



Examine The Quality Of Life And Level Of Stress With Hiv Aids Infected Patients And Its Relationship To Support From Family, Peers And Society In Madhya Pradesh

Dr. Dinesh Kumar Kushwaha*

*Ph.D Nursing , Associate Professor School of Nursing and Paramedical Sciences, Eklavya University Damoh (M.P)

ABSTRACT

HIV/AIDS is one of the deadliest pandemics that threaten India's development and its stability - due to the rapid transmissibility of the disease and its ability to penetrate through diverse layers of Indian society.

The fundamental HIV ruined patient was dejected down in a genuinely drawn out time frame long haul ago,yet the rate at which HIV/AIDS infection has spread in the country from there on out is sincerely stressing. India is right now home to the third most important people remaining with AIDS. India's general public living with HIV in 2010 is outlined at 2.39 million, according to a report by the National AIDS Control Organization, a semi-autonomous organization under the Help of Health. (Nako 2012)

Not long after the AIDS epidemic emerged, obviously HIV was basically something past a disease. By no means like another disease, HIV contacts the presences of those dirtied, yet it impacts generally everyone's life in the world. It would be hard for any get-together not to be affected by any stretch of the imagination by the HIV epidemic. Fundamentally, it is obviously one of the really public health issues.

While the HIV/AIDS pandemic is broadening discouragement, it is sincerely not supporting human new development, destroying bearing assortments, and the imperative of governments to offer head kinds of help, adding to the weight borne by non-industrial countries lessening work capacity and foiling new turn of events. A few reports see HIV/AIDS as the most crushing component undermining human new development.

While HIV/AIDS was at first made a point to be essentially a public health issue, it is right now seen as a developmental issue as it denies people of the possible opportunity to happen with a long, healthy, innovative and useful life. HIV and AIDS are a serious bet to health, security and improvement, inducing social exclusion and a deficiency of people's impression of regard and conviction. Since the spread of this disease isn't like another disease, it is connected with the method for managing acting of the individual and the authoritative headway of the overall people.

INTRODUCTION

HIV (Human Immunodeficiency Virus) is a virus that spreads starting with one individual then onto the accompanying through the exchanging of body fluids, for instance, blood, semen, chest milk and vaginal conveyances. Sexual contact is the most overall saw way HIV is sent, yet it can similarly be allowed by infusing drugs, or by sharing needles during childbirth and breastfeeding. HIV adulterates human cells and uses the energy and enhancements given by the cells to make and copy. Also, when it copies, it hurts the body's immune development and the body ends up being more susceptible to disease and infection. Right when an individual is sabotaged with HIV, the virus lives and copies fundamentally in the white platelets. These are the phones that reliably shield us from trouble and disease, all around called immune creators. HIV infection is depicted by the reliably making loss of a specific sort of immune cell called T-embellishment, or CD4. As the virus copies, it harms or sheds these and various cells, incapacitating the immune system and leaving an individual helpless against an arrangement of infections and diseases, from pneumonia to cancer. The word 'acquired' shows that AIDS isn't acquired in any event acquired from a substance or microorganism outside the body. Immune deficiency assembles that the body's immune plan ends up being basically incapacitated. A syndrome isn't such a ton of a disease as it is a grouping of discretionary effects. Because of AIDS, the syndrome is insistence of infection by the AIDS virus (HIV) and is either a trouble that results from a lack of insusceptibility or principal of immune limit that show susceptibility to such conditions. AIDS is a disease where the body's immune system disengages and can't fight infections, known as "sharp infections," and various diseases that exploit a harmed immune plan.

Right when people are first ruined with HIV, they show no obvious unintentional effects for a really long time. This period is known as the asymptomatic period. If they are not consuming prescriptions against HIV, they will eventually offer traces of an incapacitated immune development. Then, at that point, it is known as the entrancing time frame. Exactly when the immune system is seriously disabled, people begin to contract unequivocal infections and enhancements called smart, or AIDS, CD4 counts, a level of the strength of the immune development. A count of 200 or less frameworks the body is more slight against gets.

There is still no authentic treatment for AIDS. While new drugs are helping people influenced by HIV to live longer, healthier lives, there are at this point numerous issues related with them. Antagonistic to HIV drugs are seriously horrible and can cause many annihilating inadvertent impacts, including heart hurt, kidney disillusionment, and osteoporosis. Numerous patients can't look for through broadened length treatment with strikingly exceptional

adversary of retroviral treatment (HAART). HIV changes rapidly. The virus makes affirmation from existing arrangements. Treatment regimens are unfortunate and baffled, and numerous patients miss a piece of their medication. Powerlessness to take the maintained evaluation engages the improvement of new medicine safe viral strains. People destroyed and influenced by HIV/AIDS are a huge piece of the time blamed for their condition through their "hazardous method for managing acting", so they are not treated enjoyably, yet are stigmatized for their method for managing acting. This results in numerous social outcomes join forces with their possibilities, health care organizations, independence, self-character, social cooperation and interrelationship.

Background of the Study

The major illustration of HIV was tended to in a genuinely critical time period in the year 1986. Dr Suniti Soulman saw that a female sex worker in Chennai, Tamil Nadu was affected by the dangerous virus. Later in the year, more sex workers began to contract HIV. This was during a time of an explorer impact, with numerous new nationals flying each through India. It is an immense piece of the time felt that these untouchables were obligated for the essential infection. By 1987, around 135 extra cases were tended to. Of these, 14 had previously been influenced by AIDS.

