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Women's Rights vs Women Living with HIV/AIDS: A Study

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Abstract

Issue: According to the 2001 census women are constituted fifty percent of population in India. Due to patriarchal society women are treated as secondary to men that have impacted for vulnerability. Women living with HIV/AIDS (WLHA) or widowed by AIDS are facing many problems like stigma, discrimination, lack of treatment seeking behavior, economical dependency, feeling of isolation, less knowledge on sexual reproductive health rights, sexual exploitation from family members, denial of inheritance rights, nominal participation in decision making at family and community. Ignorance, Illiteracy, ill health and isolation are not supporting them to come out to fight for their rights.

Description: The study focused on issues of women living with HIV/AIDS (WLHA) in coastal Andhra Pradesh. The data collected from women living with HIV/AIDS of Krishna District with the support of Non Governmental Organizations. It is estimated that there are 30,000 HIV positive women in Krishna District. The study focused on the major issues of women living with HIV such as Gender Discrimination, Socio – cultural issues, Health issues, structural issues, economical issues and women participation issues. It is coded that the WLHA is capacitating by NGO on human rights, women rights, G.Os, interpersonal relations, communication skills, HIV management at home, nutrition, leadership and organizing support groups.

Objectives of the study

1. To study the socio economic demographic profile of the women living with HIV/AIDS
2. To analyses the stigma and discrimination, sexual abuse and psychological problems of women living with HIV/AIDS.
3. To examine issues of women living with HIV/AIDS in the content of Human rights violation.
4. To find out the situation and problems of the women living with HIV/AIDS
5. To provide the findings and suggestion to Government and Civil Society Organizations with regard to bring the better interventions to provide quality of life to women living with HIV/AIDS.

Recommendations

- HIV/AIDS has changed men dominated society because 50% of the families are headed by Women living with HIV/AIDS
- The action oriented community-driven approaches are required for a huge country like India

- Adult Support groups will be helpful to promote the quality of life of marginalized women particularly in HIV/AIDS
- Grandparents particularly women are facing many problems than anyone in the HIV sector. During the 70's they are hardly working for their livelihoods.
- Need support to WLHA to advocate with NGOs, Governments for their rights
- Need focused interventions on women living with HIV/AIDS in India
- Media participation should be increased to present the positive stories like support groups to promote the confidence among women in vulnerable situations
- Donors should have to support to special initiatives to protect the rights of women
- Mainstream the support groups with District positive networks which meant
- Promote more knowledge on women rights among WLHA

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Keywords: HIV/AIDS, Dependency, Ittileraey, organization

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Today, more than thirty years into the AIDS epidemic, gender inequality and unequal power relations between and among women and men continue to have a significant influence on the HIV epidemic. Though there have been significant commitment to promote and protect the human rights of women and girls over the years, HIV highlights the gap between rhetoric and reality. Consequently, it is imperative that HIV policies, programming, and budgetary allocation expressly address the needs of women and girls and make the necessary investments to address gender inequality in the context of HIV.

Existing human rights commitments provide a foundation and guide to action to address the needs and rights of women as central to an effective HIV response. These commitments range from the *Charter of the UN* (1945) and the *Universal Declaration of Human Rights* (1948), each with a stated commitment to the equal rights of men and women and the dignity and worth of the human person; through international agreements that touch on issues related to women, gender equality, health and human rights, such as the *Vienna Declaration and Programme of Action* (World Conference on Human Rights, 1993), the *Programme of Action of the International Conference on Population and Development* (1994) and the *Beijing Declaration and Platform for Action* (1995); to human rights norms and standards as articulated in the international and regional covenants and conventions (such as the *Convention on the Elimination of All Forms of Discrimination Against Women* (1979) or the Protocol *to the African Charter on Human and Peoples' Rights on the Rights of Women* in *Africa* (2005); to international commitments to scale up the response to HIV, such as the *Declaration of Commitment on HIV/AIDS* (2001) and the *Political Declaration on HIV/AIDS* (2006); and clarified more precisely as time-bound international commitments in the *UN Millennium Declaration and*

the Millennium Development Goals (2000).

