

A Study Of Gender Discrimination Due To HIV/Aids Within Family**Ms. Aparna Kamble,**

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Abstract

The major source of HIV infection is through heterosexual transmission and as compared to men; women are at a biological disadvantage in contracting the infection.

Gender inequality and poverty are responsible for the spread as well as disproportionate impact of HIV and AIDS on women. As a result, women cannot negotiate safe sex and ask the men to use condom. As a result of the low socio-economic status and limited educational opportunities, women and girls often lack basic information about HIV and AIDS.

Key Words: HIV, AIDS, Impact, Gender, Discrimination

Introduction

The HIV epidemic and its associated social effects and consequences is relatively a new phenomenon. HIV is a lifelong infection. According to UNICEF, there are a number of factors like biological, socio-cultural and economic, which make women and young girls more vulnerable to HIV.

What is HIV?

Human immunodeficiency virus (HIV) is a virus that attacks immune cells called CD4 cells, which are a type of T cell.

These are white blood cells that move around the body, detecting faults and anomalies in cells as well as infections. When HIV targets and infiltrates these cells, it reduces the body's ability to combat other diseases.

What is AIDS?

AIDS is the most advanced stage of HIV infection. Once HIV infection develops into AIDS, infections and cancer pose a greater risk. Without treatment, HIV infection is likely to develop into AIDS as the immune system gradually wears down.

By the close of 2015, around 1,122,900 people were HIV-positive. To compare, figures from 2016 show that medical professionals diagnosed AIDS in an estimated 18,160 people.

Gender aspects in HIV infection

Despite progress in many aspects of the global HIV response, women - particularly adolescent girls and young women - continue to be disproportionately affected by HIV. Women constitute more than half of all people living with HIV. AIDS-related illnesses remain the leading cause of death for women aged 30-49 and the third leading cause of death for women aged 15-29.

Gender inequalities, including gender-based and intimate partner violence, exacerbate women and girls' physiological vulnerability to HIV and block their access to HIV services. HIV is not only driven by gender inequality, but it also entrenches gender inequality, leaving women more vulnerable to its impact.

How does gender inequality increase women's vulnerability to HIV?

HIV disproportionately affects women and adolescent girls because of their unequal cultural, social and economic status in society. This means that gender inequality must be tackled in order to end the global HIV epidemic, and achieve other, broader development outcomes.

Intimate partner violence, inequitable laws and harmful traditional practices reinforce unequal power dynamics between men and women. These dynamics limit women's choices, opportunities and access to information, health and social services, education and employment.

In many places, discriminatory social and cultural norms are translated into laws which repress the autonomy of young women as demonstrated by the fact that 75% of women aged 15 to 19 do not have a final say in decisions about their own health. In 146 countries, laws allow girls under 18 to marry with the consent of their parents, while in 52 countries, the same applies to girls under 15.

Stigma and discrimination further exacerbate women's vulnerability to HIV and undermine the response to the epidemic. In particular, women in key populations face numerous and specific challenges and barriers, including violence and violations of their human rights, in health care settings and from uniformed personnel.

I. Review Of Literature

This study has looked at what women know about AIDS. Many assume that women's lower status in relation to men will place them at greater risk of contracting HIV and even if they are fully informed, inhibit their inability to protect themselves.

Tenli (2004), in his study examined bereavement in women who had survived the AIDS-related death of a woman close to them. It was an exploratory study, intended to provide descriptive information on the subjective experience of participants. Six women were interviewed who reported an important relationship to a woman who had died of AIDS. Participation was not limited on the basis of time since the death, and that interval ranged from two to five years. Although HIV status was not an inclusion or exclusion criterion, all six participants disclosed that they were HIV positive, and had AIDS. This study also suggests the need to expand mainstream models of bereavement beyond the traditional emphasis on linear stage models and separation from the deceased.

Judy Bury et al (1992) said that although women with AIDS are relatively not in large number, their needs are special, especially if they are pregnant. Education directed at those who are positive and at greatest risk of getting pregnant is extremely important and needs to be developed in such a way that the women will understand how important it is. The female constitute 49% of total population, and share a great risk of developing HIV/AIDS, as female are with added risk of un-education, social deprivation and discrimination.

Roth (1998) said that the high risk population women are facing the increasingly serious threat of HIV/AIDS. According to Roth, females are the depressive segment of the community and having almost no rights to refuse unsafe sex in developing countries.

