CHAPTER - 8 SUMMARY AND CONCLUSIONS

This chapter is one of the most important chapters of the thesis as it is the essence of the entire thesis. The chapter emphasizes the importance of thoughtful interpretation, guiding readers through the process of drawing meaningful conclusions and implications from analyzed data. This phase is critical in bridging the gap between raw data and informed decision-making, contributing to the overall validity and relevance of the study.

8.1 Major Findings of the Research:

- The respondents were classified into two groups based on their gender. Out of 400 maximum respondents 244 were male while only 156 respondents were female.
- The respondents were classified into six groups based on their categories. Maximum respondents out of 400 were 104 falling under general category and minimum 24 falling under EWS category. 87 respondents in ST category and 78 respondents in SC category were recorded.
- The respondents were classified into five groups based on their religion. Maximum respondents out of 400 were 202 belonging to Hindu category and minimum 24 belonging to Sikhism category, 53 Muslims and 84 Christians while some of them were belonging to other categories.
- Out of 400 sampled respondents 237 are working in rural areas and 145 in urban areas. Only 18 of them are operating in tribal areas.
- Men and women are more likely to be victims of gender discriminatory treatment. Out of 400 respondents 257 male and 143 female HIV/AIDS patients agree that they face discriminatory behavior in the society.
- Discrimination is usually done by relatives and spouses. It is also known that family members and village people are also involved in this type of behavioral bias.
- Discriminatory behavior is more common in the workplace. 317 of the 400 respondents declared that they face more discrimination at the workplace and 83 opined that it is more at home.

- Out of 400 respondents 252 said yes to HIV cases having cohabitation separation and 148 said no to such practice.
- HIV patients complaining against defamation or injustice are increasing and 302 agree that they are now open to complain about any wrongful practice or behaviour.
- 286 out of 400 respondents agree that HIV patients need legal assistance for wrongs against them.
- Awareness of patients about laws related to HIV is very low only 39 say yes they are aware but majority 361 say they are not aware of their legal rights.
- A majority of 314 out of 400 respondents say that HIV protection laws are adequate and only 86 respondents deny that these laws are sufficient.
- Respondents were classified into two groups based on their gender. Out of 400 maximum respondents 244 were male while only 156 respondents were female.
- dataset categorizes 400 respondents into different groups, reflecting the demographic diversity within the sample. Among these, 104 respondents are classified as General, 75 as SEBC (Socially and Economically Backward Classes), 24 as EWS (Economically Weaker Classes), 87 as ST (Scheduled Tribe), 78 as SC (Scheduled Caste) and 32 respondents as is Under the "Other" category. These classifications provide a snapshot of the social and economic composition of the population surveyed, providing valuable insights into the distribution of respondents across different classifications. Understanding these demographics is essential to gain a nuanced perspective on the experiences and opinions of individuals from different social backgrounds.
- Respondents were classified into two groups based on their family type. A maximum of 298 out of 400 respondents lived in a joint family while only 102 respondents had a nuclear family.
- The respondents were classified into six groups based on their higher education. Out of maximum 400 respondents 162 were uneducated while 72 had secondary education and only 28 PG and 28 UG.

- Respondents were classified into four groups based on their status. Out of maximum 400 respondents 253 were married only 81 were single while 27 were divorced.
- The highest number of 137 patients were advised to get check-ups for problems by NGO workers, followed by 94 friends, 93 and family members.
- The respondent received an HIV positive report for the first time. A maximum of 203 were worried about future followed by 107 worried about family.
- Maximum people experienced a difference in the behavior of colleagues towards them after being infected by HIV. Only 22 respondents said it did not matter and there was no change in their behavior.
- Response to joining any HIV related programs showed that 164 out of 400 agreed to it and the rest were not involved in any such program.
- A high percentage of 400 which is about 90% of the total respondents of HIV patients did not attend any social events.
- A maximum of 400 ie 67% did not tell the community about their illness and 134 said that the community knew about their HIV infection.
- The majority of participants (72) have 10 to 15 years of experience working with HIV patients, indicating a significant presence of mid-career professionals in the sample. There is a substantial representation of individuals with less than 5 years (67) and 5 to 10 years (43) of experience. A smaller proportion of participants (18) have more than 15 years of experience in this context.
- The patient is interested in knowing about HIV/AIDS related laws and their rights. 352 out of 400 respondents agree with this and are willing to get awareness about legal rights.
- The provided data illuminates the participation levels of patients in discussions, as perceived by the respondents. The largest group, consisting of 101 respondents, indicates a medium level of patient participation, suggesting a substantial portion of participants perceives patients as moderately engaged in discussions. The high participation level is recognized by 56 respondents, signifying a noteworthy

segment acknowledging active and involved patient contributions. Conversely, 43 respondents perceive a low level of patient participation, indicating a proportion of individuals who perceive patients as less engaged in discussions. Overall, the data implies varying perceptions of patient involvement in discussions, with a considerable number of respondents recognizing a moderate to high level of participation.

