CHAPTER - 2

REVIEW OF LITERATURES

Literature Review is "a systematic, explicit, and reproducible method for identifying, evaluating, and synthesizing the existing body of completed and recorded work produced by researchers, scholars, and practitioners." Review of Literature is an evaluative report of information found in the literature related to the selected area of study. A review of literature provides theoretical knowledge and leads to sources of information on various themes and thus leading to discovery of new theories. It leads us to the world of what has so far and what needs to be done in a particular area of research. In this study, thematic method of review of literature is presented under different themes as mentioned below.

2.1 INTRODUCTION

In the last three decades since HIV/AIDS was first identified, the body of research into the epidemic has been steadily growing. At the present juncture, research covers a wide range of topics ranging from strictly medical studies to the social and demographic implications of the study as well as to research into interventions and best practices that may help to halt the spread of the problem. This chapter provides an overview of the stigma in the HIV/AIDS epidemic, HIV related studies conducted in India and in other countries and the impact of HIV/AIDS on the role of the elderly.

The statistics about the impact of HIV/AIDS worldwide are overwhelming. Estimates of the United Nations Agency for AIDS (UNAIDS) indicate that over 40 million people were living with HIV/AIDS in 2005, that nearly 25 million people have died of AIDS since the disease was first discovered in the 1980’s, and that more than 15.6 million children under 15, have lost either their mother, their father or both parents as a direct result of AIDS (UNAIDS, 2005).

2.2 STIGMA IN THE HIV/AIDS EPIDEMIC

Although stigma is considered a major barrier to effective responses to the HIV/AIDS epidemic, stigma reduction efforts are relegated to the bottom of AIDS program priorities.
The complexity of HIV/AIDS related stigma is often cited as a primary reason for the limited response to this pervasive phenomenon. Systematically, the scientific literature on HIV/AIDS related stigma to document the current state of research, identify gaps in the available evidence, and highlight promising strategies to address stigma is reviewed here. The following are the key challenges under this theme each defining, measuring, and reducing HIV/AIDS related stigma as well as assessing the impact of stigma on the effectiveness of HIV prevention and treatment programs. HIV/AIDS related stigma (H/A stigma) is invoked as a persistent and pernicious problem in any discussion about effective responses to the epidemic. In addition to devastating the familial, social, and economic lives of individuals, H/A stigma is cited as a major barrier to accessing prevention, care, and treatment services. Despite widespread recognition of the differential treatment of persons living with HIV/AIDS (PLHA) by society and its institutions, over the first 25 years of the epidemic, community, national, and global actors have only had limited success in alleviating the deleterious effects of H/A stigma. In describing a sustained response to the HIV/AIDS epidemic, Peter Piot, Executive Director of UNAIDS (2003), ‘AIDS: from crisis management to sustained strategic response’, identifies tackling stigma and discrimination as one of five key imperatives for success. At the same time, Piot notes that stigma reduction efforts are relegated to the bottom of AIDS program priorities, often without funding to support such activities.

Much of the rhetoric and literature has cited the complexity of H/A stigma and its diversity in different cultural settings as the primary reasons for the limited response to this pervasive phenomenon by Parker R, Aggelton P (2002) in his book ‘HIV and AIDS-related stigma and discrimination: a conceptual framework and implications for action’. The complexity of the phenomenon has led to difficulties and disagreement about how to define HIV/AIDS stigma and sometimes, to an erroneous conflation of stigma with its related concept of discrimination. The manifestation of HIV/AIDS stigma not only varies by cultural/national setting, but also by whether one is considering intrapersonal versus societal levels of stigma. The variability in manifestations of stigma by setting and level has led to difficulty in measuring the extent of stigma, assessing the impact of stigma on the effectiveness of HIV prevention/treatment programs, and devising interventions to reduce
stigma. These four challenges – defining, measuring, assessing impact of, and reducing stigma – among others have hampered local and global efforts to address H/A stigma.

By acknowledging the role of social processes and power in the promulgation of stigma, a more precise understanding and definition of discrimination emerges. Discrimination focuses attention on the individual and social producers of stigmatization rather than the recipients of stigma as stated by Link BG, Phelan JC (2001) in ‘Conceptualizing stigma’.

Discrimination is a consequence of stigma and defined as “when, in the absence of objective justification, a distinction is made against a person that results in that person being treated unfairly and unjustly on the basis of belonging or being perceived to belong, to a particular group”- Castro A, Farmer P (2005) ‘Understanding and addressing AIDS-related stigma: from anthropological theory to clinical practice in Haiti’. Stigmatized groups, including PLHAs, are in this way systematically disadvantaged in a variety of ways including in income, education, housing status, medical treatment and health.

Pinel EC (1999) ‘Stigma consciousness: the psychological legacy of social stereotypes’ talks about conceptualizing stigma as a combination of individual and social phenomenon underscores the importance of addressing self-imposed, individual, as well as structural (or institutional) discrimination. Self-imposed discrimination occurs when an individual comes to expect the application of a stereotype to him/herself and out of fear of the expectant rejection and resignation, a priori acts as if discrimination has already been imposed. Individual discrimination refers to more obvious and overt discrimination taking place between two people.

