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THE STIGMA AND DISCRIMINATION TYPE OF PROBLEMS FACED BY THE HIV/AIDS COMMUNITY: A STUDY OF ANANTHAPURAMU.

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Abstract
Efforts are underway to understand the impact of HIV/AIDS on the social interaction and social interactions of those affected by the disease. It is the responsibility of civil society to provide care and support to non-oppressed people so that they can live with dignity and peace for at least a short time in their lives. In the absence of a positive response from society and stewardship, it is unfortunate that HIV/AIDS respondents are marginalized and killed by their fellow human beings. In order for civil society to respond to physical, mental, and social degradation, studies on respondents need to be conducted effectively to understand the stigma, experiences, degradation, and alienation of the respondents. True effective human intervention is possible only by generating basic data from the affected individuals.

Key Words: Issues of HIV/AIDS, Community, Stigma and Discrimination.

Introduction

The HIV/AIDS pandemic has wiped out millions of people worldwide since it spread from monkey to man in this human society. It is a catastrophic, catastrophic catastrophe that has engulfed the entire human race and has evolved through misconceptions that have provoked concerns and fears about this people living with HIV/AIDS that has led to chaos in the social order. Unlike any other disease, HIV/AIDS is considered a social challenge to its biological existence. During the global outbreak of HIV/AIDS, the lives of people who are high risk groups are at risk, depending on the level of literacy and awareness levels. Some other infections, such as STDs/AIDS, are transmitted through sexual contact with men through sex, blood, drug abuse, blood transfusions, translation, and organ transplants.

It reflects a negative opinion on the behavior of individuals in society as well as on the respondents. It is the scattering of social lives among the respondents in the societies. The disease is fatal, causing a kind of social disorder that is triggered by the disorder of the individual's personal organization and families. The disease affects human lives so much that in the Sahara region on the African continent it has shaken social foundations by eradicating adult generations and children. It has brought about a society of missing generations that has not wiped out humans in its progress.

HIV (Human Immunodeficiency Virus) invades and weakens the body's immune system. This process is slow in onset and can be detected by tests many years after a person has been infected. A human being who has the virus and is infected with HIV is considered a sero-positive person. When a person is infected with HIV, nothing is visible externally but that person can infect others. A person with this HIV may initially be perfectly healthy but eventually developing AIDS with HIV is called **"Having AIDS"**. When his immune system is completely broken down and does not respond to treatment, his immunity weakens and opportunistic infections can become fatal in person. People with this stage or disease are more likely to develop immunodeficiency within 10-12 years on average. It is estimated that one person becomes infected with the HIV virus every fifteen seconds. As a result, more than 7,000

new cases of e-infection are reported worldwide every day. The disease causes the immune system to be damaged by severe immunodeficiency, with opportunistic infections and cancers acting as surrogate clinical indications of AIDS.

In 1981 the first Human Immunodeficiency virus infected case was seen in USA. At the time it was considered a disease of males and now 39 years later, the rapid increase in the number of women, infected with HIV worldwide forecasts an inevitably greater number of women, who will develop and die from AIDS. Majority of people living HIV, some 95 per cent of the global total, live in the developing world. UNAIDS 2019 Report of the global AIDS epidemic observes that, in the country's most heavily affected reaching an estimated 39.0 million. The total number of people living with the virus in 2019 was 20 per cent higher than the number in 2014. (UNDP), HIV has brought forth **"Single Greatest Reversal in Human Development"** in modern history. The world's second-most populous country, India, is experiencing a highly varied HIV epidemic which appears to be stable or diminishing in some parts, while growing at a modest rate in others. According to 2019 figures, approximately 21.00 lakhs are living with HIV/AIDS with a prevalence rate of 0.22 per cent. India presents 17 per cent of the world's population as per U.S. National Intelligence Council (NIC). 2002 reported by the NIC, anticipated with the purpose of by 2019, India may well encompass 20 to 25 million people living with HIV/AIDS, the maximum number of any country in the world. It stands at a critical point as an epidemic, poised to spread quickly. In India, HIV prevalence rate will represent a significant component of the worlds' HIV/AIDS burden.

