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Review Of Research

THE KNOWLEDGE AND AWARENESS OF WOMEN LIVING WITH HIV/AIDS IN CHITTOOR DISTRICT OF ANDHRA PRADESH

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ABSTRACT:
Women are at risk of acquiring sexually transmitted infections and HIV infection because their reproductive organs are structured in such a way. Also almost 60 per cent of all sexually transmitted infections have no symptoms. Therefore even if a woman has one, she would not know it.

Women at the time of child birth may have several problems such as prolonged labour, caesarian section or forceps delivery. As a result of these procedures, injury to the genital tract, blood loss, risk of infection is common. Therefore it is important for women to take care of their reproductive health and have regular medical checks ups whether they have symptoms or not. The present paper examines the knowledge and awareness of sample respondents o the various aspects of HIV/AIDS.

KEY WORDS: *Transmission, Sex Worker, prevention, ART drugs, CD4 count.*

INTRODUCTION:

In the Indian situation, a woman is usually completely dependent on her husband for food and shelter. The male partner controls the sexual interaction. The woman is at risk if her male partner has sexual relationship outside marriage. She does not have the capacity or the authority to demand that she has a right to protect herself from HIV/ AIDS and STIs, and therefore request her husband to be

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faithful or to use condom when indulging in sex outside marriage. Hence in a majority of cases the women become infected not through her behaviour but through that of her husband's, and once she is infected, she is at much greater risk of facing all the medical and social complications of HIV/AIDS. She is the one who is then blamed, stigmatized and discriminated against.

The issue of women is clearly a survival issue. In order to survive, women will need to know that they have a choice, a choice to say no to high-risk behaviours, a choice to protect themselves from infection, a choice to take care of their health if they don't want to get infected, a choice to make decisions regarding pregnancy, and a choice to have a significant role in the marital union lives. This act, to make women aware of their choices to strengthen them in all areas of their lives is referred to as empowerment of women.

In India, most women are dependent on their husbands or his family for food, clothing, shelter and money. It is the male partner who usually controls the financial matters at home. As a result of this, abstinence, faithfulness on man's part and using condoms for protection, which has now become the mainstay of prevention of HIV infection which is totally under the man's control.

From the time of her birth, the Indian female child is considered a burden, initially for her parents, and later on for her husband's family. The main aim of her biological family is to quickly marry her off. 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. Many such women are also forced into prostitution for a living. In fact, most women living on prostitution have a poor background: like desertion by husband, rape, migration to cities in search of job, forced flesh trade through kidnapping or sale etc.

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. Also, more often than not, there is shortage of financial resources to pay for the use of health care facilities.

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.

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.

OBJECTIVES OF THE STUDY

1.To understand the vulnerability of women to HIV/AIDS .

2.To examine the knowledge and awareness of women PLHAs about various aspects of HIV/AIDS and

Sampling

The Chittoor Network of Positives Chittoor, providing various services to the women on ART and non-ART in order to reduce (Half & Reverse) HIV/AIDS spread. In 2013-2014 the Chittoor Network of Positives, provided various services to 8593 PLHAs. Among them 6235 are on ART and 2358 are non-ART. Among the PLHAs living on ART 3319, constituting 53.23 are women and 1204 women constituting 52.64 per cent are non- ART PLHAs. Due to the constraints of time and money the study is confined to study the various problems and prospects of limited women PLHAS. For the present study 6 per cent of

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ART and Non-ART women were selected by simple random sampling method. Care was taken to cover all type of women i.e. sex workers, IUDs, general women etc. So the total sample constitutes 271 women. Among them 199 are women on ART and 72 women are on non-ART.

Present Occupation

The present occupational status of sample women PLHAs is registered during field survey and presented in table 1.

Table 1
Occupational Distribution of Sample PLHAs

S. No	Occupation	No .of Respondents	Percentage
1	House wife	21	7.75
2	Student	5	1.85
3	Daily Laborers	48	17.71
4	Migrant Laborers	55	20.30
5	Petty Business	9	3.32
6	Agriculture	18	6.64
7	Unemployed	11	4.06
8	Sex Worker	104	38.38
Total		**271**	**100.00**

Source: Field Data

It is evident from table 1 that the people with low income levels are prone to HIV infection as most of the sample women were dependent for their livelihood on flesh trade and labour. Around 38.38 per cent of sample women were sex workers. Around 20.30 per cent were labourers, who migrated from rural areas to urban areas for their livelihood. Daily casual labourers in private establishments and construction industry constitute 17.71 per cent of total sample. The women belonging to these three categories (Sex workers, migrant Labourers and daily labourers) constitute 76.39 per cent of total PLHAs. Among others, house wives constitute 7.75 per cent of total sample women. Agriculture is the major occupation of 6.64 per cent of sample respondents. Unemployed constitute 4.06 per cent of total sample and followed by petty business respondents with 3.32 per cent. 5 out of 271 were the college students.