According to Link BG and Phelan J (2001) in ‘Conceptualizing stigma’, structural discrimination refers to accumulated institutional practices that work to disadvantage stigmatized groups, and can work in the absence of individual prejudice and discrimination. Like in other stigmatized medical conditions, most research and intervention for H/A stigma has targeted self-imposed and some aspects of individual discrimination, largely excluding the structural dimensions of discrimination.
Link BG, Phelan J (2001) ‘Conceptualizing stigma’ offers a broader conceptualization that elucidates both the socio-cognitive and the structural aspects of stigma and the relationship between them. In their conception, stigma exists when the following four interrelated components converge: 1) Individuals distinguish and label human differences, 2) Dominant cultural beliefs link labeled persons to undesirable characteristics (or negative stereotypes), 3) Labeled persons are placed in distinct categories to accomplish some degree of separation of “us” from “them,” and 4) Labeled persons experience status loss and discrimination that lead to unequal outcomes. Stigmatization is entirely contingent on inequalities in social, economic, and political power that enable the four aforementioned components of stigma to unfold. Link and Phelan’s conceptualization of stigma may serve as a good starting point for developing a comprehensive framework for H/A stigma, since no such framework was identified in this literature review.

2.3 HIV/AIDS AND EDUCATION

The focus on education to eradicate the prevalence of HIV/AIDS makes sense objectively and intuitively. Kelly (2003) opines that educational system is one major weapon because it reaches the majority of people and that almost every prevention effort depends on education and communication in some way or the other. Education is also necessary to combat the culture of silence, the stigmatization and the discrimination that is associated with HIV/AIDS (UNESCO, 2002).

The responsibility of promoting change through the education system falls on the shoulder of the teachers. The role of teachers in combating HIV/AIDS are by creating preventive awareness of the disease by generating knowledge, promoting attitude development and change, and ensuring that children develop skills that will allow them to be competent and assertive in managing relationships and sexual issues (UNESCO, 2002).

Knowledge about HIV and AIDS is centered on disseminating information about the modes of transmission, means of prevention and behaviours that enhance susceptibility. Attitudes typically concern not only the overall attitude towards the disease, but also encourage tolerance and understanding of those that have been infected by HIV. The skills that children will need are frequently formulated very broadly (and therefore are often termed as life skills), in terms of communication, critical thinking, self-efficacy, among others. In
practice, however, a lot of the teaching about HIV/AIDS still focuses only on the knowledge dimension of HIV/AIDS (Action Aid, 2003).

Two separate qualitative studies by Chiwela and Mwape (1999) and Molambwe (2000) of Zambian teachers and HIV/AIDS clearly reveal that most teachers in the country have neither been trained to deal with HIV/AIDS nor have they provided with teaching/learning materials. As a result, teachers are not sufficiently knowledgeable on the topic to pass on correct and complete information to students. Teachers were also not aware of the need to use extra-curricular activities to teach HIV/AIDS instruction and when questioned about this they generally indicated that they did not see extra-curricular activities as a viable channel for teaching about HIV. The study also highlighted a lack of openness towards communicating about the epidemic, with teachers declaring they were uncomfortable talking about matters related to sex with their pupils and thus engaging in selective teaching of topics. Chiwela and Mwape (1999) also reported that teachers believe that young people who are exposed to sexual information will be more likely to engage in sexually permissive behaviour later on in life and thus argued against providing this information.

A qualitative study in India Verma, Sureender and Guruswamy (1997) which examined children and teachers’ perception of AIDS and sex found a similar relationship between science teachers and less inhibition in talking about HIV/AIDS. This perception was shared by non-science teachers who declared that this was a topic that should be dealt with in science class rather than throughout the curriculum.

Given the pervasive impact on HIV and AIDS on society and communities and the dire predictions of what is still to come, there is no doubt that resources, human and otherwise needs to be mobilized to fight against the pandemic.

**2.4 STUDIES CONDUCTED IN OTHER COUNTRIES**

Jette Nielson and Bjorn Melgaard (2005) on their paper ‘The economic and security dimensions of HIV/AIDS in Asia’ talks about how the international community has come to realize that there are more aspects to the HIV/AIDS epidemic than health. In the worst affected countries of the world, HIV/AIDS has influenced all sectors of society by making economies stumbles and undermining human security. Asia hosts more than half the
world’s population, it has substantial and increasing share of the global economy, and is home to large national defence forces, including three of the world’s seven declared nuclear states. The finding says that if the HIV incidence rates continue to increase in Asia, the epidemic has the potential to hamper the economic prospects of billions as well as affect political and military stability. The HIV/AIDS epidemic in Asia has a substantial impact on rural household economy. The disease has a limited impact on the private business sector and is only starting to show on the health sector in the worst affected countries. With its potentially negative impact on household income, food and personal security, the epidemic could become a threat to human security and has the potential to undermine human development. Uniformed services continue to be vulnerable to HIV/AIDS and despite low prevalence rates among military and police, uniformed services especially personnel posted out must be targeted in HIV/AIDS awareness programmes.

David Wilkinson and his team (2000) made a study on ‘An evaluation of the ministry of health/NGO home care programme for people with HIV/AIDS in Cambodia’. Cambodia has one of the fastest growing epidemics in Asia but also has an active government and NGO response. In 1998, the Cambodian ministry of health established a partnership with a group of NGO’s to develop and deliver home care in Phnom Penh and in Battambang Province. The findings clearly show that home care has an impact at a number of levels. This has reduced the suffering of the People with HIV/AIDS, improved their quality of life and that of their caregivers’ increased understanding of HIV/IADS to empower the poorest by giving social and economic support. The findings have also shown that the cost of delivering home care compared favorably with out patient services ad with home cares services in other countries.