HIV and AIDS scenario: Gender variation

Globally, about half of all people living with HIV are female, with variation within regions, countries and communities. In low and middle income countries, rates range from a low of 31% in Eastern Europe and Central Asia to approximately 60% in sub-Saharan Africa. Rates also vary by age: in the Caribbean, where women comprise 48% of people living with HIV, young women are approximately 2.5 times more likely to be infected with HIV than young men. In Southern Africa, girls are 2 to 4.5 times more likely to become infected with HIV than boys, compounding other vulnerabilities such as poverty, humanitarian and food crises and the increased economic and care needs of AIDS affected households. Regional differences can be quite stark: two-thirds (66%) of women with HIV live in only 10 countries.

The National Family Health Survey conducted between 2005 and 2006 measured HIV prevalence among the general adult population of India, as presented in the table below.[4] The survey found the rate among men to be considerably higher than that among women.

Age group	HIV prevalence (%)		
	Male	Female	Total
15-19	0.01	0.07	0.04
20-24	0.19	0.17	0.18
25-29	0.43	0.28	0.35
30-34	0.64	0.45	0.54
35-39	0.53	0.23	0.37
40-44	0.41	0.19	0.30
45-49	0.48	0.17	0.33
Total age 15-49	0.36	0.22	0.28

Source: National AIDS Control Society, India 2009

Throughout the world, new infections primarily occur through sexual transmission, although specific risk factors vary from country to country and from community to community. In sub-Saharan Africa, for example, one of the key drivers of new HIV infections is multiple concurrent partnerships. According to the report of the Commission on AIDS in Asia, in that continent, at least 81 million men buy sex regularly from women, men and transgender people, and many are either married or likely to get married. More than 90 percent of the 2.3 million women now living with HIV in Asia became infected while being in monogamous, long-term relationships with men who engaged in risky sex behavior, the report launched by UNAIDS said. These include men who had other sexual partners or who were drug users. "*We need to target men who engage in paid sex, injecting drug users, men who have sex with men, who can transmit the virus to their partners,*" Jean

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D'Cunha, regional director of the United Nations Development Fund for Women in South Asia, told a news conference held on the margins of an HIV/AIDS conference in Bali in 2009."We need to question the attitudes, values and behavior and transform these so that women would be less vulnerable to HIV/AIDS." While the issue of gender inequality is often ignored or laughed off, experts say it cannot be taken lightly in the context of HIV/AIDS, a disease that can be transmitted through sexual contact and which is incurable.

National AIDS Control Organization (NACO) estimated that 3.1 million people are living with HIV. In India, where women account for 39.3% of HIV positive people, 85% have been infected through heterosexual sex, often with men who have sex with both women and men. Women who are typically marginalized, such as sex workers and women, who use drugs, are at greater risk of becoming infected with HIV. Moreover, the impact of HIV is more severe for them because their human rights may be especially compromised and they often have even less access to legal, economic and health services and community support.

In 2008 the figure was confirmed to be 2.5 million, which equates to a prevalence of 0.3%. While this may seem a low rate, because India's population is so large, it is third in the world in terms of greatest number of PLHA. With a population of around a billion, a mere 0.1% increase in HIV prevalence would increase estimated number of PLHA by half a million (NACO 2008).

Andhra Pradesh in the southeast of the country has a total population of around 76 million, of whom 6 million live in or around the city of Hyderabad. The HIV prevalence at antenatal clinics was 1% in 2007. This figure is smaller than the reported 1.26% in 2006, but is still highest out of all states. HIV prevalence at STD clinics was very high at 17% in 2007. Among high-risk groups, HIV prevalence was highest among men who have sex with men (MSM) (17%), followed by female sex workers (9.7%) and IDUs (3.7%) (APSACS 2010).

