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## CHALLENGES AND STATUS FOR SUSTAINABLE GROWTH OF HIV/AIDS INFECTED WOMEN IN INDIA

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### **Abstract**

In this duration India's National AIDS control program (NACP) has evolved and prolonged to provide HIV prevention. About 2.5 million women in India are living with HIV/AIDS (National Aids control organization). In present research researcher wanted to explore the challenges and status of women in India who those were infected from HIV/AIDS. In previous studies women shows negative outcomes when they diagnosed by HIV (Orza, et.al, 2015). Lots of HIV/AIDS infected women struggle into their day to day life such as; depression, sexually assault, unhappy marriage life (Gupta, 2007). In this explorative research researcher found that there were lots of challenges faces by HIV/AIDS infected women therefore their status becomes as a poor survivor. In this research paper, the chal-

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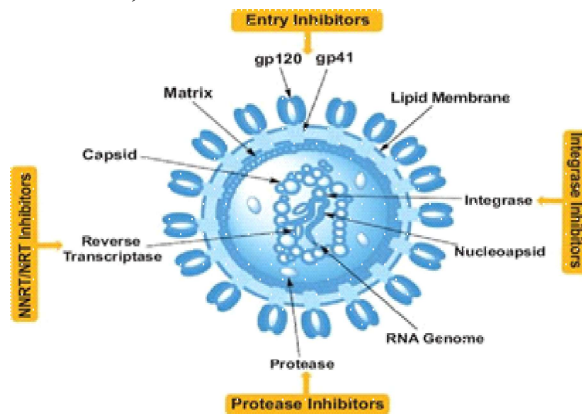
allenges of women suffering from HIV/AIDS disease will be described theoretically

**Keywords**

HIV/AIDS, Challenges, India, Survival

Health is the main basis of life. Health never means just physical, rather it refers to the smooth functioning of a person’s physical and mental structure. Health is the state of physical, mental, and emotional well-being of a person, which motivates the person to live a healthy lifestyle. Health is a fundamental right of a person that is why all countries consider public health and health education as an important subject because it is believed that only a healthy person can create a healthy society.

HIV/AIDS became a major worldwide public health problem. HIV infectivity in India was first case in 1986 among feminine sex workers in Chennai. HIV is an infectivity that attacks the body’s immune system. AIDS is the most superior of the infection. Human Immunodeficiency Virus targets the body white blood cells, dwindled the immune system. This makes it easier to get ill with diseases resembling tuberculosis, infections and several cancers.



*Structure of Human immunodeficiency virus subdivision and Antiretroviral treatment Targets*

HIV is increase from the body fluids of an infected individual,

as well as blood, breast milk, semen and vaginal fluids. It is not increasing by kiss, hugs or sharing food. It can also increase from a mother to her baby. Human Immunodeficiency Virus can be treated and barred with antiretroviral therapy. Untreated Human Immunodeficiency Virus can step forward to Aids, frequently after many years. There are an estimated 4.2 million living with HIV in Asia, 90% of them are in India, China and Thailand. India contributes 49% of it (2.4 million) people. The first focuses of HIV in India were detected in 1986 among sex workers in Chennai and the first AIDS case was reported in 1987 in Mumbai.

Human Immunodeficiency Virus (HIV) and Acquired Immuno-deficiency Syndrome (AIDS) have for a long time been seen as a problem that affects men, specifically gay men and as a result of this preconception, the harm that it does to women around the world is largely overlooked. In 1997, women represented only 41% of the people living with HIV. Now that figure has risen and women represent almost 50% of the global HIV-infected people. Women are more susceptible to Human Immunodeficiency Virus (HIV) / Acquired Immuno-deficiency Syndrome (AIDS) because of biological and sociological factors. Women are not able to make decisions about their own lives and bodies. This patriarchal attitude is the basic reason why women are more at risk of infection by HIV/AIDS.

**Behavior and circumstances that situate people at superior risk of contracting HIV consist of**

- Having other sexually transmitted illness like: Syphilis, Herpes, Chlamydia, Gonorrhea and BV, Gardnerella.
- By using HIV infected syringe during an accident or any incident.
- Physical intercourse without using any precautions.
- Transfer of infected blood or tissue transplantation.
- Risky consumption of Substance abuse

In this paper researcher wanted to explore the studies regarding the challenges and status for sustainable growth of HIV /AIDS infected women in India.

In previous studies women shows negative outcomes when they diagnosed by HIV (Orza, et.al,

2015). A study of Tirupati Ambala et al. 2015, examined the significant differences in level of Anxiety among HIV infected patient according to the age, gender and area of resident. The result of this study found that Female HIV patient had greater anxiety rather than male HIV patient and they also reveal that there are no significance differences between areas groups and different age group.

Women infected with HIV are concerned about reproductive health during their reproductive years, including infection to the newborn during delivery and concerns related to the desire and decision to become pregnant (Ivanova, et.al,2012).

Alpana Sen Gupta (2010) suggested that depressive symptoms are common in HIV-infected patients. Especially in women they reported in their study that women were more anxious and depressive in comparison to men.

Lots of HIV/AIDS infected women struggle into their day to day life such as; depression, sexually assault, unhappy marriage life (Gupta, 2007).

Another study of Majumdar, B. (2004), they take deep tape recorded interview of 10 HIV infected females. The age range of infected women was 18-70 years. They explored the feelings and concerns of HIV infected females. They revealed that their direct source of infection was the Heterosexual contact and the indirect source was poverty and sexual violence. In Interview they also revealed that after infected by Human Immunodeficiency Virus they clearly feel less socioeconomic, spiritual and family support. This type of emotional and mental harassment forced them into isolation and negatively affecting their mental Health. They also feel helplessness towards their future of their child.

Yagnik et al (2000) studied on death anxiety and emotional

stability among HIV (Human Immunodeficiency Virus) infected women. The study is on death anxiety emotional stability among HIV infected women, age ranged from 15 to 45 years. The purposive sampling design was used; 21 case of attempted HIV infected women in Hospital were studied with the help of Death Anxiety Scale and Emotionally stable-instable Inventory. The study was based on 2x2 factorial design experiment with two level of Socio-Economic status (Higher and Lower) and age group (15 to 30 and 31 to 45). Results reveal that almost all HIV infected women had high level of Death Anxiety and less Emotional Stability, but no significant positive correlation was found between Death Anxiety and Emotional Stability. The anxiety about death is increasing with the growing of age. On the Emotional Stability, the impact of the age has been found univariety.

In this research, researcher explored the challenges and status of women in India, who those were infected from HIV/AIDS. To this objective lots of study found that they faces lots of challenges such as, lack of social support, negative stigma towards them and their conditions, Anxious for themselves as well as anxious about their children and their future, although their family relationship became more worst. The researcher can draw this conclusion after explored the above studies that women who those suffering from HIV/AIDS had low status in Indian society and lots of challenges would faces by them. While studied this research and looked at this result lots of Intervention and awareness programs should be necessary implied for them.

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