RECENT ADVANCEMENT IN THE SITUATION OF WOMEN LIVING WITH HIV/AIDS IN DAKSHINA KANNADA

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ABSTRACT

Human Immuno-deficiency Virus and Acquired Immuno-Deficiency Syndrome (HIV/AIDS) related to recent advancement in the situation of women living with HIV/AIDS, slightly going to change in the present society. This disease is associated with stigma and discrimination, represents the "second pandemic" with labeling, stereotyping, separating, and discriminating. People show their fear of acquiring the disease when they came to know the positive status of a person and want to keep distance as much as possible. Women are more vulnerable to HIV/AIDS than men due to the powerlessness and the risk of exposure to HIV infections. The cultural, economic, social and subordination of HIV Positive women in the society worsen their situation. Early sexual intercourse due to child marriage and early marriage, transmission of infection from life partner, lack of choice and control over their lives or over that of their husband's life outside the marriage, poor access to health due to illiteracy and ignorance, secondary status in the family and society, etc, are the causes for HIV in women. Gender inequity & Male domination, Poverty, Increasing urbanization migration, Lack of information, Inadequate & isolated information, Isolated & marginal civil society, Oppressed & disadvantaged communities are the factors that reinforce HIV/AIDS. The recent advancement is helpful in reducing the new cases but not contributed to reduce the stigma in society. The change in the attitude will occur in those people who have successful in maintain the secrecy of their status. Counseling, health education and empowerment played a tremendous role in reducing the negative impacts of HIV/AIDS. In this paper researcher highlighted the causes and problems faced by the positive women and the recent advancement strategies to reduce the consequence both on positive people and in the society. In this paper the Researcher discussed the information which is collected directly from the field through 50 samples and out of these 25 case studies.

Key words: HIV/AIDS, Stigma, and Women

INTRODUCTION

AIDS (Acquired Immune Deficiency Syndrome) was first recognized as a distinct disease in the early 1980s in the United States. It has progressively spread worldwide and now is a major threat to Global health. More than half of the world's AIDS victims live in Africa and most have no access to drugs that can retard the spread of HIV (Human immunodeficiency Virus) in the body.

AIDS is called a syndrome and it is one of several different infectious diseases. It also is characterized by a very low level of a particular immune system cell called the CD4 T-cells; it replicates and releases viruses that infect additional cells. HIV is a very tiny virus with little genetic information; however, it is very effective at infecting cells in the human body. Infection with HIV slowly weakens the body's immune system, exposing it to opportunistic infections caused by any of a wide variety of microorganisms. This transmission can come in the form of anal, vaginal or oral sex, blood transfusion, contaminated hypodermic needles, exchange between mother and baby during pregnancy, childbirth or breast feeding or other exposure to one of the above bodily flied. HIV is transmitted through direct contact of a mucous membrane or the bloodstream with the bodily fluid containing HIV, such as blood, semen, vaginal fluid, preseminal fluid and breast milk. HIV/AIDS stigma is more severe than that associated with other life-threatening conditions and extends beyond the disease itself to providers and even volunteers involved with the case of people living with HIV.

Through out South and South-East Asian Region, it is estimated that there are 7.4 million people living with HIV/AIDS (PLHA) (as of December 2005). This region ranks second in HIV prevalence, after sub-Saharan Africa, and accounts for about 20% of new annual HIV infections globally. The epidemic in India is varied, with areas of generalized epidemic in the South and North-east, and with pockets of concentrated epidemics and highly vulnerable regions with low-levels of HIV infection.

Since for the last three decades the Human Immuno Deficiency Virus/ Acquired Immuno Deficiency Syndrome (HIV/AIDS) epidemic is seen in India. The first HIV case is identified and reported in India as the first known case of AIDS to the world health organization on 1986. It would be easy to underestimate the challenge of HIV/AIDS in India. India has a large population and population density, low literacy levels and consequently low levels of awareness, and HIV/AIDS is one of the most challenging public health problems ever faced by the country (UNPAN, 2003) At the end of 2004, 5.3 million Indians were estimated to be infected with HIV. A hundred and eleven districts in the country are classified as high HIV prevalence districts. It is identified the various roots of transmission of HIV and one of the highest transmission of HIV is through the sexual route (86%). There are various other roots of transmission like through injecting drug use (IDU) (2.4%), vertical transmission from mother to child (3.6%) and transfusion of blood and blood products (2%), and others (6%) as of July 2005. (UNAIDS and

World Health Organization, 2005). Recently, the Indian Government stated that it was 2.5 million people affected by HIV in India (NACO 2007).