Roy, C.M and Cain R (2001) in their article on ‘The involvement of people living with HIV/AIDS in community based Organizations: contributions and constraints’ paid attention on this neglected aspect. An important feature of the social and organizational response to the epidemic has been that many people living with HIV/AIDS have demanded to have a say in the development of policies and the delivery of services. Surprisingly little attention has been paid in the literature to this involvement. This paper is based on a participatory action research project that involves 70 people with HIV/AIDS in 15 focus group discussions. Findings from the study show the complexities of translating
organizational commitments to involve people with HIV/AIDS into practice. This paper outlines the organizational contributions of people with HIV, and examines the difficulties and obstacles to their meaningful interpretation. The paper concludes with a discussion of the challenges of user empowerment and with recommendations for policy and practice.

Dixon Patrick (2004), The Truth about AIDS, ACET International Alliance and Operation Mobilization, speaks about the specialty of AIDS virus, how people become infected and some life and death issues.

UNAIDS (2005) in its report on ‘A scaled-up response to AIDS in Asia and Pacific’ summarizes the AIDS challenge in Asian and Pacific countries. While some countries have already made their decision and begun to scale up effective AIDS programme, in others there is still hesitation. Using the best available evidence, it discusses the reasons why critical services currently reach only a fraction of those in need. It also outlines the action needed that will allow the region to seize this key moment of opportunity. The report observed that the growing political and financial support for AIDS efforts has been accompanied- and in some cases preceded- by stronger civil society engagement. Organizations of people living with HIV/AIDS are advocating for increased access to treatment and care, and working to alleviate the stigma associated with the disease.

In Cambodia, civil society organizations and people living with HIV/AIDS joined with the national government and international donors to develop a national AIDS plan. NGO’s created by former drug users have initiated drug substitution programmes in India and organized harm reduction services in South East Asia. Sex worker advocacy groups have created and expanded programmes in Bangladesh, India, Cambodia and Thailand, while programmes for men who have sex with men (MSM) have emerged in Pakistan, Nepal, the Philippines and Thailand.

In some countries, the lawyers’ collectives have taken up legal battles to fight instances of discrimination against people living with HIV. Finally, the report makes recommendations for urgent implementation of strategies known to work, by global, regional and national political leaders, by international donors, the UN system, civil society and other key stake holders in Asia and the Pacific. The report specifically recommended that the countries should increase support to civil society organizations’ involvement in national
responses by identifying and implementing viable and effective mechanisms for financing, building capacity and promoting coordination of civil society organizations. These include, among others, legal recognition, tax incentives, streamlined contracting regulations and financial support to build effective and accountable community based organizations.

Gill, Peter; (2007), “The politics of AIDS”, projects a debatable issue where he questions when AIDS is preventable, why millions have been infected. In order to avert this catastrophe, he calls upon individuals and institutions to fix responsibility for the catastrophe. In the book it debates how the earlier Bush administration, allied with the Christian right, has joined the Vatican in promoting abstinence and fidelity. Many African leaders have deliberately ignored the crisis and South Africa has even withheld life-saving drugs from its people. Britain has promoted concern for AIDS in Africa, but has neglected its duty at home. The main beneficiaries of the epidemic have been the big pharma drugs companies to protect their patents and profits at the expense of the poor. The efforts of Indian companies to break that stranglehold have been thwarted.

Kirson Weinberg (1970) Social problems in modern urban society deals with an urban society in which basic problems concerning the urban habitat challenges its viability, programs, experiments, polices and procedures which have been formulated to cope with these challenging urban predicaments.


WCC, Facing AIDS-The challenge, the churches response (1997), approaches the challenge from different perspectives: science, the socio-economic context, theology, ethics, human rights, the churches, pastoral care and education.

2.5 STUDIES CONDUCTED IN INDIA

Creating Resources for Empowerment in Action (CREA), New Delhi published a series of annotated bibliographies on Reproductive Health Research carried out during 1990-2000. These bibliographies are part of the Gender and Reproductive Health Research
Initiative’ sponsored by the Ford Foundation. Six areas of concern in reproductive health were identified of which HIV/AIDS was one. The designated team searched on each of these areas. Accordingly a team comprising Dr. Vimala Nadkarni, Anita Rego and Deeksha Vasundhra prepared annotated bibliography on HIV/AIDS along with a critical review paper, which looked at the content gaps, methodological issues and ethical concerns in the research. This has culminated into inviting proposals for future.

Medical practitioners, social scientists, funding organizations, government organization and individuals have researched the two decade long epidemic widely. The existing research on HIV/AIDS in India has been grouped under the following categories and presented in the table below:-

Table 2.1 Research on HIV/AIDS in India.

<table>
<thead>
<tr>
<th>Sl.no</th>
<th>Themes of Research</th>
<th>No. of Studies (%)</th>
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<tbody>
<tr>
<td>1.</td>
<td>Understanding and awareness of HIV/AIDS</td>
<td>42 (35.0%)</td>
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<tr>
<td>2.</td>
<td>Safer sexual practice and other modes of risk reduction</td>
<td>18 (15.0%)</td>
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<tr>
<td>3.</td>
<td>Biological and societal vulnerabilities to HIV/AIDS</td>
<td>15 (12.5%)</td>
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<tr>
<td>4.</td>
<td>Economic impact of HIV/AIDS</td>
<td>03 (02.5%)</td>
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<tr>
<td>5.</td>
<td>Disclosure, stigma and discrimination</td>
<td>06 (05.0%)</td>
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<tr>
<td>6.</td>
<td>Mental health issues including substance abuse</td>
<td>13 (10.8%)</td>
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<tr>
<td>7.</td>
<td>The rights of positive people</td>
<td>01 (00.8%)</td>
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<tr>
<td>8.</td>
<td>Prevention programmes and intervention</td>
<td>15 (12.5%)</td>
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<tr>
<td>9.</td>
<td>Mixed themes</td>
<td>07 (05.9%)</td>
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<tr>
<td></td>
<td>Total</td>
<td>120 (100%)</td>
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</table>

