Last Date of Submission of Assignments to the Study Centre
July 2026 Session - March 31, 2027
January 2027 Session - September 30, 2027

Programme Code: BSW
Course Code: BSWE-005
Total marks: 100

INTRODUCTION TO HIV/AIDS

ASSIGNMENT

Note: (i) Answer all five questions.
(ii) All questions carry equal marks.
(iii) Answers to questions no. 1 and 2 should not exceed 500 words each.

1. Trace the history of HIV/AIDS in India. 20

OR

Explain mother to child transmission of HIV and suggest preventive measures. 20

2. Describe the role and types of counseling in HIV. 20

OR

Discuss the global socio-economic impact of HIV/AIDS with suitable examples. 20

3. Answer any **two** of the following in about **250** words each:

a) Explain the moral issues in HIV counseling. 10
b) What are the differences between HIV palliative care and traditional care? 10
c) Discuss HIV testing and confidentiality. 10
d) Describe various types and strategies of testing. 10

4. Answer any **four** of the following questions in about **150** words:

a) Explain the difference between pre-test and post-test counseling in HIV. 5
b) Highlight the role of NACO in the prevention of HIV/AIDS. 5
c) How does the medical system contribute to the spread of HIV through negligence? 5
d) What are the workplace policies on HIV/AIDS in India? 5
e) Write a brief note on HIV implication in South Africa. 5
f) Mention any two constitutional provisions related to PLHAs in India. 5

5. Write short notes on any **five** of the following in about **100** words each:

a) HIV infection among children 4
b) Opportunistic infections 4
c) Life skills 4
d) Information and Communication 4
e) NACO 4
f) High Risk Group 4
g) Adherence counselling 4
h) Stigma and Discrimination 4

1. Trace the history of HIV/AIDS in India. 20

Answer

The history of HIV/AIDS in India shows how a newly recognised infection became a major public-health and social concern, and how the country gradually developed a nationwide response. HIV is the virus that weakens the immune system; AIDS describes the advanced stage of untreated infection. India's experience includes early detection, awareness campaigns, safer blood supplies, treatment expansion and protection of human rights.

First detection and early response (1986-1991). India's first identified HIV cases were reported in Chennai (then Madras) in 1986, following testing among women engaged in sex work. Further cases appeared in other regions, showing that the infection was not limited to one city or population. During the late 1980s, the government introduced surveillance and awareness measures. Initially, insufficient information about transmission caused fear, rumours and discrimination against people living with HIV (PLHIV).

Key milestones in India's HIV/AIDS response

- **1986** First documented HIV cases in India (Chennai)
- **1992** NACO established; first National AIDS Control Programme
- **2004** Public-sector free ART programme starts
- **2017** HIV and AIDS (Prevention and Control) Act enacted
- **2021** National AIDS Control Programme phase V begins

Organisation of the national programme (1992-1999). In 1992, the National AIDS Control Organisation (NACO) was established under the Ministry of Health and Family Welfare. The first National AIDS Control Programme (NACP-I) strengthened HIV surveillance, public education, laboratory services and blood safety. State-level institutions and partnerships with voluntary organisations helped connect national policy with local services. Information about safe sex, screened blood and sterile injecting equipment gradually reached wider sections of society.

Expansion of prevention and services (1999-2006). NACP-II emphasised behaviour-change communication, targeted interventions among populations with greater exposure, prevention of parent-to-child transmission, counselling