North Asian International Research Journal of Social Science & Humanities

IRJIF I.F. : 3.015

ISSN: 2454-9827 Vol. 3, Issue-7 July-2017

STIGMA AND DISCRIMINATION OF HIV WIDOWS: A SOCIOLOGICAL STUDY IN ANANTHAPURAMU REVENUE DIVISION

DR. K. RADHIKA* & R. VIJAYA KRISHNA NAIDU[1]

** Ph. D Scholar, Department of Sociology, S.K. University, Ananthapuramu, Andhrapradesh, India*

[1.] Professor, Department of Sociology, S.K. University, Ananthapuramu, Andhrapradesh, India.

ABSTRACT

Women are biologically more vulnerable to HIV infection than men. The major factors responsible for differential transmissions are the larger mucosal surface areas exposed to virus in women and the semen having high concentration of virus compared with vaginal secretions. Currently, approximately 36.7 million people worldwide are living with HIV, 48.23% of (17.8 million) which are women [UNAIDS, 2015]. 50 young women are newly infected with HIV every hour [Health Global Issues – Taking T Global, 2016].

India has the third largest HIV epidemic in the world. The total number of people living with HIV (PLHA) in India is estimated at 21.17 lakhs in 2015 compared with 22.26 lakhs in 2007. Women currently comprise 40.5% of HIV infected population in the India (India HIV Estimates, 2015). Andhra Pradesh has the highest number of HIV infected persons in India. The HIV epidemic remains a major public health challenges in Andhra Pradesh, with an estimated 3.0 lakhs people living with HIV/AIDS. With highest burden of PLHA, Andhra Pradesh account for 14% of all HIV infections in India [Socio Economic Survey, 2015-16, Aids Control Society].

HIV/AIDS is both health as well as overall development problem. Stigma and Discrimination attached to People Living with HIV/AIDS is a sociological concern. The HIV widows are double discriminated because they are widows and also HIV infected. Social exclusion, neglect, discrimination, stigma and ill-treatment of the HIV infected widows are common in the society. Shunned by their families and communities, they are often placed in situations that only increase their risk. Hence, the need for the present study. Ananthapuramu Revenue Division in the district was purposively selected for conduct of the present study.

This paper is based on an exclusive study of 100 widows living with HIV/AIDS and seeking counseling in Ananta Network of Positives (ANP+). The HIV Widows were selected randomly selected and the primary data

was collected by use of a standardized schedule. The data was analysed by use of simple statistical measures and generalizations were arrived.

Conclusion: The study concludes that the life of HIV infected Widows is a struggle for them. Majority of the respondents were widowed at a young age and are left to fend their children with declining health and finance against all adversities. Stigma and Discrimination against them is a stark reality they are subjected to and they hope to face the life with the help of different CBOs, GOs and NGOs that is grossly inadequate.

INTRODUCTION

An overview of the global scenario is essential to understand the geographical spread of the epidemic. According to the World Health Organization (WHO), there were approximately 36.7 million people living with HIV/AIDS worldwide, including 17.8 (48.23%) million women. New HIV infections among adults have slowed in recent years, with the estimated annual number of new infections among adults remaining nearly static about 1.9 million in 2015. The number of people who are newly infected with HIV is continuing to decline in most parts of the globe. There are 2.1 million new HIV infected; including 1, 50, 000 children who became newly infected with HIV in 2015, down from 2, 90, 000 in 2010. AIDS related deaths have also come down to 1.1 millions compared to 1.5 millions in 2010. (UNAIDS Fact Sheet, 2016)

India has the third largest HIV epidemic in the Global. The total number of people living with HIV (PLHA) in India is estimated at 21.17 lakhs in 2015. Children (<15 years) account for 6.54%, while 40.5% of total HIV infections are among women. India is estimated to have around 86 thousand new HIV infections in 2015. Children (<15 years) accounted for 12% (10.4 thousand) of total new infections while the remaining (75.9 thousand) new infections were among adults (15+years). In 2015 an estimated 67.6 thousand people died of AIDS-related causes nationally. Of late, the AIDS deaths have declined is consistent with the rapid expansion of access to antiretroviral therapy (ART) in the country. It is estimated that the scale-up of free ART since 2004 has saved cumulatively around 4.5 lakhs lives in India until 2014.

