

Chapter-5

Summary and Findings

Once regarded as a single disease entity. HIV/AIDS is seen as the heterogeneous and holistic impact on the social, physiological and psychological aspects. This chapter is attempted to implicate the major conclusion arrived at the course of the study through the comprehensive interview schedule on social reaction perspectives and CES-Depressive scale for depression level and depressive domains among the Women living with HIV/AIDS.

Scope of the study

Women living with HIV/AIDS (WLHA) as an individual has collective influence on Psycho social concerns. Along with treatment and medications WLHA need to be addressed on psycho social perspective. This study suggests to bring strategies and programme for the WLHA on Psycho social issues faced by them and to strengthen those programme. Which can result in a better quality of life for the WLHA.

Need of the study

- Women often experience the impact of HIV more severely than men.
- Women and girls are at an increased risk for HIV infection biologically.
- Women comprise about half of all people living with HIV worldwide.
- Economic and Social dependence on men often limits women's power to refuse sex or to negotiate the use of condoms (Prevention methods).
- The Social and Psychological Factors influence the ability to cope with HIV/AIDS more than the severity of the disease for women.

Objectives

- To elicit the socio-demographic background of the respondents.
- To find out the awareness of HIV/AIDS in WLHA.
- To know the mode of transmission of HIV /AIDS in WLHA.
- To study the reactions of family members and society towards WLHA.
- To examine the responses of the Employer and the Coworker about WLHA.

- To explore the depressive domains in the WLHA.

Hypothesis

- The age of the respondents does not have significant association with the respondent's awareness on HIV/AIDS
- There is no significant association between the level of education and the awareness on HIV/AIDS.
- There is no significant association between the locale of the respondents and the awareness on HIV/AIDS
- There is no significant association between the age of the respondents and the mode of transmission of HIV/AIDS.
- Age has no significant relationship with the acceptance of HIV by the WLHA.
- There is no significant association between the marital status of the WLHA and the acceptance of HIV.
- Employment status of the WLHA has no significant association with the acceptance of HIV.
- There is no significant association between the age of the respondents and the reactions in the family.
- There is no significant association between the education of the respondents and the acceptance in the family.
- There is no significant association between the locale of the respondents and the acceptance in the family.
- There is no significant association between the marital status of the WLHA and the acceptance of the family towards the WLHA.
- There is no significant association between the type of family and acceptance of the WLHA
- Employment status of the WLHA has no significant association with the acceptance of family towards the WLHA
- There is no significant association between the age of the respondent and the acceptance of the WLHA by the relatives.
- There is no significant association between the education of the respondent and the acceptance of the WLHA by the relatives.

- There is no significant association between the locations of the respondent and the acceptance of the WLHA by the relatives.
- There is no significant association between the marital status of the WLHA and the acceptance of the WLHA by the relatives.
- There is no significant association between the family type of the WLHA and the acceptance of the WLHA by the relatives.
- There is no significant association between the employment status of the women and the acceptance of the WLHA by the relatives.
- The age has no significant association with the acceptance of the WLHA by the neighbours.
- The education of the respondents has no significant association with the acceptance of the WLHA by the neighbours.
- The location of the respondents has no significant association with the acceptance of the WLHA by the neighbours.
- The marital status of the respondents has no significant association with the acceptance of the WLHA by the neighbours.
- The family type of the respondents has no significant association with the acceptance of the WLHA by the neighbours.
- The employment status of the respondents has no significant association with the acceptance of the WLHA by the neighbours.
- The age has no significant association with the acceptance of the WLHA by the employer.
- The education has no significant association with the acceptance of the WLHA by the employer.
- The locale of the respondents has no significant association with the acceptance of the WLHA by the employer.
- The age has no significant association with the acceptance of the WLHA by the coworkers.
- The education of the WLHA has no significant association with the acceptance of the WLHA by the co- workers.
- The location has no significant association with the acceptance of the WLHA by the coworkers.

