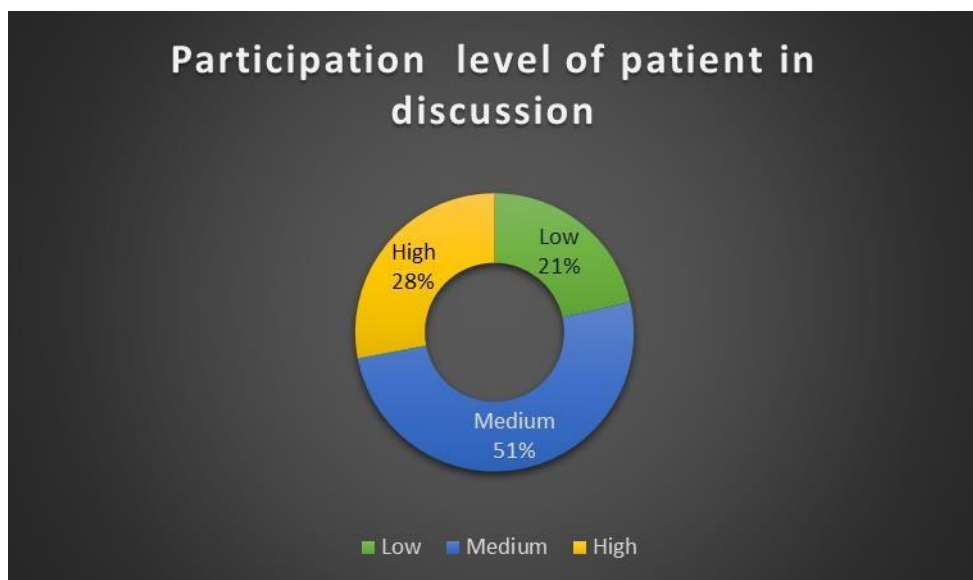


Fig. 6.39: Participation level of patient in discussion

Interpretation

The provided data illuminates the participation levels of patients in discussions, as perceived by the respondents. The largest group, consisting of 101 respondents, indicates a medium level of patient participation, suggesting a substantial portion of participants perceives patients as moderately engaged in discussions. The high participation level is recognized by 56 respondents, signifying a noteworthy segment acknowledging active and involved patient contributions. Conversely, 43 respondents perceive a low level of patient participation, indicating a proportion of individuals who perceive patients as less engaged in discussions. Overall, the data implies varying perceptions of patient involvement in discussions, with a considerable number of respondents recognizing a moderate to high level of participation. Table 6.40: Difficulties faced by the NGO workers during the field work

What kinds of difficulties are faced by the NGO workers during the field work?	Respondents
Limited government funding	9
Pressure on nonprofits to show results and strategic solutions	32
A significant increase in the need for nonprofit services	11
No Strategic Planning	48
Absence of networking	5
Poor networking and communication system	21
Mismanage their resources	28
Lack of accountability and transparency.	17
Inadequate HR management activities	4
No standardized legal model available for NGOs	25
Total	200