- The data provides insights into the challenges encountered by NGO workers during fieldwork, as perceived by the respondents. The most frequently identified difficulty is the absence of strategic planning, with 48 respondents highlighting the need for a more structured approach. Following closely, pressure on nonprofits to demonstrate results and strategic solutions is acknowledged by 32 respondents, indicating the challenges associated with expectations and accountability. Other noteworthy challenges include limited government funding (9 respondents), a significant increase in the need for nonprofit services (11 respondents), and poor networking and communication systems (21 respondents). The data collectively underscores the multifaceted nature of challenges faced by NGO workers, ranging from financial constraints and organizational planning to issues related to networking, communication, and resource management.
- The presence of respondents with low trust highlights a segment of the population that may have reservations. Understanding the factors influencing trust levels, addressing concerns, and enhancing communication between patients and NGO workers could contribute to fostering a higher level of trust within the community served by the NGO.
- The responses from patients regarding their expectations reveal diverse needs and priorities. A significant emphasis is placed on communal support, with 67 respondents expressing a desire for a supportive community environment. Health-related expectations are prominent, with 43 respondents indicating a need for health checkups and 46 respondents emphasizing the distribution of preventive materials. The demand for youth-friendly health services (23 respondents)

suggests a recognition of the specific healthcare requirements of young individuals. Additionally, the interest in legal awareness programs (6 respondents) underscores the acknowledgment of broader socio-legal aspects impacting health. The smaller but noteworthy mentions of peer education, school programs addressing both health and emotional skills, and youth support groups indicate a multifaceted approach to patient expectations. Recognizing and addressing this spectrum of needs can enhance the effectiveness of healthcare programs and support services provided by the NGO.

- There is no significant relationship between gender of HIV patients and their awareness towards legal rights.
- There is a significant relationship between gender of HIV patients and their awareness towards legal rights.
- There is no significant relationship between gender of HIV patients and their response towards appropriateness of HIV protection Laws.
- There is a significant relationship between gender of HIV patients and their response towards appropriateness of HIV protection Laws.
- There is no significant relationship between gender of HIV patients and their response towards area of discriminatory behavior.
- There is a significant relationship between gender of HIV patients and their response towards area of discriminatory behavior.
- To study the association between gender and Area of Discriminatory Behavior a cross tabulation is done. Out of 244 male respondents 218 say that Area of Discriminatory Behavior is more at work place than at home and out of 156 females 99 also agree that Discriminatory Behavior is more at work place. Total 317 out of 400 are saying yes to workplace as Area of Discriminatory Behavior and 83 are saying home as the Area of Discriminatory Behavior.
- The rejection of the null hypothesis suggests that there is a statistically significant association or difference between the observed and expected frequencies in the

data and conclude that the There is a significant relationship between gender of HIV patients and their response towards area of discriminatory behavior.

- There is no significant relationship between gender of HIV patients and their complaining against defamation or injustice.
- There is a significant relationship between gender of HIV patients and their complaining against defamation or injustice.
- To study the association between gender and HIV Patients Complaining Against Defamation or Injustice the data is cross tabulated and out of 244 male respondents 188 agreed to the statement and 56 disagree to it. In case of females 114 said yes and 42 said no to Complaining Against Defamation or Injustice by HIV patients. Total 302 out of 400 are saying yes and 98 are saying that HIV Patients do not complain against defamation or injustice.
- Rejection of the null hypothesis indicates that there is a statistically significant association or difference between the observed and expected frequencies in the data and concludes that there is a significant relationship between the gender of HIV patients and their complaint against defamation or injustice.

