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WOMEN LIVING WITH HIV/AIDS PROLONGS LIFE WITH POSITIVE FEELING

Dr. Sangeetha R. Mane

Associate Professor, Department of Social Work, Karnatak University, Dharwad.

ABSTRACT:-

The HIV/AIDS pandemic has become one of the most important public health problems in recent times and it is having a profound impact on the lives of WLHAs infected people and their families. The care of people living with AIDS presents a significant challenge to the health care sector. In addition, by fostering a more positive environment where universal precautions are in effect and empathy for HIV/AIDS patients is encouraged, more positive views on the care of WLHA would be expected. Hence, the present paper highlights on women living with HIV/AIDS and can prolong their life with positive feelings towards it. This study is conducted in ART Centre District Hospital Dharwad. The researcher used exploratory design, adopting Purposive Sampling Technique with sample size of 50 the data was collected with self structured questionnaire using interview schedule method with simple statistical percentage technique along with discussion.

KEYWORDS: HIV, AIDS.

INTRODUCTION

Worldwide women constitute more than half of all people living with HIV/AIDS. HIV/AIDS is now recognized as a disease that affects women as well as men. Women are increasingly at high risk of becoming HIV positive due to biological vulnerabilities, low socio-economic status, dominant sexual practice of males and epidemiological factors. Men are more efficient at transmitting HIV to women than women are to men, and women are biologically more vulnerable to HIV infection than men. Life for HIV infected women is never easy; they manifest profound physical and psychological consequences. Women bear a 'triple jeopardy' impact of

HIV/AIDS: as person infected with HIV, as mothers of child,

and as carers of partners, parents or orphans with AIDS. Women living with HIV/AIDS (WLHA) are at particularly high risk of living a painful, shameful life of exclusion. Millions have been rejected from their family, friends, partners, society, feelings of uncertainty and loss, low self esteem, fear, anxiety, depression and even suicidal ideation, thousands have lost their lives and thousands have been unable to live their life. In spite of the burden of disease the world is paying less attention to the issues raised by WLHA. Their voices remain unheard. Women living with HIV/AIDS meant living with panic, and the painful effects of stigmatisation and discrimination including social rejection, denial, even violence within family and community.



In the recent years a large number HIV positive support groups have been formed and they are identified as "People Living with HIV/AIDS" (PLWHA). Recently, "People Living Positively" has also been used and for women it is used as "Women Living with HIV/AIDS".

Remarkable progress is being made on HIV treatment. Ahead of World AIDS Day, UNAIDS has launched a new report showing that access to treatment has risen significantly. In 2000, just 685 000 people living with HIV had access to antiretroviral therapy. By June 2017, around 20.9 million people had access to the life-saving medicines. Such a dramatic scale-up could not have happened without the courage and determination of people living with HIV demanding and claiming their rights, backed up by steady, strong leadership and financial commitment.

People living with HIV

In 2016, there were 36.7 million [30.8 million–42.9 million] people living with HIV. 34.5 million [28.8 million–40.2 million] adults, 17.8 million [15.4 million–20.3 million] women (15+ years), 2.1 million [1.7 million–2.6 million] children (<15 years). Girls and women make up more than half of the 36.7 million people living with HIV. Ending AIDS by 2030 requires that we address girls' and women's diverse roles by putting them at the centre of the response. An estimated 18.6 million girls and women living with HIV were newly infected with HIV in 2017. In 2016, India had 80 000 (62 000 - 100 000) new HIV infections and 62 000 (43 000 - 91 000) AIDS-related deaths. There were 2 100 000 (1 700 000 - 2 600 000) people living with HIV in 2016, among whom 49% (40% - 61%) were accessing antiretroviral therapy.

The key populations most affected by HIV in India are:

- Sex workers, with an HIV prevalence of 2.2%.
- Gay men and other men who have sex with men, with an HIV prevalence of 4.3%.
- People who inject drugs, with an HIV prevalence of 9.9%.
- Transgender people, with an HIV prevalence of 7.2%.

