

## HIV/AIDS related Death: Is socially negotiable or pathological

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**Abstract:** Quality of HIV treatment has improved in recent time and individuals living with HIV/AIDS are living longer, and after 2000 A.D HIV/AIDS-related mortality has been declined and endurance rates are climbing, this has gotten distinguished as cutting edge clinical mediations, it's example of overcoming adversity and re-development of social importance of HIV/AIDS-related demise in India by and large and West Bengal territory specifically. Regardless of the propelled clinical treatment professes to be an appropriate fix of HIV illness, step by step improve HIV treatment, still bigger number of PLWH individuals in India living with a questionable and fate future, and there is a continues dread of biting the dust and their lived encounters and sentiments about living with despondency, distress, and misfortune. The subject of death, regularly hoarded by religious philosophy, reasoning and even brain research through its investigations of anguish and loss, has infrequently been treated as a mark of sociological guessing with the exception of maybe in observational examinations, for example, Durkheim's (1951) Suicide. Notwithstanding Sociological perspective, from it' varieties and styles included the various faculties of death that make us the conceivable and enlightened comprehension of Epicurus popular explanations: *“Death is nothing to us when we exist death is not, and when death exists, we are not . . . and therefore in death, there is neither pleasure nor pain”* (Epicurus). At last, this part incited HIV related passing isn't just inverse idea of life or simple to acknowledged HIV demise is only a demise rather is by all accounts held social significance which is developed of social cognizance and social reality about HIV related demise.

**Keywords:** HIV/AIDS, Sociology of Death, HIV Body, Negotiable Death, Pathological Death.

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**Introduction:** The Ancient Greek scholar Epicurus trained that death is nothing to us; for when we are, death is absent, and when death shows up, we don't exist to encounter it. In the twentieth century, Wittgenstein supported a comparable view. Heidegger, regardless of composing from an existential and phenomenological point of view, shows up at a way of thinking that is comparable as in the likewise comprehends passing as an absolution followed by nothingness. What every one of these methods of reasoning share practically speaking is that all take passing to be something which one accomplishes for oneself. In the case of Epicurus, no one else dies for me, and so no one else experiences the 'harm' of my death: I do not experience the harm of my death, for after I have died, I cannot experience anything. For Wittgenstein, death is not an event in life, for we do not exist to experience death. And in the case of Heidegger, death is an experience no one else can share with me. Death is inevitable. As the psychiatrist Carl Jung beautifully puts it, 'It is our destiny and the destiny of everything our world that we must come to an end.' Because death is such a universal fact which people throughout all ages and cultures have had to deal with, its significance and meaning have been explored and debated for all time, from philosophical discussions to representations of death in art and myths. Indeed, death is within the very fabric of culture

and is something that concerns every one of us at least at some point during our lives. Biologically speaking, death is the cessation of the biological processes which sustain a living organism. Death is the end of life. Despite these seemingly unambiguous facts, we still have confused intuitions regarding death and what it means for us and for the one who has died. For example, after the death of a loved one, our relationships often seem ambivalent. Their death makes us question what our own lives mean. Somehow, the loss of a loved one makes everything seem meaningless and confusing. We understand the *definition* of death and that the biological processes of our loved ones have terminated. However, this does not always capture for us what exactly their death means to us. They may not be biologically alive, but we certainly still think about them, remember them and relate to them.

