ORIGINAL ARTICLE
pISSN 0976 3325 | eISSN 2229 6816
Open Access Article
www.njcmindia.org

GENDER DISCRIMINATION AND EMPOWERMENT ISSUES AMONG HIV POSITIVE FEMALES ATTENDING ANTI RETROVIRAL THERAPY CENTRE IN NORTHERN KARNATAKA

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Financial Support: None declared
Conflict of Interest: None declared

How to cite this article:
Venkatesha M, Lakkappa L, Bant DD, Bathija GV. Gender Discrimination and Empowerment Issues among HIV Positive Females attending Anti Retroviral Therapy Centre in Northern Karnataka. Ntl J Community Med 2016; 7(9):759-762.

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Date of Submission: 17-08-16
Date of Acceptance: 20-09-16
Date of Publication: 30-09-16

ABSTRACT

Background: Since last decade a terrifying pattern has emerged in HIV and women face higher risks of being infected by HIV as well as increasingly bearing the brunt of its impact. Almost half of the adults living with HIV & AIDS today are women.

Objectives: To determine socio-demographic profile, health status and gender, empowerment issues among HIV positive female patients.

Methods: A cross sectional study was done among HIV positive women attending ART centre and linked to NGO's. Pre-tested and pre-structured questionnaire was used to collect data. Proportions were estimated using SPSS statistics software version 22.

Results: HIV infection was more common in women aged between 20-30 yrs, 59% of them were widow, 62% were literates and majority were in lower socio-economic group. Majority of women suffered from genitourinary infections. Family was non supportive in 28%, bad familial relation was seen in 34% of subjects. 22% faced Physical abuse, 61% were isolated in gatherings. Majority of women were not practicing any contraceptive measures.

Conclusion: Literacy status and health education programmes of women must be increased to make them aware regarding contraceptives, health facilities, human rights, empowerment issues and to remove misconceptions of HIV.

Keywords: Gender, Empowerment, HIV positive females.

INTRODUCTION

Women's empowerment generally refers to the recognition that women legitimately have the ability to and should, individually and collectively, participate effectively in decision-making processes that shape their societies and their own lives.[1] In relation to empowerment and transmission of HIV, women must legitimately have the ability and should make informed decisions about their own bodies and behaviours to reduce their risk of infection with HIV.[2, 3]

AIDS was thought as a disease of men. A decade ago, women were less affected. But a terrifying pattern has since emerged. All over world women face higher risks of being infected by AIDS as well as increasingly bearing the brunt of its impact. Almost half of the adults living with HIV & AIDS today are women. Over the past two years the number of women and girls infected with HIV has increased in every region of the world with rates rising particularly rapidly in Eastern Europe, ASIA & Latin America. Women are vulnerable largely because of the behaviour of others, through their limited autonomy and external factors, including social and economic inequities beyond their control.[4,5]

Most of the sexually transmitted HIV/AIDS infection in female occurs either before marriage or in women with monogamous relationship. Young married women are at higher risk of infection than unmarried women of same age. Many women are unable to refuse sex across the world between one fifth and half of the girls and women report that their first sex encounter was forced. Women and girls are physiologically weaker and gender based inequities compound their risks. They are more likely to be poor and powerless, have less education, less access to land, credit or cash and to social services. [6, 7] Hence this study was conducted with the objective to determine socio-demographic profile, health status and Gender and empowerment problems of HIV positive female patients.

MATERIALS AND METHODS:

A cross sectional study was carried out among HIV positive women reporting to ART Centre for a period of 6 months. Institutional Ethical Clearance and Written informed consent were obtained from the participants before start of study. Sample size of 181 subjects was estimated by using 35% as proportion of subjects without family support from pilot study at 10% absolute precision and 99% confidence level and 20% Non response rate by using the formula $n = (1.96)^2 p (1-p)/ d^2$. 200 consecutive HIV positive women visiting ART Centre during the study period were recruited considering high non response rate of subjects.

Pre-tested and structured questionnaire method was used to collect data by interview method at ART centre with the help of an NGO Jeevanamukhi linked to the centre which had a network of People living with HIV (PLHIV). Sociodemographic, Health status and gender and empowerment issues were collected from subjects. Data collected was entered in to data sheet and analysed using SPSS 22 version software. Frequencies and proportions were computed and were represented in tables.

RESULTS

Gender and Empowerment issues among *200* HIV positive women were studied in a tertiary care ART centre. Majority of subjects 46% were in the age group 20 to 30 years. 88% of them belonged to Hindu religion, 38% were illiterates and 50% were housewife. Majority i.e. 68% belonged to Lower socioeconomic status, 77% were HIV positive for more than 10 years, majority of them were widow (59%) with <2 children (71%) and in majority 59% HIV status was not detected during ANC (Table 1).