8.2 Suggestions based on primary and secondary data

- Social workers have the ability to raise awareness by using print, broadcast, and social media platforms such as Facebook and Twitter, particularly with younger audiences.
- Increasing the ability of individuals living with HIV and AIDS (PLHAs) to confront stigma in their daily lives;
- It is imperative for social workers to establish a methodology for ascertaining suitable and workable individual and community reactions to stigma and discrimination.
- Social workers must give organisations all-inclusive, adaptable tools to build staff competencies and create or improve interventions to lessen stigma associated with HIV.

- Social workers ought to advocate for and provide culturally sensitive, comprehensive sexuality education for adults and youth. A social worker should be adequately informed about the cultural competencies of each individual client.
- Social workers should support the government and non-governmental organisations in promoting skill development training for healthcare providers, and they should push for adequate and sufficient staffing, particularly in the field of HIV/AIDS.
- Social workers ought to advocate for, conduct, and apply research in order to prevent HIV/AIDS based on heterosexuality, HIV/AIDS transmission mechanisms, and human resource guidelines.
- Academic institutions offering social work education as a core discipline ought to develop and implement impactful curricula on HIV/AIDS from the standpoint of the social work profession, taking into account its ethics and values, in order to encourage novel approaches, treatment models, medications, and policies.
- HIV/AIDS social workers should act as networking officials between concerned government authorities and NGOs to improve the quality of partnership work in the health field.
- Social workers should uphold fundamental values like individual autonomy, dignity, and worth when providing professional interventions, as this fosters a strong sense of partnership with those living with HIV/AIDS.
- Social workers ought to prioritise understanding the client's strengths, or the areas in which they feel most at ease receiving services.
- Collaborating with PLWHA and AIDS service organisations, it can create programmes that promote transparency, fact-disclosure when necessary, and the exchange of ideas and experiences from those impacted by the illness.
- Social workers have the ability to foster global strategic alliances between various non-governmental organisations at the international level, providing referral services related to HIV/AIDS.

8.3 Recommendations

- NGOs only work with HRGs, such as transgender and IDU people, truck drivers, and FSWs, and their intervention is very limited to the general public. Therefore, the government ought to support these initiatives and services for the general public.
- It is anticipated that non-governmental organisations (NGOs) will foster more efficient connections between the local government, stakeholders, and beneficiaries. Additionally, they will establish networks with technical and resource institutions.
- A proper, sufficient, and timely allocation of funds is necessary to fortify and ensure the long-term viability of the collaboration between NGOs and GO.
- To implement services under partnership, adequate manpower, training for skill development, and resource allocation are most important. Thus, GOs ought to give their partner organisation access to all of these resources.
- Achieving the target under the partnership process requires NGOs to plan, implement, and execute the programme properly.
- The government must update appropriate curricula and educate formal and informal groups, government officials, and the public about family life, including AIDS.
- It is necessary for GOs and NGOs to act responsibly in order to respect the human rights of individuals living with HIV/AIDS.

Scope for Further Study:

As a result, the study is limited to the Arvalli, Sabarkantha, Mehsana and Banaskantha districts. As a result, more research on the GO-NGOs partnership can be conducted at a higher level, including the national and international levels. Research on NGOs' obligations to reduce discrimination and stigma against PLWHA.

BIBLIOGRAPHY

1. Aggleton, P., Parker, R., & UNAIDS. (2002). World AIDS Campaign 2002-2003: A Conceptual Framework and basis for Action: HIV/AIDS Stigma and Discrimination. Retrieved from http://www.eldis.org/static/DOC10145.htm
2. Ambati BK, Ambati J, Rao AM (1997) Dynamics of knowledge and attitudes about AIDS among the educated in southern India. AIDS Care, 9 (3):319–330.
3. Ankrah EM (1993) The impact of HIV/AIDS on the family and other significant relation- ships: the African clan revisited. AIDS Care, 5:5–22.
4. Bakshi P. M, The Constitution of India,Universal Law Publishing Co., 2015
5. Barbara Clow and Linda Snyder. Gender and HIV/AIDS: Understanding and Addressing Stigma and Discrimination Among Women and Girls. Book Title: Confronting Discrimination and Inequality in China, Book Editor(s): Erroi P. Mendes and Sakunthala Srighanthan, Published by: University of Ottawa Press. Retrieved from https://www.jstor.org/stable/j.ctt1ckpdk1.18
6. Barker, Robert L. (1999). The Social Work Dictionary (4th ed.). Washington, DC: NASW Press.
7. Barowalia. J.N.Commentory on the Right to Information Act, Universal Law Publishing, Delhi, 2006.
8. Basu D.D, Human Rights in Constitutional Law, 2010
9. Basu D.D, Constitutional Law of India,New Delhi : Prentice Hall of India, 2015,
10. Batra, T.S. Human Rights: A Critique. Metropolitan, New Delhi, 1979.
11. Baxi, Upendra: Courage, Craft and Contention (N.M. Tripathi, Bombay, 1985)
12. BDD Radipati (1993). HIV/AIDS and employment law: a comparative synopsis. The Comparative and International Law Journal of Southern Africa, Vol. 26, No. 3 (NOVEMBER 1993), pp. 396-409. Retrieved from https://www.jstor.org/stable/23249472