Objectives

1. To identify the nature of HIV/AIDS Stigma and Discrimination being experienced by the sample respondents on the levels of living.
2. To suggest ways and means of supporting the HIV/AIDS sufferers and to address the social stigma problem being experienced by PLHIVs in the light of empirical study.

Explorative Study

The proposed study is explorative in nature and as such the researcher does not propose any hypothesis for the study. The researcher wishes to go to field with an open mind not with any predetermined postulations.

Research Design

For the present study, the researcher has adopted descriptive research design to differentiate the relationship and find the influence of dependent variables of **Gender, Age, Religion And Caste With The Independent Variables of Basic Facilities of Community Care And Support Systems,** HIV/AIDS awareness, disclose status, **Stigma and Discrimination**, problems associated with an infection, networking and expectations from the government. The researcher has conducted with the aim to analyze the Impact of Community Care and Support Systems with Regards to People living with HIV/AIDS.

Area of the Study

Study undertaken by an individual researcher, it was decided to confine the study to one district in Andhra Pradesh. Ananthapuramu District is one of the most backward regions in the state of Andhra Pradesh. The region is chronically drought affected. The low- end poverty has severely affected the livelihoods of the poverty groups in the area. In this way Ananthapuramu District has the highest number of PLHIV in Rayalaseema region and hence the District was specifically chosen for the

purpose of the study. Besides the Government initiatives, the PLHIV in the district are ably supported by RDT a premier NGO in the state and ANP+, the best Networks of PLHIV in the State in the spheres of prevention, Care, Support and Treatment and as such it was confined to Ananthapuramu District.

Sample Selection

Locating People Living with HIV is a difficult task. Multi- Stage, Random Sampling Method was following for choosing the sample for the study. Anantha Network of Positives (ANP+) is the local District Level Network (DLN) for the PLHIV as per the region of ANP+ there are 8645 PLHIV in Ananthapuramu District out of this 300 People Living with HIV were selected randomly for the present research study from the source list through random on members

Tabl-1, Total Sample Selection

SI. No	Category of Respondent	Distribution of Respondents
1.	Male	151
2.	Female	143
3.	Third Gender	06
	Total	300

Table-2,Total Anantapuramu District Wise Sample Selection

REVENUE DIVISIONS AREAS OF SAMPLE SELECTION									
Anantapuramu		Dharmavaram		Penukonda		Kadiri		Kalyandurg	
Mandals									
Guntakal	14	Ramagiri	08	Madakasira	06	Talupula	11	Rayadurgam	12
Gooty	07	Bathalapalle	15	Amarapuram	05	Tanakal	09	Kalyandurg	10
Peddavaduguru	05	Dharmavaram	10	Gudibanda	05	Kadiri	28	Setturu	06
Yadiki	05	C.K Palli	07	Agali	04	Nallamada	08	Beluguppa	04
Tadipatri	10	Thadimarri	05	Penukonda	12			Brahmasamudram	07
Pamidi	06			Somandepalli	10			Kundurpi	09
Vajrakarur	05			Hindupur	14			Kambadur	06
B.K. Samudram	10			Chilamathur	05				
Ananthapuramu	22								
	84		45		61		56		54
Total Sample Units = 300									

Pilot Study

A Pilot Study was undertaken to get firsthand information after finalizing of the schedule meant for canvassing among PLHIVs. Pilot study was done to ascertain suitable and adequacy of sample and quality of data. The final draft of Interview Schedule for the study was prepared and standardized after completion of the pilot study.

Tools of Data Collection

The data pertaining to the study was collected from both primary and secondary sources: However more emphasis was laid on primary source of data.

Primary data has been collected from the chosen PLHIVs and also from different intervening agencies. Secondary data has also been collected from the Government of India Publications, Government of Andhra Pradesh Publications, Magazines, Journals, Periodicals, Annual Reports, Half Yearly Reports, Quarterly Reports, Daily Newspapers, Apart from this relevant Literature was collected from the Institutions like Andhra Pradesh State AIDS Control Society (APSACS), National AIDS Control Organization (NACO), World Health Organization (WHO), UNAIDS. Besides, the information was collected from Libraries of various Universities.