AIDS has emerged as a serious challenge for developing as well as the developed world. The quantity of individuals answered to be living with HIV over the globe is assessed to have multiplied from 19.9 million out of 1995 to 37.9 million of every 2018 (UNAIDS and WHO, 2018). In excess of 94 percent influenced are accounted for to be grown-ups (more than 15 years) and 43 percent are ladies. Since it fundamentally influences the grown-ups in their prime working-age, people and family units face extreme social and monetary results of this developing pandemic. The conceivably negative effect of HIV and AIDS on genuine GDP, reserve funds, ability development, work efficiency, and future must be found in the light of the huge size of the AIDS plague. In 2005, near 3.1 million passed on of AIDS and about 5,000,000 new instances of HIV diseases have happened. Helps has become the fourth most vital reason for death over the world and a main source of death in Africa. India – with 2.1 million individuals living with HIV in 2019 (NACO, 2005) – represents about 69 percent of the HIV diseases in the South and South-east Asian area. Inside a brief time of 15 years, the HIV plague has developed as genuine general medical issues in India and across numerous pieces of the globe. It is assessed that the quantity of People Living with HIV and AIDS (PLWHA) in India expanded from 0.2 million out of 1990 to 5.206 million out of 2005. India stays a low pervasiveness nation with a general HIV predominance of 0.2 percent. The predominance pace of the disease for India, however lower than the rates for different nations like Thailand and Myanmar, is higher than the rate for all the South-East Asian nations (WHO, 1999). The accessible observation information demonstrate that in India, HIV is pervasive in practically all pieces of the nation, despite the fact that the pervasiveness is higher in states like Tamil Nadu, Maharashtra, Andhra Pradesh, Karnataka, Manipur, and Nagaland. Further, as of late the disease has spread from urban to country populaces and from high-chance conduct gatherings to everyone. The relocation of guys from provincial to urban zones looking for business is incompletely answerable for this pattern. While these six states have the most noteworthy commonness rates, there are puts in different states that require prompt consideration. The administration of India authoritatively reconsidered its gauge of the predominance of HIV in grown-ups matured 15-59 years (0.2%) from 4.1 million to 2.0 million (territory 2.1 million) in 2017. The modification was mostly on the grounds that a broadly agent HIV predominance overview in 2015/16 found the commonness at ages 15-49 years to be not exactly 50% of that evaluated before from sentinel reconnaissance. The prior sentinel observation information was utilized by the World Health Organization to gauge that between 270 000 and 630 000 deaths from HIV happened in 2013. WHO thusly diminished this to 127 000 death in 2014 dependent on the consequences of the 2015/16 study.

### **Negotiating Death:**

The delineate of the new shape of Man was an artifact of those nineteenth century sciences that recognized a new corporal space split and free from nature. Darwin's contemporary Descent of Man likewise gave an account of how Man came out of nature, however couldn't think about its own basic job in that procedure. Darwin perceived (as did his contemporary Marx) that the uprightness of Man depended on the fulfillment of his liberation from nature and, through the system of development, depicted the powers that transformed early Man into present day Man. Such a progression of consecutive strides to Man's history may work well for the tale of his beginnings, yet in the nineteenth century, there was no legitimate requesting to Man's innovation – the kid followed the Man, birth followed life, life followed passing. It was just later that these parts could be amassed into a rational account of beginnings. Incomprehensibly, the finish of Man gave the primary concern of enunciation for a comprehension of his beginnings. Passing was the finish of life, yet in an extraordinary inversion turned into the vantage point from which to develop that very presence; and incidentally, clinical medication with its announced motivation behind keeping demise under control really brought passing into the center of the body. The new clinical medication of the nineteenth century re-conceptualized the importance and centrality of death, finding it in the cells, tissues and organs of the body's inside, and simultaneously re-requested the pragmatic and clean strategies that encompassed the dead carcass. In this manner, the assemblage of Man was additionally prized away from nature as the new figure of death started to revive the body's quiet space of presence.

### **The Secret of Life**

Inquisitively, we owe to the humanist Max Weber (1930) the way in to the mystery of life, from *The Protestant Ethic and the Spirit of Capitalism* where he said of private enterprise "the problem is that of the Western bourgeoisie class and of its peculiarities" (p. xxxvii). Presently on the off chance that we consider private enterprise an interesting expression for the groove life definitely falls into or follows, and of carrying on with an actual existence as living right now with these methods all things considered, at that point something about the bourgeoisie ought to advise us about existence and how to live it and on the other hand could direct us on the way and methods for dreariness (of death, the living passing and how best to maintain a strategic distance from it). In this manner, Weber, the humanist, may be offering us guidance on the most proficient method to be bourgeoisie where that can be comprehended as how to live without allowing passing to meddle, that is the manner by which not to permit ourselves to be diverted by death. I think Weber is stating that however demise is unavoidable; the bourgeoisie have aced the specialty of gathering upon life in a manner liberated from that interruption. However, at that point Simmel says that it is an indispensable piece of the insightful life that figures limits, to save the feeling of death as ubiquity throughout everyday life. Note how Lacan (1992, 303–304) makes a strain between joy (which he relates to the dissemination of merchandise in the city) and demise (which he relates as far as possible). Lacan (1992) offers the incitement as follows: Should the hypothetical and down to earth reason for our activity be restricted to the perfect of mental harmonization? In the desire for permitting our patients to accomplish the chance of an untroubled joy would it be advisable for us to expect that the decrease of the antimony that Freud himself so capably explained might be finished? Life at that point solicits progressively more from the one it allured to want, to require, and to need: When in congruity with Freudian experience one has enunciated the argument of interest, need and want, is it fitting to decrease the accomplishment of an investigation to a circumstance of individual solace connected to that