The central advancement was to set up HIV testing networks for the government to test its occupants and blood gift focuses. To control the spread of the virus, the Government of India spread out the National AIDS Control Program in 1987 to sort out national responses, for instance, blood screening and health arranging.

In 1992, the government spread out the National AIDS Control Organization (NACO) to coordinate strategies, balance and control programs related with HIV and AIDS. The National AIDS Control Program (NACP) was similarly assented to the presumption for HIV. State AIDS Control Committees (SACS) were set up in 25 states and 7 association districts to energize blood achievement besides.

In 1999, Stage II of the National AIDS Control Program (NACP II) was conveyed off to diminish the degree of HIV by moving behavior change. Repulsiveness of Mother-to-Child Transmission Program (PMTCT) and approach of antiretroviral treatment were executed.

In 2017, the third time of the National AIDS Control Program (NACP III) allotted high-risk social gatherings, driving exertion programs among others. It comparatively decentralized the undertakings of neighborhood level and non-governmental organizations (NGOs) to give government help organizations to the influenced.

Considering the HIV Sentinel Perception NACO III Stage, it is concentrated on that India has an adult ordinariness of 0.31 percent with 23.9 lakh people dirtied with HIV, of whom 36% are individuals and 25% females and 10% are children. The assessments highlight a general lessening in adult HIV assurance, HIV new infections by 1.2 lakh and AIDS-related mortality by 1.72 lakh in India. (Nako 2022)

An evaluation of epidemic projections showed that how much new yearly HIV infections declined by in abundance of half during the previous 10 years. It is evaluated that there were around 1.2 lakh new HIV infections in India in 2009, meandered from 2.7 lakh in 2000. This is conceivably the fundamental emphasis on the impact of various interventions under the NACP and increment revulsion framework. While the model is clear in many states, some low ordinariness states have shown an unassuming extension in how much new infections for the most part through late years; This components the fundamental for the program to focus more on these states with low assurance, yet high deficiency. Of the outlined 1.2 lakh new infections in 2009, six high-undeniability states tended to 39% of cases, while the states of Orissa, Bihar, West Bengal, Uttar Pradesh, Rajasthan, Madhya Pradesh and Gujarat tended to 41% of new infections. , Among the states, Manipur showed the most major outlined adult HIV certainty (1.40%), followed by Andhra Pradesh (0.90%), Mizoram (0.81%), Nagaland (0.78%), Karnataka (0.63%) and Maharashtra (0.55%). is the area of. , Close to these states, the evaluated adult HIV significance in Goa, Chandigarh, Gujarat, Punjab and Tamil Nadu is higher than the national undeniability (0.31%), while Delhi, Orissa, West Bengal, Chhattisgarh and Pondicherry have a run of the mill grown-up HIV consistency of 0.28-0.30. Rate, any additional states/UTs have low levels of HIV inescapability.

Grown-up HIV regularity at the national level has continued to decline reliably from an ordinary level of 0.41 percent in 2000 to 0.36 percent in 2006 to 0.31 percent in 2009. All high consistency states show a sensible declining plan in adult HIV power, with HIV declining basically in Tamil Nadu coming to 0.33 percent in 2009. In any case, the low conviction states of Chandigarh, Orissa, Kerala, Jharkhand, Uttarakhand, Jammu and Kashmir, Arunachal Pradesh and Meghalaya show a rising model in adult HIV prevalence all through ongoing years.

Problem in Hand

AIDS is a kind of solid disease that terminations with the completion of life as well as effects the customary presence of the patient and his family and can make an individual really, mentally and socially incapacitated. . AIDS is a hurting disease that disaster areas a specific's insusceptibility against infection, giving a single immune to various kinds of encountering, for instance, cancer, pneumonia and such viruses. It begins effectively and presents huge length stress on the individual and the family and may require slow changes or occupation adjustments. By goals of the disease, AIDS has areas of strength for that is tenaciously enthralling and enhancements in seriousness.

Get-togethers of AIDS patients ought to be prepared for strong arrangement and occupation changes. The really long stress of family parental figures can impel both the bet of exhaustion and the reliable development of new giving idea endeavors long stretch. Capable help or systematization may be required. Eventually, it isn't unusual for a person with

AIDS to progress at various rates.

In districts with palliative thought working conditions, when a lone ends up being gotten out with AIDS, care thus, generally speaking, changes into a woman's bet. Giving thought is a basic piece of the time no matter what numerous various endeavors that a woman performs inside the home, such as cooking, cleaning, and truly focusing on children and the more ready. Supervising crippled watchmen, children or husbands is totally an excused work and can grow the responsibility of the individual. Women regularly find it endeavoring to get a compensation while giving thought and thusly numerous families influenced by AIDS experience the shrewd impacts of creating ruin.

Heading based work presumptions have loosened up women's susceptibility to HIV infection. Women in numerous social orders may be avoided getting to sexual health information and organizations when they should confess all and exquisite in sex. For men, masculinity is related with risk-taking on system to acting that could foster deficiency to HIV infection and divert men from searching for testing and treatment. Mercilessness against women is socially determined forward sometimes and, incidentally, obliged sex with a husband or spouse or beating a wife is seen or seen as a surge of masculinity. The most striking kind of ferocity looked by a woman is abuse by a male frivolity. Numerous women live in dejection, need training and monetary possible results, and thusly trust themselves to be subordinate to men. Another super squeezing concern affecting women and little children is standard insufficiency.