13. Bermingham, S., and Kippax, S. (1998). Infection Control and HIV-Related Discrimination and Anxiety, Glove Use during Venipuncture. Australian Family Physician, 27 (2), 655-69.
14. Bermingham S, Kippax S (1998) HIV-related discrimination: a survey of New South Wales general practitioners. Australian and New Zealand Journal of Public Health.
15. Bharat S (1996). Facing the challenge: household and community response to HIV/AIDS in Mumbai, India. Geneva, UNAIDS / Mumbai, TISS.
16. Bharat S, Singhanetra-Renard A, Aggleton P (1998) Household and community response to HIV/AIDS in Asia: the case of Thailand and India. In: Kaldor J et al., eds. AIDS in Asia and the Pacific, 2nd ed. PA: Lippincott-Raven: S117–S122.
17. Bharat, S. and Aggleton, P. (1999). Facing the Challenge: Household Responses to HIV/AIDS in Mumbai, India. AIDS Care, 11, 31-34.
18. Bhave G (1996) Trends of HIV 1 & 2 infection in STD patients and pattern of transmission to their spouses in Bombay, India. International Conference on AIDS, Vancouver, Canada, 7–12 July. 11:141 (Abstract No. Mo C 1496).
19. Bracht, N. F. (1978a). Social Work in Health Care: A Guide to Professional Practice. New York: Haworth Press.
20. Bronwen Lichtenstein and Jamie DeCoster (2014). Lessons on Stigma: Teaching about HIV/AIDS. Teaching Sociology, APRIL 2014, Vol. 42, No. 2 (APRIL 2014), pp. 140-150. Retrieved from https://www.jstor.org/stable/43187474
21. Brownlie, Ian (Ed.): Basic Documents on Human Rights(Clarendon Press, Oxford 1971)
22. Carlton, T. O. (1984). Clinical Social Work in Health Settings. New York: Springer.

23. Castro, A. and Farmer, P. (2005). Understanding and Addressing AIDS-related Stigma: From Anthropological Theory to Clinical Practice in Haiti. American Journal of Public Health, 95, 53-59.
24. Chandra, P. S., Ravi, V., Desai, A. and Subbakrishna, K.K. (1998). Anxiety and Depression among HIV-infected Heterosexuals: A Report from India. Journal of Psychosomatic Research, 45, 401-409.
25. Chandra, P. S., Deepthivarma, S. and Manjula, V. (2003). Disclosure of HIV Infection in South India: Patterns, Reasons and Reactions. AIDS Care, 15, 207215.
26. Charles Ngwena (2000). HIV/AIDS and equal opportunities in the workplace: the implications of the Employment Equity Act. The Comparative and International Law Journal of Southern Africa, MARCH 2000, Vol. 33, No. 1 (MARCH 2000), pp. 96-113. Retrieved from https://www.jstor.org/stable/23251120
27. Chandreyee Roy (2005) Human Rights and HIV/AIDS with Special Reference to Women, *Indian Anthropologist*, March & Sept. 2005, Vol. 35, No. 1/2 (March & Sept. 2005), pp. 97-110. Retrieved from https://www.jstor.org/stable/41919981
28. Chinai R (1995) Linking jobs to HIV. Nexus. Aug.-Sept.:3–4.
29. Cohen, D., De La Vega, R., Watson, G. (2001). Advocacy for Social Justice. Bloomfield, CT: Kumarian Press Inc. Council on Social Work Education (1988). Curriculum Policy for the Master's Degree and Baccalaureate Degree Programs in Social Work Education. Handbook of Accreditation Standards and Procedures, Washington, D C.
30. Dubois, B. L. and karlak Miley (1992). Social Work and Empowering Profession. USA: Allyn and Bacon.
31. Dunning, A. (2005). Information, Advice and Advocacy for Older People: Defining and Developing Services. York: Joseph Rowntree Foundation.
32. Dunning, A. (2010). A Scoping Study of Advocacy with Older People in Wales for the Older People's Commissioner for Wales. Older People's Commissioner for Wales, Cardiff.