all around established and authentic capacity we may call the administration of products? (Lacan 1992, 303) Thinking at the breaking point is connecting with the "trouble" of one's finitude, that is, thinking in a route alive to one's demise. This follows as indicated by Simmel in light of the fact that the idea of death for the subject going through an actual existence makes the need and want to ponder this entry as grounded in the method for an account with starting and end, that consistently qualifies as an anecdote about the section that constantly is arranged to as a sign of significant worth that recognizes its carrier. In the event that passing is unsettling and right now life and its goal to be alright with itself, at that point the idea of death as incitement turns into a theoretic technique intended to subvert that very solace which we can consider right now the city (aggregate life) as a dissemination of products, a course intended to create a trite feeling of "mental harmonization" reflected in the thought of training. At that point, the idea of death, appropriately lined up with the uncanny against training as though an abrupt specter, starts to highlight the peculiar and eccentric feeling of words and activity, of life, when it is tested by the idea of cutoff (Wittgenstein 1958; see likewise Blum 2003, 2011a, 2011b; Blum and McHugh 1984; Cavell 1979). It is as though these are countervailing powers, agonistic components in the territory of life, the city as the flow of products and over against this, the idea of cutoff points, of death. Life at that point appears to have a mystery automatism, as though a spell practiced upon us that keep us working at it, the automatism we will in general catch in the equation of joy and its pursuit: There's positively no motivation behind why we should make ourselves the underwriters of the common dream. Somewhat more meticulousness and solidness are required in our encounter with the human condition ... The foundation of the administration of products at an all inclusive level doesn't in itself settle the issue of the current relationship of every individual man to his longing in the brief timeframe between his introduction to the world and his demise. (Lacan 1992, 303) The "thoroughness and immovability required in our connection to the human condition" affirm that he doesn't revoke life or abandon life in his discussion of death since he represents a connection throughout everyday life, a living connection of meticulousness and solidness that wants as far as possible, to might suspect contrary to what would be expected of the city in its trained shape as the course of merchandise. Hypothesizing as the idea of death can be nothing other than discipline or estimated relations to urban discourse and its predictable differentiations, a way that requests and teaches its discussion absolutely so as not to obey life thoughtlessly or dismiss it out of hopelessness. Accordingly, joy as a show that could be something else, and isn't to be praised or censured precisely, is a qualification, as equation based as it seems to be, that must be locked in energetically and amusingly in the appearance of a theoretic entertainer who knows the two its customariness and its need as "gear for living" (Burke, 1957) in the method for living differentiations that have a spot in life sooner or later however could likewise be in any case and elsewhere. Along these lines, if the bourgeoisie is a figure that speaks to the upbeat inundation throughout everyday life and its interests, this permits us to comprehend Marx's obscure remark on the working class, saying that they reveal the mystery of private enterprise.

### **Methodology and Methods:**

Qualitative research is an umbrella term under which a variety of research methods that use and for present research, we followed the sociological based qualitative research method. The diverse qualitative approaches ask to answer different kinds of research questions and make use of

different analytic tools. The kind of descriptive data we collect and how it is collected varies according to their circumstances and positions regarding the philosophy of science.

**RESEARCH DESIGN:**

The research design used for the study was the phenomenological research design. The study was conducted according to the principles expressed in Helsinki Declaration (1964), First, ethical permission was obtained from University Institutional ethical committee (Vidyasagar University) and then written permission was obtained from West Bengal NACO Office, Department of Health and Family welfare department. For the study, around 20 (10 males and 10 females) HIV positive patients who were between the age group of 18 years to 50 years, able to communicate in Bengali and willing to participate in the study were included. Through purposive sampling technique with an in-depth interview method was made separately for males and females.

