# CHAPTER - 2

# REVIEW OF LITERATURE

## 2.1 Introduction

Investigating is a procedure. From the start of this process to the finish, the researcher must engage in some activity. That is, the research process needs to be broken down into distinct steps in order to be conducted in a scientific manner. Thus, there are distinct phases to the entire social research process. The accuracy of research questions and research designs has been guided by previous studies. As a result, a crucial stage in the research process is evaluating the body of literature that is currently available in relation to a research problem. This helps the researcher get a general idea of what he needs to put together his own research plan.

Who has previously conducted research? Which research question was it? Which method was applied? How was the sample selected? What conclusions did the study reach? What were the research's limitations? It is recognized. It helps the researcher get around some of the limitations of his research. A review of the existing literature is necessary to prevent research duplication. This helps the researcher formulate his research questions.

## 2.2 Review of Literature

Research on HIV (Human Immunodeficiency Virus) is being presented; it is to be conducted with the affected individuals in the centre. As a result, an effort has been made to review the research and literature on HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome) in the reference literature review. The following is the literature review:

According to Jamie Enoch and Peter Piot (2017), the "end of AIDS (Acquired Immunodeficiency Syndrome)" by 2030 remains elusive, and even after more than 35 years since the start of the HIV/AIDS pandemic, the HIV virus still causes nearly two million new infections annually. High rates of new infections among important

populations and a widespread epidemic throughout much of sub-Saharan Africa are still being fueled by violations of human rights. Meanwhile, civil society mobilisation and advocacy based firmly on human rights principles have a more vital role to play than ever as global political shifts threaten not only funding for the fight against the HIV virus but also the advancement of global human rights. Positively, there are many instances of human rights-based strategies being successfully incorporated into HIV (Human Immunodeficiency Virus) prevention and treatment programmes. Additionally, data is starting to show that norms upholding the preservation, upholding, and realisation of human rights can contribute to better public health. The historical development of human rights as a central concern of the HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome) response will be briefly traced in this essay. Examples of recent successes and failures will be given, and the possibility of using rights promotion to address the structural drivers of HIV (Human Immunodeficiency Virus) will be discussed. Lastly, it will discuss how other areas of global health have been impacted by the importance of human rights in relation to HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome) and emphasise the ongoing need to collaborate with civil society to safeguard and advance human rights in order to lessen the impact of HIV/AIDS.

According to a 2014 article by Bronwen Lichtenstein and Jamie DeCoster, teaching about the causes and effects of stigma is a crucial part of teaching about the sociology of HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome). Explain the University of Alabama's Sociology of HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome) course, where stigma reduction is evaluated as a main goal. The curriculum included research by students on community attitudes towards HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome), theory-based instruction, class visits, and service learning. We present our findings on the impact of stigma on service learning and other course components, recommending modifications to our pedagogical strategy. We also describe the pretest/posttest evaluation of the course based on attitudes towards PLWHA

(People Living with HIV/AIDS) [Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome] (enacted stigma) and hypothetical responses to receiving a diagnosis (felt stigma). The findings showed that after taking the class, students were more accepting of PLWHAs (People Living with HIV/AIDS), but they were also more conscious of the stigma associated with HIV/AIDS and its consequences. We provide advice to educators on how to steer clear of stigmatising events and materials that might compromise service learning goals and course objectives when it comes to delicate subjects like HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome).

The drivers of young people's attitudes towards HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome) stigma and discrimination in Ghana are examined in a paper by Joshua Amo-Adjei and Eugene KM Darteh (2013). These drivers were investigated using binary logistic regression and descriptive statistics. Higher education was associated with an increase in the odds of having low stigma and discrimination attitudes. As a result, males [OR=l 1.04; 95% CI=4.59-26.54] and females [OR=5.12; 95% CI=2.41-11.28] who had completed more education were significantly more likely to have positive attitudes towards HIV-positive individuals. When assumptions, myths, and knowledge regarding the causes of HIV (human immunodeficiency virus) are taken into account, education has a significantly smaller impact on stigma associated with HIV in both males and females, but the odds are still statistically significant. Stigma was significantly impacted by a variety of beliefs, myths, and knowledge about the causes and prevention of HIV (human immunodeficiency virus). The results also showed variations based on ethnicity, geography, and religion. According to the research, there is a decreased likelihood of stigma and discrimination related to HIV (human immunodeficiency virus), especially among those who possess accurate and comprehensive knowledge about the virus and its transmission. As part of the larger initiatives at reducing HIV, there should be a strong focus on both formal and informal education on HIV (Human Immunodeficiency Virus).