Wedding mercilessness against women is seen as a coordinated and saw act and as a critical practice to keep all that managed got. It impacts women of each and every social class, religions and enlightening levels. Separation and subjugation against women, and masculine control obviously, exist in our social development, emphasizing how individuals are connected in the family. The subordinate financial and cash related outcome of women and their ambiguous work in the family further upsets what's going on. Indian women living with HIV are twice abused because they are women acquainted with frustrating status in a man driven culture. Other than they are overcomers of AIDS, a socially stigmatized disease. The evaluation of HIV positive women with this social establishment is fundamental as shown by a humanistic point of view.

Objectives of the Study

1. To study the status of HIV AIDS in terms of medical model.
2. To examine the life style and mental health of HIV patient with reference to socio economic status, psycho, sociological status.
3. To assess the attitude of HIV patients, peers and society members towards HIV AIDS.
4. To study the relationship of HIV patient between family and peers and society
5. To study the access of support from family, peers, society members and different organization (Govt. & NGO).

Hypothesis

H1: There would be significant difference found between the mean scores of stress and depression of male and female AIDS patients.

H2: There would be significant difference found between the mean scores of stress and depression of married and unmarried AIDS patients.

H3: Family support would be significantly correlated with stress and mental health. H4: Marital status would be significantly correlated with stress and mental health.

Scope of the Study

There is at present no solution for HIV/AIDS and it is especially moderate and constantly dangerous. Since it is a hazardous disease, a weakened individual energies of fear the completion of life before his life plan is done. Expecting the extraordinarily solid loss of a companion or relative can make it unimaginably trying for a family to keep a sensible perspective. Various kinds of shortcomings mean sharp differences in the specific adjustments anticipated by the family. AIDS is a disease that can achieve both confirmed obstacle and social stigma. All things considered an AIDS patient can end up being really hurt because of serious weight decline and outrageous exhaustion. Sometimes it might be devastating to the point that the singular ends up being crisscrossed to complete the work.

AIDS is a socially hindering disease because of its obvious high bet of transmission, its long asymptomatic agonizing period, its unpredictable improvement status as hopeless, and its relationship with essentially stigmatized packs in our overall people - transsexual and intravenous drug users. People with AIDS regularly experience overwhelming blocks related with stigma as they would lose their positions, health insurance, friends and family and a general impression of low sureness (Holland, 1994). The ongoing concentrate thusly uncovers data into the circumstance of powerless women living with HIV in these various circumstances. The openings have wide consequences for extra all around arranged action in such way.

The lone living with HIV is a basic piece of the time seen as the shaky party instead of the genuine trouble. Another fundamental model is that an enormous piece of those defiled are major areas of strength for sexually financially useful in the age get-together of 15 - 44 years. This suggests that a broad number individuals living with HIV are in the prime of their working and sex lives. Psychosocial issues in women living with HIV/AIDS enormously influence their own fulfillment and treatment expected doors. Social and exceptionally close stress, thusly, may be obviously associated with disease status and improvement of HIV infection. The audit's openings could be used by VTC educators to redesign their intercession framework by consolidating individual fulfillment data and setting the social empowering get-together system of women living with HIV. Women living with HIV/AIDS customarily experience issues meeting their monetary necessities as they did going prior to becoming dirtied. Many get exhausted truly, and are missing from work for clinical reasons. As the disease propels, polluted people need the help of others. People who are HIV positive

are viewed as edges social providers, exhausting more immense, cash related, and useful resources than the commitments of others. The review integrates a piece of these issues that are significant for both the government region and NGOs to overview methodology changes and plan fitting recuperation programs for HIV-demolished women.

Research Methodology

Research methods have been portrayed, which is a critical stage in the study work. Study method and equipment are the premise of the entire study.

It is critical to pick suitable research method and equipment for research work. Research work can be convincing and huge essentially by picking the right and suitable method and equipment, so it is fundamental that the selection of research method and equipment should be done watchfully.

The research collaboration or research design is designed to deliver development thinking about the standard pieces of the research. In which, significance is given to reasonable deals.

Significance of Study

AIDS is a socially hindering disease because of its obvious high bet of transmission, its long asymptomatic agonizing period, its unpredictable improvement status as hopeless, and its relationship with essentially stigmatized packs in our overall people - transsexual and intravenous drug users. People with AIDS regularly experience overwhelming blocks related with stigma as they would lose their positions, health insurance, friends and family and a general impression of low sureness.

Sample Design

The methodology adopted for this study was a combination of qualitative and quantitative. In particular the respondents such as males and females, different age groups, different cultural and social backgrounds and differing level of house hold incomes would be considered.

Databases also assist in market segmentation, especially behavioural segmentation such as developing loyalty segments, which can be used to develop tightly targeted customized marketing strategies on a one to one basis.

Source of Data

Data was obtained from both primary and secondary sources of data collecting to achieve the study's goal and perform the inquiry. Both methods were used to provide suitable results and more accurate conclusions.