Source: CREA, New Delhi

The annotated bibliography lists 126 studies carried out during 1990-2000 on HIV/AIDS. State-wise 33 studies were conducted in Maharashtra, 21 in Delhi, 13 in Tamil Nadu, 12 in Karnataka, 8 in West Bengal and 5 each in Andhra Pradesh and Uttar Pradesh. It indicates 77% of the studies conducted in the above mentioned seven states only. Numbers of study conducted in the remaining states were below five and even no study was conducted in few states. Seven studies were conducting more than one state. City-wise 21 studies were conducted in Delhi, 17 in Mumbai, 11 in Chennai, 10 in Bengaluru and 8 in Kolkata. It means most of the studies were conducted in urban areas. Surprisingly numbers of study
conducted in Andhra Pradesh (5), Manipur (4) and Nagaland (1) are comparatively less in spite of their high HIV infection rate. There were six studies conducted in other countries

Mohammed Shaukat and Salil Panakadan (2009) in their paper “HIV/AIDS in India: Problem and Response” shows the epidemiological analysis of data and reports in India that the highest number of HIV infection have been reported in Maharashtra and Tamil Nadu and the highest rates among injecting drug users (IDUs) in the north eastern state of Manipur. It talks about the critical phase of prevention and care programmes where HIV infection is transcending the boundaries of high risk population and spreading into the general populace. It looks at HIV/AIDS prevention and control as a developmental issue with deep socio-economic implications and not merely a health issue. It touches all sections of population, both infected and affected, irrespective of their regional, economic or social status.

K.S. Rao, et.al (1995) conducted a study on “Awareness of HIV/AIDS among voluntary organizations in Andhra Pradesh” during 1988-91. The aim of the study was to access the knowledge about the transmission of HIV/AIDS, misconceptions and safe sexual behavior among voluntary organizations. A structured questionnaire was administered to different voluntary organization in Andhra Pradesh after conducting 27 HIV/AIDS health educational programmes for them. The majority of the participants were aware about HIV/AIDS and the associated aspects. Ignorance (61%) was reportedly higher among the rural youth even after the health education session. It is found that post-intervention had a significant impact on knowledge gain.

Jacob Happymon’s (2003) book “HIV/AIDS as a security threat to India” basic proposition is that HIV/AIDS is a security threat to India. It talks about how a mild HIV/AIDS epidemic in the country could have adverse implications for the working age population of the country. While many of the think tanks in the world have made studies of how HIV/AIDS can adversely affect a country’s security, in India, however, such studies are hard to come by. There has been a steady increase in the rate of HIV/AIDS infection in India. HIV/AIDS has now changed its ‘focus group’ and is increasingly concentrating on the general population and both the rural and the general areas. HIV/AIDS constitutes a human security threat where it destroys human security both at the individual and at the collective level because it causes individual suffering and death. HIV/AIDS victim contact other
opportunist disease, falling prey to the normal Indian practice of making them social outcasts. It kills people at an extremely productive and reproductive age and creates demographic problems within the country. This human suffering which goes on to destroy a considerable proportion of a state’s population constitutes a direct threat to that state’s security. It projects HIV/AIDS as a threat to India’s economic security and also argues about the societal security of the country. It is understood as a relative preservation of a society’s time-honoured structures, time-tested institutions and the well being of its members which can also be jeopardized by the disease. People can be disengaged from their societies, AIDS orphans can take o criminal activities, intergovernmental discords can take place and social institutions like marriage can lose their present shape and form due to HIV/AIDS, leading to social instability and chaos.

AIDS is the leading infectious cause of adult deaths in the world and it has affected almost every country including India. The valuable lessons learnt in different countries show that HIV/AIDS can’t be tackled by the government alone; it requires a broad multi-sectoral response. Within this partnership, NGO’s are also making a significant contribution in HIV/AIDS prevention and care. So far India is concerned, National AIDS Control Organisation (NACO) recognizes the importance of NGO’s participation and involves them in all the activities for the implementation of national AIDS control programme. However, is an exclusive reliance on NGO’s a viable solution? Will NGO’s be able to discharge their duties properly with limited finance? Are the beneficiaries happy with the services of NGO’s?

Chopra Suhita, (1995), Condom, Aids and Sexuality, addresses the debate drawing on the most recent data of HIV/AIDS from various disciplines. It exposes the limitation of western prophylactic technologies in the third world settings. The book has too much criticism of modern medicine and its technological recommendation.

Banerjee, Nilotpal (1995) AIDS in Indian Society- To sail in the ocean, hints at AIDS as an infectious disease process where he projects the modes which are only acquired, primarily resulting in deficiency of the immunity status of man.

Thomas Gracious, (1994) ‘AIDS in India, Myth and Reality’ projects how almost every community in the world which has been faced with the problem of HIV/AIDS has first
reacted by denying the existence of the problem. The author attempts to bring out the present scenario of HIV/AIDS in India which clearly shows the already sown seeds of public health disaster. When a new and deadly disease appears, it becomes natural to know what it is all about, where it comes from, how it is transmitted, the magnitude of the problem, the implications it has on the health and social life of the people and the possibilities of its prevention, control and treatment.