Jennifer (2012) investigated the ways widows in Manipur who were living with HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome) used health services. The purpose of this study was to investigate the health service utilisation patterns and associated factors among widows who are living with HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome) in Manipur. The goals of this research are: (a) To determine the perceived health needs of widows infected with HIV; (b) To examine the health-seeking behaviour of HIVpositive widows in relation to their perceived health needs; (c) To identify the factors influencing the pattern of health care utilisation of HIV-positive widows; and (d) To thoroughly investigate the influence of stigma on the use of health services by HIVpositive widows. Thirteen non-governmental organisations (NGOs) that support widows living with HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome) were contacted for this study's objectives, and they took part in it. Thus, from seven of Manipur's nine districts, a list of 1500 widows whose husbands had passed away from HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome) was created. The results demonstrated that opinions about how much health care is needed vary from person to person. Some respondents don't think their symptoms are significant enough to warrant seeking medical attention because they are unaware of their health. Furthermore, despite their awareness, obstacles like distance, lack of time, and financial difficulties prevented them from using the services. Financial difficulties are still a significant barrier for people living in both urban and rural areas.

Evidence from West Bengal was examined by Sarkar (2011) in her study of the social and economic effects of HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome). This study is based on a field survey conducted at the household level in West Bengal State, India. According to this study, poor human capital and poverty serve as the primary drivers of both rural-urban migration and risky career choices for household income, which in turn fuels the spread of HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome).

Furthermore, the epidemic of HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome) among those households that are already economically and socially disadvantaged results in the ultimate consequence of economic and social poverty, making the benefits of government or non-government organisation initiatives negligible for these households. In the context of a field survey conducted at the household level in West Bengal State, India, this paper aims to investigate the socioeconomic causes and consequences of PLWHIV/AIDS (People Living with HIV/AIDS) and to the benefits of action offered by government and non-government organisations to help them.

Nanda and colleagues (2010) examined media coverage, gender stereotypes, and contextual stigma perceptions regarding HIV/AIDS (acquired immunodeficiency syndrome) and HIV (human immunodeficiency virus), utilising data from Gujarat. The purpose of this study is to analyse and comprehend any potential differences in stigmatisation behaviour that may be linked to media exposure and individual socioeconomic characteristics, as well as the processes that may underlie them. The research questions aim to investigate the impact of media exposure, gender stereotypes, and socio-cultural factors on stigma perceptions related to the HIV virus. What processes are involved in how people with elevated stigma develop their perceptions? In order to determine the mechanism underlying these phenomena, this article investigates whether differences in gender and media exposure could result in different stigma perceptions regarding HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome). It makes use of National Family Health Survey (NFHS) data for Gujarat, a significant western Indian state, from 2005–2006, supplemented with some qualitative data. In order to model five distinct stigma perceptions for men and women in various contexts—such as keeping HIV (human immunodeficiency virus) infections hidden, providing care and support to infected individuals, and receiving services from HIV—logistic regressions were conducted. The initial stage of the research involved gathering quantitative data from Gujarat state's NFHS-3 (National

Family Health Survey-3) and analysing it using SPSS 15.0 (Statistical Package for the Social Sciences). A total of 1,24,385 women and 74,369 men in the 15–54 age range were interviewed from 29 Indian states for the NFHS-3 (National Family Health Survey–3). In addition to providing data on important socioeconomic and demographic indicators, the survey also includes information on a number of novel subjects, including attitudes towards family life, education for both boys and girls, use of the Integrated Child Development Scheme (ICDS) services, men's involvement in maternal care, and health insurance. The study's quantitative and qualitative data analyses show that media exposure, especially to print and electronic media like newspapers and television, consistently and significantly affects how different stigmas related to HIV (AIDS) and HIV/AIDS (Human Immunodeficiency Virus) are perceived.

