Challenging stigma, discrimination and denial in the context of HIV/AIDS requires commitment at all levels including governments, civil society, communities and individuals. HIV/AIDS is much more than a health problem. It touches human conditions, human security, human rights and social and economic development. A human rights framework is essential to encourage a reduction in HIV/AIDS-related stigma and discrimination. As an essential human rights issue, gender equality can be at the forefront of development and security as well as building healthy populations. The spread and impact of HIV is fuelled when human rights are violated. Nowhere is this more evident than with respect to the inequality evident among Women Living with HIV/AIDS. Hence, respect and fulfillment of human rights is critical to lessening the adverse impact of the disease.
With this background the present attempts to analyze the living conditions of women PLHAs and the intervention of Chittoor Network of Positives (CNP), Chittoor in mitigating their problems. The study is mainly confined to women PLHAs benefiting by the services of CNP in Chittoor District of Andhra Pradesh. The study deals with the various problems facing by women PLHAs in the District and assesses the services rendered by CNP to women PLHAs. The study examines whether the women are leading comfortable life by the services rendered by CNP in the Chittoor district.

The study is particularly confined to 271 women PLHAs registered in CNP of Chittoor district. Almost all the sample women interacted in Telugu. The researcher collected data at random. Two hundred and seventy one interview schedules were administered in the district. The researcher has adopted the interview method and keenly observed while interviewing the respondents and obtained the required data and information. In addition, the researcher has also collected the secondary data from the Government records at the State and District levels. During the survey the researcher has personally involved in several of the activities and functions to record the genuine information. The chapter wise summary of the study in narrated hereunder.

In the first chapter as stated, it is summarized with the following objectives and hypotheses.

**Objectives of the Study**

The specific objectives of the present study are:

1. To trace the genesis, growth and spread of AIDS in India, Andhra Pradesh and Chittoor district.
2. To study the structural (socio-economic, political) and cultural (traditional norms etc.) factors that are responsible for rendering women more vulnerable to HIV/ AIDS than others.

3. To discuss the problem of stigma and discrimination facing by the women PLHAs.

4. To assess the perceptions of women PLHAs about socio-economic and emotional problems they are facing in society and

5. To analyze the living conditions of women PLHAs and the intervention of Chittoor Network of Positives (CNP), Chittoor in mitigating their problems.

6. To offer suggestions for proper treat and care of women PLHAs.

**Testing of Hypotheses**

Hypothesis (1) “The women PLHAs have poor knowledge and awareness on various aspects of HIV/AIDS” is tested. The Hypothesis holds good. It is clear from the study that that the knowledge levels of sample women on good number of HIV/AIDS related aspects is very low. Full form of HIV and AIDS is not known to 87.08 per cent and 83.76 per cent respectively. 91.14 per cent of women stated that they are not aware about the methods of prevention of AIDS. The causative agent of AIDS is known to only 10.33 per cent of sample women. Only 13.28 per cent of women declared that they are aware that there is no vaccine to prevent the transmission of AIDS. 89.30 per cent of women heard about HIV/AIDS. The HIV/AIDS status can be confirmed by blood test is known to 40.22 per cent of sample women.

Hypothesis (2) “Fear of Stigma and discrimination hindering the women to attend to the counseling imparted by CNP” is tested. The
Hypothesis holds good. It is clear from the study that the main cause for irregular attendance to the counseling of CNP as stated by 28.57 per cent of sample women.

The second chapter discusses the causes for spread of HIV/AIDS among women. It discusses the causes like socio-cultural factors, early sexual intercourse, lack of choice, poor access to health, education and care, blame, delay in diagnosis, emotional response, dependency, burden and bereavement, pregnancy, sexual promiscuity, sexually transmitted diseases, drug abuse, communication with spouse, viral factors, signs and symptoms, opportunistic infections, gynecological infections etc. The chapter also covers the effect of HIV on pregnancy, risk factors associated with transmission of HIV during pregnancy, viral factors, maternal factors, prevention strategies, placental factors, factors during delivery, foetal factors, HIV/AIDS and breastfeeding, etc. It also covers the international laws and Indian laws relating to PLHAs. With regard to Indian laws related to PLHAs the chapter analyzes the Constitutional provisions related to PLHAs, Municipal Laws, The Carriage of Passengers Suffering from Infectious or Contagious Diseases Rules, 1990, Drug and Cosmetic Rules, 1993, The Delhi Artificial Insemination Human Act, 1995, Section 269 of Indian Penal Code, Section 270 IPC, Section 304-A IPC, Laws Useful to Enforce the Rights of PLHAs, Criminal Procedure Code - Sections 133 to 143 and 357, Consumer Protection Act, 1986 etc. The present status HIV epidemic in India, HIV Sentinel Surveillance: 2003 to 2012-13, Number of PLHAs alive and on ART in India at the end of September 2014 is also covered in this chapter. With regard to HIV/AIDS scenario in Andhra Pradesh the chapter presents the statistical data with
regard to year wise and gender wise non ANC and ANC clients tested & found positive from April 2010 to March 2014, HIV Prevalence among Different Groups, District wise distribution of TIs by Implementation Partners, Year wise Non ANC clients tested & found positive from April 2002 to March 2011, Year Wise Age wise Non ANC clients tested & found positive from April 2002 to March 2011 in AP, Year wise and Gender wise Non ANC Clients Tested and Found Positive from April 2002 to March 201.