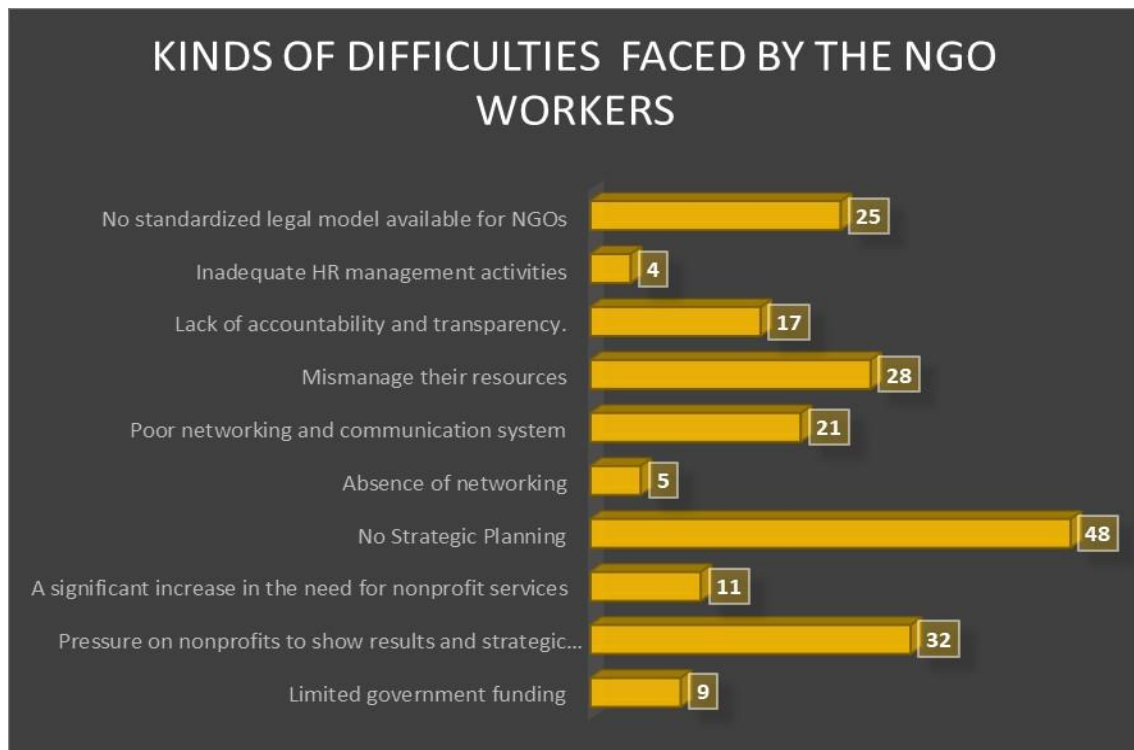


Fig. 6.40: Difficulties faced by the NGO workers during the field work

Interpretation

The data provides insights into the challenges encountered by NGO workers during fieldwork, as perceived by the respondents. The most frequently identified difficulty is the absence of strategic planning, with 48 respondents highlighting the need for a more structured approach. Following closely, pressure on nonprofits to demonstrate results and strategic solutions is acknowledged by 32 respondents, indicating the challenges associated with expectations and accountability. Other noteworthy challenges include limited government funding (9 respondents), a significant increase in the need for nonprofit services (11 respondents), and poor networking and communication systems (21 respondents). The data collectively underscores the multifaceted nature of challenges faced by NGO workers, ranging from financial constraints and organizational planning to issues related to networking, communication, and resource management.

Table 6.41: Patient's trust on the NGO Worker

How much trust the patient has on the NGO Worker?	Respondents
Low	36
Medium	139
High	25
Total	200