In order to deepen and broaden our understanding of health, development, and security and how they impact people and society, Rebecca Tiessen, Jane Parpart, and Miriam Grant (2010), the authors of this special issue adopt a feminist analysis of gender relations, HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome), and human security using theoretical analysis and empirical findings from case studies in several African countries. HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome) can cause instability in nations and societies, leading to increased rates of poverty, food insecurity, health problems, and other social, political, and economic problems. It can also have a destabilising effect on communities. The authors of this collection of articles not only push us to reconsider policy and programmatic approaches to addressing the crisis, but they also provide new perspectives on how HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome) relates to human insecurity and gender inequality throughout Africa.

Jothivenkatesan (2009) conducted research on prostitutes' susceptibility to various health risks, including HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome). This Pudukkottai District study is sociological in nature. This study highlights the behaviours of commercial sex workers, the kinds of clients they

serve, the function of middlemen, and other relevant parties. It adds to the Pudukkottai District reference. The study's primary goals are: To investigate the social context of prostitution—both historical and contemporary—as well as the social aspect of it. To find out what expectations commercial sex workers have, to study their income, spending, and savings patterns; to list the health conditions of prostitutes; and to investigate their awareness of HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome) and the role that NGOs (Non-Governmental
Organisations) play in it. Despite the State and Central Government's efforts to save the women in this area from prostitution, the women of this village panchayat are wellknown for this activity. Not only does the government not know what the barriers are to stopping commercial sex activity, but neither do non-governmental organisations (NGOs) operating in the area. Non-governmental organisations (NGOs) were limited in their ability to prevent HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome) and could not put an end to the commercial sex activities that women in Viralimali engaged in. One hundred and sixty responders, all of whom work in the commercial sex industry, have freely acknowledged that commercial sex work is inevitable in their neighbourhood. Their work has been justified by references to family, poverty, unexpected family crises, being duped by a man, and other related topics. Despite the respondents' references to these social causes, there are unspoken facts about women's status, capitalism, and patriarchy. The appalling conditions of commercial sex workers are highlighted by this study. They are severely exploited— both physically by clients and financially by brokers—which leads to infectious illnesses and psychological disorders.

According to a report by Peter Moszynski (2009), sub-Saharan Africa continues to be the most heavily infected region. In 2008, it was responsible for 67% of all HIVpositive individuals (22.4 million), 1.9 million new infections, and 72% (1.4 million) of all AIDS-related deaths. In addition to highlighting the downward trend in new infections, Dr. deLay said, "We're also seeing good progress in East Asia and South East Asia, and this represents a clear sign that focused HIV (Human Immunodeficiency

Virus) prevention efforts are beginning to make a difference."

The lives of women living with HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome) are the subject of a 2009 paper by Tinny Dawar and Sarita Anand. It looks at how women's positive status for HIV (human immunodeficiency virus) affects their social and professional lives, as well as the coping strategies they use to deal with discrimination and stigma in society. According to the study, a woman living with HIV (human immunodeficiency virus) can get the most support from her family because it reduces stress and helps her deal with the situation. Therefore, it is crucial that the woman's family members receive counselling. Another means by which women were able to adjust to their circumstances was through raising children. It is recommended that women who test positive for HIV should be encouraged to seek support from local non-governmental organisations (NGOs) by the counsellors employed by government hospitals. However, they found great relief in belonging to a network of like-minded women in NGOs (Non-Governmental Organisations).

Patel (2008) investigated counselling codes of conduct. This study was carried out in the North Gujarati districts of Mahesana, Patan, and Banaskantha. The researcher collected data using three methods: observation, interviews, and interview schedules. Data was gathered by the researcher from a total of forty counsellors. This study's primary focus is on counsellors' awareness of the code of conduct in counselling, how it is implemented, and what problems arise when it comes to the code of conduct in counselling.