- There is no significant association between age of the respondents and level of depression in WLHA.
- There is no significant association between locale of the respondents and level of depression in WLHA.
- Employed status of the WLHA has no significant association with the level of depression.

Operational definition of Concepts.

Social Reactions

Social reactions in this study means responses shown/expressed by the family, relatives, neighbours, employer and the co-worker towards WLHA.

Depression

Depression is a state of low mood and aversion to activity that can affect a person's thoughts, behavior, feelings and sense of well-being.

Research Design

The investigator in the study adopted descriptive research design, for understating and describing the social and psychological status of the women living with HIV/AIDS.

Area of Study

India is the third largest populous country with HIV/AIDS in the world among the other states in India. Tamil nadu is one of the HIV high prevalent state ,it ranked third position in the prevalence of HIV in the year 2012. Due to various programme by govermnet and non governmental organisation's in the recent years incidence of HIV in Tamil Nadu has declined. In Tamil Nadu, Madurai is an ancient town with huge number of HIV population. The resaercher had chosen Madrai as the study area and collected the data from Madrai Government Hospital.

Population

All those women with HIV positive status and above 18 years from Government Hospital, Madurai, Parent to child transmission of HIV(PPTCT), Anti retro viral

therapy center(ART), and Integrated counselling and testing center (ICTC) constitute the population of study. The hospital catered to PLHA from all parts of Tamil Nadu.

Data Collection

On an average 30 women living with HIV/AIDS (WLHA) visit the ART center for treatment and medication, among them on an average 10 WLHA were follow up cases. The researcher was careful not to include any repetitive cases and thus has to be satisfied with the data obtained from 20 respondents in a month. The data was collected for a period of six months and thus 120 respondents were approached for collecting information. But, eighteen of the respondents were uncooperative and has to be dropped from the study. Thus, finally the data were collected from 102 respondents through census method.

Tools for data collection

The researcher adopted Interview schedule as the main tool for data collection. It consists of questions related to social and demographic details, awareness of HIV/AIDS, mode of transmission, disclosure of the HIV positive status, acceptance of the family, society, employer, and co-workers towards the respondents. With help of test - retest method, the reliability of the tool is established. The validity of the tool is tested by administering the tool to the experts in the field and the reliability and validity scores are 0.78 and 0.82 respectively. Apart from interview schedule observation was also used as a secondary tool to gather information

To study the depressive status of the respondents the center for epidemiology depression scale (CES-D) by Rudolf was adopted by the investigator.

There are 20 questions which represents the depressive status they are Sadness – Dysphoria, Loss of Interest- Anhedonia, Loss of Appetite, Sleep disturbances, Sleep disturbances, Loss of Concentration, Guilt/Worthlessness, Tired(fatigue) Movement, Agitation and Suicidal Ideation

Scoring technique has been used for arriving composite score for depressive status. 0 score for rarely or none of the time which is less than a day in a week, score 1 for

some times one or little of the time that is 1 or 2 days a week, the next is score 2 this bring the answer as Occasionally, 3-4 days a week and finally score 3 for most of the time in a week for 5-7 days. The least possible score is 0 and the highest score is 3. The maximum possible score is 60. The score 16 and above are considered depressive state.

Case study was also used as one of the tool to gather information from five typical respondents and the information is gathered apart from the respondents their family members.

Procedure for data collection

The data were collected from 102 respondents from PPTCT, ICTC and ART center, Government hospital, Madurai.

Data Analysis

The information obtained for the study were coded and the same has been subjected to both qualitative and quantitative analysis. Where ever possible the researcher applied statistical methods like percentage, mean, standard deviation and Chi- square.

Chapterization

The entire study is being presented in 5 chapters. The brief summary of chapterization are given below

The first chapter is the Introductory chapter it brings the history of HIV/AIDS, prevention, etiology, mode of transmission, treatment and care, the social and psychological effects of HIV/AIDS, women and illness in global and Indian scenario.