II. Objective Of The Study

The present study is conducted with the following objective:

To understand the gender discrimination regarding HIV/ AIDS within family.

III. Hypothesis Of The Study

HIV/AIDS forces for gender discrimination within the family.

IV. Research Methodology

Healthy family life is important to individual fulfilment, social stability sustainable development; especially in the context of HIV/AIDS family has a very important place in sustainable development in the hope of preparing, advocating or improving strategies that would enhance the role of the family as a basic unit of society.

The researcher aims to find out gender discrimination aspect with reference to women faced in the family.

Research design helps for logical and systematic planning in directing the research. This study attempted to investigate above mentioned factor of women living with HIV/AIDS. In this regard, the study was conducted in the framework of descriptive research design.

Universe And Sampling –

The government policy of NACP II, Solapur district has its own District AIDS Prevention Control Unit (DAPCU). There are 16 Integrated Counselling and Testing Centres for HIV suspected and infected people and ART centres for HIV infected patients.

Thus the study is delimited to only those women who are infected and attending counselling sessions & taking treatment in ICTC in Solapur district.

The researcher allotted a quota sampling of 10 HIV positive women respondents purposively from each ICTC. Thus total sample constituted to 80 HIV positive women respondents.

Sources And Methods Of Data Collection–

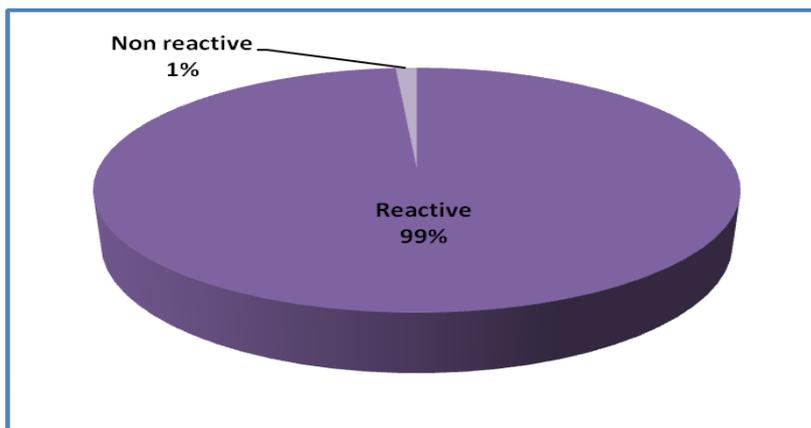
The researcher collected primary data directly from women living with HIV/AIDS from govt. integrated counselling and testing centres in Solapur district.

Interview method was used for collecting data from the HIV infected females as it is the most suitable method of data collection. Separate interview schedules was prepared for collecting the information. Interviews were held in both in ICTC units and at their home. These interviews were held in a very comfortable and confidential atmosphere.

Table No 1
Respondents' husband's HIV status

| Respondents husband's HIV status | Frequency | Percentage |
|----------------------------------|-----------|------------|
| Reactive | 79 | 99 |
| Non reactive | 1 | 1 |
| Total | 80 | 100 |

Figure No. 6.7.1 Distribution of respondents husbands HIV status



Above table explores about the HIV status of the husband of respondents.

The table shows that majority of the respondents' husbands (99%) are reactive and only 1% respondents' husbands are non-reactive.

From the above table it can be seen that 99% females got the infection from their spouse. The respondents became victims due to irresponsible sexual behavior of their spouse.

Table No. 2

Distribution of the respondents by the person responsible for HIV positive status

| Responsible person for HIV status of respondents | Frequency | Percentage |
|--|-----------|------------|
| Husband | 79 | 99 |
| Other | 1 | 1 |
| Total | 80 | 100 |

The table shows that a major proportion (99%) of the respondents said that their husband is responsible for their HIV infection and remaining only 1% expressed unawareness.

From the above table it is found that husband is the most responsible person for the HIV infection among female. Irresponsible behavior and unawareness perhaps could have been the reason for developing infection from others.

Table No 3

Distribution of family member's reaction after detection of HIV positive status of the respondent

| Family member's reaction after detection of HIV positive status | Opinion of the respondents | | Total |
|---|----------------------------|---------|----------|
| | Yes | No | |
| Accepted | 64(80%) | 16(20%) | 80(100%) |
| Blamed | 38(48%) | 42(52%) | 80(100%) |

| | | | |
|---------------------------------------|---------|---------|----------|
| Denied to accept | 35(44%) | 45(56%) | 80(100%) |
| Empathized | 31(38%) | 49(62%) | 80(100%) |
| Supportive | 25(32%) | 55(68%) | 80(100%) |
| Told to leave home | 16(20%) | 64(80%) | 80(100%) |
| Initial hesitation but the supportive | 51(64%) | 29(36%) | 80(100%) |

The above table shows the opinion of the respondents about family members’ reaction after respondents’ detection of HIV positive status.