After studying the early links between HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome) and marginalised groups, such as drug users and homosexuals, Elizabeth Fee and Manon Parry (2008) organised social and political responses to the disease, starting with the implementation of travel restrictions and the consideration of mandatory quarantine for those who were infected. Jonathan Mann was convinced in Africa that the disease was heterosexually transmissible and could spread globally. Because of his eloquence and passion, Mann was able to persuade

Halfden Mahler, Director General, to appoint him as director of the World Health Organization's Global Programme. This allowed him to work with health ministers all over the world. Mann contended that conditions of poverty, oppression, urban migration, gender, and violence were conducive to the spread of AIDS (acquired immunodeficiency syndrome). Based on a human rights framework, he developed a new understanding of AIDS (acquired immunodeficiency syndrome).

Lance Gable, James G. Hodge, and Lawrence O. Gostin's article (2008) The law is an often-ignored tool in the fight against the complex practical and moral dilemmas brought forth by the pandemic of HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome). The Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) and issues related to sexual and reproductive health are closely related to the law in many ways. People living with HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome) or at risk of contracting it may benefit from well-written and strictly enforced laws, especially those that pertain to their sexual and reproductive health. It should be illegal to discriminate against someone based on their HIV (human immunodeficiency virus) status in order to prevent them from accessing reproductive health services, which is a legal right. Enforcing laws against sexual violence and exploitation is necessary because these behaviours contribute to the spread of HIV (Human Immunodeficiency Virus) and its harmful effects. Lastly, laws that better protect health should be drafted using a human rights framework.

In spite of high sero prevalence rates, Mark D. Regnerus and Viviana Salinas' 2007 study found that stigma surrounding HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome) is pervasive throughout sub-Saharan Africa. Discriminatory acts towards individuals who test positive for HIV (human immunodeficiency virus) are frequently encouraged by stigma. Because organised religion (Islam and Christianity) continues to play a significant role in the lives of many Africans and has a tendency to promote sexual conservatism, it is partially to blame for the stigma that persists and the discrimination that does not cease. However, the idea that

religion fosters stigma and discrimination regarding HIVIAIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome) is not well supported by systematic empirical data. Utilising information from the Demographic and Health Surveys of six sub-Saharan nations with high rates of HIV infection, we assess the impact of religious affiliation on various types of AIDS-related discrimination, taking into account potential confounding factors. Upon controlling for ethnicity, a significantly more reliable predictor of discrimination than religion, the majority of analyses show that religious affiliation has no correlation with discrimination against people living with AIDS (acquired immunodeficiency syndrome). Muslims and those who follow other non-Christian religious traditions tend to report more discriminatory attitudes where affiliation does remain significant.

The response of Botswana to the HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome) epidemic is covered in an article by Nthabiseng Phaladze and Sheila Tlou (2006). Botswana has initiated a multi-sectoral response to the epidemic, acknowledging that HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome) is more than just a health issue. This distinguishes Botswana as a nation that exemplifies 'best practice' in HIV/AIDS prevention and control. But the fight is far from over. In Botswana, AIDS (acquired immunodeficiency syndrome) is the main cause of death for young adult women in the 15–19 age range. In response to the difficulties faced by Batswana women living with and impacted by HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome), this article offers recommendations for future development.

An additional study by Patel (2005) examined the psycho-social issues faced by HIV (human immunodeficiency virus) patients and their families in Ahmedabad. Respondents receiving care at various government and non-governmental organisation hospitals were chosen by the researcher for data collection. Through a schedule of interviews with physicians, nurses, counsellors, clients, and client families, the researcher gathered primary data. This study examined how family members, medical professionals,

nurses, and counsellors responded to HIV-positive patients seeking treatment and a cure. It also looked at the social status of HIV-positive individuals both before and after infection, as well as their economic situation and relationships with society and family.

This paper by Chandreyee Roy (2005) examined how gender inequality and men's sexual dominance affect women's ability to control their own bodies and make decisions, as well as raising their risk of violence. Women are more vulnerable to infections due to these factors, particularly those that are sexually transmitted, such as HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome). The current study tackles the issue of women's human rights against the backdrop of several socioeconomic variables that increase women's susceptibility to HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome). It focuses on how different social expectations, roles, status, and economic power of men and women affect and are affected by the epidemic. It also analyses gender stereotypes and investigates inequalities between women and men regarding the control over sexual behaviour.