The next chapter is the Review of Literature, which tries to bring the studies, articles, papers related to the study area chosen by the researcher.

The third chapter is Research Methodology. This chapter deals with the detailed methodology adopted in the study.

The forth chapter deals with the Statistical Analysis and interpretations along with few case studies.

The case studies are intended to provide qualitative information in order to understand the social and psychological effects of HIV/AIDS.

Finally, the summary of the finding, conclusion and suggestions are given.

Findings

Socio-Demographic Background of the Respondents

- The ages of the respondents are asymmetrical. Most of the respondents are concentrated in the productive age group. The age group falls in between maximum of 49 years and minimum of 19 years. The average ages of the respondents are 33.2 years.
- Majority of the respondents are in the lower level of education i.e. up to middle school level of education. Very few of them continue high school and higher secondary level of education and only a handful are in the collegiate and vocationally trained category. There are uneducated respondents who have not attended school but trained to write their name as signature.
- Rural respondents are higher than the urban respondents. They live for a longer duration in the same area.
- Irrespectively all the respondents are married and majority are in the longer duration of marriage, which ensures that HIV is transmitted through the system of marriage through their legally wedded husband by the hetero sexual relationship.
- Nearly half of the population (WLHA) lives without their husband, either as widow, deserted/separated or legally divorced.
- Nuclear family type is commonly seen among the respondents and this type of family gives better social support. The WLHA also live in joint family type where they live along with the maternal family rather than the family of procreation.
- Majority of them are employed as unskilled workers and they live below poverty line. They work in a place for longer years without frequent shifting of the job.

- The spouse of the WLHA live with HIV/AIDS chronically for more than 9 years.

II.To find out the awareness on HIV/AIDS in WLHA.

- Majority of the respondents are aware about HIV/AIDS, which they have received through various channels like television, radio, newspapers, magazines etc. Some of them received awareness through Medical social worker/Counsellor, when the respondents attended the pretest counseling and posttest counseling while testing for HIV.
- Even though knowing the HIV status, the couples live together for longer years believing in the social custom and norms. WLHA know their husbands are HIV positive even before they are infected. WLHA are aware about the usage of the condoms but only few are practicing. The negotiation of using condoms with the husband by the women ends up failure and mistrust.
- WLHA with higher level education are more aware about HIV than the less educated.
- The awareness about HIV/AIDS has reached every sector of the locale. The effective program on HIV/AIDS by the government and the private agencies had worked hard to reach the people and created awareness.

III. To know the mode of transmission of HIV/AIDS in WLHA

- Sexual contact is the major mode of transmission of HIV in the system of marriage.
- As the age increases the knowledge about the mode of transmission decreases.
- There is no association between the knowledge on the mode of transmission and the level of education and the locale.

IV. Social reactions of the family and society towards the WLHA

- One fifth of the respondents express mixed emotions like shock, calm denial, anger, shock fear few had crying spells, when the HIV positive status was

disclosed. Some of the WLHA were already known they will be HIV positive by the symptoms they experience even before the testing for HIV.

- Two third of the WLHA accept their HIV status and there is a positive correlation between the age and acceptance by the WLHA.
- Rural respondents have accepted HIV positive status better than the respondents in urban area.
- Nuclear family type is the better family type for accepting the HIV positive status by the WLHA.
- HIV positive status of the WLHA are revealed through the social worker/ counsellor in the health care system during the counseling session.
- Selective disclosure is predominately noticed among the respondents and those are the in-laws, parents and the children. More number of WLHA have disclosed to in laws, than the other family members.
- There are both negative and positive reactions shown by the family members when the HIV positive status of the WLHA is disclosed. The family members include the parents, in-laws, husbands, siblings and their children.
- The WLHA do not want to create a panic by disclosing the HIV positive status to the parents. When disclosed to their parents they are empathetic than the in-laws.
- The female siblings are more sympathetic than the male.
- The father in laws reactions are centered around male chauvinism and the family status whereas the mother in law are worried about the son's life and their grand children's future.
- Age, location and family type has influence in the acceptance of the WLHA whereas the education and marital status has no significance. The respondents in the rural area face more neglect.
- Of all the respondents, those who live in the extended family type the WLHA face more neglect from the family. Three forth of the respondents in nuclear family type are accepted by the family.
- After the family the next close knit in the Indian society are the relatives. The WLHA in the higher age group are not to disclose their HIV positive status to their relatives due to the shame and fear.