The third chapter presents the historical background and geographical features of Chittoor district. It also presents the demographic profile of Chittoor district, which includes density of population, literacy rate, sex ratio, child population, urban population and rural population. With regard to HIV/AIDS the chapter presents the statistical data on the trends of HIV prevalence among STD and ANC Clinic, year wise of number of AIDS deaths targeted interventions as on 2015 March, counseling and testing services in Chittoor District in 2013-14, care, support and treatment of PLHAs, statistics on ANC, year wise tested and positive from April 2003 to March 2014, statistics on non-ANC, year wise tested and positive from April 2003 to March 2014, year wise and age wise non ANC clients tested & found positive from 2010-11 to 2013-14 in Chittoor district and HIV Prevalence among Different Group in Chittoor District etc. the chapter also presents the brief profile of Chittoor Network of positives.

In the fourth chapter an attempt is made the socio-economic background of sample women respondents. As part of socio-economic background the social category, native place, marital status, marriage type, age, type of family, education level, type of house, occupation, annual
income, possession of the ration card etc were analyzed. Then the chapter discusses the symptoms appeared in sample women before declaring HIV positive, labs visited by sample respondents for HIV testing, route of transmission of HIV, period of infection, knowledge and awareness on HIV/AIDS related aspects, risk category initial reaction to HIV positive result, first sharing of the HIV positive results type of ART treatment taking by sample PLHAs and types of opportunistic diseases suffering by sample women were also analyzed. The chapter also covers the problem of stigma and discrimination faced by sample women in family as well as society. The stigma and discrimination facing at health care setting, in Family, type of stigma and discrimination faced by children of sample women and self-perceived stigma and discrimination facing by sample women were elaborately discussed.

The fifth chapter is devoted to examine the services rendering by CNP and the opinion of sample women on those services. It covers the source of information about CNP services, reasons for choosing CNP services, knowledge of respondents on the services of CNP, tests attended by sample women at CNP, regularity of attendance to tests, respondents preferences for counseling, respondent women’s frequency of attendance to support group meetings, the main agenda of latest support group meeting attended by sample women respondents, number of sample women taken the help of CNP for enrollment in welfare programmes, frequency of attendance to CNP conducted counseling by sample women respondents, causes for irregular attendance, educational support extended to the children of sample women, type of skill development trainings undergone, status of activities taken on the
basis of skill development training, issue wise legal aid of CNP received, attendance to get together functions, usefulness of family get together functions of CNP, frequency of home visits by CNP functionaries, number of women benefited by CNP social entitlements, number of sample women children benefited by CNP nutritional support, number of women respondents got married under positive marriage scheme of CNP and respondents rating of CNP services etc.

In the sixth chapter an attempt is made to present summary of the study conclusions major findings and suggestions.

**Findings of the Study**

1. The study shows that only in case of 3.32 per cent of sample respondents no symptoms were appeared before decreasing as HIV positive. The most widespread symptoms that appeared in case of 96.31 per cent of sample women is loss of weight within a short period of time. Skin diseases appeared in 78.97 per cent of sample women PLHAs. Prolonged cough appeared in case of 75.28 per cent sample women respondents. The symptoms of Meningitis were recognized in case of 74.91 per cent of sample. Incessant fever is reported by 72.69 per cent of sample respondents. Prolonged vomiting and diarrhea is reported by 65.68 per cent and 61.25 per cent of sample respectively. Sexually transmitted diseases also reported by 43.91 per cent of sample women.

2. It is evident from the study that 86.72 per cent of sample women for the first time visited ICTC centre for HIV testing. 13.28 per cent of sample women respondents declared as HIV positive at PPTCT lab.
3. The study shows that 86.72 per cent of sample women reported that the HIV entered their body through heterosexual intercourse. The route of HIV transmission in case of 7.75 per cent of sample women was through transfusion of blood. Infected syringe/needle is the source of transmission of HIV in case of 2.95 per cent of the sample.