Data Analysis

The purpose of the presented chapter is to break down the data and present the results systematically and to make determinations based on the results acquired. In the wake of collecting the data, the errand of dissecting them is significant. The data has been gathered yet in addition relies upon how the gathered data is broke down.

Logical analysis is simply the innovative side of research, data is a group, yet subsequent to investigating them systematically, they can be depicted and meaningful conclusions can be drawn.

While accomplishing any research work, data and information are gathered with the assistance of different tools remembering the objectives. Regardless of how much legitimacy and reliability they have, except if they are presented in a systematic manner, the conclusion can't be made because no determination can be drawn from the data gathered in any research work until their statistics The analysis ought not be done based on grouping.

During the real analysis of the table, the study of the even subject matter and the similitudes, differences, patterns and significant reasons present in it is engaged.

In this way, it is important for us to examine the data to get the best knowledge. It is essential for each researcher to arrange and organize his data. In the present research, the researcher has attempted to present the data by breaking down and arranging them, organizing them with the goal that the research conclusions can bedrawn without any problem.

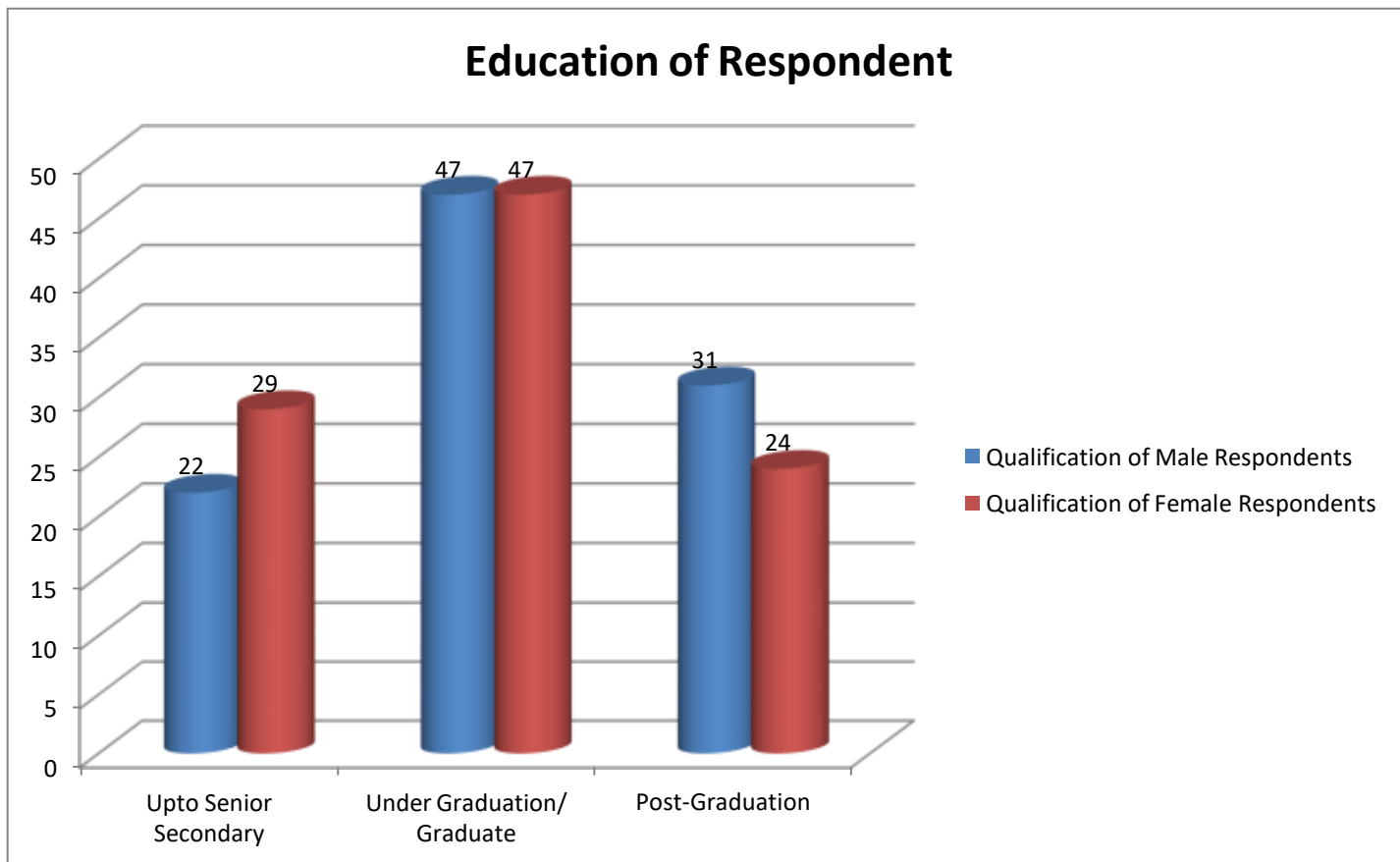
Presented By arranging the data got from the results in the chapter, utilizing statistical measures like percentage, mean, standard deviation, chi-square test, correlation coefficient and critical ratio value and so forth, the hypotheses developed for the research study were analyzed.