- Majority of the respondents do not disclose their HIV positive status to their relatives, among the few disclosed there is predominately negative reactions like gossiping and not inviting for the family functions are experienced by the WLHA.
- There is no significant association between the age, education, location, marital status, family type and employment of the WLHA with the acceptance by the relatives.
- Most of the respondents do not disclose their HIV positive status to the neighbours. The disclosed respondents face gossiping and verbal abuse by the neighbours.
- The acceptance of WLHA by the neighbours is less and the respondents face neglect and gossiping or back biting from the neighbours. There is a need for attitudinal and the behavioral change towards HIV by both the WLHA and the society. The WLHA of the younger age group are accepted higher than the WLHA of older age. The neighbours are known that the blame is on the spouse rather than the WLHA of the younger age group.
- Age has significant association with the acceptance of the neighbours. The younger age group respondents are accepted more than the older age group.
- Education has significant association with the acceptance of the neighbours. Higher level of disclosure is found among the less educated and they are accepted.
- There is no significant association between the location, marital status, family type and employment of the respondents with the reactions of the neighbours.
- The health care systems are systematically following the testing for HIV who ever approaches them and all the ante natal women are screened for HIV in both the public and private hospitals. Which makes every pregnant woman are tested for HIV during their pregnancy and preventing the fetus to be transmitted by HIV through vertical the mode of transmission.
- The newer generations are aware about HIV but practicing the prevention methods has to be improved.
- The acceptance of the WLHA by the family are found that the WLHA are neglected and they are not disclosing the HIV positive status to the family.

- The age of the WLHA and the responses of the family members like acceptance, neglected and not being disclosing the HIV positive status to the family brings a clear picture that, the disclosure status is very minimal. The results bring to light that there is prevalence of stigma and discrimination in the family and the women experience isolation within the family.
- The HIV positive status of the women are not being disclosed to the relatives and they are keen not to be known to the relatives. The attitude of the WLHA towards the disease and society is expressed through the result.
- The WLHA accomplish not to reveal the HIV positive status to the neighbours. Some of their neighbours are known about the HIV status of the women, when the women or the husband of the women becomes chronically ill and they suspect with the symptoms as HIV/AIDS.

V. To examine the responses of the Employer and the Coworker about WLHA

- The disclosure of the HIV positive status is less with the employer and the co-worker. The WLHA are accepted by the employer where they work with the people living with HIV/AIDS and related matters. The awareness regarding HIV/AIDS had made the employer to accept the WLHA. Whereas, the myths, misconception, stigma and discrimination regarding HIV/AIDS had made them not to employ the WLHA. The disclosure of their HIV positive status to the co-workers brings the negative emotions like gossiping, avoidance and neglect. The previous unfair experiences by the WLHA make them not to disclose their HIV positive status to their co-workers. The loss of the economic support through this employment makes the WLHA not to disclose.
- The respondents have fear of disclosure of HIV positive status to the employer and the coworkers. They are cautious about not revealing the HIV positive status to the employer because they may lose their job and their livelihood will be questionable, which may bring them loss of hope, feeling of worth less and loss of child bearing options. Few of the respondents have experienced stigma and discrimination in the work place.
- The respondents are mostly as unskilled laborers, the perceived stigma and discrimination make them not to disclose their HIV positive status.