**Study Area:**

Daspur I and II Block under Ghatal Subdivision of the District Paschim Medinipur of the State of West Bengal have been selected for the present study. This particular area has purposely been chosen for certain reasons. Firstly, in 2015, the report of ICTC of Sonakhali under Daspur II Block showed enrolment of 110 new HIV positive cases, and among them, 20 were pregnant mother and some are children (Report of ICTC, Sonakhali R.H., Daspur II, Paschim Medinipur 2015). Secondly, it has been found that the majority of the males of this area are regularly migrating to the other States of India for different occupations at a younger age. The counselor of the Anwasha clinic reported a higher prevalence of HIV positive cases among them due to their regular visit to brothel, unsafe sex, alcohol addiction, and on their return, their wives became infected. During counseling, it has been seen that much higher class school going boys and girls are sexually active at the age of 15 and 16 years. Few cases of unwanted pregnancies followed by forced abortions were also reported. Due to a lack of knowledge about safe sex, the prevalence of STDs and reproductive tract infections (RTIs) are regularly found in the area of Daspur. Among adolescents, girls are more vulnerable to STDs including HIV/AIDS, especially through heterosexual intercourse, than their male counterparts. This increased vulnerability is attributable to certain facts, which include early sexual initiation, inability to negotiate for safe sex, lack of sex education, lack of access to contraception and reproductive health issues and most importantly lack of awareness about STDs. The people of this area are found to have a vague knowledge regarding HIV/AIDS, which is a mixture of myths, rumors and wrong perceptions (Yadav et al. 2011).

Table – 1

**HIV/AIDS related mortality from West Medinipur district hospital in West Bengal, 2011-2018**

Observation	District Hospital			
	Ghatal Sub-Divisional Hospital		Medinipur Medical college and Hospital	
	No	Percentage (%)	No	Percentage (%)
Total Number of admissions	48548	86.88	124054	93.45
Total Number of Hospital Deaths	5420	9.70	6343	4.78
Total Number of Suspected HIV cases	1126	2.01	1276	0.96
Total Number of HIV positive cases	716	1.28	1024	0.77
Total Number of HIV/AIDS related Deaths	70	0.13	45	0.03

**Source: District Health Archive**

### **Findings:**

#### **Demise and the Category**

Sociology marks life by death in significant and conventional manners when we inspect the incredible originators, Durkheim, Weber, and Marx, every pretty much tolerating the thought that an interest in life requires a level of hysteria or mindlessness due to the enticing quality of mortality itself and the hold of life upon the human subject. So Weber was struck by the unreasonable promise to fill in as a surrogate type of salvation without any authoritative consolation about one's endless life, causing the responsibility to appear to be fascinating to him by ideals of this drenching in beneficial work, as though a guard against the alarming acknowledgment of one's deserting. Durkheim also envisioned pride as the common part of such a subject except if the social connection, its muddled systems of alliance and desire, could give fulfillment sufficiently able to redress detachment. Both Weber and Durkheim see the reality of mortal life as conceivably diverting in manners that should be reconsidered, reexamined, through what some may call dreams about living on what we can consider after Kenneth Burke (1957) as "gear for living" . The thought of life as an alteration right now considering the subject as intelligent in a by and large unique way, opposing what is known with some level of get-up-and-go and liveliness that may move with joy contrary to what would be expected, that is, against itself, in manners that could seem reckless as though this is the thing that life needs. While neither of these men responded to the call of detailing the fanciful of such an advanced subject, both recognized the import of stubborn drive in life as convincing. Marx's thought of life as lethal was reflected in his division of the populace into two classes as though a redirection (the "futile way of life") expected to divert them from capturing the desolate consistency of public activity that must perpetually interfere with the aggregate feeling of its characteristic balance. This idea of correspondence, of all people as equivalent under the indication of mortality, at indeed the very same time makes of such a group a crowd destined to take a break until its passing and resistant to incitement without anything for which to endeavor. In envisioning these two classes, those who are well