Table no. 1: Age-wise Classification of Respondents

| S. No. | Age-Group | Male Respondents | | Female Respondents | |
|--------|--------------|------------------|------------|--------------------|------------|
| | | No. | Percentage | No. | Percentage |
| 1. | 20-30 | 46 | 31 | 52 | 35 |
| 2. | 31-40 | 51 | 34 | 50 | 33 |
| 3. | 41-50 | 35 | 23 | 32 | 21 |
| 3. | above 50 | 18 | 12 | 16 | 11 |
| | Total | 150 | 100 | 150 | 100 |

Table No.- 2: Classification of Respondents on the basis of education

| S.No. | Education of Respondent | Male Respondents | | Female Respondents | |
|-------|---------------------------|------------------|------------|--------------------|------------|
| | | No. | Percentage | No. | Percentage |
| 1. | Upto Senior Secondary | 33 | 22 | 44 | 29 |
| 1. | Graduate | 71 | 47 | 70 | 47 |
| 2. | Post-Graduation or higher | 46 | 31 | 36 | 24 |
| | Total | 150 | 100 | 150 | 100 |



Analysis:

It is clear from the above table that out of total 150 male respondents, the 71 respondents are graduate while 46 respondents are post graduate or higher.

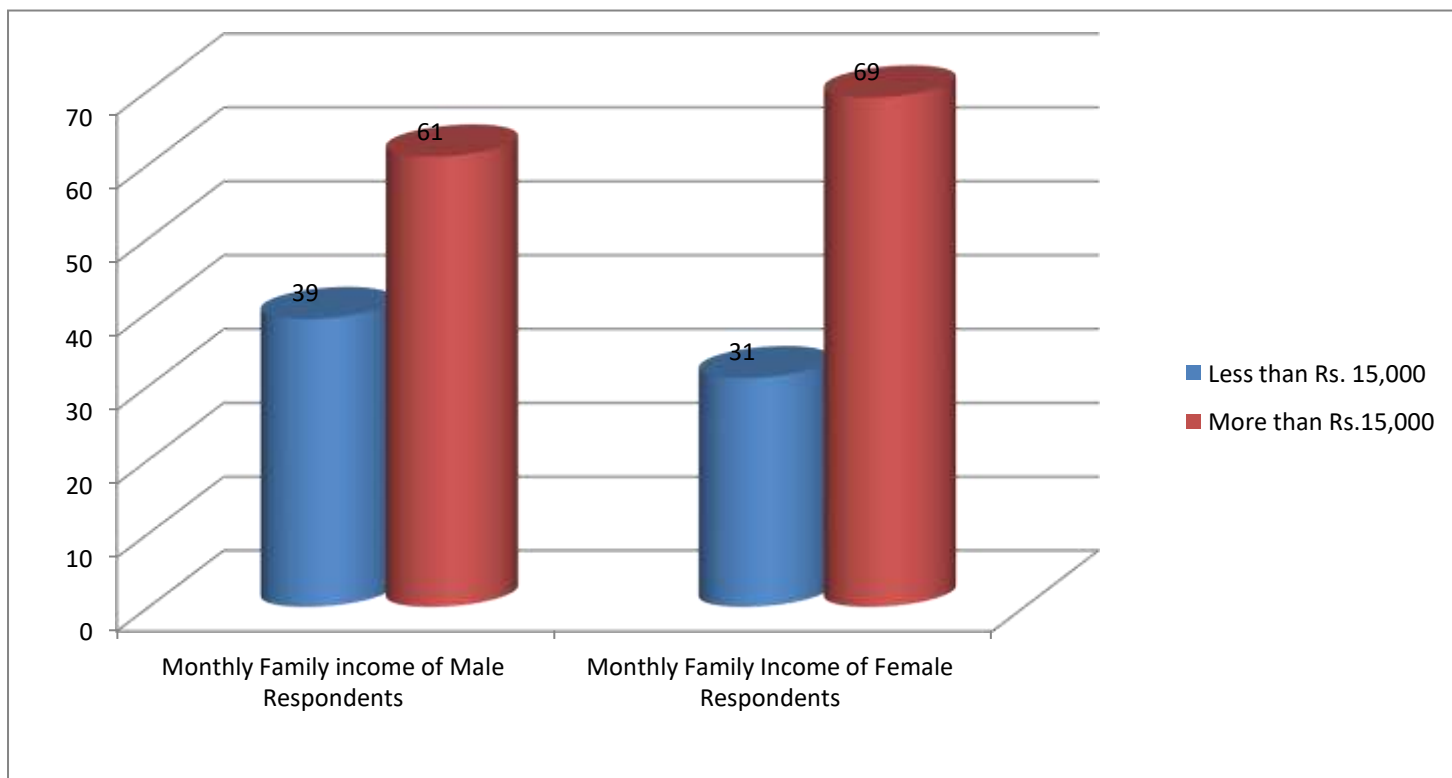
The table shows out of total 150 female respondents, the 70 respondents are graduate while 36 respondents are post graduate.

3 Monthly income of the family

Table No. 3: Classification of respondents on the basis of monthly income of the family

| S. No. | Monthly Income (in Rs.) | Male Respondents | | Female Respondents | |
|--------|-------------------------|------------------|------------|--------------------|------------|
| | | No. | Percentage | No. | Percentage |
| 1. | Less than Rs. 15,000 | 59 | 39 | 46 | 31 |
| 2. | More than Rs. 15,000 | 91 | 61 | 104 | 69 |
| | Total | 150 | 100 | 150 | 100 |

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Analysis

It is clear from the above table that out of total 150 male respondents, the 59 respondents had the family income of less than 15000 while 91 respondents had the family income of more than 15000.