- Disclosure of the HIV positive status to the co-workers is very poor due to the fear of isolation, neglect and separation. The disclosure status to the employer is also less because they were panic of the termination from the job. Since it is the only source of income for the WLHA. The WLHA work in same workplace for longer years and not shifting the job frequently. They are comfortable and well known about the workplace and it makes them not to take any risk by shifting the work/job. The visible symptoms are not being seen makes them work in the same work place.
- Majority of the WLHA work in different work places they work mostly in unorganized sectors. They continue to work in their asymptomatic stage of HIV where the symptoms are not visible. So, the employer and the coworker are not known about their HIV positive status.
- Less than one tenth of the WLHA have disclosed their HIV positive status out of which two third of them are accepted.
- There is association between the employer's acceptance and age of the respondents. As the age increases the disclosure increases and the acceptance decreases.
- Education has no significant association with the acceptance by the employer.
- Disclosure of the HIV positive status to their employer is high in rural area. More than half of the WLHA are accepted in the rural area. The one person disclosed in the urban area is accepted.
- There is no significant association between age, education and location of the WLHA with the acceptance by the co-workers. Urban locale respondents do not disclose their HIV positive status to the Co-worker due to the fear of isolation and distrust.
- Married WLHA disclose their HIV positive status than divorced, widow and separated. Negative reactions like gossiping and avoiding casual contacts are experienced by the WLHA.
- Locale and family type do not have significant association with the acceptance of the WLHA by the coworker.
- Most of the WLHA are infected with HIV falls in-between 3-10 years and Majority of their age group is below 40 years and those are in the HIV

asymptomatic stage. By the treatment the WLHA are following are in the HIV asymptomatic stage. Some are with various Opportunistic infections.

- Wage discrimination is found.

VI. To explore the depressive status of WLHA.

- To discover the Mental health status or the Psychological health status of the WLHA the researcher's concept of study is Mood disorder- Depression. The study results of the Mental health status or the Psychological health status of the WLHA are pointed out as the overall depressive status of the WLHA and the nine areas of depression as Sadness, Loss of Interest, Appetite, Sleep, Concentration, Guilt, Tired, Agitation and Suicidal ideation.
- Overall the women with HIV positive status are in depressive state. They exhibit moderate and lower level of depression and few with higher level of depression, where medical attention is needed.
- Sadness is one of emotion expressed by the respondents, they are panic about their illness and the family members. They feel that they are the financial burden to the family and their economic contribution to the family is reduced due to the illness. They also have the feeling of worthlessness about their reduced physical participation in the family.
- Due to the illness the respondent's daily routine life is being disturbed. This includes taking care of one self like grooming, eating habits, entertainment, spending time with the family and friend. The WLHA isolate themselves from all other activities which was their regular routine life.
- There is sleep disorder noticed in the respondents. This reflects the WLHA has the physical and psychological changes. They are noticed with sudden nocturnal arousal, reduced sleep, just laying down in the bed without sleep and night mare.
- Appetite is quiet less in the respondents. The urge of eating and there is loss of appetite is seen in most of them, this is because of the mental disturbances, side effects of the treatment course, changes in the digestive system due to HIV and other opportunistic infections.