Since 2010, new HIV infections have decreased by 46% and AIDS-related deaths have decreased by 22%. To advance towards the Fast-Track Targets and eliminate mother-to-child transmission of HIV and syphilis by 2020—as articulated in the 2017 National Health Policy—the delivery of more cost-effective and integrated HIV services is required. This scale-up is included in the recently finalized National Strategic Plan 2017–2024.

As per National AIDS Control Organisation (NACO), Department of Health and Family Welfare, Government of India, Karnataka is one of the "High Prevalent States" in India. KSAPS is implementing NACP IV. As per HIV Sentinel Surveillance 2014-15 in India, HIV prevalence in ANC clients was 0.26% where as Karnataka stands in 8th Position in HIV prevalence.

Tested and found positive in ICTC

Year	General clients					ANC				
	Target	Achievement (Ach)				Target	Achievement (Ach)			
		Tested	% Ach	+ve	% Positivity		Tested	% Ach	+ve	% Positivity
2012-13	1491400	1239661	83.12	33611	2.71	1207268	962034	79.69	1831	0.19
2013-14	1467137	1659924	113.00	29461	1.77	1292519	1170081	91	1445	0.12
2014-15	1540494	1911929	124.00	26509	1.39	1253456	1253212	100	1295	0.10
2015-16	1617519	1948499	120.46	21994	1.13	1287757	1285967	100	1034	0.08
2016-17 (up to Mar-17)	1698395	1940589	114.26	20004	1.03	1287757	1321668	102.6	851	0.06

HIV Counselling & Testing at Integrated Counselling and testing Centre:

In the last three years there has been an increase in the number of Integrated Counselling and testing centers for testing of HIV. These ICTCs are functioning in Government Hospitals and selected Private Hospitals. As on 31st March 2017 a total of 2983 ICTC and F-ICTC centers are functioning in the State. During 2015-16, 19,48,499 General clients were counselled and tested with a positivity rate of 1.13% and 12,85,967 ANCs were counselled and tested with a positivity rate of 0.08% in ICTCs.

Care Support & Treatment:

During 2016-17, 63 ART + 1 FI ART centers and 111 Link ART centers and 85 Link Plus ART centers have been functioning. The cumulative number of HIV cases registered at ART centers till March-2017 were 3,03,058 out of which, 1,39,671 cases are alive and on ART.

Status report on ART 2016-17.

Indicator	Adult Male	Adult Female	TS/TG	Child Male	Child Female	Total
Pre ART Registration	144286	139772	663	10033	8304	303058
Ever Started on ART	104646	100376	389	6355	5012	216778
Alive on ART	59400	71134	238	4918	3981	139671
Reported Death	33929	19732	102	950	692	55405

As per NACO, Karnataka is one of the “High Prevalent States” in India. ... As per HIV Sentinel Surveillance 2012-13 HIV prevalence in ANC clients of 1.60% has been reported in Dharwad districts.

Details of HIV/AIDS Prevalence in Dharwad District

Year	Tested	Diagnosed	Percentage
2013-14	40476	1217	3.00
2014-15	54584	1020	1.80
2015-16	56331	837	1.48
2016-17	58866	722	1.22
2017-18 (up to Oct 17)	33060	369	1.11

According to NACO Handout:

“Positive Living or Living positively with HIV/AIDS is a term used to describe leading a normal, non-risky life while following the preventive and supportive measure to live, though infected with HIV. Another aspect of positive living is to prevent the spread of HIV from an infected person to a non infected one”.

Positive living is also about seeking support when you need it, including going for counseling, joining a support group for PLHA and visiting health care worker regularly so she can monitor health and give the right medications at the right time. Keeping healthy also includes taking the right medicines when you become sick.