4. The period of infection incase 77.13 per cent of sample women varies between 2 to 10 years. The period of infection in case of 7.75 per cent of sample women is one year. The remaining 1.85 per cent is not aware of period of infection.

5. The study reveals that the knowledge levels of sample women on good number of HIV/AIDS related aspects is very low. Full form of HIV and AIDS is not known to 87.08 per cent and 83.76 per cent respectively. A preponderant majority i.e. 91.14 per cent of women stated that they are not aware about the methods of prevention of AIDS. The causative agent of AIDS is known to only 10.33 per cent of sample women. Only 13.28 per cent of women declared that they are aware that there is no vaccine to prevent the transmission of AIDS.

6. It is clear from the study that 45.76 per cent of sample women were in risk category. Among them 38.75 per cent were Commercial Sex Workers (CSWs) and 7.01 per cent were IDUs.

7. As per the study the initial reaction to HIV positive result is crying incessantly by 87.08 per cent of sample. Once the women declared as positive they shocked at such result (65.31 per cent). 15.50 per cent of women scolded their sex partners for her present position. 23.62 per cent of women scolded their spouse for attacking by HIV. 29.89 per cent of women...
sample women argued with lab technicians and counselors that it is a false
testing and so not accepted their positively.

8. It is clear from the study that 40.59 per cent of sample women shared their
positive results initially with peer group members. 29.15 per cent of sample
women shared their positive results with their regular sex partner. 8.49 per
cent of sample women shared their positive results within their parents.
Only 5.90 per cent of sample women shared their positive results with their
spouse. 15.87 per cent of sample women of shared their views with
anyone.

9. As per the study 44.28 per cent of women were taking first line ART. The
second line ART starts when the body of HIV positive patient body
becomes resistant to first line ART drugs. Among the sample PLHAs 29.15
per cent were taking second line ART drugs. The remaining women were
not taking any ART drugs.

10. It is evident from the study that the major stigma and discrimination facing
by women in health care setting is by the nurses and clinic attendants
gossiping about HIV in front of other clients. 74.17 per cent of sample
women reported that the physicians and clinical staff hesitate to touch
them while examining them. As per the reports of 65.31 per cent of sample
the medical staff considers the entry of PLHAs as unwelcoming or they
glance at them discourteously. 45.02 per cent of women reported that the
medical functionary objects them even to touch medical equipments.

11. The study shows that 85.98 per cent of sample women facing the problem
persistent scolding by the family members. As per the reports of 84.13 per
cent of women that the in-laws, husband and other family members
frequently threatening the PLHAs to leave their house. For the treatment of illness and to meet other personal expenses, the family members were denying to extend financial support to PLHAs. In case of 62.36 per cent of sample women the family members separating the utensils for the use of PLHAs.

12. It can be inferred from the study that the members of the community showing the feeling of abandonment of PLHAs as reported by 71.59 per cent of sample respondents. The neighbours/ friends/ relatives of women PLHAs denied even the entry in to their houses (70.85 per cent). 60.89 per cent of women reported that they are abandoned at social functions like marriages, local festive occasions, birthday parties etc.

13. It is evident from the study that 67.90 per cent of sample women reported that their children were kept apart from other children in the school. The second important stigma and discrimination reported by 57.20 per cent of sample women declared that their children are not allowed to play with other children in playground also. While serving food under Mid-Day Meals the children of 35.79 per cent of women were kept aloof.

14. It can be inferred from the study that the most important self stigma reported by 91.14 per cent of sample women is the feeling of guilty. Loss of self worth due to self stigma is reported by 85.24 per cent of sample women. Depression is reported by 69 per cent of the sample. 66 per cent of women reported that they lost hope on the future due to self stigma. The friendship or relationship with others was discontinued by 54.61 per cent of sample women.
15. It is evident from the study that 59.78 per cent of women preferred for professional counseling. Peer counseling is preferred by 35.06 per cent of sample women PLHAs. Other type of counseling is preferred by 5.17 per cent sample women.

16. As per the study 39.85 per cent of sample women came to know about CNP services throughout reach workers. Peer group members were the source of information for 33.21 per cent of women about the services of CNP. Through the staff of CNP, 17.71 per cent of women came to know about CNP services.

17. As per the study 85.24 per cent of respondent women declared that the major reason for opting CNP services is friendly treatment by the CNP functionaries. 77.86 per cent cited the reason for choosing CNP services is the socio-psychological support. 71.59 per cent of sample women opted for CNP services due to the positive attitude of CNP staff towards PLHAs. The presence of peer group members motivated 56.83 per cent of women to choose CNP services.

