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CRITICAL ANALYSIS OF HIV – AIDS EPIDEMIC ON HUMAN CAPITAL

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Abstract: HIV - AIDS interferes with the body's ability to fight infections. The virus can be transmitted through contact with infected blood, semen or vaginal fluids. Within a few weeks of HIV infection, flu-like symptoms such as fever, sore throat and fatigue can occur. Then the disease is usually asymptomatic until it progresses to AIDS. AIDS symptoms include weight loss, fever or night sweats, fatigue and recurrent infections.

Index Terms - HIV, AIDS, Human Capital, History.

1.1 Introduction:

Health is considered a fundamental human right and a worldwide social goal. A healthy person is an asset to any society. However, the illness caused by HIV and its possible fatal consequences is a major health challenge. In the absence of cure or vaccine, the enormous number of debilitating illnesses and deaths that will be caused by the rapid spread of HIV in South-east and South Asia, particularly in India, is a major developmental problem with far-reaching impact beyond the health sector. AIDS is becoming a major cause of adult mortality that challenges conventional views of public health progress.

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HIV (human immunodeficiency virus) is a virus that damages the cells in your immune system and weakens your ability to fight everyday infections and disease.

AIDS (acquired immune deficiency syndrome) is the name used to describe a number of potentially life-threatening infections and illnesses that happen when your immune system has been severely damaged by the HIV virus.

HIV continues to be a major global public health issue, having claimed almost 33 million lives so far. However, with increasing access to effective HIV prevention, diagnosis, treatment and care, including for opportunistic infections, HIV infection has become a manageable chronic health condition, enabling people living with HIV to lead long and healthy lives.

HIV and AIDS are helping to increase poverty and pressure for women's families and their children. There were relatively higher expenditure on health care and funerals to households affected by HIV. Homes more likely to be affected by HIV were the sales of properties, family debt, medical care and rationing, and child support.

1.2 Literature Review:

The study of literature offers us a chance to learn about other researchers' processes, metrics, issues, and approaches. This would significantly improve our research architecture. A careful reading of the title of the chapter will help us determine the suitability of a problem and limit our research problems for further study in different research studies.

Hunt C.W (1989), *HIV and AIDS first hit the layout of Uganda and then extended to labour reserves, which were returned for treatment and aid after being infected and ill in urban environments by migrant workers and prostitutes.*

Macintyre (2003), *suggests that stigma reduction may be possible by intervention techniques such as information, consultation, management skills and acquisition and communication with affected groups. However, no research has been made available in the study of literature on the effects of psycho-educational work on stigma and LQA in PLWHA. Based on this study, the psychosocial education in PLWHA has been assumed to influence the stigmas and QOL.*

Phaladze et al. (2005), *Research was carried out in the four countries of Sub-Saharan Africa: Botswana, Lesotho, South Africa and Swaziland, which aimed to improve understanding of the meaning of quality of life for HIV/AIDS patients. Methods: A survey was carried out and data were collected using a sectional template and a convenience sample, regarding demographic profiles, indicators of disease intensity and perceptions of quality of life.*

Rekha P et al. (2008), *Jogins' trip in Andhra Pradesh was investigated. She's even looked at the ritualised Devadasis of prostitution. The organisation examines how the historical forces have changed this organisation into a form which bears little but striking similarities to the original.*

1.3 Signs and Symptoms:

HIV symptoms vary in accordance with infection stage. While HIV infections are generally the most commonly experienced in the first few months after infection, many do not know their condition until the next phase. No symptoms or influenza-like disease may occur, including fever, headache, rash, or sore throat, in the first weeks after initial infection.

As the infection is gradually weakening the immune system, other symptoms and signs such as swollen lymph nodes, weight loss, fever, diarrhoea and cough may develop. Other serious diseases like tuberculosis (TB), cryptococcal meningitis, severe bacterial infections, and cancers such as lymphomas, and sarcomas of Kaposi could develop without treatment.

1.4 Transmission:

A range of body fluids, such as blood, breasts, semen and vaginal secretions, can be transmitted by exchanging HIV from infected individuals. During pregnancy and delivery, HIV can also be transmitted from mother to child. People cannot get infected by everyday contacts, like kissing, shaking, hands or sharing of personal objects, food or water. Their children cannot become infected.

It is important to note that HIV patients with ART are not transmitting HIV to their sexual partners and are virally suppressed. Therefore, it is critical not only to increase people's health but also to prevent HIV transmittal to early access and support of ART to remain in the field of treatment.

1.4 Risk Factors:

Conditions and behaviour which put people more at risk of HIV include:

1. *Anal or vaginal sex without protection;*
2. *Having another STI (syphilis, herpes, chlamydia, gonorrhoea and bacterial vaginosis);*
3. *sharing in the injection of drugs contaminated needles, syringes, other equipment for injection, drug solutions;*
4. *The receipt of unsafe injections, transfusions of blood and tissue transplantation and of unhealthy cutting or piercing treatments; and*
5. *Accidental needle stick injuries among health workers including.*

1.5 Diagnosis:

HIV can be diagnosed by quick testing that produces results on the same day. This makes early diagnosis and connection with treatment and treatment much easier. HIV self-tests can also be used for testing. However, no single test can provide a complete diagnosis of HIV; confirmatory testing by a qualified or trained health care provider or community worker at a community centre or clinic is required. With WHO pre-qualified tests within a nationally approved testing strategy, high accuracy of HIV infection can be identified.

1.6 Prevention:

The risk of HIV infection can be reduced by people by limiting risk exposure. Below are key HIV prevention approaches that are often combined.

1. *The use of both males and females can protect against the spread of STIs, including HIV, and consistently use both males and females in vaginal or anal penetration. Evidence shows that when used consistently, male latex condoms are protected from HIV and other STIs by 85 percent or more.*
2. *Harm reduction for injectors and users of drugs: people who use medications can use sterile injection equipment (including needles and syringes) to take precautions against becoming infected with HIV, rather than sharing the drugs and drug solutions.*

1.7 Conclusion:

Furthermore, the HIV epidemic affects people's health, as well as households, communities, and nation growth and development. Other infectious conditions, food insecurity and other serious problems are experienced in many countries most severely hit by HIV. Also the normal childhood of children may be affected by HIV/AIDS. HIV/AIDS families often experience psychosocial stress, an ill-caregiver, reduced parental ability, and changes to family structure, financial deprivation, stigma and discriminatory practices. The effects depend on the seriousness of the AIDS epidemic and national economy structure.

The two main economic consequences are reduced labour supply and higher costs: Offering labour the loss of young adults will affect overall economic output in their most productive years.

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