Some basic facts of living with HIV/AIDS and having positive life style:

- Having a positive attitude about oneself and one's life
- Eating lots of different types of the right foods for a healthy diet
- Keeping oneself healthy
- Practicing safe sex, by using a condom correctly every time, whether your partner is HIV positive or not
- Visiting your health care provider for advice to help you keep healthy and fight off diseases regularly

- Taking anti-retroviral drugs to help fight HIV

Dimensions of positive living

Various dimensions of positive living are outlined which are essential in the development and provision of HIV/AIDS comprehensive care system. To meet the physical, emotional, social, spiritual and economic needs of PLHA, positive living should be governed by the following dimensions:

1. Hope:

Hope is the only factor which helps to live positively than to die. It is considered to be a potent factor in positive living, it helps PLHA to live positively rather than wait to die. However women live longer because they are attached with their children. Hope describes many qualities of long term survivors.

2. Openness or Disclosure:

Positive living requires that there should be an environment of openness wherein a person with HIV can normalize and disclose about HIV. It helps in reducing stigmas. It helps to deal with internal HIV/AIDS fear. PLHA are often much happier in their relationships when their HIV status is known to their partner.

3. Accepting one's status:

Knowing and accepting one's HIV serostatus helps to reduce stigma related to HIV. It also enables a more informed planning for the future. Long term denial is very detrimental and needs to be discouraged.

4. Respect Human Right:

Society should treat men, women and children living with HIV/AIDS with respect and compassion because they have the right to live life fully with respect and dignity regardless of sexual orientation. They should not be segregated, condemned.

5. Strong sense of purpose:

Living positively is very important to find out one's purpose of life. Persons with HIV need assistance to realize a sense of purpose and meaning, work energetically whether through job rehabilitation, assistance redefining self worth or finding a flexible job.

6. Accessibility and Availability:

Appropriate health care should be available at the very basic level.

7. Balance and healthy nutrition:

Living positive includes ensuring a healthy, balanced diet, and avoiding sexually transmitted infections. Good and healthy nutrition can help to delay the progression from HIV to AIDS. Nutritional care and support are important from the early stage of infection prevent the development of nutritional deficiency.

8. Equity:

Health needs for positive living of the targeted population should be met in a fair and just way. For promoting equity, geographical, economic and social barriers should be minimized. Care is provided to all persons living with HIV/AIDS regardless of gender, age, race, ethnicity, sexual identity, income and place of residence.

9. Economic empowerment:

Many people infected with HIV fail to survive because of poverty. Economic opportunities help people infected with HIV to live positively. Employment and engagement in business activities, financial independence and capacity building training have empowered PLHA, resulting reduced social stigma and improved positive

living.

10. Spirituality:

It has both a religious and existential component that share the concept of meaning in life, hope, self transcendence and rituals. It is a resource that chronically ill individuals including those infected with HIV disease; use to cope with physiological and psychological challenges of the illness.

SCOPE OF THE STUDY:

When diseases confront life, women are scared of it and die half only because they have HIV. Can it extend the number of days that she is going to live? What type of life she should live? How the problems unsolved affect the other part of life? What effect and impact will it have on dependants? How positive living brings qualitative change in life? All these queries and doubts can be understood in this study how Women Living With HIV/AIDS can Prolong Life with Positive attitude and Feelings.

OBJECTIVES:

- To focus on women living with HIV/AIDS
- To Identify the dimension of positive feeling
- To understand the techniques to improve positive feeling and prolong life
- To approach from the point of Social Work perspective

STUDY AREA AND JUSTIFICATION:

This study is conducted in ART Centre District Hospital Dharwad which is situated in the District Headquarters. Considering the review and observation made by the investigator the study is planned. It is hoped that the study will help the WLHA to increase the span of their life by adopting Positive Feelings.

RESEARCH DESIGN:

The researcher used exploratory design from the respondents.

RANDOM SAMPLING DESIGN:

Purposive Sampling Technique is used to collect the data which is give from the respondent. The researcher selected fifty samples out of 219 WLHA who are ART registered during 2016 to 2017 and the clients who agreed to give information. Tools of data collection are used by the ART Centre and DAPCU documents and interview schedule.