- The ability to focus the thoughts and activity is lacking in WLHA. The poor concentration and the preoccupation of the illness leads to the adverse changes in their day to day activities like house hold chores and their duties.
- Guilt is an emotion when a person realizes oneself. The respondents in the study show guilt feeling most of the time. This is due to the perception that the family and the community will isolate and neglect them.
- It is evident that the WLHA are tired due to HIV/AIDS disease and the treatment they are undergoing for the disease. The respondents sometimes experience tired due to physical and psychological stress and strain.
- Agitation arises due to chronic illness as the HIV/AIDS treatment is life long and it is a continuous throughout the life. So, it is tedious and hence agitation is found in very few WLHA with terminally ill patients.
- The suicidal thoughts or unusual preoccupation of committing suicide is present in WLHA. Nearly half of the respondents have the feeling of worthlessness and being isolated. In the personal discussion with the respondents revealed that some of the spouses of the respondents have committed suicide after knowing they are HIV positive.
- The depressive's domains of the respondents are calculated this includes Sadness, Appetite, Loss of Interest -Anhedonia, Concentration, Tired, Movement -Agitation, Guilt, Sleep and Suicidal Ideation.
- Among these nine depressive domains they are ranked accordingly as disturbed sleep or variation in the sleep pattern is the first and the foremost depressive domains experienced by most of the respondents then followed by sadness and the next by Loss of Interest-Anhedonia. The fourth depressive domain experienced by the respondents is the feeling of guilt, which is then followed by loss of Appetite. Poor concentration and the feeling of tiredness are the other depressive domains ranked in the seventh and the eighth places respectively. The last ninth depressive domain score is the Movement – Agitation, the involuntary motion is seen in very few of the respondents.
- As the age increases the depression level increases, as the disease progress the physical condition and chronic illness make the respondents depressed.
- The level of education of the respondents has no association with the level of depression. All the respondents irrespective of the education are in the

depressive state because of the physiological, social and psychological effects of the disease HIV/AIDS.

- Employment of the respondents and the level of depression shows employed women with HIV are in the moderate and higher level of depression, whereas the WLHA who are not employed are in lower level of depression. The WLHA has the issues with the other employers and the employee. The respondents face non- acceptance, anxiety about HIV status or not revealing the HIV positive status due to the perceived stigma and discrimination.
- There is strong association between the level of depression and the locale of the respondents. The grief, separation from the family, children and financial burden makes the urban respondents to have higher level of depression while comparing with the respondents from the rural locale.
- Marital status is one of the predictors for knowing the level of depression on Women with HIV. Most of the married WLHA are in the moderate and higher level of depression. The divorced and separated the WLHA live in their maternal family and they get moral and emotional support hence their level of depression is in lower level.
- The WLHA living in Joint family experience the moderate level of depression. The WLHA face incidents of the curse of the in-laws of being HIV positive, isolation, rejection, physical and verbal abuse and denial makes the WLHA in the joint family to higher level of depression The WLHA in the nuclear family experience the feeling of comfort and family members support because of the close knit of the family members.
- The respondents are in the depressive state equally in lower and moderate level of depression and followed by higher level of depression.
- The nine depressive domains in the mental health scale are ranked accordingly from sleep problems ranks the foremost. The second depressive domain is by sadness and the next is Loss of interest, which is then followed by the feeling of guilt that they are HIV positive. Loss of appetite is observed in the respondents and it holds the fifth position. It is sad to notice that the respondents have suicidal thoughts due to depression and it is in the sixth position. The seventh position is holder by loss of concentration followed by fatigue or Tired where the respondents are physically and mentally tired due to

the disease and treatment side effects. The last rank is loss of movement or Agitation only few respondents have reported in the study.

- All the respondents are in depressive state irrespective of their age. Majority of the respondents in the age group of 36-40 years' experience lower level of depression as the disease progress they learn to live with the disease condition.

Recommendations

- There is a need for attitudinal and the behavioral change towards HIV by both the WLHA and the society.
- Family counselling
- Encourage breast feeding
- Women should be motivated to practice safer sexual practices.
- Motivation in early diagnosis for better prognosis
Once the depressive state is identified that are reluctant to go for treatment. Hence in post counselling session they should be given awareness about the possibilities of depression and treatment.
- There is acceptance of their HIV positive status. This can also be said as forced acceptance of HIV positive statue. Their social norms and obligations make the WLHA to accept their HIV status. Still there is a long way to go to reach the goal of eradicating HIV from the nation and programme on women empowerment and the attitudinal change of the men towards the women are to be inculcated.
- The WLHA experience devastating social, physiological and psychological complications and challenges. It is necessary to educate and create awareness regarding the WLHA perceive towards the disease HIV/AIDS and the impressions laid towards the WLHA by the society at close and at large.
- Even though with awareness and sensitization program there are newly diagnosed WLHA are noticed during the study. This brings to light there is poor usage of safer sexual practices followed by the PLHA. So, there is an urgent need for the behavioral and attitudinal change for the PLHA.