off and the poor, he gave them every something to live for—amassing, securing, hanging on if fortunate and trying to the equivalent if appalling, envisioning life as a game with victors and failures, partners and foes, unequivocal results, rules and abilities, plots and schemes, and assemblages of expertise to be aced in learning one's place and way. Right now, life needs to divert the human subject from death, everybody lives as per the figment of stratification and by ethicalness of the need to find out about this hallucination accordingly and to open all to its dynamic. On the off chance that self-esteem is dishonestly attached to such a request (as though having and not having implies what the request for stratification requires), at that point training must either be misdirection or showdown, with encounter attempting to disrupt the figment, and double dealing essentially trying to pass it on. Marx attempts frantically to make life fulfilling for the individuals who are enticed to treat it in any case as though the dull emphasis of the equivalent (Blum 2003). Subsequently, if Marx intuits how the bourgeoisie can keep living (their fancy about their self-esteem keeps them from reflection, or makes them detached, which is the equivalent), he represents the issue of how the working class can come to consider life making a difference, without the upside of such interruption (and deceptions) of the bourgeoisie. Marx represents the issue of how one can live without fantasy, pitifully or in abdication, yet with an enthusiasm forever, attempting to rethink the nonexistent of the working class as a *raison d'être* for living accordingly. Right now, an unexpected result of Marx's mankind, he likewise offers the liberated section of the bourgeoisie the chance to imitate such a nonexistent while staying immaculate as they may be, as have, by empowering them to consider themselves working class, making under the appearance of basic reasoning the whimsical fanciful of radicalism as though a sort of cross-dressing. That is, if the fortunate or ideal with advantage are to get away from the weight of blame, they have to envision themselves as equivalent to the working class (for example that knowing reality of the falsehood gives them the sort of sympathy that recognizes them as the equivalent, basically). Comparable as a primary concern and not body, the two classes are then destined to be the living dead, equivalent in that regard, and equivalent by righteousness of living without fantasy. What Marx knows is that life can't be suffered without a dream, regardless of whether the nonexistent of appropriate reward, of gathering, legacy and progression, or transformation, that life requires a confidence in its making a difference and that the two classes fill in as an emotional picture of two shapes taken by such practices, as anomie (taking a break, bourgeoisie) and work (doing time, low class). Characterization Durkheim's uncertainty towards death is reflected in better places and with regularly unique ramifications (Durkheim 1933; see Blum 2013 for different models). Durkheim recovers his impassion to the class or differentiation (to the signifier) by indicating how any classification, so as to be important, that is, to be alive and fundamental instead of dead, must be made express and concrete as a social security. The class is dead in the manner any portrayal is dead, declaring a solidarity provided by the name and that's it. This is the method for political economy as indicated by Durkheim, the universe of advancing and exchanges envisioned between monadic, self-arranged specialists (see Parsons 1949 for what must remain the best conversation). Durkheim perceived in public activity a countervailing inclination to capture vanity through a stipulation of solidarity that welcomes reliability and penance to the detriment of the reduction of voice. On the off chance that Durkheim names such solidarity selfless, it is for the explanation that the penance to the class happens to the detriment of the subject in manners that compare everybody by goodness of their being administered by a similar classification as in a generalization. In this way, the class has no weight when all ladies are treated as various and it has no weight when all ladies are treated as the equivalent: such fanaticism in the savage social condition doesn't support the blended life in the connection of distinction to solidarity. Subsequently, if variety is from the start important to invigorate the classification, its solidarity must be reclaimed and recuperated in a manner that isn't cliché. Subsequently,

in acknowledgment of the significance of human variety forever, Durkheim shows the perils of something over the top or excessively little as beginning the longing for a mean position, making an intelligent relationship to want and its administration the indication of a solid public activity (and he goes further, recommending that even a sound domain is porous and can get wiped out, guaging in his way the fleetingness of everything that becomes). In the event that life balances the living dead in any social condition, checks the philanthropic and prideful connections to life, at that point the speaker for essentialness as a speaker for the class as a bond is the perfect speaker who situates to the classification as though a perfect, as though what brings together the assortment of ladies must be the longing to make straightforward the classification as itself an object of want. Along these lines, for any classification, we can say that the perfect speaker is ace life, must be imagined as that strategy that affirms the life of the class by transcending its externality in carrying it to see as though a standard of activity. This is the means by which we could state toward the beginning of this piece Simmel needed to plan the connection of life to death as a perfect speaker. This connections the classification to Benjamin's (1969) origination of the quality, for when Benjamin says of the connection that it starts in the early stage experience when "the individual we take a gander at or who feels he is being taken a gander at, sees us thusly" (similar to Parsons' twofold possibility). Thus, in the event that we contribute the classification (the word, the signifier, the lifeless imprint) with "the capacity to glance back at us," we not just make a relationship (in a way that stylishly can be said to do a balance of the ordinary by changing it), yet we likewise supply this dormant "thing" with an ability to manage us or consider us responsible in some sense by our admiring it not as though it is reformatory (otherwise known as: superego) yet as per Lévinas' thought of the face that we consider reflected to be it as an indication of its receptiveness to translation and helplessness in that sense.