The Stigma and Discrimination

Not to mention the biological and medical aspects of HIV/AIDS as far as social phenomena are concerned. Worldwide, the global pandemic of HIV/AIDS has the potential to provoke responses of compassion, solidarity and support, bringing out the best in people, their families and communities. But the disease is also associated with stigma, ostracism, oppression and discrimination, as individuals affected (or believed to be affected) by HIV are rejected by their families, their loved ones and their communities. This rejection applies in rich countries as well as in poor and developing countries.

The HIV-related stigma and discrimination refers to prejudice, negative attitudes and abuse directed at people living with HIV/AIDS. In 35 per cent of Countries with available data, over 50 per cent of men and women report having discriminatory attitudes towards people living with HIV/AIDS. The People Living with HIV Stigma Index indicates that roughly one in every eight people living with HIV is being denied health services because of stigma and discrimination [UNAIDS 2017]

Many people still regard AIDS as a contagious disease and shun persons living with HIV/AIDS to avoid transmission by direct or indirect contact. In this way, HIV/AIDS person daily suffer discrimination everywhere, in the Family, Community, Workplace and in the Health Care Settings [Mahendra et al., 2017].

Stigma and Discrimination in the Context of HIV/AIDS

HIV-related stigma as a process of devaluation of those living or associated with the epidemic and it defines the discrimination that may follow as the unfair and unjust treatment of an individual based on real or perceived HIV status [UNAIDS].

HIV-related discrimination refers to the unjust and unjust treatment (law or exception) of an individual based on his or her true or perceived HIV status. Discrimination in the context of HIV also includes the unfair treatment of certain social contexts, women, and sex workers, drug injecting individuals, sex men, transgender people, inmates and other closed settings and in some other populations. In this context are men, women, youth, immigrants, refugees and internally displaced persons.

HIV-related stigma refers to negative beliefs, feelings, and attitudes toward people living with HIV, as well as groups associated with people living with HIV. HIV-related stigma may be suspected to be HIV-infected, with an increased risk of HIV infection, i.e. people who inject drugs, sex workers, men and transgender people. HIV-related discrimination is generally based on stigmatizing attitudes and beliefs about population, behaviors, practices, sex, illness and death. Discrimination can be

institutionalized through existing laws, policies, and practices that focus negatively on people living with HIV and grassroots groups, including the criminal population.

HIV/AIDS Stigma in the Community

A Historical and Socio Cultural Perspective may be helpful in understanding the negative reactions triggered by HIV/AIDS. In previous epidemics, the real or supposed contagiousness of disease has resulted in the isolation and exclusion of infected people [Volinn, 1989; Gilmore & Somerville, 1994]. Sexually transmitted diseases in particular are notorious for triggering such socially divisive responses and reactions [Carrara, 1994; Goldin, 1994].

The felt stigma often precedes the stigma that has come into effect and the latter can limit the extent experienced. For example, some people living with HIV, many people with HIV/AIDS may find out that they have been mistreated by others and hide their zero-status. As long as they succeed in "passing" on as non-infected, such individuals can at least in the short term limit the stigma prevalent in the community or community.

HIV/AIDS-related stigma displaces resources needed to prevent infection. People are victimized and abused; social divisions are strengthened and reproduced. New infections have emerged as long as people consider the nature of the infection and its causes a threat. Most importantly, the negative reactions of stigma and discrimination give coordination to societies and communities, but they also lead to greater instability in the long run. The social groups and barriers built around it do not include HIV/AIDS. It needs more effective remedial measures than this community.

The Family and Community

In the majority of developing countries, families are the primary care-givers to sick members. There is clear evidence of the important role that the family can play in providing support and care for people living with HIV/AIDS [World Bank, 1997; Warwick et al., 1998; Eagleton & Warwick, 1999]. However, not all family response is positive. Infected and affected family members may still be stigmatized and discriminated within the home. There is also mounting evidence that women [Bharat&Aggleton, 1999] and non-heterosexual family members [Castro et al., 1998a; 1998b] are more likely to be badly treated than children and men.