Panda, Chatterjee Abdul, (2002), Living with the Aids virus- The epidemic and the response in India” exposes India living with the human immuno deficiency virus. Given the size of the country, its high population density and interstate migration, preventing the further spread of HIV as also providing care facilities to people with AIDS are both critical and mammoth tasks. It traces the evolution of the HIV epidemic in India and documents how the largest democracy in the world has responded to it. The legal issues related to HIV/AIDS in India are highlighted to assist in a more comprehensive understanding of the complex ethical and human dimensions involved. The strengths and weaknesses of the interventions and the socio-economic impact of HIV/AIDS in the country are analyzed, providing a deeper understanding of this epidemic in India.

Narain Jai. P (2004), ‘AIDS in Asia: The challenge ahead’ focuses on Asia in recognition of the tremendous importance of HIV/AIDS and presents it as an unprecedented health and development threat in the region. It highlights the various advances in HIV research, as well as the new initiatives and their applications throughout the developing world.

Mishra R.C (2005) portrays HIV/AIDS as a devastating force destroying communities and families and taking away hope for the future in his book ‘HIV/AIDS Education’. HIV/AIDS pandemic has become a human, social and economic disaster, with far-reaching implications and individuals, communities and countries. He opines that each year there are more and more new HIV infections, which shows that people either aren’t learning the message about the dangers of HIV, or are unable or unwilling to act on it. Many people are dangerously ignorant about the virus. Mishra talks about education which has a key role to play both in preventing HIV/AIDS and in mitigating its effects on individuals, families, communities and society. As the disease has affected people from every nook and
corner of the world without any age or gender parity, it is essential that HIV/AIDS education ought to be aimed at all parts of society, not only those groups who are seen as particularly high risk.

Even if education were completely successful, it would still have to be an ongoing process, he says. Each generation, a new generation of people become adult and need to know how to protect themselves from infection. The older generations, who have hopefully already been educated, may need the message reinforced, and need to be kept informed, so that they are able to protect themselves and inform the younger ones.

‘HIV/AIDS Education’ is a book about the use of education’s life sustaining power to fight against HIV/AIDS pandemic. It shows the centrality of education to HIV prevention and its use in reducing both the risk of HIV infection and people’s vulnerability to HIV. It also points out the impact that AIDS is having on education systems and the remedies that need to be put in place to relieve the impact. The current strategies and trends in HIV/AIDS education for particular populations, including children, adults, women and adolescents are also discussed. The book speaks volumes on school based HIV/AIDS education, on primary education, on adult education, AIDS and girl education, HIV/AIDS and sex education, peer education, stigma and discrimination etc.

A.Wati, Health, Healing and Wholeness-Asian Theological Perspective on HIV/AIDS (2005), presents the Asian face of the Global HIV/AIDS scenario, poverty and the struggle for women to live. It highlights the gender and the vulnerability of individuals to HIV/AIDS.

Thenpillil, Jose; (2006) “Socio-Cultural dimensions of the HIV/AIDS affected”, presents HIV/AIDS as not only a medical problem but also a socio-cultural one. The author has made a multi dimensional approach in dealing with the pandemic. He has analysed it from the medical, psychological, sociological, social work, cultural and ethical point of view.

The book covers the theories on the origin of HIV/AIDS, its global spread, its symptoms and various methods adopted in its diagnosis, sufferings undergone by persons living with HIV/AIDS socially, psychologically and economically, tips for behavioural
orientation to people in general and code of conduct to be imposed by NGO on themselves while caring for persons living with HIV/AIDS.

While describing the Indian situation, the author has clearly identified the reasons for its spread as socio-economic status, traditional social ills, cultural myths on sex and sexuality and a huge population of the marginalized. This book projects the disproportionately high HIV cases in the states of Karnataka, Tamil Nadu, Andhra Pradesh, Maharashtra and the North East states of India. States in the Southern and the Western are most advanced compared with the rest of India. Still the rate of HIV affected is high in these areas.

Factors such as the attitude of the society to premarital sex and to late marriages have significant bearings on the incidence of HIV/AIDS. It has been stated that HIV epidemic and its impact will only be overcome if men and women begin to forge partnerships of mutual respect, trust and of equitable sharing of the burdens of sadness, pain, care and support created by the epidemic. Changes in the individual relationship between men and women will occur only in the context of new social situation, which requires a radical assessment by societies.

By way of methodology, the author has showed an innovative approach in case study method and has shown throughout the study an overall empathetic approach without sacrificing objectivity.

‘People living with HIV/AIDS’ authored by Arunkumar M.C and Rajeev Irengbam (2009) makes a successful attempt to highlight every aspect of the life of the people living with HIV/AIDS. The book highlights the pandemic rise in mid 1990’s in Manipur posing a challenge to human, as health is an indispensable ingredient and a major determinant of human development. It opines that to catch hold of the growth of the epidemic, plethora of preventive measures were taken up. As the infection diffuses the epidemic continues to affect the community at large, family and individual at different dimension. The first wave of impact falls on the infected persons and their families, partners and those who take care of them. It includes the trauma of diagnosis, community reaction, economic and emotional impact on their households, reaction of health care workers, illness and death.
The book is seen as an endeavour to contribute to the development of the quality of care and better understanding of the dynamics of needs of PLWHA in Manipur. With this as the backdrop, the main objectives of the book are to identify different types of care being provided and unmet needs of people living with HIV/AIDS and to identify the factors facilitating or inhibiting long term care of people living with HIV/AIDS within the family and the community settings. It also aims to give recommendation based on the study outcome, feasible strategies for policy consideration and provision of care and needs of people living with HIV/AIDS.