### **Pathological Death:**

In the eighteenth century, death was an emotional figure in a dark shroud, grass shearer close by, who thumped on the entryway of life. Death had originated from outside of life: once in a while it could be opposed, compelled to make its visit some other time, yet in the long run it got access. At that point, during the early many years of the nineteenth century, another model of sickness that would command clinical practice until the end many years of the next century supplanted the more seasoned speculations. The new model of medication confined sickness to a particular obsessive injury inside the body. Ailment was not a transient group of stars of indications moving all through the body; sickness was an irregularity of structure or capacity contained inside the body. One potential result of this inward irregularity was such disturbance to the fundamental elements of the body's frameworks as to cause demise. Worked around the developmental thought of the obsessive injury, the new medication pulverized the well established figure of death. It was not passing calling from outside that finished life but rather the impacts of the obsessive injury inside the body. The seeds of death were encased in the body similarly just like the springs of life; demise didn't come toward the finish of life however was contained in the body close by life; the body was biting the dust even as it was being conceived; cells started their withering direction right now of reproduction. In outcome demise could be individualized: rather than a conventional passing from 'regular foundations' for nearly everybody (with the exception of when the coroner chose 'unnatural' occasions had mediated) a particular mark for the proximate neurotic 'reason for death' could be attributed every single body. The notional presence of a particular reason for each passing implied that each body could be investigated after death for the neurotic injury – the mystery of death – that had made life be finished. It was likewise conceivable to devise an intricate arrangement of order and gathering that would

change passing from a private occasion to an open measurement. In India, for centuries, deaths had been recorded in the parish register: the deceased's name, sex, age and profession or calling. With the common enrollment of death, be that as it may, another examination was organized that necessary an extra thing of data – the reason for death (as the malady that had obviously achieved demise). These passages were, in their turn, moved to focal registers, ordered, broke down and distributed. The new clinical examination of the reason for death step by step started to usurp different ceremonies for dealing with the change among life and passing. Instead of the tolling of the congregation chime, the strict parade conveying the Corpus Christi, the companions and family members bunched around the bed in the obscured room, there was another stately set apart by the ordinary fruition of the passing declaration. A characteristic demise was a residential encounter, set before the family and neighbors. The new passing included clinicians, pathologists, coroners, agents and enlistment centers that exposed the body to a point by point examination to build up the genuine reason for death. Medication introduced another system of examination and investigation around the body that didn't scan for the familial obligations of the dead for a mirror to reality of life, yet rather analyzed the inner organs of the body itself where both the center of life and passing rested. The clinical insurgency that introduced neurotic passing was in excess of another perspective about disease. Medication changed passing, and with it re-imagined life. Life was both the normal power contained inside every single living thing and the corporal vitality that thought about death in uncomfortable harmony until it was at long last survived. It was not life being overpowered by an outside death but rather an internal demise that called forward life to oppose it. Corporal space, outlined by clean science and sub-separated by human life structures, was saturated with an actual existence power throbbing through its inward tissues and organs: Man had corporal life since he had neurotic passing hiding in the core of his body. No big surprise that reality of life was presently to be found in death as the pathologist analyzed the body, the clinician finished the demise declaration, and the recorder examined these records of the epic battle inside the collection of Man. The new neurotic demise served to expel Man further from nature. Man was not, at this point a piece of the normal world and subject to those powers that delivered a characteristic demise however a piece of a different and autonomous space that was set up through his internal passing. In the realm of nature 'regular passings' ruled; in the realm of Man neurotic passings acclaimed Man's distinction. During life, the clinician looked the body for the obsessive sore and after life, the pathologist opened up the cadaver in the posthumous or dissection to uncover reality of death as sick procedures or structures that had realized it. Both of these assessments of the patient's body served to reaffirm, on endless events, its three-dimensional volume as corporal space was mapped, examined and dismembered. The clinical assessment and the after death were the major functional strategies for recognizing and dealing with the new neurotic passing. However, when the clinicians and pathologists, the coroners and enlistment centers, had all had their state and the body had at long last yielded its privileged insights, there was one last issue. How was the inert body to be discarded? Completely, the procedure was an incredible pattern of residue to clean, cinders to remains, earth to soil, however the glimmering picture of the body had showed up in the hole that isolated one area of earth from another. Clean science had guaranteed that the fire consumed progressively splendid in its own selective space systematically separated from its environment; yet after death the fire was doused, and corporal space turned into a vacant empty that must be come back to tidy.