ROUTE OF TRANSMISSION

HIV enters the body through open cuts, sores, or breaks in the skin; through mucous membranes, such as those inside the anus or vagina; or through direct injection. There are several ways by which this can happen. Table 2 gives the details of route of transmission of HIV among sample PLHAs.

Table 2
Route of Transmission of HIV to Sample PLHAs

S. No	Route of Transmission	No. of Respondents	Percentage
1	Heterosexual	235	86.72
2	Blood Transfusion	21	7.75
3	Infected Syringe/needle	8	2.95
4	Others	1	0.37
5	Don't Know	6	2.21
Total		**271**	**100.00**

Source: Field Data

The data in table 2 shows that a preponderant majority i.e. 86.72 per cent of sample women reported that the HIV entered their body through heterosexual intercourse. The reason why sexual activity is a risk for HIV transmission is because it allows for the exchange of body fluids. Researchers have consistently found that HIV can be transmitted via blood, semen, and vaginal secretions. The route of HIV transmission in case of 7.75 per cent of sample women was through transfusion of blood. Infected syringe/needle is the source of transmission of HIV in case of 2.95 per cent of the sample. 1 out of 271 reported that they are infected by HIV through breaks in the skin. The remaining 2.21 per cent of women are quite unknown about the route of transmission of HIV.

PERIOD OF INFECTION

The details with regard to period of infection of HIV in case sample PLHAs have been presented in table3.

Table 3
Period of Infection of PLHAs

S. No	Period of Infection	No .of Respondents	Percentage
1	One Year	21	7.75
2	2-5 Years	104	38.38
3	6-10 Years	84	31.00
4	10 Years and above	57	21.03
5	Don't Know	5	1.85
Total		**271**	**100.00**

Source: Field Data

The period of infection incase large number of sample women varies between 2 to 10 years. To be precise in case of 38.38 per cent of women the period infection is 2 to 5 years and in case of 31 per cent of women it is 6 to 10 years. Around 21.03 per cent of women were living with HIV virus for more than 10 years. The period of infection in case of 7.75 per cent of sample women is one year. The remaining 1.85 per cent is not aware of period of infection.

KNOWLEDGE AND AWARENESS

The knowledge of sample women about the HIV/AIDS related aspects is ascertained during field

survey and the same is presented in table 4.

Table 4
Knowledge and Awareness of Sample Women on HIV/AIDS Related Aspects

S. No	HIV/AIDS Related Aspects	Yes	Percentage	No	Percentage
1	Heard of HIV/AIDS	242	89.30	29	10.70
2	Full form of HIV	35	12.92	236	87.08
3	Full form AIDS	44	16.24	227	83.76
4	Causative agent of AIDS	28	10.33	243	89.67
5	HIV/AIDS can be prevented	24	8.86	247	91.14
6	No vaccine for HIV/AIDS	36	13.28	235	86.72
7	HIV/AIDS status can be confirmed by blood test	109	40.22	162	59.78

Source: Field Data

Table 4 reveals that the knowledge levels of sample women on good number of HIV/AIDS related aspects is very low. Full form of HIV and AIDS is not known to 87.08 per cent and 83.76 per cent respectively. A preponderant majority i.e. 91.14 per cent of women stated that they are not aware about the methods of prevention of AIDS. The causative agent of AIDS is known to only 10.33 per cent of sample women. Only 13.28 per cent of women declared that they are aware that there is no vaccine to prevent the transmission of AIDS. Around 89.30 per cent of women heard about HIV/AIDS. The HIV/AIDS status can be confirmed by blood test is known to 40.22 per cent of sample women.

ART Treatment

On the basis CD4 count the ART treatment will starts. If the CD4 count is less than 350 the ART drugs will be supplied to the patients. Table 5 gives the details of ART treatment taking sample PLHAs.

Table 5
Type of ART Treatment Taking by Sample PLHAs

S. No	ART Treatment details	No .of Respondents	Percentage
1	First Line ART	120	44.28
2	Second Line ART	79	29.15
3	Not on ART (Pre ART Care)	72	26.57
Total		**271**	**100.00**

Source: Field Data

As per table 5 nearly 44.28 per cent of women were taking first line ART. The second line ART starts when the body of HIV positive patient body becomes resistant to first line ART drugs. Among the sample PLHAs nearly 29.15 per cent were taking second line ART drugs. The remaining women were not taking any ART drugs.

CONCLUSION

Empowerment of women is one of the key issues in keeping women safe and healthy. In western

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countries, there is woman's advocacy and right groups, which empower women. Many of these groups are headed and run by HIV positive women themselves.

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