The book also explores the socio economic scenario of HIV infected persons, their family and individual problems, their disease history and health care service utilization, rehabilitation and welfare measures. The basic institutions related to HIV and current issues on HIV scenario have also been identified. It looked into three levels- PLWHA, family members as the informal caregiver to PLWHA and formal caregiver by administering semi-structured schedule.

It also highlights the major problem faced by the PLWHA and the family members of PLWHA i.e. the financial crunch. It is a problem which brags in every walk of life. It hinders the PLWHA in accessing the service on time and fulfilling their needs. The book illuminate on the various need for support and assistance by PLWHA. It unveils their need for outcome and employment, their need for support and assistance in terms of health and medication, nutrition and shelter, psychological support, social acceptance, human rights and legal rights. The same also goes for family members as the informal caregiver although there is no impact of the HIV status looking at the community level and at the workplace. The book reveals the calls for spiritual support and the PLWHA’s need for nutritional supplement along with ART medicine. Government agency/organization, private agency/organization and NGOs are included within the domain of formal caregivers. These organizations have rendered various services to the PLWHA.

‘HIV/AIDS and Indian youth’ an article written by Anita Nath (2010) provides a comprehensive overview of the situation regarding HIV/AIDS among youth in India, and explores the possible strategies that could be effective in combating the spread of this disease. India is in the grip of the HIV/AIDS epidemic, with an increasing number of
infections being reported among youth, who comprise a quarter of the population but account for almost one-third of the HIV/AIDS burden. The prevalence in young women appears to be on the rise. Although the majority of youth are aware of the disease, a number of myths and misconceptions still prevail. Furthermore, or as a consequence, a higher percentage of young males report engaging in premarital sexual activity compared with females. Of late, sex tourism and its implications for the HIV/AIDS epidemic present an increasing concern. Indian youth appear to hold negative attitudes towards HIV testing and people living with HIV/AIDS.

The book “AIDS, NGO and GLOBALISATION” by Tarun Sukai (2010) is a modest attempt to discuss all these issues. It intends to focus on NGO’s response to HIV/AIDS in India in general and West Bengal in particular. The case studies of various NGO’s reflect the initiatives, programme execution strategies, successes and challenges faced by them in combating HIV/AIDS. The book highlights the significant role that the NGO’s perform and a critical appraisal of their ability in the context of globalization.

The book opines that given the scale of epidemic, AIDS is now considered not only a health problem, but also a developmental and security threat. Moreover the epidemic is affecting developed and developing countries differently. Upto 95 percent of new infections now occur in developing countries, which are less equipped to respond the challenge effectively. Poverty, economic disparities, culture and gender related issues all contribute to India’s vulnerability to HIV/AIDS and the enormous potential for the epidemic to spin out of control unless the problem is addressed properly. It says that the lessons learnt in different countries show that HIV/AIDS can be prevented with high political commitment, adequate financial and human resources and sustained interventions. It makes clear that HIV/AIDS can’t be tackled by government alone; it requires a broad multi-sectoral response. Within this partnership, their significant contribution of the NGO’s in HIV/AIDS prevention and care is stressed upon.

The author attempts to interpret the epidemic on the basis of scientific methodology. The book is divided into eleven chapters. It depicts global and national HIV/AIDS scenario and response to the epidemic in India. It also draws a socio-economic picture of West Bengal and its HIV/AIDS scenario and gives a state level over view of NGO’s in HIV/AIDS care.
also makes a portrayal on contribution of NGO’s in HIV/AIDS prevention and care in West Bengal. The author devotes the literature to understand the role of NGO’s in the context of globalization.

2.4 THE IMPACT OF HIV AND AIDS ON THE ROLE OF THE ELDERLY

The status of older adults in Africa occupies a small but rapidly expanding share of the global literature on ageing. The Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) pandemic has generated a new focus on the changing role of the elderly in communities that have been affected. In sub-Saharan Africa, where millions are projected to be infected with HIV and about two million deaths are recorded annually amongst the traditionally productive adults, such loss of parents and breadwinners means children and the elderly have had to take up unusual responsibilities.

The elderly population in Africa above 60 years in age is currently estimated to number slightly over 38 million, and is projected to reach between 203 and 212 million by 2050 (Help Age International 2002). Over the last decade the Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) epidemic has had a devastating impact on older women and men, especially in sub-Saharan Africa; with about two million deaths recorded annually and at least 13 million children have lost one or both parents. Alpaslan, et al (2005), ‘Caring for AIDS orphans: The experiences of elderly grandmother caregivers and AIDS orphans’.