Two parts of the Iyengar et al. (2003) study are published. Provide details about the population and geographic makeup of the state of Gujarat in the first section. This study includes 21256 respondents in total. Information gathered from a variety of sources, including truck drivers, cleaners, street children, autorickshaw drivers, taxi drivers, migrant labourers, passengers, industrial workers, hotel boys, and FSWs (female sex workers). Thus, statistical data from high-risk sources were collected for this study.

In his research, Gobopamang Letamo (2003) discusses The world's highest rate of HIV (human immunodeficiency virus) prevalence is found in Botswana. Stigma and discrimination are part of the HIV/AIDS epidemic, which allows the virus to spread. HIV stands for human immunodeficiency virus/acquired immunodeficiency syndrome. This study looked at survey data on the prevalence of and factors associated with stigma discriminatory attitudes related to HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome) in Botswana in order to design effective programmes to combat the high prevalence of these attitudes. Only 11% of the 4,147

respondents indicated that they were unwilling to provide care for a family member who had HIV/AIDS, despite the majority of respondents displaying discriminatory attitudes towards teachers or shopkeepers with the virus. The fact that family members have been caring for their sick family members through a government project called Community Home-based Care, which relieves public hospitals of HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome) patients, appears to have encouraged more tolerant attitudes towards a family member with the disease. They demonstrated more accepting attitudes towards HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome) patients because women bear the majority of the responsibility for caring for ailing family members. Discriminatory views were held towards individuals living with HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome) by some, including those who thought eating with an HIV patient could result in HIV infection. In order to educate more people about HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome), the national information and communication programme must be strengthened. Lastly, programmes that seek to increase tolerance towards individuals living with HIV (human immunodeficiency virus) will be more successful if they uphold and promote the human rights of those living with HIV/AIDS (acquired immunodeficiency syndrome/human immunodeficiency virus).

Maman et al. (2002) concentrated on HIV (Human Immunodeficiency Virus)Positive Women when discussing lifetime partner violence. One of Dar es Salaam's six free-standing, voluntary HIV (Human Immunodeficiency Virus) counselling and testing clinics, the Muhimbili Health Information Centre hosted the study in 1999. The purpose of this study was to compare the experiences of HIV-positive and HIV-negative women with regard to partner violence. The initial stage of the study aimed to provide a local definition of violence, explain the decision-making process related to HIV testing and sero-status disclosure for individuals, women, and couples, and create survey tools for the subsequent phase. 15 women (13 HIV positive, 2 HIV negative), 17 men (6 HIV positive, 11 HIV negative), and 15 couples who had undergone HIV (Human

Immunodeficiency Virus) counselling and testing at the Muhimbili Health Information Centre were interviewed in-depth during the first phase. The study's second phase assessed the prevalence of violence and determined its correlates among 340 women who were enrolled right after their pre-test counselling session for the HIV virus and before learning their test results in the post-test counselling session. Violence is a risk factor for HIV (Human Immunodeficiency Virus) infection, according to this study, and it needs to be addressed using multilevel preventive strategies.

In 2002, Miriam Maluwa, Peter Aggleton, and Richard Parker conducted a discussion regarding the growing worldwide pandemics of HIV/AIDS and other immunodeficiency viruses. They highlighted the calls for a drastic increase in the level of international assistance. The fight against discrimination and stigma is at the forefront of the actions that must be taken immediately. In order to show how these issues are related to one another and to outline the components of a potential future programmatic response that could be more successful, this article provides a conceptual overview of the relationship between discrimination and human rights, the stigma attached to HIV/AIDS, and the human immunodeficiency virus.

In 2002, Susan J. Klein, Daniel A. O'Connell, and William D. Karchner conducted research. Numerous forms of discrimination and stigma threaten the health of both the individual and the community. Preventing the spread of HIV/AIDS, or the acquired immune deficiency syndrome, requires taking action against stigma and discrimination. Implementing targeted initiatives to counter these threats to public health can be advantageous for health departments and other stakeholders. The comprehensive approach to HIV (Human Immunodeficiency Virus) prevention in New York State includes interventions against stigma and discrimination related to the virus. Several interventions are used at the programme and policy levels for optimum effect. In addition to discussing real-world examples of practical applications, this article outlines the necessity of interventions and illustrates how several interventions work together in a logical model.