Andhra Pradesh has the highest number of HIV infected persons in India. The HIV epidemic remains a major public health challenge in Andhra Pradesh, with an estimated 3 lakhs people living with HIV/AIDS. With highest burden of PLHA, Andhra Pradesh account for 14% of all HIV infections in India. (Socio Economic Survey, 2015-16, National Aids Control Society) Estimates of the APSACS for the year 2015-16 shows that 94% of the HIV infections are through sexual transmission, 4% are mother-to-child transfusion, 0.6% through injecting drug use and 0.4% through blood and blood products. APSACS has been providing prevention, treatment, care

and support services through the establishments in the State. (Socio Economic Survey, 2015-16, Aids Control Society)

HIV/AIDS AND WOMEN

Women are biologically more vulnerable to HIV infection than men. The major factors responsible for differential transmission are the larger mucosal surface areas exposed to virus in women and the semen having high concentration of virus compared with vaginal secretions. Young girls are particularly vulnerable. Their immature cervix and relatively low vaginal mucus production presents less of barrier to HIV, making them biologically more vulnerable to infection than older pre-menopausal women. (Digumarti Bhaskara Rao, 2000)

Majority of the Indian women were HIV infected through their single sexual partners in their marital life, as acknowledged by Sujatha Rao, the former Director General of NACO. Women usually have a faith that they will not get infection since they have sex with their single sexual partner/husband. Therefore, majority of the women come to know of their HIV infection untill their pregnancy or death of her partner (UNAIDS, 2004). Sexually Transmitted Infections (STI) and Reproductive Tract Infections (RTI) enhance changes of acquiring and transmitting HIV infection manifold. Hence control and prevention of STI/RTI is one of the key prevention strategies for HIV. Early diagnosis and appropriate and complete treatment of STI/RTI reduces the transmission rate of HIV infection by more than 40%. (NACO Annual Report, 2013-14)

HIV/AIDS IN ANANTHAPURAMU DISTRICT

The HIV epidemiological data of the district is available from District AIDS Prevention Control Unit (DAPCU) and the data is collected by the programme management unit at district level. The PLHA situation in the Ananthapuramu district indicates relatively low institutional infections. There are 29795 PLHA in Ananthapuramu as per DAPCU records. According to Ananta Network of Positives (ANP+), a well known District Level Network (DLN), the number is 8645 of whom 6453 PLHA who are on ART. The DAPCU figures refer to all the district and ANP+ figures are confined to Ananthapuramu ART Centre service area. The HIV prevalence among the high risk group (HRG) population in the district is 12773. The less favorable WLHIV situation coupled with several other influencing factors (trafficking, commercial sex workers, national highways, in and out migration, recurrent covariant risk affecting livelihoods etc.) seems to have contributed to the spread of the epidemic in the district as could be seen from the data available from different sources.

Table 1
PLHA registered with DAPCU and ANP+ in Ananthapuramu District (Upto July 2016)

Category	As per DAPCU	As per ANP+
Pre-ART registered (Male)	9948	995
Pre-ART registered (Female)	8630	1053
Pre-ART registered (TG)	49	03
Children Pre-ART registered (Male)	512	69
Children Pre-ART registered (Female)	454	72
On ART (Male)	4861	2818
On ART (Female)	4909	3351
On ART (TG)	23	10
Children On ART (Male)	220	129
Children On ART (Female)	189	145
Total	**29795**	**8645**
HIV Widows	**NA**	**1284**

HIV WIDOWS IN ANANTHAPURAMU DISTRICT

It is very difficult to identify the exact number of the HIV infected Widows in Ananthapuramu as there is no reliable, authentic and correct data base. One can count those widows who are infected and also receiving ART in different centres, but there are a whole lot HIV infected widows who are asymptomatic and also who are not yet on ART. Many NGO's and CBO's that work with the infected widows, seldom share information. There is overestimation by some stake holders, multiple counting and duplication and all this adversely affect deciding the number of infected widows in the district. The number of infected widows varies differently by different sources and according to ANP+, the Network of HIV positives in the district; the number of widows in the district is 1284. The TNP+ the State Level Network of HIV positives estimate that there are more than 40,000 HIV widows in Andhra Pradesh.

STIGMA AND DISCRIMINATION OF HIV WIDOWS

HIV/AIDS not only a health but an overall Development Problem. Stigma and Discrimination attached to People Living with HIV/AIDS is a sociological concern. The PLHA are shunned by their families and communities and are often placed in situations that only increase their risk. The HIV widows are double discriminated because they are widows and also HIV infected. Social exclusion, neglect, discrimination, stigma and ill-treatment of the HIV infected widows are common in the society.