Karnataka is situated in the southwest of India with the total population of about fifty three millions. In Karnataka the average HIV prevalence at antenatal clinics has exceeded 1% in all recent years. Among the general population, 0.69% was found to be infected in 2005-2006. The major Districts with the highest prevalence of HIV infected are situated around Bangalore in the southern part of the state and in northern Karnataka's "devadasi belt". Devadasi women are a group of women who are forced by the customs and traditions willingly or unwillingly dedicated to the service of Gods. According to Linka Joy EPP The social reform of devadasi practice among dalits in the drought prone devadasi belt in Karnataka Devadasis are god's servants. Historically these women were dedicated into temple or service or religious mendicancy. Devadasis believe that they are earthly representatives of the goddess. They contract a 'sacred marriage' in which a deity becomes their spouse while wives (or concubine) on the sacred plane, they are at best 'sacred prostitutes' on the worldly one. According to Zoya Zaidi movement against sexual exploitation and sexism devdasi system is not only exploitation of women, it is the institutionalized exploitation of women, it is the exploitation of Dalits, the lower class of untouchables; It is the religious sanction given to prostitution of helpless economically and socially deprived women; it is the glorification of humiliation of women. The average HIV prevalence among female sex workers in Karnataka was 8.64% in 2006, and 19.20% of men who have sex with men were found to be infected.

The district of Dakshina Kannada in state of Karnataka is not exceptional from the above mentioned facts and figures. As far as HIV/AIDS data is concerned the number of positive people in Dakshina Kannada is exceeding day by day. As per the District Aids Prevention and Controlling Unit (DAPCU) in Dakshina Kannada from the year 2007 to 2011 is concerned the total positive cases in Dakshina Kannada district is **5,322**, where in **3,440** are males and **1,882** are females. The researcher collected information directly from the field though case work method. The importance is given to know the causes and problems faced by HIV positive women in the present sophisticated and advance society. There is a need to know the consequences on their daily life whether the positive people are adjusted with the present status and the society has accepted them as it is. There is a demand from the positive people to leave them as it is without discriminating, few cases they need support for their medicine, taking care of them as well as their children. The detail causes and problems faced by positive women in the recent society are discussed in detail below.

CAUSES FOR HIV/AIDS IN WOMEN IN PRESENT SOCIETY

Initially there were more men being infected with AIDS virus than women, in the ratio of 10:1, but now the number of women infected with HIV is increasing. In 2003, 50% of all HIV infection was among women. By and large, HIV disease among women in the developing world has been acquired heterosexually (i.e. from man to woman) due to HIV infection is transmitted

more effectively during sexual contact from men to women; Lack of education and illiteracy among women; Cultural beliefs regarding the role of women in the family and society; and Lack of economic power among women. All these factors influence the relative vulnerability of women and their access to means of prevention and support in the face of AIDS. The link between powerlessness and the risk of exposure to HIV provides the key to understanding the source of women's vulnerability to HIV infections. The social, economic and cultural subordination of women creates a context in which the women succumb silently to scourge. Following are some of the factors that make an Indian woman not only more prone to HIV infection but also less likely to seek medical attention.

Early Exposure: Culturally, initiation to sexual intercourse begins several years earlier for females than for males. Many women are still in their mid-teens when they marry. Often women get married to much older men, who are sexually more experienced. Therefore chances for women to get HIV infected from a husband who might be indulging in sexual activities outside marriage are higher. In the present study it was found that majority (52%) of the respondents were married. Hence, it is evident from the available data that married people are more vulnerable. The remaining (48%) who were unmarried are also vulnerable, but not as vulnerable as married people. Out of 26 who were married 20 were married within 25 years. Those who marry early, have more risk of getting infection.

Root of Infection: In the developing countries nearly all HIV infection reported among women has been acquired heterosexually. Most of the women in Dakshina Kannada have been infected not through their own behavior but through that of their husband. Out of married women, 78% of the respondents expressed that they received the disease from their husband.

Low education: Due to low education women are ignore about how to protect her from HIV infection. Out of 50 samples, 42% who had studied up to 10^{th} standard. 30% of them were P.U.C. qualified, while a few of them were graduates along with a few qualified either Post graduates (2%) or professional courses constituted only a minority group (2%). Then around 24% of them were illiterate. Education plays a major role in vulnerability to HIV.

No Choice: In marriage, women lack control over their lives or over that of their husband's life outside the marriage. Extra-marital relationships, intravenous drug abuse, and bisexual behavior on the part of the husband are possible routes for entry of the virus into the marital union. For these women, sexual intercourse is not a question of choice, but rather a question of survival. This is also due to the secondary status of women in the society. All most all had this opinion.

No Access to Health Care: Women are looked upon as child bearers and child rearers. In the sociological division of labour, they have greater responsibilities towards the children and home. There is limited access to information, education and mobility. 64% of the women were scared to visit hospital after they came to know their status.