A 1995 chapter by Ginny O'Brien, Jane Carrier, and David Ward examines some of the most common housing issues that HIV (human immunodeficiency virus) carriers have faced. While background information is provided when needed, this does not aim to be a housing law handbook. The chapter should be read in its entirety rather than being used only as a reference text because it discusses how advice workers can apply their knowledge to the unique issues faced by those who are infected with HIV (Human Immunodeficiency Virus). We start by outlining some of the details that advisors should be aware of regarding the availability of housing in the area before a client arrives to request assistance. This preliminary work is crucial because errors can be stressful and challenging to correct. The chapter examines the principal types of owner-occupation and public and private sector tenures. These sections don't stand alone on their own. The text takes into account problems in the order that they might be brought up with advice workers. The difficulties of applying to a local authority as a homeless person in need of priority is by far the most extensive section. In addition to the fact that these issues have, in our experience, prompted the most inquiries, it's possible that there is more case law in this area specifically pertaining to vulnerability and intentional homelessness. The significance of advisory agencies in shaping housing policies and practices for individuals living with HIV infection is underscored throughout the chapter.

Gryk Wesley (1995) seeks to outline some of the main immigration related issues likely to be relevant to people affected by HIV (Human Immunodeficiency Virus) and AIDS (acquired immunodeficiency syndrome). It discusses how AIDS (acquired immunodeficiency syndrome) may become an issue when an individual seeks entry to the United Kingdom at a port. With respect to those already in the country, it suggests approaches which may be taken with respect to application law- it may be possible to make a successful application to remain in the United Kingdom on compassionate grounds, either because of one’s own HIV (Human Immunodeficiency Virus)- related medical condition or that of a loved one. Finally, it discusses briefly the problems of HIV (Human Immunodeficiency Virus)- positive persons who are contemplating travel to other countries. The main purpose of this chapter has been to outline the position in

United Kingdom immigration law with respect to individuals affected by HIV (Human Immunodeficiency Virus) and AIDS (acquired immunodeficiency syndrome). It is perhaps worth saying a few additional words about the problems which may be faced elsewhere in the world by individuals from the United Kingdom who wish the travel abroad.

Michael (1996) observes that people do not easily accept knowledge about scientific procedures, processes and scientific facts, they can reflect upon the epistemological status of that knowledge. He also argues that this reflection can directly affect their responses to science and scientific experts. The aim of this paper is to explore the discourses of ignorance that people mobilize when reflexively commenting upon their lack of scientific knowledge. This paper is based on survey analysis of the contents of the public understanding and attitudes towards science with the theory of social representations and the ‘mental models' approach.

Macdonald (1996) suggests that the role of science communicators is important in the public understanding of science, and science communicators act as authors of science for the public. The main objective of this study was to look at the way in which science is represented in the final exhibition and second aim was to find out this in relation to both the making of the exhibition and its reception by museum visitors. This is an ethnographic study. Researcher has spent much time with the six-women museum staff who constituted the exhibition team. Researcher also studied the stacks of paperwork that had accumulated in the ‘Food' offices, attended exhibition-relevant meetings elsewhere in the museum and interviewed staff in the science Museum and other museums and science centres.

Article by Richard Lewis Siegel (1996) seeks to extend our understanding of such factors and suggests cultural, economic, biomedical, social and political reasons for the failures. This article also considers why most of the leading international public health and human rights organizations have been less than fully effective in their efforts to promote rights together which effective HIV/AIDS (Human Immunodeficiency Virus/Acquired

Immunodeficiency Syndrome) prevention and control. The article then seeks to combine the analyses of these factors with a close look at the policies advanced in a wide array of documents and statements that intergovernmental organizations (IGOs) and international nongovernmental organizations (NGOs) have issued since 1983. This effort is shaped in party by a series of interviews conducted by the author between 1992 and 1994 as well as by many of the seminal interpretative works of scholars in diverse disciplines.