This paper is based on an exclusive study of 100 widows living with HIV/AIDS and registered members in Ananta Network of Positives (ANP+). The HIV Widows were randomly selected and the primary data was collected by use of a standardized schedule.

Table 2
Distribution of Respondents by Discrimination in the family

Do you experience discrimination in the family (N=100)		
Yes	63	63.0
No	37	37.0
Form of Discrimination	**Number (N=63)**	**Percentage**
Verbal abuse	60	95.2
Made to use separate plate and tumbler	54	85.7
Not allowed in common toilet/bathroom	42	66.6
Made to live in separate room/veranda	36	57.1
Not allowed to touch uninfected family members	23	36.5
Not allowed to interact with relatives	19	30.1
Screened from community	15	23.8
Made to live in the back yard of house	10	15.8
Physical assault	6	6.3

(Source: Filed Data)

Stigma and Discrimination of PLHIV takes different forms in the context of family. More than 63% of the respondents reported family related Stigma and Discrimination. Table No-2 reveals that the respondents have faced Stigma and Discrimination in more than one form and it varies from verbal abuse to physical assault. The different forms of Stigma and Discrimination in the context of family and the number of respondents face such Stigma and Discrimination reveals that verbal abuse (95.2%), made to use separate plate and tumbler for dining (85.7%), not allowed to use common bathroom and toilet and forced to live in separate room/veranda are the common practices. Other forms include not allowed to come near or touch the uninfected member of the family (36.5%), not allowed to interact with relatives (30.1%), and screened from community (23.8%) are the other discriminatory practices observed by the respondents. The severest form of discrimination of made to live in back yard and physical assault was noticed in case of twelve and seven respondents respectively. The data reveals that the discrimination is very much seen in case of as many as 63 % of the respondents the type of discrimination varies from moderate to severe degree.

Table 3
Distribution of Respondents by Facing Stigma by Relatives

Relatives know about sero status	72	72.0
Relatives do not know about respondents HIV sero status	28	28.0
Total	100	100.0
Do you feel Discrimination by Relatives	**(N=72)**	
Yes	53	73.6
No	19	26.3
Form of Discrimination	**Number (N=53)**	**Percentage**
Showing disregard	47	88.6
Not invited to the home of relatives	34	64.1
Gossiped about	30	56.6
Insulted	26	49.0
Not visiting respondents	20	37.7
Teased	17	32.0
Verbally abused	13	24.5
Physically abused	8	15.0

(Source: Filed Data)

Data pertaining to the practice of Stigma and Discrimination by the relatives is presented in Table No-3. 72.0% of the respondents are feeling discrimination by their relatives. Almost 73.6% of the relatives know about the sero status of the respondents and in that majority of show discrimination. Showing scant regard (88.6%) not inviting the respondents or their parents or in-laws to their home (64%) and gossiping about (56.6%) have been the major forms of Stigma and Discrimination enacted by the relatives. Insulted (49%), not visiting respondents (37.7%) and teased (32%) have been the other problems in that order for the respondents. Nearly 15% of the respondents are physically abused by the relative who is extreme form of discrimination by the relatives; in this case mostly by close relatives and is because of their loss of respect from their relatives.

Table 4
Distribution of Respondents by Facing Stigma in Community

Community know about HIV sero status	80	80.0
Community do not know about HIV sero status	20	20.0
Total	100	100.0
Do you feel discrimination by facing stigma	**(N=80)**	
Yes	68	68.0
No	12	12.0
Form of Discrimination	**Number (N=68)**	**Percentage**
Gossiped about	61	89.7
Verbally abused	56	82.3
Not visited by community members	50	73.5
Not allowed to visit social gatherings	47	69.1
Not allowed in neighbourhood households	38	55.8
Insulted	31	45.5
Not allowed to visit place of worship	26	38.2
No/minimum social contact	15	22.0
Physically Assaulted	6	8.8

(Source: Filed Data)

Discrimination not only by the relatives but also by the community is the problem of PLHIV. Many a time the HIV Widows families change their residence in urban areas once their sero status is out and face difficulties as a result of that in the neighbourhood. The forms and extent of discrimination in the community is presented in the Table No-4. It is clear from the table that the major problems of the respondents are vicious gossip (89.7%), verbal abuse (82.3%) and not visited by the community (73.5%). Another form of discrimination is not allowed to visit social gatherings (69.13%). As many as 55.8% of the respondents reported that they are not allowed in the neighbourhood household. 45.5% reported insulted, 38.2% complained not allowed to visit religious places. Fear of rejection and stigmatization within the home and local community is preventing people living with HIV/AIDS not to reveal their serostatus to family members.