33. Daniel H, Parker R (1990) Brazil, the goal of solidarity. In: The 3rd epidemic: repercussions of the fear of AIDS. London, Panos Institute.

34. Don C. Des Jarlais and Samuel R. Friedman. AIDS and Legal Access to Sterile Drug Injection Equipment. The Annals of the American Academy of Political and Social Science, May, 1992, Vol. 521, Drug Abuse: Linking Policy and Research (May, 1992), pp. 42-65. Retrieved from https://www.jstor.org/stable/1046542

35. Elizabeth Fee and Manon Parry (2008). Jonathan Mann, HIV/AIDS, and Human Rights. Journal of Public Health Policy , Apr., 2008, Vol. 29, No. 1 (Apr., 2008), pp. 54-71. https://www.jstor.org/stable/40207166

36. Friedlander, W.A. (1955). Introduction to Social Welfare. New York: Prentice Hall, Inc.

37. Friedlander, W.A. (1958). Concepts and Methods of Social work. New Delhi: Prentice Hall.

38. Friedlander, W.A. (1977). Introduction to Social Welfare. New Delhi: Prentice Hall.

39. Ganczak, Maria (2007). Stigma and Discrimination for HIV/AIDS in the Health Sector: A Polish Perspective. Interamerican Journal of Psychology, 41(1), 57.

40. Garvin et al. (2004). Handbook of Social Work with Groups. Jaipur: Rawat Publications.
http://www.nimhans.kar.nic.in/psw/default.htm

41. Ginny O’Brien, Jane Carrier and David Ward (1995). Housing Law and People with HIV Infection. Book Chapter-4. AIDS: A Guide to The Law (second Edition), edited by Richard Haigh and Dai Harris for the Terrence Higgins Trust, London and New York: Routledge.

42. Gobopamang Letamo (2003). Prevalence of, and Factors Associated with, HIV/AIDS-related Stigma and Discriminatory Attitudes in Botswana. Journal of Health, Population and Nutrition, December 2003, Vol. 21, No. 4 (December 2003), pp. 347-357. Retrived from http://www.jstor.com/stable/23499343

43. Gryk Wesley (1995). AIDS and Immigration. Book Chapter-5. AIDS: A Guide to The Law (second Edition), edited by Richard Haigh and Dai Harris for the Terrence Higgins Trust, London and New York: Routledge.

44. Hira S, Gupta S, Godwin P (1998) HIV infection in the workforce and its perceived impact on industry. In: P Godwin, ed. The looming epidemic.Delhi, Mosaic Books:139–149.

45. International Definition of Social Work, Retrieved from http://apaswe.com/attachments/article/125/workshop_part1.pdf

Iyengar, Sudarshan, Kumar, B. L. and Mistry, Ramkrishna. 2003. *District-wise Mapping of Populations Vulnerable to HIV/AIDS in Gujarat State*. Gujarat Institute of Development Research (Gota), Ahmedabad, Volume 1&2, 25th December 2003.

46. Jenkins, R., Northway, R. (2002). Advocacy and the Learning Disability Nurse. British Journal of Learning Disabilities, 30 (1), 8-12.

47. JAMIE ENOCH and PETER PIOT (2017). Human Rights in the Fourth Decade of the HIV/AIDS Response: An Inspiring Legacy and Urgent Imperative. Health and Human Rights, Vol. 19, No. 2, Special Sections: Romani People and the Right to Health HIV and Human Rights (DECEMBER 2017), pp. 117-122. Retrieved from https://www.jstor.org/stable/10.2307/90016119

48. Jennifer, Kipgen. 2012. *Utilization Patterns of Health Services by Widows Living With HIV/AIDS: A Study in Manipur*. A thesis submitted in fulfilment of the requirements for the Degree of Doctor of Philosophy in Social Work, School of Social Work, Tata Institute of Social Sciences, Mumbai, 2012.

49. Jesus Ramirez-Valles, Lisa M. Kuhns, Richard T. Campbell and Rafael M. Diaz (2010). Journal of Health and Social Behavior , MARCH 2010, Vol. 51, No. 1 (MARCH 2010), pp. 30-47. Retrieved from https://www.jstor.org/stable/27800367

50. Joshua Amo-Adjei and Eugene KM Darteh (2013). Drivers of Young People's Attitudes towards HIV/AIDS Stigma and Discrimination: Evidence from Ghana.