Blame: It is an unfortunate reality that when the first case of HIV/AIDS is identified within a family, the blame is most often placed upon the woman, even if the evidence contradicts this. There is fear that her family because of her perceived past behaviour will abandon her. She is forced to keep quiet and she is not in a position to argue her case. In the case of married women 48% had to face blame from their family members.

Stigmatized: HIV positive women feel extremely lonely and isolated. Fear of social stigma compels them to keep their sero-positive status a secret. They are afraid of being abandoned by family, friends and the community. All most all are facing stigma and this depended on the economic status of women. The lower the status is the higher is the stigma.

Delay in Diagnosis: Women are often unaware of their HIV positive status or they may be the last one in their family to know their diagnosis, due to the power hierarchy in the family structure. Some women discovered their status by accident, usually after the husband or the child is found to be symptomatic with an HIV related disease. Then women had to deal with two crises, that of illness of her husband or child, or both, as well as her own illness.

Emotional Response: After knowing the HIV positive status of spouse the woman has to deal emotionally with her husband's unfaithfulness she was anger towards her husband, grief at the loss of health and status, and guilt. And in the case of both positive women were filled with anxiety, what is next? and answer they thought is death very soon, worry about future of their children and in some cases denial not for me, I have not done any mistakes why for me? Many questions with stressful situation whom to share this problem? And some were feeling only blank and uncertainly about the future. They were worried about their appearance, skin disease, loosing weight etc. All these were the observation of the researcher along with the councilors while dealing with the clients and it was a real challenge for them to deal with it.

Dependency and Burden: Generally women's is dependent nature. They are dependent on their husbands or his family for food, clothing, shelter and money. It is the husband who usually controls the financial matters at home. As a result of this, abstinence, faithfulness on man's part and using condoms for protection is totally in the hands of man and women do not have any control on this. She is usually given minimum education and care before marriage. After marriage, in case of the husband's death his property and savings (if any), remain with the husband's family and in many cases, the wife goes back to her own family where she continues to be a financial and emotional burden. Out of 52% married women (26), 14 (53.84%) women used to stay in their mother's house after their husband's death. 8 (30.77%) stay in separate house with their husband and children. 4 (15.39%) of them stay with their in-laws. This shows women are excluding from their own family members.

Pregnancy: Women are considered to be the potential bearer of sons. Many Indians believe that sons are the ones who will grow up and earn and look after the old parents while daughters are a burden who will have been given away in the marriage. Even if a woman is HIV positive, she

may be under pressure to produce a son, at risk to her own life, as well as that of her unborn child. She has to take the blame of not to breast feed because she cannot tell openly her problems with other family members and neighbors. And in the case of HIV positive husband want to hide his status women were forced to go for abortion multiple time only because he did not want to reveal his status. And due to this she had to go through the physical and mental pain and suffering in her life.

THE PROBLEMS FACED BY HIV POSITIVE WOMEN IN PRESENT SOCIETY

Social Exclusion and Discrimination of women is based on caste, class and ethnic composition. In the traditional societies women played the dominant role in the social and economic activity excepting the political process. In spite of this, they are long neglected in the sense of food and calorie intake, education, health care, political participation. A primary way that parents discriminate against their girl children is through neglect during illness. When sick, little girls are not taken to the doctor as frequently as are their brothers. And in the case of HIV the negligence will reach to peak and its impact is curse and misery. Women are discriminated under seven major areas and they are Malnutrition, Poor Health, Lack of education, Overwork Unskilled, Mistreatment and Powerlessness

The Problems of social exclusion faced by HIV Positive Women are based on various dimensions a.) Family b.) Women themselves c.) society at large d.) Cultural and religion

Family: Marriage and family are the two fundamental social institutions of every human society. They provide men and women with certain roles, responsibilities and status in the family and society. The family is the main source of care and support for PLHAs. While families provide care and support, they may also perpetuate Stigma and Discrimination against infected individuals. Women are more likely to be badly treated than men or children. Daughters-in-law are treated much worse than the sons and there is no place in the family for them if the son dies (Bharat, 1999).

When an individual in the family becomes HIV positive and entire family comes to know about it, and present society they think it is a black spot for their family. Even though it is a disease lie others HIV people are stigmatize. Many family members due to ignorance rejected the individual and stigmatize her. They feel that the infected women have brought a bad name to the family. They are hurt and they show their hurt and anger. They assume that she got the disease through extra-marital sex and due to her bad character. Another major concern of the family is that if HIV positive is staying in the family, they also will get the infection. The fear of death from this disease is so great that they advise or force the HIV positive person to leave the house and live separately or put her into an institution that cares for HIV positive people. This is the grief that women expressed when she was staying in her own house with children after her husband's death. Families also tend to reject the wife of a positive man, especially if he is recently married. In many cases the wife is blamed as the primary cause for the misfortunes that have befallen the

family. They consider her a curse. They blame her for illness, though in a majority of the cases the dieses she got from her husband. Many families are completely isolated from the support systems that are available.