Similarly, out of total 150 female respondents, the 46 respondents had the family income of less than 15000 while 104 respondents had the family income of more than 15000

Table No. 4: Classification of respondents on the basis of HIV

| S.No. | Since when you are suffering from HIV | Male Respondents | | | | | | Female Respondents | | | | | |
|-------|---------------------------------------|----------------------------|------------|------------------------------|------------|------------|------------|------------------------------|------------|--------------------------------|------------|------------|------------|
| | | Married Respondents (Male) | | Unmarried Respondents (Male) | | Total | | Married Respondents (Female) | | Unmarried Respondents (Female) | | Total | |
| | | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % |
| 1. | Less than one month | 8 | 10.67 | 3 | 4.00 | 11 | 7.33 | 6 | 8.00 | 9 | 12.00 | 15 | 10.00 |
| 2. | 1-3 months | 13 | 17.33 | 9 | 12.00 | 22 | 14.67 | 9 | 12.00 | 15 | 20.00 | 24 | 16.00 |
| 3. | 3-6 months | 14 | 18.67 | 21 | 28.00 | 35 | 23.33 | 23 | 30.67 | 11 | 14.67 | 34 | 22.67 |
| 4. | 6-12 months | 21 | 28.00 | 22 | 29.33 | 43 | 28.67 | 15 | 20.00 | 25 | 33.33 | 40 | 26.67 |
| 5. | More than 1 year | 19 | 25.33 | 20 | 26.67 | 39 | 26.00 | 22 | 29.33 | 15 | 20.00 | 37 | 24.67 |
| | Total | 75 | 100 | 75 | 100 | 150 | 100 | 75 | 100 | 75 | 100 | 150 | 100 |

Discussion

Evaluations of women going into the prenatal focus have observed that various females are monogamous and destroyed by one of their adornments – usually the mate. Sexually provoking women—the tendency to try or power a woman into sex through seriousness, stakes, and sordid assault—is sadly a common unpredictability. Cruelty to women is socially a fundamental part of the time and, in the face of obvious disturbances, sex with a partner or even a standard interpretation of masculinity. The most widely observed reality against women is abuse by male vanity. Improvement is frequently seen due to war, starvation, political abuse or centralism, and can exacerbate a woman's lack of exposure to the HIV problem, especially if she is bound by plans and support from her area, which does not exist nearby or Language is not read. Female transients are a more vulnerable piece of specially organized subject matter experts, exiled or returning, especially a sexual processor something along those lines, as they attempt to work with the work, it has been speculated. That report or one location should remain. In the midst of the war, the assault of women is clearing up and what really matters, is expected, plus, according to UNAIDS, there are women who have a place with

additional standard families and are struggling between two difficulties. Are - stress for the youth.

Adolescents from particularly ruined circumstances are young women, whose best techniques for staying in school lie with teachers or "iconic frills" for books, pieces of school clothing, and paying fees. Research confirms that non-consensual sex ensues in the presence of young women and women.

Some social practices, for example, may complicate the condition of HIV transmission through female genital mutilation, tearing during intercourse, and other injury. As demonstrated by a WHO report, 130 million women overall living with the consequences of this condition and a standard 2 million young children are constantly at risk of having some knowledge of it. Furthermore, monstrous assessments cited in various countries and on all sides of the globe, where the world is, show that 33% to 33% of all married women have been beaten or generally sought after by their partners. Has been. , Women are more likely to face verbal, physical or sexual abuse. The most modest and delicate pieces are children and women who are forced into prostitution by vendors. Consistently 2,000,000 young women between the ages of 5-15 are regularly involved in this trade. Sadly, prostitution is a large part of what is at the time the central system for a cash-related safe space for women, and they can barely operate from anywhere with condom access.