Table 1: Socio-Demographic Profile of HIV positive women

Socio-Demographic Profile	Women (n=200) (%)
Age (yrs)	
<20	78 (39)
20-30	92 (46)
30-40	26 (13)
40-50	4 (2)
Religion	
Hindu	176 (88)
Muslim	16 (8)
Christian	8 (4)
Education Status	
Illiterate	76 (38)
Primary schooling	52 (26)
Secondary schooling	40 (20)
PUC & Above	32 (16)
Occupation	
Housewife	100 (50)
Skilled	46 (23)
Unskilled	54 (27)
Socioeconomic status	
Lower middle (1905-3809)	42 (21)
Lower (635-1904)	136 (68)
BPL(<635)	22 (11)
Duration of HIV status (Yrs)	
<10	46 (23)
>10	154 (77)
Marital status	
Married	74 (37)
Unmarried	2 (1)
Widow	118 (59)
Divorced	6 (3)
Parity	
Nulliparous	24 (12)
≤ 2 children	142 (71)
>2 children	34 (1700)
Information about HIV status	
ANC check up	82 (41)
Other means	118 (59)

Table 2: Health status of HIV positive women

Health status	Women (n=100) (%)
No symptoms	28 (28)
Genito urinary Problems	38 (38)
Respiratory Problems	13 (13)
Dermatological Problems	14 (14)
Gastrointestinal Problems	4 (4)
Musculoskeletal Problems	2 (2)
Fever	1 (1)

Health status of women in the study was assessed by clinical features and examination. 38% of them had Genito urinary problems, 14% had dermatological problems and 28% had no symptoms (Table 2). Issues pertaining to infection was assessed and it was observed that 28% of family were non supportive, 34% had bad family relationships, 22% were abused physically, 52% faced discrimination, 61% were isolated in social gatherings and 27% of them were socially marginalized (Table 3).

Table 3: Gender Issues after acquiring the infection

Gender Issues	Women (n=200) (%)
Family reaction	
Supportive	134 (67)
Not supportive	56 (28)
Status not known to family	10 (5)
Relation with family	
Good	132 (66)
Bad	68 (34)
Physical abuse	
Yes	44 (22)
No	156 (78)
Gender discrimination	
Yes	104 (52)
No	96 (48)
Isolation in gatherings	
Yes	122 (61)
No	78 (39)
Reaction of partner	
Further preventive and treatment	146 (73)
Social marginalization	54 (27)

Table 4: Empowerment issues in HIV positive females

Issues	Yes (%)	No (%)
Barrier contraception practiced	44 (22)	156 (78)
Financial contribution to family	102 (51)	98 (49)
Support or Lead family	112 (56)	88 (44)
Opinions considered in the family	56 (28)	144 (72)

Empowerment issues pertaining to the subjects were that 78% of them were not practicing barrier contraception, 49% were not contributing financially, 44% were not supporting or leading the family and in majority i.e. 72% of the subject's opinion was not considered by family members *(Table 4)*.

DISCUSSION

The current study provides a qualitative estimation of gender and empowerment issues among HIV women in India. It was observed that in HIV positive women, 28% of family members were non supportive, 34% had bad family relationships, 22% were abused physically, 52% faced discrimination, 61% were isolated in social gatherings and 27% of them were socially marginalized.

In the review it has been reported that HIV Women face more harm from stigma and discrimination than men and exacerbates the unequal and poor access to HIV testing, treatment and care. Because of HIV status of women, her partner's response or behavior may be abusive or violent. Fear of violence may limit a woman's ability to disclose her serostatus and as a result many women hesitate to test for HIV.[8, 9] Discrimination takes place both in community and workplace, making it more difficult for a woman to demand equal treatment and care. Widows too often suffer property grabbing by their deceased husband's family. They may lose custody of their children or find themselves and their children destitute and homeless where there is no effective legal provision for women to inherit land and assets.[10]

In the study Empowerment issues pertaining to the subjects were noted and it was observed that 78% of them were not practicing barrier contraception, 49% were not contributing financially, 44% were not supporting or leading the family and in majority i.e. 72% of the subject's opinion was not considered by family members.

Similar observations were made in review as Lack of autonomy was recognized as important problem among women. Women lack autonomy in many cultures with respect to their lives and bodies. They are denied to make a choice of marriage partner and timing of marriage. As a consequence Women who marry young can have much older husbands and, in polygamous societies, they may be junior wives. Both these factors can increase the probability that their husband is infected with HIV. This increases the risk for HIV among married women as they may be forced for unprotected sex.[11] Majority of married girls might have restricted social and geographic mobility, and are restricted to meet friends and their own family.[12] Decisions regarding access to sexual and reproductive health information and services are often made by male partners, or parents-in-law. Visits to a health facility may be mediated by others limiting access to information and services. [13]

Women's economic dependence greatly limits their decision making power within the family, and their access to finance and other resources.[14] In India Families and societies treat girls and boys unequally with girls disproportionately facing lack of opportunity and lower levels of investment in their health, nutrition and education.[15] Women and girls bear much of the responsibility for caring for sick family and community members, and children orphaned and made vulnerable by AIDS.[16]

CONCLUSIONS

The study concludes that even with improved treatment for HIV through ART, Gender discrimination and empowerment is in existence. Women face lot of problems due to disease status and stigmatization at family, community and workplace. Contraception use and considering women's opinion in families were lower, compared to other issues in the present study. Hence Women empowerment issues has to be addressed appropriately by counselling family members, vocational rehabilitation has to be provided for women to

earn their livelihood and make them independent. Establish positive networks and NGO support can make a impact on issues pertaining to Gender discrimination and empowerment.

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