### **Disposal of the HIV dead**

How to discard the HIV dead body was the most vexatious issue looked by Modern clinical science from since HIV come into public domain, yet was, as it were, one of its own creation. While living, the

anatomical space of the body was kept up in its separateness by expound clean techniques, yet when dead, the body itself must be rejoined to non-corporal space. This procedure presented significant challenges however it was seen. Sterile science had part the world into two sections, nature and a body-isolated out, however at that point, toward the finish of life, those universes must be felt together once more, the significant differentiation among anatomical and non-anatomical space broke up. Such a procedure compromised the sacredness of the principles of cleanliness [in type of infection] that supported sterile practice. Sterile science had kept up the trustworthiness of the body by attempting to screen and avoid these perilous substances – mostly earth [HIV is good dirt] – from intersection the extraordinary separation: how at that point could the body, this incredible production of clean practice, be diminished to something much the same as soil? On the off chance that the body was translated as another type of soil, at that point definitely it presented much more serious risks when it crossed the now foggy line among body and non-body. So much vitality had gone into separating the body from its environment yet now these endeavors must be fixed and the procedure turned around.

What had been made hallowed must be made profane, and purification was constantly a simpler procedure than de-blessing. Removal of the dead had recently had a place with the space of strict practice, however with the recently acknowledged general wellbeing perils, the cadaver turned into an object of sterile law. It was anything but an instance of the strict bodies authorizing the partition of the spirit from the body yet the sterile specialists discharging the body over the incredible gap again to become non-body, to disintegrate into residue and soil. The old system had permitted the body that unfilled husk of life, to be dumped with general lack of interest into the earth though the new general wellbeing firmly managed the movement of the dead from the universe of the living to the universe of nature. There could be not many articles progressively hazardous to the wellbeing of the populace than the breaking down carcass and until it had made the change back to nature, until it had completely left from the universe of corporal space to which it had once had a place, the sterile specialists and general society must be ever careful:

One of the most energetically challenged inquiries in the field of clean change which has pulled in open consideration during late years had been the removal of the dead. (Wilson 1892: 535). There was the quick issue of the family members postponing the removal of the dead body through an: unreasoned estimation which prompts the maintenance of the body in packed homes for as long a period as could reasonably be expected... on the off chance that a dead body is presented to a temperature of 60 Fahr., it will start to rot in three days, and emit hostile gases, and various instances of ailment have been credited to this reason alone, separated inside and out from explicit disease. (Wilson 1892: 563) Even in this way, the focal point of clean measures was the arrangement of strategies through which the body was transposed from a perilous article to a protected one. Entombment had been the standard method for discarding the dead yet such a methodology could well be insanitary, especially 'the injurious impacts of the act of burying the dead amidst the living' (Greene 1857: 1) when internments happened inside towns.

Entombment places became packed, the ground regularly transcending its unique level, and graves were just incompletely filled (in desire for the need to oblige other relatives); wherever scents and sickness, and 'continually the loathsome exhausts of human festering' (Walker 1839: 9).

### Conclusion:

The undiscussed commitment with the query of mortality and the relationship to death in life is healthier through a reading of the classics of sociology— Durkheim, Marx, Simmel, and Weber—and the works of Freud and Lacan, to produce the relationship of such a concern to the invented of everlasting happiness idealized by the bourgeoisie of each generation and exemplified as the “problem” of the modern life style or western disease. If appealing mortality is conceived as an example of the thinking of limits, it is projected that this ban parallels disavowing the question of sense that the bourgeoisie have refined and perfected in the name of sensible thinking. If the death is distracting to life just as a phobic and phallic obsession with meaning destroys the poetry of thought, we know that forgetting death, like forgetting meaning, is complex enough to require not an either– or relationship but the forgetting that is capable of remembering what it lays aside, not amnesia, renunciation or repression, but something akin to the absolute humour that Baudelaire (1983) describes as acting as if it is ignorant of what it really knows. Sociological consideration will continue to cover biomedical and philosophical matters but they need to integrate the related clinical, behavioral and social research into death and dying in areas cognate, but directly relevant, to concerns about the determination of HIV/AIDS-related death. For future policy development, it will be important to include the communities that are directly affected by these concepts including other health care colleagues who must address the complexities of AIDS death with little or no neurological specialist support. A wide abate for the determination of death is crucial to this field because the problem of death is not only simply a technical problem of the human body and its functions yet besides about how experiences of mortality are interceded by social understandings of death and dying.