The family's efforts to "Manage" stigmatization within the wider community also have consequences for quality of care. Families may shield affected members from the wider community by keeping them within the house or by protecting them from questioning [Lwihula et al., 1993]. The extent to which such strategies are successful may depend upon the wealth of the household concerned and its capacity to provide care without calling upon other community members for support.

The Fear of rejection and stigmatization within the home and local community may prevent people living with HIV/AIDS (PLHIV) revealing their hetero-status to family members [McGrath et al., 1993]. Families may reject hetero-positive members not only because of the stigma associated with HIV/AIDS, but also because of the connotations of homosexuality, drug use and promiscuity that HIV/AIDS carries [Panos, 1990; Misra, 1999; Mujeeb, 1999].

Stigma and Discrimination of the Respondents

The HIV has been associated with the AIDS epidemic from the very beginning regarding stigma and discrimination. This stigma and discrimination reduces a person's willingness to practice prevention, to be tested for HIV, to reveal their HIV status to others, to ask for care and support, and to adhere to

treatment. The following few tables and paragraphs demonstrate the manifestation of stigma and discrimination between defendants. Family, relatives, community, health care setting and workplace contexts are considered to examine the livelihood and its scope of stigma and discrimination between respondents. Defendant's sero status only comes under stigma and discrimination when it is not confidential and public. Defendants were first asked if their zero status was open. If the defendant's zero status was reported openly, they would be further questioned about the execution and execution of the stigma and discrimination. Respondents (100%) said that all their family members were aware of their HIV status. In that order friends, neighbors, relatives and the community were unaware of the respondents' HIV status. Since defendants fear stigma and discrimination from their relatives, it is also important to know that defendants do not disclose their HIV status to their relatives.

Stigma and Discrimination in the Context of Family

Most families in developing countries are the primary caregivers when someone becomes ill. There is clear evidence that families play an important role in providing support and care for people living with HIV and AIDS. However, not all family responses are supported. HIV positive members of the family can expose themselves to stigma and discrimination within the home. There is concern that women and heterosexual family members are more likely to be abused than children, women and men.

Table-3, Distribution of Respondents by Discrimination in the Family

Do You Experience Discrimination In The Family (N=300)		
Yes	136	45.3
No	164	54.6
Form of Discrimination	**Number (N=136)**	**Percentage**
Verbal abuse	120	92.3
Made to use separate plate and tumbler	103	75.7
Not allowed in common toilet/bathroom	97	71.3
Made to live in separate room/veranda	72	52.9
Not allowed to touch uninfected family members	54	39.7
Not allowed to interact with relatives	36	26.4
Screened from community	21	15.4
Made to live in the back yard of house	12	8.8
Physical assault	7	5.1

The stigma and discrimination of PLHIV takes different forms in the family context. Forty-five percent of respondents reported family-related stigma and discrimination. It reveals that these defendants faced stigma and discrimination in more than one form and that it varies from verbal abuse to physical assault. Different types of stigma and discrimination The family and the number of respondents face such stigma and discrimination, which reveals that the common ones are not allowed to use (75.7%) noise abuse (88.8%), the use of special plate and tumbler for dining. The forced of living in a bathroom and toilet and a separate room/veranda are common practices. Other forms of discrimination observed by respondents include not being allowed to approach or touch an infected member of the family (39.7%), not being allowed to communicate with relatives (26.4%), and being tested by the community (15.4%). The most severe form of discrimination and physical assault committed while living in the yard was identified in the case of twelve and seven defendants, respectively. The data reveals that discrimination is very prevalent in the case of 45 per cent of the respondents, with the type of discrimination ranging from moderate to severe.

The Stigma and Discrimination of Social Relations

The Stigma and Discrimination are caused by a number of factors such as a lack of awareness of the disease, myths about how HIV is transmitted, bias, lack of treatment and social fears. Defendants and their parents feared that all of the family members would unanimously lose their dignity and social status and, if they knew their zero-status, would be ridiculed by their relatives.