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Purpose of the Research

National AIDS Control Organization, Andhra Pradesh State AIDS control Organization and other civil society organizations have done extensive studies on HIV/AIDS. But there is very less empirical research on women rights Vs WLHA.. Against this background, present study is an attempt to throw light on the problem of WLHA.

The specific objectives of the study are:

1. To study the socio economic demographic profile of the women living with HIV/AIDS
2. To analyses the stigma and discrimination, sexual abuse and psychological problems of women living with HIV/AIDS.
3. To examine issues of women living with HIV/AIDS in the content of Human

rights violation.

4. To find out the situation and problems of the women living with HIV/AIDS
5. To provide the findings and suggestion to Government and Civil Society Organizations with regard to bring the better interventions to provide quality of life to women living with HIV/AIDS.

Research Setting: Krishna District is one of the high prevalent districts, in Andhra Pradesh, India. It is situated in costal Andhra Pradesh and having big railway junction & wide railway network. The population in Krishna District is 41, 81,071 persons (2001 censes), So many migratory populations are visiting from all the districts of the AP. According to the APSACS resent surveillance data, HIV prevalence rate in Krishna District is 3.38 which occupies first place in AP. There is estimation of 30,000 HIV positives are living in this district. (APSACS Surveillance data, 2007).

Sample: Due to non availability of the data 65 women living with HIV/AIDS will be taken as sample for the purpose of the study by following systematic random sampling method. The researcher collected data from the 65 women living with HIV/AIDS.

Research Methodology: The purpose of the research methodology is to provide a view of the methods that was applied into this research. The Research methodology defined here is based on the methods used to collect information on *women living with HIV/AIDS* which going to become a big problem for India as well as world. From the analysis study, understanding of the literature reviewed and analysis of interview schedules, will lead the initial requirements for the *WLHA* in Andhra Pradesh.

Method and Tools of Data Collection: The tools of data collection were finalized on the basis of the pre-testing. In the light of the knowledge and experience thus obtained the tools were improved upon by making necessary changes and techniques refined in order to serve the purpose of the enquiry more effectively. The interview schedule was designed to elicit information to know about the situational analysis in Knowledge, risk behavior, stigma and discrimination, health, placement, child rights violation, loosing properties and livelihood options of the respondents.

Interview Schedule: Survey interview schedules are used to obtain quantitative descriptions to find out it focused on of women living with HIV/aids in Krishna District. The interview schedule was designed with the available information in the internet as well as day to day paper

Issues and findings

Psychosocial impact of HIV/AIDS on Women: The sudden knowledge of the news of a husband's HIV status comes as a shock to a woman and causes great distress. She will face problems as to how she will cope and lead the family, without the emotional and economic support of her husband. She will face the daunting

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thought of becoming a widow, and the ostrasization that surrounds both widowhood and HIV status. These factors combined can lead to depression and suicidal tendencies. The study found that 85.2 % of positive women had children. The size of the families sampled ranged from 2 to 4 children, on average. The concern for the welfare of their children is great, and often mother's are reluctant to reveal their (or their spouses') HIV status to children.

Depression: 88% of women have suffered from depression at least once and feel that they do not have anyone to share their emotions with. After 5 years of HCBCS intervention, women continue to highlight the need for consistent psychosocial support, which is found to be a very effective, and necessary tool in women's health. Women's support groups play a major role in providing psychosocial support to one another; however there is a strong need amongst women to continue counseling services from time to time.

Socio-Cultural Issues; Gender norms and unequal power between women and men contribute to women's risk and vulnerability. They can also influence men's risk of infection. An effective response thus requires working with men and boys: as partners and family members of women and girls, as community leaders and decision-makers, as perpetrators of discrimination and violence, and as people with specific needs for HIV advocacy and services. Cultural norms of masculinity often present barriers to an effective response, particularly in terms of changing power relations between men and women and in hindering men from seeking information, treatment and support or assuming their share of the burden of care.