Table 5
Particulars of Stigma and Discrimination of the Respondents by Employment/Workplace

Do you feel discrimination in Employment/workplace (N=100)		
Not working due to poor health	10	10.0
HIV sero status not known in the workplace/clientele	42	42.0
Serostatus known	58	58.0
	(N=58)	
Feeling Discrimination	40	68.9
Not feeling Discriminated	18	31.1
Form of Discrimination	**Number (N=40)**	**Percentage**
Showing disregard	38	95.0
Avoidance	32	80.0
Gossiped	29	72.5
Insulted	22	55.0
Not allowed to work in the group	19	45.5
Not allowed in canteen/share dining place	13	32.5
Not allowed to take leave when necessary	11	27.5
Down fall in clientele	8	20.0
Down fall in income	5	12.5

(Source: Filed Data)

Table No-5 presents the Stigma and Discrimination at work place. More than 60% of the respondents have said that they did not reveal their HIV sero status at work place/occupation/employment. It is clear from the table 40% of the respondents did not face any discrimination in the workplace. The major problems faced by the respondents were showing disregard (95%), avoidance (80%), gossip (72.5%). The other major form of discrimination included name calling and insult (55%). Respondents have also reported that they were not allowed to work in the group (45.5%), not allowed in canteen/share dining place (32.5%). Those who are involved in petty business and tailoring have reported dwindling clientele and fall in the income.

Table 6
Distribution of Respondents by Facing Stigma at Health care setting

Do you feel discrimination in health care setting (N=100)		
Yes	64	64.0
No	36	36.0
Facing stigma at health care	**Number (N= 64)**	**Percentage**
Breach of confidentiality	59	92.1
Hostile attitude	48	75.0
Prejudice, negative attitude	36	56.2
Denial of hospital facility & medication	25	39.0
Excessive use of barriers precautions by staff	18	28.1
Unnecessary referral	10	15.6
Abuse and ill-treatment	7	10.9

(Source: Filed Data)

The different types of Stigma and Discrimination as felt by the respondents in the health care setting and their extent is presented in the Table No-6. As the table reveals that breach of confidentiality (92%), hostile attitude (75%), prejudice and negative attitude (56.2%) have been the major practice of Stigma and Discrimination as felt by the respondents in the health care setting. The practices of Stigma and Discrimination that is more seen in the private health care setting that include denial of hospital facility & medication (39%), excessive use of barriers precautions by staff (28%) and unnecessary referrals (15.6%) to other health facilities. Abuse and ill-treatment (10.9%) has taken place mostly to the respondents who belong to lower socio economic classes. One of the important reasons for discrimination of PLHA in health care was due to fear of contagion by doctors and healthcare workers in course of treatment. The infected widow has an organization in Ananthapuramu under the name of "Ananta Network of Positives". It fights against the discrimination of AIDS and involved in providing counseling, support and care to the widow living with HIV positive.

CONCLUSION

Stigma and Discrimination of HIV widows is a reality in the study area. The HIV widows are suffering from Stigma and Discrimination in various degrees in the contexts of Family, Relatives, Community, Employment/Workplace and Health care. Awareness compassion and active involvement of civil society is the need of the hour to bring down Stigma and Discrimination of HIV widows.

REFERENCE

1. HIV and AIDS-related stigmatization, discrimination and denial: forms, contexts and determinants Research studies from Uganda and India UNAIDS, Geneva, 2000
2. India estimations HIV 2015, Technical report
3. Joint United Nations Programme on HIV/AIDS (UNAIDS) UNAIDS, 2000
4. UNAIDS, 2015 'On the Fast-Track to end AIDS by 2030: Focus on location and population'
5. World Bank (1997) *Confronting AIDS: public priorities in a global epidemic.* New York, Oxford University Press.
6. Digumarti Bhaskara Rao (2000) 'Issues and Challenges International Encyclopedia of AIDS' Discovery Publishing House, New Delhi, 2000.
7. National AIDS Control Organization Annual Report, 2013-14.