African Journal of Reproductive Health / La Revue Africaine de la Sante Reproductive , December 2013, Vol. 17, No. 4, Special Edition on HIV/AIDS (December 2013), pp. 51-59. Retrieved from https://www.jstor.org/stable/24362086

51. Jothivenkatesan, D. (December -2009). *Vulnerability of Prostitutes to HIV/AIDS and other Health Hazards- A Sociological study in Pudukkottai District*, Thesis submitted to Bharathidasan University for the award of Doctor of Philosophy in Sociology, Bharathidasan University, Tiruchirappalli, December -2009.

52. Karnataka State AIDS Prevention Society (1998). Monthly update on HIV infection in Karnataka. Directorate of Health and Family Welfare Services, Government of Karnataka. Nov.

53. Kermode, M., Holmes, W., Langkham, B., Thomas, M. S. and Gifford, S. (2005a). Safer Injections, Fewer Infections: Injection Safety in Rural North India. Tropical Medicine & International Health, 10, 423-432.

54. Kotwal, A., and Taneja, A. (2010). Health Care Workers and Universal Precautions: Perceptions and Determinants of Non-Compliance. Indian journal of Community Medicine, 35(4), 526-528.

55. Lance Gable, Lawrence O. Gostin, and James G. Hodge, HIV/AIDS, Reproductive and Sexual Health, and the Law, Am J Public Health. 2008 October; 98(10): 1779–1786. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2636460/

56. Maman, Suzanne et al. 2002. “HIV-Positive Women Report More Lifetime Partner Violence: Findings from a Voluntary Counseling and Testing Clinic in Dar es Salaam, Tanzania”, *American Journal of Public Health*, 92 (8).

57. Marie-Claude Chartier (2002). HIV/AIDS and Human Rights. ILO Programme on HIV/AIDS and the world of work Geneva, November 2002. Retrieved from https://www.ilo.org/wcmsp5/groups/public/@ed_protect/@protrav/@ilo_aids/documents/publication/wcms_117148.pdf

58. Mark D. Regnerus and Viviana Salinas (2007). Religious Affiliation and AidsBased Discrimination in Sub-Saharan Africa. Review of Religious Research, Jun., 2007, Vol. 48, No. 4 (Jun., 2007), pp. 385-400. Retrieved from https://www.jstor.org/stable/20447458

59. Mathew, A. (2006). A Study on the Factors Related to the Attitudes of Health and Social Care Professionals towards HIV/AIDS Patients in Select hospitals of Hyderabad (Unpublished Doctoral Thesis). Osmania University, Hyderabad.

60. Mathew, P.D. (2010). Public Interest Litigation. In G. Thomas (Ed.), Social Work Intervention with Individuals and Groups. New Delhi, IGNOU.

61. McGrath JW, Ankrah EM, Schumman DA, Nkumbi S, Lubega M (1993) AIDS and the urban family: its impact in Kampala, Uganda. AIDS Care 5:55–70.

62. Michael, Mike. 1996. “Ignoring science: discourses of ignorance in the public understanding of science”, In *misunderstanding science?* edited by Alan Irwin, Brian Wynne, 107-125. South Africa: Cambridge University Press, 1996.

63. Miriam Maluwa, Peter Aggleton and Richard Parker (2002). HIV- and AIDSRelated Stigma, Discrimination, and Human Rights: A Critical Overview. Health and Human Rights, 2002, Vol. 6, No. 1 (2002), pp. 1-18. Retrieved from http://www.jstor.com/stable/4065311

64. Morrison Ken, Cuadra, and Silvia Magali (2004). HIV-related Stigma and Discrimination in Mexican Healthcare Services. Journal of Sexual health Exchange-2.

65. NACO (2007). Operational Guidelines for Programme Managers and Service Providers for Strengthening STI/RTI Services. Retrieved from http://nacoonline.org/upload/Policies%20&%20Guidelines/21,%20Operational%20Guidelines%20STI%20RTI.pdf

66. Nanavati, M.C., (1965). Social Action and the Professional Social Work. Social Work Forum, III (2), 26-29.

67. Nanda, Satyajeet and Pramanik, Aparimita. 2010. "Media Exposure, Gender Stereotype and Contextual Stigma Perceptions about HIV and AIDS: Evidences from Gujarat, India", *Journal of Health Management*. 12 (4): 461-481.