Conclusion

- Most of the male respondents i.e. 41.33% agree that they feel more physical pain while doing any work. Similarly, Most of the female respondents i.e. 37.33% agree that they feel more physical pain while doing any work.
- Most of the male respondents i.e. 41.33% agree that they feel more physical pain while doing any work. Similarly, Most of the female respondents i.e. 37.33% agree that they feel more physical pain while doing any work.
- Most of the male respondents i.e. 65.33% strongly disagree that their health status is satisfactory. Similarly, Most of the female respondents i.e. 64% disagree that their health status is satisfactory.
- Most of the male respondents i.e. 44% disagree that medical treatment is required for daily routine tasks. Similarly, Most of the female respondents i.e. 38.67% disagree that medical treatment is required for daily routine tasks.
- Most of the male respondents i.e. 54% disagree that their life is going enjoy fully. Similarly, Most of the female respondents i.e. 52% strongly disagree that their life is going enjoy fully.
- Most of the male respondents i.e. 50.67% disagree that their life is full of stress. Similarly, Most of the female respondents i.e. 48.67% strongly disagree that their life is full of stress.
- Most of the male respondents i.e. 48.67% disagree that they can concentrate well. Similarly, Most of the female respondents i.e. 43.33% strongly disagree that they can concentrate well.
- Most of the male respondents i.e. 48% disagree that their life is safe. Similarly, Most of the female respondents i.e. 36.67% disagree that their life is safe.
- Most of the male respondents i.e. 39.33% strongly disagree that their physical environment is healthy. Similarly, Most of the female respondents i.e. 34.67% disagree that their physical environment is healthy.
- Most of the male respondents i.e. 44.67% disagree that they have enough energy. Similarly, Most of the female respondents i.e. 43.33% disagree that they have enough energy.
- Most of the male respondents i.e. 47.33% disagree that their sleep hours are satisfactory. Similarly, Most of the female respondents i.e. 38.67% disagree that their sleep hours are satisfactory.
- Most of the male respondents i.e. 42.67% disagree that they are self-satisfied. Similarly, Most of the female respondents i.e. 30.67% disagree that they are self-satisfied.
- Most of the male respondents i.e. 46% agree that their personal relationships are satisfactory. Similarly, Most of the female respondents i.e. 37.33% agree that their personal relationships are satisfactory.
- Most of the male respondents i.e. 64% agree that their friends support are satisfactory. Similarly, Most of the female respondents i.e. 41.33% agree that their friends support is satisfactory.
- Most of the male respondents i.e. 40% agree that their health services are satisfactory. Similarly, Most of the female respondents i.e. 32% agree that their health services are satisfactory.
- Most of the male respondents i.e. 34% disagree that they often have depression. Similarly, Most of the female respondents i.e. 32% agree that they often have depression.
- Most of the male respondents i.e. 36% agree that they often have illness. Similarly, Most of the female respondents i.e. 34.67% disagree that they often have illness
- Most of the male respondents i.e. 49.33% disagree that they have lost much sleep due to worry. Similarly, Most of the female respondents i.e. 32.67% disagree that they have lost much sleep due to worry.
- Most of the male respondents i.e. 34.67% agree that they have been bad tempered. Similarly, Most of the female respondents i.e. 37.33% disagree that they have been bad tempered.
- Most of the male respondents i.e. 30% agree that they panicky for no reason. Similarly, Most of the female respondents i.e. 39.33% disagree that they panicky for no reason.
- Most of the male respondents i.e. 34.67% agree that they have been nervous for Most of the time. Similarly, Most of the female respondents i.e. 41.33% disagree that they have been nervous for Most of the time.

- Most of the male respondents i.e. 36% agree that they take more time to do normal tasks. Similarly, Most of the female respondents i.e. 37.33% agree that they take more time to do normal tasks.
- Most of the male respondents i.e. 34.67% strongly agree that they take more time to do normal tasks. Similarly, Most of the female respondents i.e. 44.33% agree that they take more time to do normal tasks.
- Most of the male respondents i.e. 39.33% agree that they think that their life is completely hopeless. Similarly, Most of the female respondents i.e. 45.33% agree that they think that their life is completely hopeless.
- Most of the male respondents i.e. 39.33% agree that they think that their life is not worth living. Similarly, Most of the female respondents i.e. 40.67% agree that they think that their life is not worth living.
- Most of the male respondents i.e. 57.33% agree that they wish they were dead. Similarly, Most of the female respondents i.e. 35.33% agree that they wish they were dead.
- Most of the male respondents i.e. 44% disagree that they should kill their selves. Similarly, Most of the female respondents i.e. 52% agree that they should kill their selves.

Since the AIDS plague really hit the world some time ago, the rapid pace of mortality experienced by countries affected by AIDS has been monstrous. This has left the pandemic to torture. Epidemics like plague, wild fever etc can be controlled quickly and easily. In the case of HIV/AIDS this is clearly disturbing as it is linked to the general plan of the people as a whole and to deal with this disaster it is no joke that acting according to a holistic approach and influencing the process of organizing support does. The area is really disturbing. In addition to another social issue, is to manage the raised level of humiliation and division seen by those affected. While oblivion is not yet possible, symmetries can be discovered through real systems. In fact, reform has led to organized trained professionals, monetary facilitators, systematic experts, and others beginning to see the money-related impact and doing exactly the right thing to create a "cash-related effect" of HIV and AIDS. This is a result of how affiliation is testing high cash-related costs, yet the separation of families, expanded degrees of vagabonds and widows, as well as increased levels of humiliation and piecemeal.