Medical / Health Issues: TB case detection rates are significantly lower in women because women delay seeking treatment, are missed by health promotion programs, and face stigma and discrimination. Fear of stigma, discrimination and violence often impede women's access to testing, treatment and care. These factors can also have an adverse impact on women's adherence to anti-retroviral treatment.

In terms of sexual and reproductive health of HIV-positive women, reproductive cancers often go undiagnosed and the specific needs of young HIV-positive women entering puberty and the impact of menopause on older HIV-positive women are insufficiently addressed. In many cases, HIV-positive women do not have access to the right information or access to the full range of reproductive health services. In some cases, women living with HIV are negatively judged for their reproductive and sexual health choices, counseled to avoid pregnancy, sometimes forcibly sterilized, or forced to terminate their pregnancy.

Structural Issues: Structural factors influence the spread and exacerbate the impact of HIV, which underscores the need to address legal, social and economic inequalities that increase women and girls' risk and vulnerability to HIV. Other critical issues include gender-based violence, sexual abuse and exploitation of girls, stigma and discrimination in access to services, denial of property and inheritance rights, unequal access to economic assets and skills training, lack of education for girls, and

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inadequate linkages between sexual and reproductive health and HIV.

Economical Issues: The economic crisis is likely to exacerbate risk and vulnerability for many women. As social services deteriorate as a result of government and donor budget cuts, women and girls are likely to be among the hardest affected. Diminishing household income may increase unsafe sexual activities, potentially raising the number of sexual transactions and possibly risk. If financial pressures force families to keep children out of school, young girls in particular may not benefit from the protective effects of education. In previous economic downturns, there is some evidence of increases in gender-based violence. Social protection interventions are critical to effectively addressing the need and rights of women and girls in the context of HIV, particularly during times of economic crises, as women and girls, including women from key population and marginalized groups, are often disproportionately negatively affected.

Women's participation: HIV-positive women organizations, women's organizations and women, in partnership with governments, are essential actors in the AIDS response. In most countries, civil society remains at the forefront of HIV prevention, treatment, care, support, and especially in reaching out to people in key populations including the most marginalized. Promoting and facilitating and the meaningful participation of groups on HIV-positive women and groups that work on women's human rights, including sexual and reproductive health and human rights, gender based violence, rights of sex workers, rights of women who have sex with women, and transgender persons, as a core part of national AIDS responses, will contribute to effectiveness.

Care giving: Care giving to PLHA generally includes feeding, bathing, providing medicines, and accompanying them to hospital. From the study it was found that 12% of PLHA women do not have a caregiver and therefore have to take care of themselves. 10.4% of PLHA are taken care of by their children and maintain some work on their own. Due to this role children often forego their childhood. In most cases they are forced to exit school. 7.2% of husbands, along with their children, provide care to their wives until they are able to manage themselves again. 36.2% of PLHAs are provided with care from their mothers. In some instances, the community, support group members, neighbors, and in-laws become primary and secondary caregivers. Among this, 0.6% are in-laws, taking care of their daughter in laws, and grandchildren,. Often this is due to close blood ties, for instance, the marriage of a maternal uncle and niece which is common and accepted in Indian society

Young HIV negative widow: Commonly this group revealed that, upon seeing sickness progress in their husbands, they had referred them to hospital care and testing. Often the revelation of the husband's HIV positive status made them feel depressed and guilty, not wanting to face family or society. In some cases the husband displayed apathy towards his wife and either practiced safe sex, or abstained. This practice shows the concern of some men as to the security of their families, and also presents their knowledge as to the innocence of their wife. But in many cases this is

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however not the case, with un-protected and often forced sex being common practice.