68. Nangia R (1998). Corporate response to AIDS: policy guidelines. Mumbai, Bombay Chamber of Commerce and Industry.

69. Narasalah ML. Human Rights and Peace Discovery Publishing House, New Delhi.

70. NASW (1990). Social Work Practice in Health Field. In Aurther, 1991. Social Work Speaks: NASW Policy Statement, Silver Spring, M. D, National Association of Social Work, 172-174.

71. National AIDS Control Organization (NACO) (1998–99) Country scenario. NACO, Ministry of Health and Family Welfare, Government of India, New Delhi.

72. National AIDS Control Organization (NACO) (1999) India responds to HIV/AIDS: a strategic response to the HIV epidemic by the Government of India, the UN, and its development partners in India, 1999–2000. NACO, Ministry of Health and Family Welfare, Government of India, New Delhi.

73. Nayak Bhikhubhai D. (2015). Criminal Law of India (Gujarati). University GranthNirman Board, Ahmadabad. Pp. 286-288.

74. Nimbiakkim, Rose (2010). Social Work Intervention in Prevention and Control of HIV/AIDS. In G. Thomas (Ed.) HIV/AIDS: Stigma, Discrimination and Prevention, IGNOU, New Delhi.

75. Nthabiseng Phaladze and Sheila Tlou (2006). Gender and HIV/AIDS in Botswana: A Focus on Inequalities and Discrimination. Gender and Development , Mar., 2006, Vol. 14, No. 1, HIV / AIDS (Mar., 2006), pp. 23-35. Retrieved from https://www.jstor.org/stable/20461113

76. Ogola H. (1990) Tanzania: hope in the extended family. In: The 3rd epidemic: repercussions of the fear of AIDS. London, Panos Institute.

77. Panos Institute (1990) The 3rd epidemic: repercussions of the fear of AIDS.

London, Panos Institute.

78. Patel Manojkummar (ed.) (2010): 21 Century Human Rights and Education. Darpan Prakashan, Vallabh Vidhyanagar.

79. Patel, Hiteshkumar N. 2005. *Gyana nu Samajashastra* (Gujarati), Ahmedabad, Gujarat, India: Parshwa Publication.

80. Patel, Twinkal. 2008. *Counseling ma Aachaar Sanhitaa: Vyaavasaayik Sthiti ane Prashno*, unpublished M.Phil Dissertation in M.S.W., Gujarat Vidyapith, Ahmedabad.

81. Peter Moszynski (2009). Discrimination risks derailing progress against HIV and AIDS. BMJ: British Medical Journal, Vol. 339, No. 7733 (5 December 2009), p. 1281 Published by: BMJ. Retrieved from https://www.jstor.org/stable/25673404

82. Peter Baume (1999). Chapter Titled AIDS AND DISCRIMINATION (1999) in book A Dissident Liberal. Retrieved from https://www.jstor.org/stable/j.ctt183q3f4.43

83. Pincus, Allen and Minaham, Anna (1978). A Model of Social Work Practice. In Specht, Henry and Vickery, Anna (ed.), Integrating Social Work Methods (p.78). London: George Allen and Unwin.

84. Piot, P. (2001). World Conference against Racism, Racial Discrimination, Xenophobia and related Intolerance, Durban South Africa. Retrieved from http://www.unaids.org/whatsnew/speeches/eng/piot040901racism.htm

85. Pulla, V. (2012). What are Strengths Based Practices all About? In Venkat Pulla, Leseley Chenoweth, Abraham Francis and Stefan Bakaj (Eds.), Papers in Strengths Based Practice. Allied Publishers, Pvt. Ltd.

86. Radecki, S., Shapiro, J., Thrupp, L. D., Gandhi, S. M., Sangha, S.S., Miller, R. B. (1999). Willingness to Treat HIV-positive Patients at Different Stages of Medical Education and Experience. AIDS Patients Care & STDs, 13, 403-4.