Renee Danziger (1994) discussed the recent increase in HIV (Human Immunodeficiency Virus) seroprevalence in Poland, particularly among injecting drug users, has been accompanied by widespread discrimination against people affected by HIV (Human Immunodeficiency Virus) and AIDS (acquired immunodeficiency syndrome). As in other countries, this discrimination may be attributed to a large extent to fear and ignorance about HIV (Human Immunodeficiency Virus) and AIDS (acquired immunodeficiency syndrome) together with pre-existing prejudices against the people who are most commonly associated with the epidemic. In Poland extreme hostility towards drug users combined with the powerful influence of a traditional
Catholic church have so far impeded effective education about HIV (Human Immunodeficiency Virus) and AIDS (acquired immunodeficiency syndrome) and anti-discrimination strategies.

Article by BDD Radipati (1993) identifies some of the problems which HIV/AIDS poses for employment relationship and how law continues to deal with them against background of what has already been written on the subject within the employment relationship. The intention here, is to avoid as far as possible, rechronicling what others have written on the issue and rather to expose what are basically divergent approaches to the HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome) bane in the workplace. Four countries, viz Botswana, South Africa, the United Kingdom and the United States of America will be considered. Because HIV infection continues to invoke unwarranted phobia and undue bigotry, initial focus will be on the clinical aspects of the condition.

Don C. Des Jarlais and Samuel R. Friedman (1992) says that, legal access to sterile injection equipment has been a primary strategy for preventing the acquired immunodeficiency syndrome (AIDS) among persons who inject illicit drugs in almost all developed countries. This strategy has remained highly controversial in the United States, with only a small number of localities adopting it. This article reviews different techniques of providing legal access over the counter sales and syringe exchanges research design issues relevant to evaluating legal access programs, and the findings from the large number of studies conducted to date. The findings are consistent in showing no increase in illicit drug use related to legal access and decreases in AIDS (acquired immunodeficiency syndrome) risk behavior related to legal access programs. The design of legal access programs for maximal impact and the ultimate effect of the decreases in AIDS (acquired immunodeficiency syndrome) risk behavior on transmission of the human immunodeficiency virus (HIV) remain to be determined.

Paper by Barbara Clow and Linda Snyder begins with an overview of the ways in which sex and gender work together to put women and girls at risk of HIV (Human Immunodeficiency Virus) infection. While both men and women are contracting HIV (Human Immunodeficiency Virus) and dying of AIDS (acquired immunodeficiency syndrome)-related illnesses, gender inequity throughout the world is deepening the suffering of women and girls as well as contributing to the spread of HIV (Human Immunodeficiency Virus). Moreover, gender roles and expectations contribute to stigmatization of women and girls, particularly those from marginalized populations. The second part of the discussion provides a gender-based analysis of the HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome) epidemic in Canada, followed by a brief comparison with South Africa's experience with HIV. Although the two countries are vastly different - in terms of infrastructure, culture, history and the scope and impact of HIV (Human Immunodeficiency Virus) - nonetheless, the trajectory of the pandemic is disturbingly similar, at least with respect to the vulnerability of women and girls. Disadvantaged groups of women and girls in both Canada and South Africa have been hardest hit by HIV (Human Immunodeficiency Virus) and AIDS (acquired

immunodeficiency syndrome)-related illnesses. The last section of the paper addresses international recommendations for responding to the HIV (Human Immunodeficiency Virus) pandemic, specifically the implications of United Nations (UN) and World Health Organization (WHO) guidelines for countries with a low incidence of HIV (Human Immunodeficiency Virus) infection. By comparing the management of HIV (Human Immunodeficiency Virus) in South Africa and Canada, the argument will be made that international guidelines, by ignoring gender and the plight of women and girls, contribute to the spread of HIV (Human Immunodeficiency Virus). Moreover, because the guidelines recommend focusing on those at highest risk of HIV (Human Immunodeficiency Virus) infection, they may serve to deepen the stigma associated with positive sero-status and encourage discrimination and marginalization of women and girls infected and affected by HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome). Low incidence countries, including Canada and China, may be in a position to learn from this analysis and to fashion more effective responses to the pandemic.

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