Current Indian traditions and customs have a detrimental effect on the lives of young widows. They are often ostracized, and are unwelcome at social gatherings. They are suspected of being HIV positive, even if testing proves to the contrary, and carry huge emotional problems as a result of this continuing trauma, often concerned that the voices of the community might be, or become, true. Numerous women depend entirely on NGO's for support.

Young girls and trafficking: Young girls are becoming victims of trafficking due to lack of parental care, broken families, and lack of adult guidance. Most of the girls revealed that they were coerced at the tender age of 12 and 13 years, with traffickers giving the promise of marriage, domestic help, employment, and love affairs, only to be then sold. The commissioned-based women from AP belong largely to traditional groups who profess sexual exploitation, such as Dommaras, Erukulla,and Sanis-Lambada. Fear, shame and despair were common sentiments expressed by the young girls regarding going back home.

The Joint Action for Results: *UNAIDS Outcome Framework, 2009-2011* sets an action agenda with nine priority areas for achieving universal access and the Millennium development Goals (MDGs), including for women and girls. Key priorities identified include: reducing sexual transmission; strengthening the linkages between sexual and reproductive health and HIV policies, services and programmes; stopping violence against women and girls; equal access to treatment, care and support for women and girls; removing punitive laws, policies, practices, stigma and discrimination; enhancing social protection; and empowering young women. It is envisaged that this combination of actions will translate into better HIV outcomes for women and girls, while also contributing to broader health, development and human rights results. Box 3 is adapted from "Joint Action for Results."

Leadership among women in AP: TNP+ the state level HIV positives network has facilitated women's forums at all 23 districts of AP and promoted leadership among the women and also initiated interventions to make their lives comfortable. Women representation on the board of TNP+ is observed. But the Rural and Urban various is still high particularly in HIV forum. The communications skills are very poor of back warded rural women.

Suggestions/ Recommendations:

- HIV/AIDS has changed men dominated society because 50% of the families are headed by Women living with HIV/AIDS
- The leadership building among marginalized women has led to sustainability with community ownership.
- With the limited funds the outcome will be optimised owing to more human resources with volunteerism

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- The action oriented community-driven approaches are required for a huge country like India
- Adult Support groups will be helpful to promote the quality of life of marginalized women particularly in HIV/AIDS
- Capacity building for support groups will strengthen their leadership abilities
- 85% attendance for support group meetings has improved leadership. They became role models and sharing their lessons to many more that come for exposure visits and to students / research scholars from Universities in India and abroad.
- Need support to Women Living with HIV/AIDS to advocate with NGOs, Governments to access Government Schemes and also their rights
- The Civil Society Organizations and Government should bring the focused interventions to promote the quality of life among women living with HIV/AIDS in India
- Need legal support to women widowed by AIDS because they are facing many problems to get the property rights from the husband's family
- Media participation should be increased to present the positive stories like support groups to promote the confidence among women in vulnerable situations
- Donors should have to support to special initiatives to protect the rights of women living with HIV/AIDS
- Mainstream the support groups and all activates of civil society organizations with District positive networks which meant for protection of women rights in the Districts
- Promote more knowledge on women rights among WLHA
- Grandparents particularly women are facing many problems than anyone in the HIV sector. During the 70's they are hardly working for their livelihoods.

Conclusion

Women living with HIV/AIDS are facing many problems to survive in the world. They are more vulnerable than any other in HIV sector. The violation of women's rights is connected to the spread of HIV is clear. However the study precise about which rights are being violated. If protect the women's human rights the state should be educate women on the issues of HIV positive women, brings more focused interventions to promote the quality of life among women living with HIV, create more awareness to reduce the social barriers to access the medical care, transpiration to the poor, provides legal supports to women to protect the property rights and bring the change on traditional practices which harm women living with HIV/AIDS.

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It is the responsibility of Government, donors, civil society organisation and communities to focus on gender in the programming by involving different stakeholders like political, faith-based and social institutions. Gender sensitive rights-based approach provides justice for women.

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