87. Rebecca Tiessen, Jane Parpart and Miriam Grant (2010). Gender, HIV/AIDS, and Human Security in Africa. Canadian Journal of African Studies / Revue Canadienne des Études Africaines, 2010, Vol. 44, No. 3, Gender, HIV/AIDS, and

Human Security in Africa / Les sexes, le VIH/SIDA, et la securite humaine en Afrique (2010), pp. 449-456. https://www.jstor.org/stable/23236804

88. Renee Danziger (1994). Discrimination Against People with HIV and AIDS in Poland. British Medical Journal, Apr. 30, 1994, Vol. 308, No. 6937 (Apr. 30, 1994), pp. 1145-1147. Retrieved from https://www.jstor.org/stable/29723396
89. Richard Lewis Siegel (1996). AIDS and Human Rights, *Human Rights Quaterly*, Vol. 18, No.3 Aug 1996, Retrieved from https://www.jstor.org/stable/762474
90. Richmond, Marry (1922). What is Social Casework? New York: Russel Sage Foundation.
91. Ross, M. G. (1955). Community Organization: Theory and Principles. New York: Harper and Brothers.
92. Sarkar, Debnarayan (2011). "Social and Economic Implications of HIV/AIDS Evidence from West Bengal", *Man and Development,* March 2011, 19-38.
93. Sharon, Macdonald. 1996. "Authorising science: public understanding of science in museums", In *misunderstanding science?* edited by Alan Irwin, Brian Wynne, 152-171. South Africa: Cambridge University Press, 1996.
94. Shisam K (1993) What AIDS policy options does India require now? CARC Calling, 6(2):29–32.
95. Shukla Gajendra B. (2015). Manavhakko (Gujarati), UniversityGranthNirman Board, Ahmedabad.
96. Singh Amitkumar. 'Quest of Human Rights in Globalizing World'. *The Indian Journal of Political Science,* Jan-Mar 2009.
97. Singh Surender (1986). Social Action in Horizons of Social Work. In Surender S. & K. S Soodan. (ed). Harnam Publications.
98. Susan J. Klein, William D. Karchner and Daniel A. O'Connell (2002). Interventions to Prevent HIV-Related Stigma and Discrimination: Findings and Recommendations for Public Health Practice. Journal of Public Health Management and Practice, Vol. 8, No. 6, Issue Focus: HIV and STD Prevention

(November 2002), pp. 44-53. Retrieved from https://www.jstor.org/stable/44968209

99. Taylor, B. (2001). HIV, Stigma and Health: Integration of Theoretical Concepts and the Lived Experiences of Individuals. Journal of Advanced Nursing, 35, 792798.

100. Temoshok, L. R. and Chandra, P. S. (2000). The Meaning of Forgiveness in a Specific Situational and Cultural Context: Persons Living with HIV/AIDS in India. In M.E. McCullough, K. I. Pargament and C. E. Thoresen (eds.), Forgiveness: Theory, Research, and Practice (pp.41-64). New York: The Guilford Press.

101. The National Association of Social Workers (1973). Retrieved from http://socialwork.iu.edu/about iussw/what is social work.php

102. Thomas, Gracious (2009). Social Work Practicum: The practitioner's Guide. New Delhi, IGNOU.

103. Thomas, Gracious (2010). Existing Trends in Counselling Services in India. In G. Thomas (Ed.), Substance Abuse and Counselling, IGNOU, New Delhi.

104. Tinny Dawar and Sarita Anand (2009). Narratives of Women Living with HIV/AIDS: An Exploration. Indian Anthropologist, Jan - Dec 2009, Vol. 39, No. 1/2 (Jan - Dec 2009), pp. 35-48. Retrieved from https://www.jstor.org/stable/41920089

105. Tirelli U, Accurso V, Spina M, Vaccher E (1991) HIV and discrimination. British Medical Journal, 303:582.

106. Trecker, G. (1955). Social Group Work: Principles and Practices. New York: Association Press.

107. UNAIDS (2000). Report on the global HIV/AIDS epidemic. June. Geneva, UNAIDS.

108. UNAIDS (2004). Press Release, Stigma biggest Hurdle to AIDS Prevention in South Asia. Satellite Session at XV International AIDS Conference on Critical Themes for AIDS in South Asia. Bankock.

109. Warwick I, Bharat S, Castro R, Garcia R, Leshabari M, Singhanetra-Renard A., Aggleton P (1998) Household and community responses to AIDS in developing

countries. Critical Public Health, 8 (4):291–310India: HIV and AIDS-related Discrimination, Stigmatization and Denial.

110. WHO (2007). Standard Precautions in Health Care. Retrieved from http://www.who.int/csr/resources/publications/EPR_AM2_E7.pdf