The rapid growth of population ageing in Africa and the impact of HIV and AIDS add another dimension to the role of older persons. HIV and AIDS affects older people in two main ways: the elderly are themselves infected with HIV, making them vulnerable to many health and socio-economic challenges Waysdorf, S.L., (2002), ‘The aging of AIDS epidemic: Emerging legal and public health issues for elderly persons living with HIV/AIDS’, The Elderly Law Journal , and it places a burden on them as carers since many have to care for their sick children and are often left to look after orphaned grandchildren who are also infected Rajaraman, D., Earble, A. & Heymann, S. J., (2008), ‘Working HIV care-givers in Botswana: Spill-over effects on work and family well-being’, Community, Work & Family. The extended family used to be relied upon to provide subsistence and care for older persons.
The issue of the HIV and AIDS pandemic has generated a new focus on the changing role of the elderly in communities affected by AIDS. An estimated 22 million adults and children were living with HIV in sub-Saharan Africa at the end of 2007, and during that year an estimated 1.5 million Africans died from AIDS. The epidemic has left behind some 11.6 million orphaned African children (AVERT 2009). HIV and AIDS have resulted in a reversal of roles, where older persons are now providing subsistence and care to younger generations, Makiwane, M., Schneider, M. & Gopane, M., (2004), Experiences and needs of older persons in Mpumalanga, Human Sciences Research Council, Pretoria.. The African extended family has traditionally nursed its sick and absorbed its orphans without legal process Alpaslan & Mabuthu (2005). Many governments and major international donors have therefore reacted to growing evidence of the impact of HIV and AIDS on households by suggesting that ‘traditional’ coping mechanisms would minimize the impact and allow households and communities to absorb the loss of members (Economic Commission for Africa 2009). However, this is yet to be demonstrated, since there is growing evidence of multiple crises faced by those families now being headed by the elderly in Africa, Makiwane et al. (2004).

Many countries in sub-Saharan Africa have adopted the primary health care (PHC) approach, one of its worthy goals being provision of basic care for the elderly. However, PHC does not address the specific needs of the elderly since most nurses working in setting are not specifically trained to work with them. Care for the older person is not a priority in many countries, and most nursing schools and colleges do not offer courses in gerontology and geriatric care. For example, the National Qualification Framework of the South African Nursing Council excludes courses in gerontological nursing science or gerontology (including geriatrics). Also, ageist and sexist stereotypes perpetuate the myth that the elderly are asexual, Spearman, M.S. & Bolden, J.A., (2005), 'Identification of factors that reduce rates of detection of HIV/AIDS among women 50 years and older’, Journal of African American Studies), evident in the fact that PHC providers do not ask the elderly specific question related to assessing risk behaviours for HIV and AIDS.

Whilst the global community is preoccupied with combating the HIV and AIDS pandemic, particularly amongst the middle-age group, there appears to be an under-reporting of its impact on the lives of the elderly (Help Age International 2007). It is important to
document the impact of HIV and AIDS on the elderly, particularly within the sub-Saharan African community where the burden of caring for the sick has shifted onto the shoulders of the elderly left in the community.

**Impact of HIV and AIDS on the health of the elderly**

Evidence suggests that HIV infection amongst the older population is on the increase, with more than 10% of HIV infection found amongst older adults, Manfredi, R., (2004), ‘HIV disease and advanced age. Emerging epidemiological, clinical and management issues’, Ageing Research Reviews ). The increase of AIDS in the elderly population suggests that they engage in activities that are risky for HIV infection. Reports on such behaviour amongst the elderly include frequent sexual relations with much younger people and reluctance to use condoms, being less concerned about being infected ignorance, and having multiple partners. According to ‘Ramos Rodriguez, C., Baney, M., Morales, R.J., Parham., D. & Lago, M., (2000), International Conference on AIDS, New York, United States of America,13–14th July 1999 health care providers are not assessing the risk of HIV infection in this population. Many doctors incorrectly diagnose early AIDS symptoms in the elderly as pre-senility, because they do not suspect HIV in their older patients and miss the opportunity for testing .

A review conducted by ‘Butt, A.A., Dascomb, K.K., Desalvo, K.B., Bazzano, L., Kissinger, P.J. & Szerlip, H.H., (2001), Human Immunodeficiency Virus infection in elderly patients, South African Medical Journal, suggests that women in sub-Saharan Africa of over 55 years of age have a seven times higher risk of sero-converting compared to people of a younger age, including men. Reports show that the severity of HIV and AIDS symptoms is more pronounced in the elderly population, leading to a poorer prognosis.

‘Kipp, W., et al (2007), ‘Caregivers in rural Uganda: The hidden reality’, Health Care for Women International 28, 856–871’ report that the health of older care-givers has deteriorated as a result of the physical and emotional stress of assisting their children. The physical impact of caring for the ill, such as backache, chest and leg pains, was attributed to the frequent changing, lifting and washing of adult patients.
In summary, HIV infection amongst the elderly population is on the increase. The elderly do not have the benefit of early diagnosis due to myths about their sexual activities. They are also outside the target populations for HIV prevention programmes.

Social impact

Studies show that HIV and AIDS attack mostly the reproductive and economically active section of the population, changing family composition by decimating the young adult population and creating elderly female-headed and child-headed families. The traditional support system for the elderly is hereby destabilized, Schatz (2007).

In sub-Saharan Africa alone millions of children grow up without parents and often live with grandparents (UNAIDS & UNICEF 2004). A review of the composition of households consisting of older adults in 24 countries of sub-Saharan Africa showed that 59% live with children and 46% with a grandchild, and that older adults are more likely to be living with double orphans (where both parent have died) in countries with high AIDS-related mortality ‘Zimmer, Z. & Dayton, J., (2005), ‘Older adults in sub-Saharan Africa living with children and grandchildren’, Population Studies’. Reviews show that elderly-headed families cannot cope with the increasing number of orphans created by the disease. Social networks are reported to have collapsed due to the pressure of having to support orphaned children. Intra-familial relations become strained if conflict over custody arises or grandparents judge other family members to be negligent of the grandchildren, Alspaslan & Mabutho (2005). The roles of the elderly are seen to be changing to being care-givers of their adult children stricken with HIV and AIDS, guardians of their orphaned grandchildren, and surrogate parents for these grandchildren, which results in an increased burden of caring resting on the elderly.