References

1. Abramowitz Susan, Koeniq Lj, Chandwani S, et al., 2009. Characterizing Social support: Global and Specific social support experience ofHIV infected youth. *AIDS Patient Care STDS.*, May;23(5): 323-30
2. Aggarwal AK, Kumar R.1996./1/AS' awareness among school children in Haryana. *Indian J Public Health* 1996;40:38-45.
3. Ahuja, A.S., Parkar, S.R., & Yeolekar, M.E. 1998.Psychosocial aspects of seropositive HIV patients.*Journal ofAssociation of Physicians ofIndia*, 46,27?A280.
4. Allen L.Gifford, Kate Loring et.al 2005. *Living Well with HIV and AIDS*, Bull publishing company, Colorado. Alston, M and Bowles, W. (1998). *Research for social workers: An introduction to methods*. Sydney: Alen and Unwin
5. Amalraj Edwin, R , Chandrasekharan Nirimala Solomon .Sunithi, Ganapathy, P Sambandam Raja: 1995. First year medical student's AIDS knowledge and attitude. *UCM*, 20(4) 52-53.
6. Angela Hudson, Kenn Kirlksey,William Holzemer. 2004. The Influence ofSymptoms on Quality ofLife among HIV-Infected Women. *Western Journal ofNursing Research* February, vol. 26 no. 1 pp 9-23
7. Anurag Srivastava, Syed Esam Mahmood, Syed Esam Mahmood,, Payal Mishra,, V P Shrotriya Iram Shaifali. 2011. Adolescence Awareness: A Better Tool to Combat Hiv/Aids', *National Journal ofCommunity Medicine*, Volume 2 Issue 1 Page 86-90
8. Bach Xuan Tran: 2012.Quality of Life outcomes of Antiretroviral Treatment for HIV/AIDS Patients in Vietnam: *PLOS one* Volume 7 (7) 2012.
9. Baltimore. Kirby, D., and Kiclement, R.J. 1994. School -based interventions to prevent unprotected sex and HIV among adolescents. In R.J. Diclemente and J.L. • Peterson (Eds), *Preventing AIDS: Theories and methods ; of behavioral intervention*; 117-139. New York: Plenum.
10. Barabara Dane, 2008. Disclosure,the voice ofThai women in living with HIV/AIDS, *International Socioal Work* 45 (2) 185-204.
11. Basavaraj, M.A, Navya, R. Rashmi, 2010. Quality oflife in HIV/AIDS: *Indian J Sex Transm Dis*, Jul- Dec; 31(2); 75-80.
12. Basavayya GS et al. 2005.Awareness ofHIV/AIDS among medical students. *IJPH* ; 49: 31-32. Bastardo YM, Kimberlin CL. 2000. Relationship between Quality of life, social support and disease relatedfactors in HIVinfectedpersons in Venezuala. *AIDS Care* 2000;12:673-84
13. Bernatsky S, Souza R, De Jong K. 2001Mental health in HIV-positive pregnant women: resultsfrom Angola. *AIDS Care*.2007;19(5):674—676
14. Bhalla S, Chandwani H, Singh D, Somasundaram C, Rasanias SK, Singh S. 2005. Knowledge about HIV/AIDS among senior secondary school students in Jamnagar, Gujarat. *Health Popul Perspect Issues* 2005; 28: 178-88.
15. Bhaskara Rao Digumarti , 2000. *An Introduction to HIV/AIDS* : Discovery Publishing, New Delhi.
16. Bhaskara Rao, Digumarti ed., 2000: *International Encyclopaedia of AIDS* : Discovery Publishing House, New Delhi

17. Bodmin Cornwell John G Bartlett, Ann. K Finkbeines.2006. The guide to Living with HIV infection, The John Hopkins University Press.
18. Bozzette SA, Hays RD, Berry SH, Kanouse DE. 1994. A perceived health index for use in persons with advanced HIV disease: derivation, reliability and validity. *Med Care* 1994;32:716-31
19. Broadhead, W. E., Gehlbach, S. H., DeGruy, F. V., & Kaplan, B. H. 1988. The DukeUNC Functional Social Support Questionnaire: Measurement of social support in family medicine patients. *Medical Care*.26(7), 709-23.
20. Broadhead, W.E., Behlback, S.H., de Gruy, F.V., et al. 1989. Functional versus structural social support and health care utilization in a family medicine outpatient, practice. *Medical Care*, 27:221-233
21. Broadhead, W.E., Kaplan, B.H., James, S.A., Wagner, E.H., Schoenbach, V.J., Crimson, R., Heyden, S., & Tibblin, G. 1983. Epidemiologic evidence for a relationship between social support and health. *American Journal of Epidemiology*, 117(5), 521-537.
22. Brown H, Vallabhaneni S, Solomon S, et al.2001. Attitudes towards prenatal HIV testing and treatment among pregnant women in southern India. *Int J STD AIDS* ;12:390±4
23. Carl A Grant, Liane M. Summerfield, 2006, *Humanizing Pedagogy through HIV and AIDS Prevention: Transforming Teacher Knowledge By American Association of colleges for Teachers*, Pardigm Publishers, U.S.
24. Chakrovarty A, Nandy S, Roy R, Sengupta B, Chattejee S, and Chaudhari R.N. 2007A study of awareness on HIV/AIDS among higher secondary school students in central Kolkata. *Indian Journal ofCommunity Medicine*; 32(3):228-229.
25. Chandra, P.S. and Satyanarayana, V.A. and Satishchandra, P. and Satish, K.S. and Kumar, M. 2009. Do Men and Women with HIV Differ in Their Quality of Life? A Study from South India *AIDS and Behavior*.; 13(1): 110-117
26. Anxiety and depression among HIVinfected heterosexuals a report from India. *Journal of Psychosomatic Research*, 45,401A409.
27. Sakthi S. 2012. *Plight of HIV Infected Women- Plan of Action for Prevention and Control*, Discovery Publishing House Pvt.Ltd, New Delhi. Seth C.Kalichman, 1995. *Understanding AIDS: a guide for mental health profession* American Psychological Association, U.S.A.
28. Shalini Suri,2012; *AIDS: Causes prevention and Treatment*. APH,U.S.A. Stephenson, J.S .1985. *Death, grief and mourning*, New York: Free Press.
29. Singh, Ram Shankar & Sunil Kumar 2011, *AIDS and Civil Society*, Abd Publishers, Jaipur. Singh, Ram Shankar & Sunil Kumar 2011 *AIDS and Civil Society*, Abd Publishers, Jaipur.