Table-4, Distribution of Respondents by Facing Stigma by Relatives

Do you Experience Stigma in the Relatives (N=300)		
Relatives know about Hetero-status	173	57.7
Relatives do not know about respondents HIV Hetero-Status	127	42.3
Do you feel Discrimination by Relatives (N=173)		
Yes	130	75.1
No	43	24.8
Form of Discrimination	**Number (N=130)**	**Percentage**
Showing disregard	121	93.0
Not invited to the home of relatives	105	80.7
Gossiped about	62	47.6
Insulted	33	25.3
Not visiting respondents	20	15.3
Teased	18	13.8
Verbally abused	15	11.5
Physically abused	11	8.4

(Source: Filed Data)

The data on the practice of stigma and discrimination by relatives are presented in the above table. 75.1 per cent of the respondents feel discriminated against by their relatives. Nearly 60 percent of relatives are aware of the zero-status of the respondents and are discriminated against in that majority. Failure to invite respondents or their parents or in-laws to their home (93%), gossip (81%) and (47.6%) gossip are the main forms of stigma and discrimination imposed by relatives. Insulted (25.3%), not visiting the respondents (15.3%) and teasing (14%) were other issues in that order for the respondents. Nearly 10 per cent of respondents are physically abused by a relative, in which case the relatives are discriminated against, mostly in this case due to loss of respect from close relatives and their relatives.

Stigma and Discrimination in Community

The community level stigma and discrimination against people living with HIV is visible worldwide. The reaction of the community towards those living with HIV can have a huge impact on that person's life. If the reaction is negative, a person may be discriminated against and have to leave their home or change their daily activities such as shopping, socializing or schooling. Community-level stigma and discrimination can manifest as exclusion, rejection, and verbal and physical abuse. Newspapers have previously reported severe forms of community stigma and discrimination, stoning PLHIV, expelling them from the village and leading to suicides. PLHIV discrimination is more prevalent in rural areas than in urban areas. Many times in rural areas health workers avoid regular visits to their home for fear that the respondents and their families will provoke suspicion in the minds of the neighborhood and the community.

Table-5,Distribution of Respondents by Facing Stigma in Community

Do you Experience Discrimination in the Community (N=300)		
Community know about HIV hetero- status	190	63.3
Community do not know about HIV Hetero- status	110	36.7
Do you feel Discrimination by facing Stigma (N=190)		
Yes	130	68.4
No	60	31.5
From Discrimination	**Number (N=130)**	**Percentage**
Gossiped about	56	43.0
Verbally abused	42	32.3
Not visited by Community Members	35	26.9
Not allowed to visit Social Gatherings	20	15.3
Not allowed in neighborhood households	16	12.3
Insulted	15	11.5
Not allowed to visit place of worship	12	9.2
No/minimum Social Contact	10	7.6
Physically Assaulted	9	6.9

(Source: Filed Data)

The discrimination against not only relatives but also society is a problem of PLHIV. Many times PLHIV families change their residences in urban areas after their hetero-status expires and face difficulties as a result of neighbors. The demonstrated the forms and scope of discrimination in society. It is clear from the table that the main problems of the respondents were vicious gossip (43%), verbal abuse (32.3%) and not visited by the community (30%). Another type of discrimination is not allowed to visit social gatherings (15.3%). 12.3 percent of respondents reported not being allowed into a neighborhood home. 11.5 per cent complained that they were insulted and 9.2 per cent were not allowed to visit religious places. Fear of rejection and stigma at home and in the local community prevents people living with HIV/AIDS from exposing their sero-status to family members.

The Stigma and Discrimination in Occupation/Employment/ Workplace

At the every person has the right to work and to earn a living to meet his or her financial needs and to ensure basic survival. In this general Indian setup, both male and female members are the main source of income for the family. In the present case, the breadwinner is suffering from HIV positive, but he has had to undertake financial activities to support the family. As the person at work spends most of his day in the workplace, it is important to improve the work environment. The risk of infection in the workplace is very low, but still the HIV/AIDS related stigma and the negative attitude of the employer and coworker make it difficult for the HIV positive person to continue work related activities. In the case of occupations such as providing services and doing business, the stigma associated with HIV allows for a declining client base. The study sought to find information about experiences of stigma and discrimination.