Stigma may manifest in the form of isolation and rejection of families suspected to have HIV and AIDS. They are subjected to name-calling, finger-pointing, gossip, rumor etc. Rumors about HIV and AIDS, were used as a weapon to denounce families. Speculations were made about other people, based on observed symptoms. Some experienced severe shame, suffering loss of family honour. Many respondents expressed that their children were not allowed to play with neighbor's children. The stigma related to the status, people living with HIV has faced violent attacks, have been rejected by families, spouses and communities.

Women themselves: The effects are so wide ranging that People Living with HIV/AIDS may experience self-stigma, shaming and blaming themselves for their condition, thereby limiting their willingness to tell others of their HIV status or ask for needed services and support. The first reaction of most of the infected women when they came to know about their own HIV positive statues was a feeling of fear, nervousness, disturbed mind, shock, self heartedness etc. the general concept which is prevailing is of imminent death because of a disease which affects only those who have committed a sin. The reaction of the society totally demoralizes positive women, Invariable; the society blames her for infecting her husband although it is he who had infected her initially. In the hospital she is always asked to stand outside and has to deposit her blood sample herself at the place marked for it. All these aspects made her to keep herself exclude from society.

Society: Society has reacted differently with women with HIV. The researcher wanted to study the comprehensive study on the Psycho-social, Emotional, General Health condition, Attitude, Stigma and social support for the HIV positive women in the society. If a women is tested positive at the center and her status is known to others she is branded promiscuous. This happens even when the husband is tested positive later; it is often assumed that the women passed on the infections as she was tested first. If the husband is later tested negative then it is presumed that is a proof positive of the women's promiscuity. Studies have shown that while the men's status is accepted more readily by the women, women's disclosure of their status is not accepted by a majority of men.

Cultural and Religions Influence: Cultures reflect the social striving for the well-being of all. Social values, ethics and norms are adopted as checks to the unrestrained exercise of power by the powerful. However they can also serve to maintain the unequal power equations in society. Religion represents social values and provides ways of putting them into practice. All religions promote social responsibility and self-restraint. Religion can play an important role in preventing risky sexual behaviour and strengthening socially responsible behaviors.

CONCLUSION AND SUGGESTIONS

In the advancement of society the Family, Neighbors, Society, Religion and most important Doctors, Health workers and counselors have a crucial role to play, because they can help to ease the situation and help the family make decisions during critical phases. Family should be given advance education about the disease, including its transmission, in the course of the illness and the emotional responses of various members. They can Clarifying doubts about the disease, its stigma, reactions to disclosure of the diagnosis and risk factors, fears of contagion, reactions to anticipated death of the family member and other losses, shame, impulse to reject, giving everyone opportunity to share their viewpoint etc. HIV/AIDS has been a growing psychosocial problem in India. The magnitude of this problem is becoming manifold day by day. It is no more remained as a physical problem of an individual or certain segment of the people and it has multi-dimensional consequence which, include social issues, mental health issues, economic burden, and lagging overall country's development. It is an epidemic and controlling such epidemic has been a challenging job for all the Government and Non-Governmental Organizations as it is a very complex problem. Therefore developing large number of research and planning effective and cultural sensitive intervention is extremely important at this hour.

Apart from empowering women with information on the prevention of disease, they should also be given adequate training to act as peers and educators to the risk groups. Women counselors, attending on target populations, school and college students, pre- marital youth, housewives, working and non- working women, women of low socio- economic status and media watchers, should be encouraged and provided sufficient back- up. Pregnant women should be provided access to other HIV prevention and treatment services eliminating vertical transmission requires far greater, and more rapid, advances to increase coverage and administer more effective regimens.

Women living with HIV should be enabled and empowered to support women and their families to access the HIV prevention, treatment and care that they need. Women must share a common political concern and recognition of their mutual vulnerability vis-a-vis the disease if they are to mobilize effectively for HIV*/*AIDS prevention. Program areas must include promoting empowerment of women through women's collectives and income generating cooperatives. HIV/AIDS stigma and discrimination appear in multiple forms within and across cultures and societies. The finding of the study have value to therapist, medical professions, councilor, social workers, psychologist, support groups and those in academic fields and communities, in developing and strengthening innovative models of treatment. Society as to treat HIV the sex related disease like other disease. More people should be given awareness and social exclusion of HIV positive especially the Women in particular as to reduce and help them out to reduce stigma and discrimination in the society. The more you keep your status secret more you are safe in the society, less stigma due to limited people know the status and this finding says people

prefer to keep status secret and trying hard to preserve this secret because in the advance society too stigma exists.

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