A massive (80%) of the respondents said that their family members accepted them even after detection of HIV, 20% respondents said that their family did not accept them.

However 52% respondents replied that their family members initially blamed them after HIV detection.

56% respondents replied that after their detection of HIV their family did not deny to accept them.

A significant 62% of the respondents opined that their family did not empathies them after their HIV detection.

68% respondents’ families have not supported them.

Majority proportion (80%) respondents replied that their family never forced them to leave home.

64% respondents said that after their HIV positive detection, their family did initial hesitation with them but later they were supportive.

Table No 4
Distribution of the respondents by areas for taking own decisions

| Areas for taking own decisions | Opinion of the respondents | | | Total |
|---|----------------------------|----------------|------------|----------|
| | To a large extent | To some extent | Not at all | |
| Buying household assets like land, house, flat etc. | --- | 40(50%) | 40(50%) | 80(100%) |
| Seeking healthcare for self | -- | 70(88%) | 10(12%) | 80(100%) |
| Seeking healthcare for children | 47(58%) | 23(28%) | 10(13%) | 80(100%) |
| Whether or not to have a child | --- | 24(30%) | 56(70%) | 80(100%) |
| can refuse to have sex with your husband | --- | 15(20%) | 65(80%) | 80(100%) |
| Make your husband use condom during intercourse | --- | 47(60%) | 33(40%) | 80(100%) |

Regarding the opinion of the respondents about decision making, the table shows that among female respondents one half said that they can decide buying household assets like land, house, flat etc to some extent and as well as they do not have the right to decide same thing at all.

88% replied that they take the decision for seeking the healthcare for self to some extent.

A good majority of the respondents (60%) answered that they have only responsibility of seeking healthcare for their children to a large extent, 28% said they can decide about it at some extent and remaining 12% respondents do not have the right to decide about the health care about their children.

70% opined that they don’t have the right to decide to have a child or not and remaining 30% replied that they can take the decision about the same matter at some extent.

A significant proportion (80%) of the respondents feels that they don’t have the right to refuse about having sex with their husband and 20% feel that they can refuse about the same matter to some extent.

60% respondents opined that they can make their husband to use condoms during sexual intercourse to some extent and 40% respondents said they cannot decide about the same.

Table No 5
Distribution of respondent’s by husband’s support for treatment or any other constraints within family

| Husband support for treatment of respondents or any other constraints within family | Frequency | Percentage |
|---|-----------|------------|
| Yes | 26 | 32 |
| No | 54 | 68 |
| Total | 80 | 100 |

The above table displays the respondent’s husband’s support for treatment or any other constraints within family.

Majority (68%) respondent’s husband does not support for treatment or any other constraints within family and remaining 32% agreed that their husband supports them for their treatment or any other constraints within family.

Table No 6
Distribution of respondents by relationship with others after HIV infection

| Relationship of respondents after HIV infection | Opinion of the respondents | | | Total |
|---|----------------------------|---------|----------|----------|
| | Cordial | Fair | Conflict | |
| Relationship with spouse | 32(40%) | 45(56%) | 3(4%) | 80(100%) |
| Relationship with parents | 71(89%) | 6(7%) | 3(4%) | 80(100%) |
| Relationship with in-laws | 0(0%) | 32(40%) | 48(60%) | 80(100%) |
| Relationship with children | 71(89%) | 6(7%) | 3(4%) | 80(100%) |
| Relationship with sisters/brothers | 32(40%) | 45(56%) | 3(4%) | 80(100%) |
| Relationship with neighbors | 0(0%) | 32(40%) | 48(60%) | 80(100%) |
| Relationship with society | 0(0%) | 32(40%) | 48(60%) | 80(100%) |

The above table focuses on the opinion of the respondents about their relationship with others after HIV infection.

The table shows that 56% respondents are having fair relationship with their spouse, 40% respondents are having cordial relationship and remaining 4% respondents are having conflict with their spouse.

Majority of the respondents (89%) have cordial relationship with their parents, 7% respondent’s relationship with their parents is fair and remaining 4% have conflicts with their parents.