### References:

Agamben, Giorgio. (1982, 7<sup>th</sup> April) 2006. *Language and Death: The Place of Negativity*. Translated by Karen E. Pinkus and Michael Hardt. Minneapolis: University of Minnesota Press.

Bataille, Georges. (1933, 15<sup>th</sup> May) 1985. “The Notion of Expenditure.” In *Visions of Excess: Selected Writings 1927–1939*, edited by A Stoekl, translated by Allan Stoekl and Donald M. Leslie Jr, 116–130. Minneapolis, MN: University of Minnesota Press.

Bates, David.( 2001, 22<sup>nd</sup> October). “Idols and Insight: Enlightenment Topography of Knowledge.” *Representations* 73 (1): 1–23.

Baudrillard, Jean. (1977 and 1981) 1983. *Simulations*. Edited by Sylvère Lotringer. Translated by Paul Foss, Paul Patton, and Phil Beitchman. New York: Semiotexte.

Benjamin, Walter. (1936) 1969. “The Work of Art in the Age of Mechanical Reproduction.” In *Illuminations: Essays and Reflection*, edited by Hannah Arendt, translated by Harry Zohn. New York: Schocken Books, 217–252.

Blum, Alan. 1982. “Steps in the Self Understanding of the Experience of Suffering an Affliction: Victim, Patient, Client, Pariah. Reflections” *Canadian Journal of Visual Impairment* 1: 64–82

. ———. 2003. *The Imaginative Structure of the City*. Montreal: McGill-Queen’s University Press.

———. 2011a. *The Grey Zone of Health and Illness*. Bristol: Intellect Press.

———. 2011b. “Life, Death and the In-Between: The Duck/Rabbit and the Face of the Clown.” In *Spectacular Death: Interdisciplinary Perspectives on Mortality and (Un) representability*, edited by Tristanne Connolly, 21–41. Bristol: Intellect Press.

———. 2013. “Durkheim’s Ruse: The Concept as Seduction.” *Canadian Journal of Sociology* 39 (4): 567–594.

———. 2014. “Guide for the Perplexed: Science and Literature as Equipment for Living (In Preparation).” *Philosophy and Rhetoric* 48 (1): 54–72.

Chacko S, John TJ, Babu PG, Jacob M, Kaur A, Mathai D.(2013, August 24<sup>th</sup>) Clinical profile of AIDS in India: a review of 61 cases. *J Assoc Physicians India*.

Jha P. (2008, September 11<sup>th</sup>) Sex, money and ideas: twenty years of battling AIDS in India. *Common wealth Health Minister’s handbook*. Common wealth Secretariat.

Jha P, Nagelkerke JD, Ngugi EN, Prasada Rao JV, Willbond B, Moses S, et al.( 2005, August 10<sup>th</sup>) Public health: reducing HIV transmission in developing countries. *Science*, PP: 13;292:224-5.

Kumar R, Jha P, Arora P, Mony P, Bhatia P, Millson P, et al.(2006, April 28<sup>th</sup>) Trends in HIV-1 in young adults in south India from 2000 to 2004: a prevalence study. *Lancet* 2006;367:1164-72.

Kumar R, Jha P, Arora P, Dhingra N.(2005, May 20<sup>th</sup>) HIV-1 trends, risk factors and growth in India. In: Rao S, ed. *National commission on macroeconomics and health background papers: burden of disease in India*. Ministry of Health and Family Welfare, Government of India.

Todd J, Balira R, Grosskurth H, Mayaud P, Mosha F, ka-Gina G, et al.(1997, March 12<sup>th</sup>) HIV-associated adult mortality in a rural Tanzanian population. *AIDS*, 11:801-7.

Todd J, Glynn JR, Marston M, Lutalo T, Biraro S, Mwita W, et al.(2007, July 20<sup>th</sup>) Time from HIV seroconversion to death: a collaborative analysis of eight studies in six low and middle-income countries before highly active antiretroviral therapy. *AIDS* ,21(suppl 6):55-63S

Venkataramana CB, Sarada PV.(2001, April 16<sup>th</sup>) Extent and speed of spread of HIV infection in India through the commercial sex networks: a perspective. *Trop Med Int Health*.

UNAIDS/WHO Working Group on Global HIV/AIDS and STI Surveillance.(2003, October 23<sup>th</sup>) *Guidelines for conducting HIV sentinel serosurveys among pregnant women and other groups*. World Health Organization, (UNAIDS/03.49E.)