Table-6,The Stigma and Discrimination of the Respondents by Employment/Workplace

Do you feel discrimination in Employment/workplace (N=300)		
Not working due to Poor Health	35	11.7
HIV hetero-status not known in the Workplace/Clientele	137	45.6
Hetero -Status Known	128	42.7
Status Known In The Workplace (N=128)		
Feeling Discrimination	90	70.3
Not feeling Discriminated	38	29.6
Form of Discrimination	**Number (N=90)**	**Percentage**
Showing Disregard	77	85.5
Avoidance	72	80.0
Gossiped	60	66.6
Insulted	48	53.3
Not allowed to work in the group	27	30.0
Not allowed in canteen/share dining place	25	27.7
Not allowed to take leave when necessary	23	25.5
Down fall in clientele	26	28.8
Down fall in income	10	11.1

(Source: Filed Data)

The table displays stigma and discrimination in the workplace. More than 57 percent of respondents said they did not disclose their HIV zero status in the workplace/profession/ job. It is clear from the table that 30 per cent of the respondents did not face any discrimination in the office. The main problems faced by the respondents were negligence (85.5%), evasion (80%) and gossip (66.6%). Other major forms of discrimination include name-calling and insult (53.3%). Respondents reported not being allowed to work in the group (30%), not in the canteen/share dining place (28%). Those involved in small businesses and tailoring reported a decline in the number of clients and a drop in revenue.

The Stigma and Discrimination in the Context of Health Care Setting

The People living with HIV in healthcare settings may experience stigma and discrimination such as refusing or accessing medication, receiving HIV testing without permission, and lack of privacy. Such reactions are often fueled by a lack of knowledge about HIV transmission among physicians, midwives, nurses, and hospital staff. PLHIV must be hospitalized because HIV infection is a fatal and lifelong medical problem; May be for OI treatment, CD4 count and ART treatment. Visits to the hospital should be repeated and the respondent should be admitted to the hospital as an inpatient. The health care setting plays a key role for the health and well-being of the respondent. Defendants said they also faced discrimination in health care settings. Stigma and discrimination in hospitals range from a polite attitude to refusal of treatment. Discrimination between private hospitals and public and public hospitals is different. One of the important reasons for discrimination of PLHIV in health care is the fear of infection by physicians and health care workers during treatment. There have been complaints from defendants alleging breach of privacy, denial of treatment and suspension of ongoing treatment by government hospital and other physicians, insulting and judgmental comments, unnecessary referrals to other facilities, segregation and labeling of patients, and disclosure of Zero-Status. Relatives without prior permission are said to be practices related to stigma and discrimination in health care settings.

Table-7, Distribution of Respondents by Facing Stigma at Health Care Setting

Do you feel discrimination in Health Care Setting (N=300)		
Yes	172	57.0
No	128	43.0
Facing stigma at health care	**Number (N= 172)**	**Percentage**
Breach of Confidentiality	167	97.0
Hostile Attitude	158	91.8
Prejudice, Negative Attitude	146	84.8
Denial of Hospital Facility & Medication	135	78.4
Excessive use of Barriers Precautions by Staff	124	72.0
Unnecessary Referral	102	59.3
Abuse and Ill-Treatment	93	54.0

The different types of stigma and discrimination felt by the respondents in the health care setting and their scope are presented in the table 6.35. The table reveals that this privacy breach (97%), hostile attitude (92.8%), bias and negative attitude (84.4%) are the main practice of stigma and discrimination as per the defendants in the context of health care. The most common methods of stigma and discrimination in the private health care setting are hospital facilities & drug rejection (78.4%), staff (72%) overuse of barrier care and other unnecessary recommendations for health facilities (59.3%). Abuse and abuse (54%) occurred mostly to respondents belonging to lower socioeconomic classes. One of the important reasons for discrimination of PLHIV in health care is the fear of infection by physicians and health care workers during treatment. Infected PLHIV owns an organization called **"Anantha Network of Positives"** in Ananthapuramu. It fights discrimination against AIDS and is involved in providing counseling, support and care to people living with HIV.