A major proportion (60%) of the respondents replied that they have conflicts with their in-laws and they do not have good relationship with them and remaining 40% respondents feels that they have fair relationship with in-laws.

Nearly 90% of the respondents have cordial relation with their children, 7% respondents have fair relationship with their children and 4% facing conflicts in relationship with their children.

56% respondents replied that they have a fair relation with their sisters and brothers, 40% have cordial relationship and 4% respondents have conflicts with their brothers and sisters.

Majority (60%) of the respondents said that they have conflicts with their neighbors and remaining 40% respondents have fair relationship with their neighbors.

When 60% respondents have conflicts with society due to their HIV status and remaining, 40% respondents maintains fair relationship with society.

VI. Hypotheses Testing

- **HIV/AIDS forces for gender discrimination within the family.**

It is evident from the Table No 4; Table No 5 and Table No 6 shows that HIV/AIDS forces gender discrimination within the family. Females are found to be discriminated by non-supportive approach by the family members due to the infection. Hence the hypothesis is accepted.

VII. Major Findings

It is found from the present study that majority (98.8%) of the respondents' husbands are reactive among which 81.2% respondents' husbands are alive.

An overwhelming 98.8% of the respondents said that their husband is responsible for their HIV infection. A massive portion of the respondents said that their family members accepted them even after detection of HIV. However 52% respondents replied that their family members initially blamed them after detection of HIV status. 56% respondents replied that after their detection of HIV their family did not deny to accept them. A significant 62% of the respondents opined that their family did not empathize them after their HIV detection and 38% respondents' family empathized them. 68% respondents' families have not supported them. Majority (80%) of the respondents replied that their family never forced them to leave home. 64% respondents said that after their HIV positive detection, their family did show initial hesitation with them but later they were supportive.

Regarding the opinion of the respondents about decision making, the table shows that among female respondents one half said that they can decide buying household assets like land, house, flat etc to some extent. 88% replied that they take the decision for seeking the healthcare for self to some extent. A good majority of the respondents (60%) answered that they have only responsibility of seeking healthcare for their children to a large extent, 28% have responsibility and they can decide about it at some extent and remaining 12% respondents do not have the right to decide about the health care about their children. 70% opined that they don't have the right to decide to have a child or not and remaining 30% replied that they can take the decision about the same matter at some extent. A significant number (80%) of the respondents feel that they don't have the right to refuse having sex with their husband and 20% refuse about the same matter to some extent. 60% respondents opined that they can make their husband to use condoms during sexual intercourse to some extent and 40% respondents said they cannot decide about the same.

From the data it is observed that 56% respondents are having fair relationship with their spouse, 40% respondents are having cordial relationship and remaining 4% respondents are having conflict with their spouse. Majority of the respondents (89%) said that they have cordial relationship with their parents, A major proportion (60%) of the respondents replied that they have conflicts with their in-laws and they do not have good relationship with them and remaining 40% respondents feel that they have fair relationship with in-laws. Nearly 90% of the respondents have cordial relation with their children, 7% respondents have fair relationship with their children and 4% facing conflicts in relationship with their children. 56% respondents replied that they have a fair relation with their sisters and brothers, 40% have cordial relationship and 4% respondents have conflicts with their brothers and sisters. Majority (60%) of the respondents said that they have conflicts with their neighbors and remaining 40% respondents have fair relationship with their neighbors. When 60% respondents have conflicts with society due to their HIV status and remaining, 40% respondents are maintaining fair relationship with society.

References

1. Ministry of Health and Family Welfare, New Delhi, 2000.
2. MSACS, District / Circle wise progressive figures for the year 2013, Govt. of Maharashtra
3. NACO, Combating HIV / AIDS in India HIV – AIDS Global overview
4. Ram Ahuja, Research methos, Rawat Publication, New Delhi, 2001
5. Ramamurthy V. 2000, AIDS and the Human Survival, Authors press, New Delhi.
6. Schrimshaw, -Eric-W, (2002), " Social support, conflict and integration among women living with HIV/AIDS", Journal-of-Applied-Social-Psychology. Oct 2002; Vol 32 (10): 2022-2042
7. Shahbaz Ahmad Khan, , 2006, Socio-economic and psychological impact of HIV and AIDS on society, University of Agriculture, Faisalabad, Pakistan.
8. www.avert.org
9. www.avertsociety.org
10. www.ccdtrust.org