18. It is evident from the study that the CNPs clinical services are known to 83.76 per cent of sample women. 81.18 per cent of women declared that they are aware of the HIV testing to family members by the CNP. The referral services providing by CNP is known to 89.30 per cent of sample women PLHAs. The socio-psychological support extended by CNP is known to 76.75 per cent of sample women. Counseling extended by CNP is known to 66.05 per cent of sample respondents. The awareness programmes conducting by CNP is known to 52.03 per cent of sample women.
19. The study reveals that 78.60 per cent of women reported that they have undergone CD4 count test at CNP during the last six months. The differential count test was done to 74.17 per cent of sample women. 74.17 per cent of women reported that they have got tested to see the levels of Hemoglobin during the last 6 months. Total Count test was done to 71.59 per cent of sample women by CNP. 69 per cent of women reported that they have undergone the sputum test during last six months. 64.58 per cent of sample women reported that they have tested for Sexually Transmitted diseases (STIs) and Reproductive Tract Infections (RTI) during the last six months.

20. As per the study the regularity to tests conducted by CNP is reported by 83.89 per cent of sample. It is welcome move that large number of women is careful about their health status. Only 42 constituting 15.50 per cent of women reported that they are irregular to the tests conducted by CNP from time to time.

21. It is clear from the study that. 43.54 per cent of women reported that they will attend the support group meetings now and then. Regularity to support group meetings is reported by 32.84 per cent of sample women. 12.18 per cent of women reported that they attend the CNP convened support group meetings at their convenience.

22. As per the study the most important agenda of support group meetings as declared by 64.58 per cent of women is adherence to ART. The need for maintenance of good health and hygiene practices formed the core agenda of meetings conducted by CNP as reported by 54.24 per cent of sample women.
23. The study indicates that 64.94 per cent of women declared that the functionaries of CNP played major role for getting them enrolled for free bus passes. With help rendered by CNP 52.40 per cent of sample women getting ART pensions. Due to the efforts made by CNP 48.71 per cent of women were enrolled under Social Security Pension (SSP) scheme. The efforts made by CNP helped 43.91 per cent of women getting double ration through Fair Price Shops (FPS).

24. As per the study 74.91 per cent of women were irregular to the counseling given to PLHAs by CNP. Only 24.72 per cent of women were regularly attending to the counseling classes of CNP.

25. It is clear from the study that the main cause for irregular attendance to the counseling of CNP as stated by 28.57 per cent of sample women. the second reason cited by 20.69 per cent of sample women is that even today they are not accepting their HIV status. Fear of side effects of ART drugs is the reason cited by 16.26 per cent of sample women for not attending the CNP counseling. Migration for employment is the cause for irregular attendance to the CNP counseling classes as enunciated by 18.27 per cent of women.

26. It can be inferred from the study that 35.79 per cent of sample women reported that the CNP supplying free uniforms, bags and books to their school going children in the last academic year.

Suggestions

1. The governmental and CBOs interventions must focus on significantly increasing the knowledge of women on sexual and reproductive health, recognizing the signs and symptoms associated with STDs and reproductive tract infections, risk factors and routes of transmission for
HIV, self-efficacy, and skills to negotiate safer sexual practices within the context of their relationships.

2. For women, interventions must focus on significantly increasing their knowledge of sexual and reproductive health, recognizing the signs and symptoms associated with STDs and reproductive tract infections, risk factors and routes of transmission for HIV, self-efficacy, and skills to negotiate safer sexual practices within the context of their relationships.

3. Special schemes for the welfare and development of PLHAs with special reference to women are to be initiated at national and state level.

4. There is a need to strengthen community outreach systems to identify and enhance the greater involvement and participation of women living with HIV.

5. The network with like-minded, supportive and influential institutions, stakeholders and groups that can address the concerns of women living with HIV.

6. The CBOs has to improve delivery mechanisms and modalities of all types of services for women vulnerable to, and living with HIV/AIDS. They have to expand capacity building programmes and to work through women living with HIV wherever possible.

7. Free legal cells for PLHA women have to be strengthened in order to prevent violence against women PLHAs either by family members or others.
8. There is an urgent need for the reduction of stigma and discrimination in healthcare settings.

9. PLHAs require more avenues to congregate and voice their concerns. We should consider more women-centric programmes in the national response to HIV and issues related to OVC like education, life insurance and hostels.

10. HIV-positive women should have complete choice in making decisions regarding pregnancy and childbirth. There should be no forcible abortion or even sterilisation on the ground of HIV status of women. Proper counselling should be given to the pregnant women for enabling her to take an appropriate decision either to go ahead with or terminate the pregnancy.