Table-8, Distribution of Respondents by Attitude of other Patients towards you

Attitude of other people towards you	**No. of Respondents**	**Percentage**
Supportive	120	40.0
Isolated and avoided	62	20.7
Discriminated	60	20.0
Others	58	19.3
Total	**300**	**100.0**

(Source: Field Data)

The examiner data indicates that most families are ashamed. The table above illustrates the other patient's attitude towards respondents living with HIV. There is discrimination against people living with HIV worldwide. Discrimination on the positive side is more prevalent in urban areas than in rural areas, with support at the community level. It is clear that more than 47 per cent of the respondents were alone, escaped and faced discrimination. More than 40 percent of respondents exposed to other patients supported them.

Table-9, Distribution of Respondents by their Feeling having known the HIV Hetero-Status

Feeling having known the HIV Hetero-Status	No. of Respondents	Percentage
Sad	57	19.0
Ashamed	77	25.7
Anger	39	13.0
Afraid	33	11.0
Felly rejected	30	10.0
Despondent and helpless	27	9.0
Shocked	17	5.7
Too young to have and feelings	20	6.7
Total	**300**	**100.0**

(Source: Filed Data)

The above table indicates HIV infection and consequently AIDS is fatal and malignant. He suffered from PLHIV when he learned of a life-threatening illness. When asked about their first experience when learning about HIV infections. It is clear that 19 per cent of the respondents were sad, 26 per cent were ashamed and 13 per cent were angry. Nearly 7 percent said they were too stupid at the time to express their feelings. The majority of respondents felt intimidated, rejected and responded to, and 6 percent were shocked at the location.

Conclusion

HIV/AIDS People are faced with the Stigma and Discrimination in Society

- 45 per cent of the respondents reported family related Stigma and Discrimination. Reveals that verbal abuse (88.8%), made to use separate plate and tumbler for dining (75.5%), not allowed to use common bathroom and toilet and forced to live in separate room/veranda are the common practices.
- Other forms include not allowed to come near or touch the uninfected member of the family (40.0%), not allowed to interact with relatives (26.6%), and screened from community (15.5%) are the other discriminatory practices observed by the respondents.
- Almost 75 per cent of the respondents are feeling discrimination by their relatives. Almost 57.5 per cent of the relatives know about the sero-status of the respondents and in that majority of show discrimination.
- Showing scant regard (93%) not inviting the respondents or their parents or in-laws to their home (81.3%) and gossiping about (46.5%) have been the major forms of Stigma and Discrimination enacted by the relatives.
- Insulted (25.5%), not visiting respondents (15.5%) and teased (13.9%) have been the other problems in that order for the respondents. Nearly 8.4 per cent of the respondents are physically abused by the relative.
- As many as 12.5 per cent of the respondents reported that they are not allowed in the neighborhood household. 11.6 per cent reported insulted, 9.3 per cent complained not allowed to visit religious places.
- The major problems faced by the respondents were showing disregard (85.5%), avoidance (80%) and gossip (66.6%).
- Stigma and Discrimination that is more seen in the private health care setting that include denial of hospital facility & medication (78.4%), excessive use of barriers/precautions by medical and paramedical staff (72%) and unnecessary referrals (59.3%) to other health facilities.

- 47 per cent have faced isolated & avoided and discrimination. A little over 40 per cent of the respondents revealed that other patients supported them.
- Almost 56.7 per cent of the respondents have said that their HIV status have adversely affected the education of their children.
- About 7 per cent of the respondents said that they were too ignorant at that time to express their feelings. Majority of respondents felt afraid, rejected and respondent and shocked 6 per cent.
- A little over 17.3 per cent of the respondents have said that in the social interaction with others they have noticed hostile attitude towards them that was clearly marked by aggression.

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