DISCUSSION:

10% WLHA were in the age group of 20-24, 38% in the age group of 25-34, 46% in the age group of 35-49 and 6% were above 50 years of age. Educational status showed that 22% were illiterate, 44% had primary education, 30% had secondary education and 2% of them had college level education. 52% WLHA were from nuclear families and 48% from joint families, 58% WLHA were married, 6% unmarried, 30% were widows and 6% were separated. 80% women were supported by their family, 8% of them got support from NGO's and 2% from friends. Occupational status showed that 8% were employed in service, 46% were Daily wagers, 2% of them had business and 44% were dependents and housewives. 72% of them were from rural areas an 28% from urban areas. 10% were commercial sex workers. 34% women had health problems in which 12% had TB infection and were on treatment. 12% Women did not have children, 28 % women had family problems. 12% were living with their parents. 6% women were staying alone. 6% women had the habit of tobacco chewing, 2% had habit of drinking alcohol 30% of women were taking care of their children after the death of her husband alone along with the family responsibilities. Out of these 30% women, 50% are widows who have infected children. 10% of spouses of WLHA are tested negative of which 6% are separated 4% husbands do take care of their wives. 90% of women had the transmission of HIV through their husbands. 6% of women had to separate from their husbands

for just because they had the HIV infection.

64% of women practiced safe sex using condoms. 30% women have stopped having sex and 6% of them still practice unsafe sex. 6% WLHA wanted legal aid to solve their family problems. 70% of women restrained themselves from family functions who did not disclose their HIV status except their husband, siblings and parents. 56% women had house of their own in the name of the family or husband and 44% women resided in rented houses. 66% women had their own nutritional support and 44% had to dependent on their family. Only 26% Women had joined the SNG.

SUGGESTIONS

- The life of WLHA can be definitely led to the positive feelings with multispectral responses and interventions with community various empowerment programmes can be undertaken with involvement of various departments/agencies/GOs/NGOs/VOs. The participation of WLHA in decision making/designing/implementing/ evaluation of the interventions is very vital to make it effective.
- Focus on Women WLHA: To Empower, Enable and support women, girls and young people to make informed decisions regarding all aspects of their life including sexuality and reproductive health.
- Purpose of life: Health is not about knowing all facts it about wants to be alive, Keep a positive outlook in life, have plans, projects and dreams, they should not stop loving life and maintain an active social life.
- Believe in one 's self: The will to live is one of the best medicines for people living with HIV. If you want to live, then your body responds in good ways and you will live a longer, happier and healthier life. Think positive (good) thoughts. Avoid negative thoughts because they will weaken our immune system.
- Joining a Support Net Group: Joining a support net group helps the PLHAs that they are not alone. It helps to learn and discuss ways which help them and other to live positively, stay strong and feel good about oneself, keep thinking positively and reminds one to have rights as a person living with HIV.
- Respecting rights, dignity, worth: Every WLHA has a right to live. Sensitizing the family and the society, respecting her dignity and promoting the equality of all people without distinction of any gender.
- Consistent and Proper use of condom: Through regular counselling unintended pregnancies should be avoided and more importance should be given for condom use.
- Earlier recognition of OIs: Regular checkups to avoid Opportunistic Infection (OI) such as oral thrush, TB, Chronic cough and recurrent boils should be treated.
- Nutritional care support/home based care should be treated.
- Case studies and experiences of HIV clients should be shared.
- Advocacy on positive living: Community education can be provided by information, education and communication strategies effectively to improve positive living. Education for family member and care givers should be provided by various programs and workshops. Personnel in public and private sectors should be educated enough to reduce the impact of HIV/AIDS in workplace. Community support networks should be developed along with Condom promotion and distribution.
- 24 hours helpline for WLHA
- Socio–Economic Rehabilitation through Short-Stay Shelter Homes

CONCLUSION

Women/Widows are suffering, have lost hope, feel lonely; those having children have the urge of living, well nourished are benefited from ART. Women in nuclear families have lesser problems compared to joint families. Dependents are facing more problems in families. Due to social stigma they are not able to go for legal/financial aid. Widows without children have more psycho/social/economic problems. Those having their own nutritional support feel themselves independent to make changes in their diet. Those dependent face problems. WLHA in the district at present are not support by any CCC or SNG because of the closure of the same.

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