11. The Government would actively encourage and support formation of self-help groups among the HIV-infected women for group counselling, home care and support of their members and their families. Social action through participation of NGOs would be encouraged and supported for this purpose.

12. As regards the treatment care and support for PLWHAs, the policy is to build up a continuum of comprehensive care comprising of clinical management, nursing care, access to drugs, counselling and psychosocial support through home-based care without any discrimination. Resources from Government and private sectors will be mobilised for this purpose.

13. Government would ensure adequate supply of essential drugs for treatment of these opportunistic infections. Adequate facilities would
also be created for proper disposal of plastic and other wastes and injecting needles used for treatment of HIV-infected persons.

14. In case of HIV testing facilities in the private sector hospitals, clinics, nursing homes and diagnostic centres, the State Governments should adopt legislative and other measures to ensure that these testing centres conform to the national policy and guidelines relating to HIV testing.

15. Condom use is effective in slowing the spread of both HIV and STDs and need to be encouraged in all risky sexual encounters. Social marketing is part of the strategy for promoting condom use.

16. Supporting community-based training and information campaigns to change harmful norms and behaviour that perpetuate violence against PLHAs and reinforce its social acceptability.

17. Improving access to female-controlled prevention technologies, including female condom and microbicides and supporting on-going efforts.

18. For the treatment of opportunistic health problems being faced by the women, Directly Observed Treatment (DOT) system is to be introduced.

19. It is quite essential to appoint specialist for every disease at ART centres to treat several disease.

20. For early diagnosis of opportunistic and co-infected diseases, special training is to be given for doctors working at ART centres.

21. The virtual elimination of mother-to-child transmission is to be achieved by closing gaps in access to and utilization of PPTCT
services- including primary prevention of HIV among women of childbearing age, family planning, counselling and testing, and antiretroviral treatment of eligible mothers. This means addressing stigma and discrimination, user fees, transport costs, male involvement and any cultural or social norms that hinder women’s ability to make use of relevant services, including family planning. Parallel to this, national governments should develop enabling policies, operational guidelines and tools towards the new targets. They should strengthen management structures and processes and allocate the resources necessary to scale up PPTCT programmes and integrate them into maternal and child health-care systems.

22. The combined approach of extending the breastfeeding period for at least 12 months with appropriate ARV prophylaxis in country settings where breastfeeding is the safest infant feeding option can dramatically improve HIV-free survival of children born to HIV-positive mothers.

23. Steps are to be taken to increase the income generating opportunities for HIV women. Training is to be provided by government agencies as well as CBOs in activities like candle making, basket weaving, needle work among others, which women can conduct from their own homes. These opportunities provide women with extra or only family income and helps them to participate directly in the decision making process.

24. The corporate sector should be encouraged to undertake AIDS prevention activities including provision of services for their employees both at the workplace and outside as a part of their social responsibility. Industrial units in organized sector should evolve
workplace intervention programmes for industrial workers with the active involvement and participation of trade unions. The intervention programmes should have all the important components of the prevention and control strategy for HIV/AIDS.

25. In educational institutions AIDS education should be imparted through curricular and extracurricular approach. The programme of AIDS education in schools and the ‘Universities Talk AIDS’ (UTA) programme should have universal applicability throughout the country in order to mobilise large sections of the student community to bring in awareness among themselves and as peer educators to the rest of the community.

Conclusion

Challenging stigma, discrimination and denial in the context of HIV/AIDS requires commitment at all levels including governments, civil society, communities and individuals. HIV/AIDS is much more than a health problem. It touches human conditions, human security, human rights and social and economic development. A human rights framework is essential to encourage a reduction in HIV/AIDS-related stigma and discrimination. As an essential human rights issue, gender equality can be at the forefront of development and security as well as building healthy populations. The spread and impact of HIV is fuelled when human rights are violated. Nowhere is this more evident than with respect to the inequality evident among Women Living with HIV/AIDS. Hence, respect and fulfillment of human rights is critical to lessening the adverse impact of the disease.
Areas for Further Research

This study highlights a need for further research in order to further improve understanding of the illness coping and livelihood strategies of PLHA, for the purpose of devising a balanced set of policies and interventions capable of meeting the needs of poor PLHA. The current study set out to develop an in-depth understanding of the ways in which poor PLHA developed illness coping and livelihood strategies, including accessing help from health care providers and NGOs. It therefore paid attention to a wide range of elements. There is, however, a need to investigate specific aspects of people’s treatment-seeking behaviour and the ways in which they pursue their livelihoods in more depth.