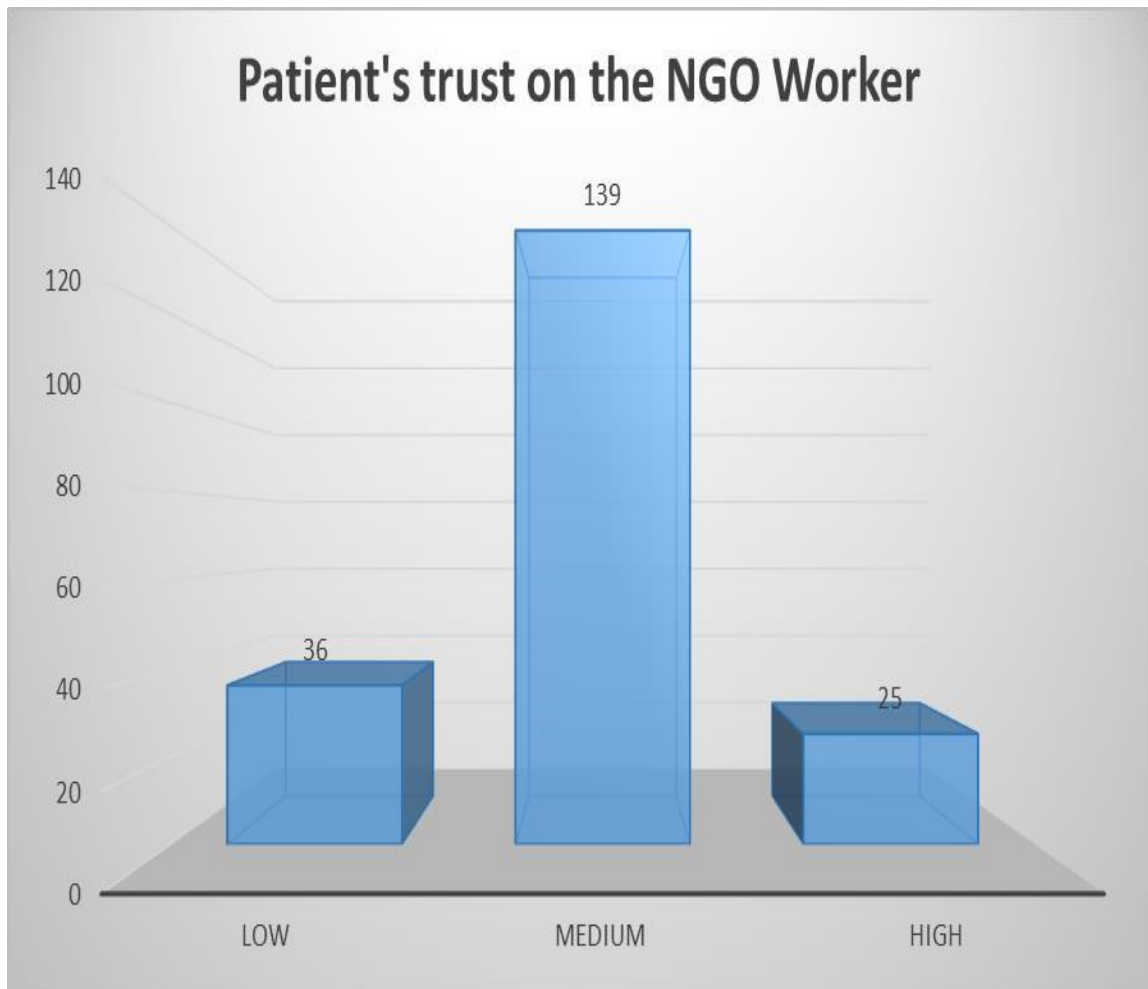


Fig. 6.41: Patient's trust on the NGO Workers

Interpretation

The table indicates the level of trust patients have in NGO workers, with 36 respondents reporting low trust, 139 respondents expressing medium trust, and 25 respondents indicating high trust, summing up to a total of 200 respondents. The majority of patients fall into the medium trust category, suggesting a substantial level of confidence in NGO workers. However, the presence of respondents with low trust highlights a segment of the population that may have reservations. Understanding the factors influencing trust levels, addressing concerns, and enhancing communication between patients and NGO workers could contribute to fostering a higher level of trust within the community served by the NGO

Table 6. 42: Expectations of the patient

What are the expectations of the patient?	Respondent's
Peer education on HIV and AIDS	5
School programmes dealing with both health n emotional side of life skills.	7
Youth groups that offer support to young people with problems.	3
Youth-friendly health services,	23
Legal awareness programs	6
Health checkups	43
Distribution of preventive materials	46
Communal support	67
Total	200