In ‘Sengonzi, R., (2007), ‘The plight of older persons as caregivers to people infected/affected by HIV/AIDS: Evidence from Uganda’, Journal of Cross Cultural Gerontology 22, increased social responsibility of the elderly is reported, due to prolonged travelling and absence from their homes to care for sick and orphaned grandchildren. This increase results in social isolation, because the elderly cannot afford the time or money to take part in social activities. Another reason for reducing participation in social activities is
fear of stigmatisation, as reported by Alpaslan and Mabutho (2005). Food insecurity is found to be prevalent in elderly households, and the care-giving responsibilities exacerbate the already compromised nutritional status of the elderly

**Economic impact**

The literature ‘Kipp, W, et.al, (2007), ‘Caregivers in rural Uganda: The hidden reality’, Health Care for Women International’ reveals that many persons affected by HIV and AIDS in sub-Saharan Africa remain at home, with the main burden of their care resting almost entirely on family members, who in most cases are elderly female. The literature also shows that whilst the economic consequences for the elderly who give care to the sick and orphans or have lost children to HIV and AIDS cannot be quantified, their impact is great.

The care-giving role of the elderly is such that it overwhelms their livelihood, forcing them to contend with various demands in terms of coping with increased health care costs, including debts incurred as a result of HIV and AIDS-related illnesses Okayo (2004) and meeting the transport and medical costs of ailing children paying school fees for orphaned grandchildren, and paying the funeral expenses of their family members. They also have to meet the costs of grandchildren (some of whom may be HIV positive) for whom they must now provide care.

Extended family members are not in a position to assist elderly care-givers, Alpaslan & Mabutho (2007) due to harsh economic conditions. Worst of all, the grandmothers are left without any inheritance from the deceased parents of AIDS orphans Alpaslan & Mabutho (2007). The elderly are seen as being financially abused.

The literature shows that the economic impact of HIV and AIDS on the elderly is overwhelming to them, and they seem to have no financial support. The least economically productive in society – the elderly – bear the financial burden of caring for the sick relatives and orphaned grandchildren left behind.

**Psychological impact**

The literature review on HIV and AIDS revealed various psychological impacts on the elderly. For those that are infected, experiences of hopelessness and loneliness, shame
and fear of being infected are documented. Otani, J., in his paper ‘HIV/AIDS and older people’, delivered on the 15th International Conference on AIDS, Bangkok, Thailand, 11–16th July 2004, is of the view that because of the myth that the elderly are asexual, infected elderly women feel humiliated by their sexuality and their own fear bars them from seeking health care and support since they fear stigmatization.

Reports on caring activities show that the elderly worry about the impending death of adult children as well as the emotional stress of nursing terminally ill relatives and being infected during the process of caring. When the children eventually die, grandparents endure the trauma of the loss of family members and have to cope with the stigma associated with HIV and AIDS (Help Age International 2003), even long after the death of their children. Caring for grandchildren is also burdensome, since orphans often refuse to accept the authority of the older persons and the elderly experience problems in disciplining them.

In certain instances the elderly reduce participation in social activities, since they fear negative community reactions towards the HIV-positive grandchildren in their foster care. This is compounded by concerns over grieving children who must also cope with the community stigma attached to and often irrational fear surrounding AIDS (Alpaslan & Mabutho 2005: 277). In general, worsening psychological health of the elderly has been reported.

In summary, HIV/AIDS have a negative psychological impact on the well-being of the elderly who are either infected or affected by this pandemic. This negative impact manifests in many forms, including fear, trauma and grieving, isolation, hopelessness and stigmatization. HIV impacts on the elderly in two main ways: first, about 10% of the elderly are themselves infected with HIV, leading to their early death; and second, HIV/AIDS affect older persons as parents and/or relatives of persons infected by HIV and as care-givers. These indirect effects can manifest in a set of interrelated social, economic and psychological dimensions that could ultimately impact on the health and well-being of the elderly.

Many elderly persons areshouldering vital caring responsibilities for loved ones living with HIV and grandchildren orphaned by AIDS, which is a common practice in most African communities. Child fosterage is not a new phenomenon in Africa, as grandparents
and other elderly relatives have traditionally played a key role here, albeit in different forms across the continent. However, child fostering as a result of HIV and AIDS is crisis-led, since the older person has to meet the daily costs of living as well as funding their grandchildren’s education without support from Government or their own children since most have been decimated by AIDS.

The cost of the illness for ailing HIV-infected persons drains the limited resources that elderly care-givers might have. The social impact of HIV and AIDS has in some cases led to loneliness, isolation and stigma in the lives of the elderly. In many instances the elderly, who are close relatives of HIV-infected persons, are depressed because of the looming death of a loved one in their midst. In the case of the elderly relatives, especially when they are the parents, this emotional toll could influence their ageing process, coming as it does at a stage in their lives when they are progressing to frailty.

The absence of national policies on ageing in many African countries exacerbates the poverty, poor health and psychological stress experienced by the elderly who are affected by HIV and AIDS. It is based on the above impacts found in the literature that the above recommendations are suggested for the elderly, the community, and Government.

These reviews of literatures have served a real purpose and has helped the researcher in so many arenas. It has acted as a guide and a very essential tool in understanding the problem of HIV/AIDS in a holistic manner. The above review of literature also outlined the main strengths and limitation of the research that has been conducted till date.