Module on

Acceptance of HIV by the women living with HIV/AIDS and the

Acceptance of the WLHA by the family and society.

Objective	<ul style="list-style-type: none"> • To provide the understanding on the acceptance of the WLHA in the family and society. • To learn to live with HIV/AIDS. • To create an insight and awareness on HIV/AIDS and to facilitate the WLHA to accept HIV /AIDS. • To give awareness on HIV/AIDS to the target group. 	
Target group	<ul style="list-style-type: none"> • Women living with HIV/AIDS • Family of WLHA • General Public 	
Addressed	Content	Methods and Tools
Awareness and education on HIV/AIDS	<ul style="list-style-type: none"> • Mode of transmission • HIV can be transmitted through • HIV cannot be transmitted through • Myths and Misconception about HIV • Prevention methods • Screening and testing for HIV/AIDS 	<ul style="list-style-type: none"> • One to one • One to group • Lectures • IEC materials • Games
Living positive	<ul style="list-style-type: none"> • Living example of people living with HIV - Living example persons • Inviting positive (living with HIV) speakers to give lecture on How to live with HIV positive? • Motivational speakers-Support groups. • Resource persons to discussion HIV related matters • Caring for the themselves 	<ul style="list-style-type: none"> • One to One • One to group • Group discussions • Role model • Lectures and discussions

	<ul style="list-style-type: none"> • Get -together- individual and family. • Taking part in HIV positive groups and sharing with one another on HIV and related issues • Education on further protection from HIV 	
Health and Nutrition	<ul style="list-style-type: none"> • Health and Nutrition-Yoga, Meditation, Physical exercises, routine health check-ups, Healthy and balanced diet, Hygienic living, regular medication, staying happy, sleep, rest and positive thinking (positive mental health). • Taking part in regular routine work. • Insisting the partner (spouse/sexual partner) should take part in the program along with the WLHA. 	<ul style="list-style-type: none"> • Training programme • Health camps • Counselling and guidance • Lectures • Competitions
Pregnancy and family planning	<ul style="list-style-type: none"> • Choice of pregnancy • Various family planning methods • Care for the children • Routine health checkup for the child for HIV positive and HIV negative child. • Creating knowledge on supplementary food for the child. 	<ul style="list-style-type: none"> • IEC materials • Lectures • Competitions
Individual and family counselling	<ul style="list-style-type: none"> • Complete knowledge about HIV for the WLHA and the family • Group counselling • Individual counselling • Acceptance of the HIV status and learn to live positively with HIV 	<ul style="list-style-type: none"> • One to one • One to group • Focus Group discussion • Counselling session.

Conclusion

Once regarded as a single disease entity. HIV/AIDS is seen as the heterogeneous and had a holistic impact on the social, physiological and psychological aspects. The incidence of HIV/AIDS cases are slowly reduced in India. The prevalence of HIV is now being reduced, in Tamil nadu and it is no longer in the top five HIV prevalent states. This has happened only because of the various programmes by the government and non- governmental organizations. But, still there are new cases being reported concurrently. Even though with good awareness on HIV the WLHA face stigma and discrimination from the family and society. The men should respect their counterparts and use safer sexual practices(condoms) to prevent the transmission of HIV. The attitudinal and behavioural change should be inculcated in every individual to eradicate the negative attitude towards the WLHA and programmes should be concentrated on positive living for the WLHA.