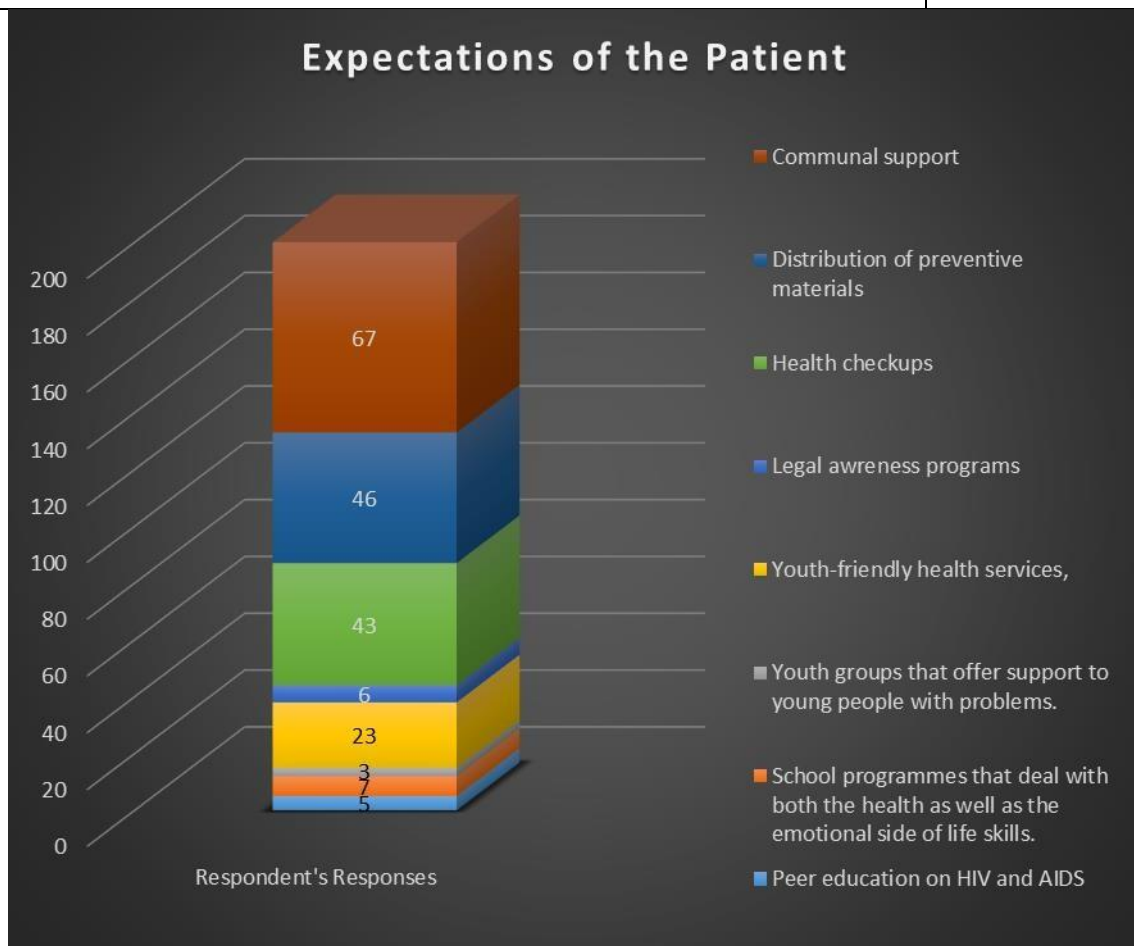


Fig. 6.42: Expectations of the patient

Interpretation

The responses from patients regarding their expectations reveal diverse needs and priorities. A significant emphasis is placed on communal support, with 67 respondents expressing a desire for a supportive community environment. Health-related expectations are prominent, with 43 respondents indicating a need for health checkups and 46 respondents emphasizing the distribution of preventive materials. The demand for youth-friendly health services (23 respondents) suggests a recognition of the specific healthcare requirements of young individuals. Additionally, the interest in legal awareness programs (6 respondents) underscores the acknowledgment of broader sociolegal aspects impacting health. The smaller but noteworthy mentions of peer education, school programs addressing both health and emotional skills, and youth support groups indicate a multifaceted approach to patient expectations. Recognizing and addressing this spectrum of needs can enhance the effectiveness of healthcare programs and support services provided by the NGO.

Section 4 Hypothesis Testing and Objectives Outcomes

Objective 1 and

Hypothesis testing

The HIV patient's awareness towards their legal rights and their demographic characteristics

H₀₁: There is no significant relationship between gender of HIV patients and their awareness towards legal rights **H_{A1}: There is a significant relationship between gender of HIV patients and their awareness towards legal rights**

Gender of patients	Patients Awareness About their legal rights		Total
	Yes	No	
Male	35	209	244
Female	4	152	156
Total	39	361	400

Interpretation: To study the association between gender and awareness a cross tabulation is done. Out of 244 male respondents 35 are aware and 209 are not aware about the legal rights of HIV patients and out of 156 females only 4 are aware and 152 females are unaware. Total Only 39 out of 400 are aware about legal rights and 361 are unaware.

Table for Chi Square Output

Calculated Value	Tabular Value	Degree of Freedom	Hypothesis (H0)
8.01	5.99	2	Rejected

To statistically test the association between the two variables chi square is applied. The test results are showing that the calculated value at 95% level of significance and 2 degree of freedom is 8.01 as compared to the tabular value which is 5.99. Since the calculated value is much higher than the tabulated value, we reject the null hypothesis and conclude that the respondents gender has a significant relationship with its awareness towards legal rights.

Objective 2

H02: The **role of law** to protect the **legal rights of patients** with HIV is **not significant**

HA2: The **role of law** to protect the **legal rights of patients** with HIV is **significant**

Table for ANOVA

Anova: Single Factor						
SUMMARY						
<i>Groups</i>	<i>Count</i>	<i>Sum</i>	<i>Average</i>	<i>Variance</i>		
Column 1	8	412	52.855	1802.68		
Column 2	8	83	10.565	36.26		

ANOVA						
<i>Source of Variation</i>	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>P-value</i>	<i>F crit</i>
Between Groups	6203.25	1	6206.22	6.0241	0.01692	4.60011
Within Groups	12448.75	14	943.471			
Total		15				

Inference: The comparison of calculated and tabulated value of F shows whether the difference is significant or not. The F critical at 5% level of significance and (1, 14) degree of freedom is 4.600 which is much lower than the calculated value of F which is 6.02. Since the computed value of F is high than critical value, therefore we reject our null hypothesis. Hence, the difference is significant which is also shown by p value which is lower than 0.05 and we can infer that **The role of law to protect the legal rights of patients with HIV is significant.**

So finishing the analysis conveys that,

HYPOTHESIS	RESULTANT
There is no significant relationship between HIV patients and their awareness towards legal rights.	REJECTED
The role of law to protect the legal rights of patients with HIV is significant.	ACCEPTED