

“HIV as A Social Stigma” Sociological Study of Tirupati Urban Tirupati

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Abstract

The specially analyzed sensitive issues related to HIV/AIDS like discrimination – humiliation – isolations depressions faced by the patients irrespective of age religion language gender etc. Another important reason for this study was because I found stigma is a main cause for strengthening the severity of the disease to its dangerous extent. Stigma can be a dangerous development in society makes patients’ life much more sufferable, leading to suicide depression deviance etc. Distribute the peace of patients of society. While the orientation of this study was on how is viewed in contemporary world and in India. Stigma is need to be strictly questioned and much necessarily to be avoided so as to make life better to the infected.

KEY WORDS: SVRR Hospital, HIV/AIDS, NGO’S

INTRODUCTION

Health is an index of progress of an individual and the national as a whole nation. On the contrary disease and morbidity is an index of regress. Modern world is in the last resort of high civilization in the same way the contemporary society is also facing numerous problems like economic, social political, physical and psychological problems etc. Among these problems physiological problems are directly related to problems of health and the problems of health arise due to disease. The contemporary society is facing with new emerging diseases and these diseases give terrible threat to the existence of society and also snatched human health and happiness and ultimately lead destruction of society. Such dangerous diseases are HIV and AIDS. The present study is focusing on HIV.

Meaning of HIV

HIV is termed as “Human Immune Deficiency Virus”. This virus is small, fragile and dies outside the body. It cannot be passed from person to person easily like a cold or the flu virus. It is a group of viruses called ‘Retroviruses’. These microscopic organisms lack an independent metabolism which cannot grow without energy and nutrients supplied by a host of cell. A person may be infected with HIV and might be perfectly well with no physical symptoms. When the disease progress, the person will begin to have different illness and physical symptoms, i.e. HIV symptomatic. The HIV was first described in 1983. Before that it was called by various other names.

Origin of HIV

Chronologically speaking the origin of HIV may be traced from the 1950. At the end of World War II, only a handful of viruses were known. Hundreds of victims more have been discovered. Since partly as a result of advanced techniques for culturing them in the laboratory, Viruses are parasites which infect almost every form of life, from single celled bacteria up to humans.

Through sexual activities, from women to men, from men to women, between women and between men, through infected blood, transfusion, infected blood products and via the sharing of syringes and hypodermic needles and from an infected mother to her baby before or during birth which is known as perinatal transmission, it is usually possible to work out how each AIDS patient became infected.

OBJECTIVE

1. To understand the perceptions of physicians towards HIV patients.
2. To evaluate the efforts of NGO's agencies towards HIV patients.
3. To suggest certain preventive measures to HIV infection.

METHODOLOGY

The study is to examine how the HIV infected persons cope with life whether they are pessimist or optimist with regard to their future life.

Sample

In drawing a representative sample for the study the main problem was non availability of a proper sample form. In the absence of any other sources. It was decided to collect information through questionnaire schedule. Non availability of exact extent of number of HIV patients, because there was floating nature of HIV patients in SVRRH. The HIV infected persons both male and female were selected for our study by a simple random method to carry or fulfill our study.

Method of data collection

The data was collected from two sources

1. Primary sources
2. Secondary sources

The primary data was collected through the help of interviews schedule administered to the HIV patients. The researcher had lot of problem in getting information from the positive patients. The first problem researcher was faced identification of HIV patients because no one could come forward to say that I am infected with HIV positive and most of them hide it because they feel if we disclose it society may brand us as stigmatized and ill treated. The only one way to collect information is with the support of (SVRRH) official and the concerned official of SVRRH have put certain conditions to meet HIV patients, such conditions are not to ask at any circumstances their name and caste.

The researcher have conducted open interview with doctors members of voluntary organization and public regarding their attitude and their views toward the HIV positive patients. Wherever, necessary secondary sources of data were also consulted. The secondary data have been collected from official records various publications, journals of ministry of Health and family planning etc.

Methods of data analysis

As the number of respondents were less and data more qualitative the information was collected analyzed manually and descriptively presented in the form of case studies. However simple tables, percentages and other statistical analysis are also carried out and amplify the different aspect of positive patients.

THE ROLE OF NGO'S IN PREVENTING AND COUNSELING OF HIV PATIENTS

As HIV/AIDS is become a chronic rather than acute illness, it needs a continuum of care addressed in a comprehensive manner. Ideal, this means a shift from institutional to community based care, additionally, the high number of HIV- infected people in India makes institutionalized treatment both unrealistic and unsustainable. With this in mind, we are working to transform the role of institutions to that of primarily referral and specialized services, while relying on the community to care for the majority of patients. The capacity of the community to care for the patients must be strengthened, therefore in ninth NACO are formally launching community based continuum of care in the Bangalore urban setting.

Mission

To be a positive force in addressing the comprehensive needs of the HIV/AIDS persons, ensuring dignity and overall quality of life, by motivating caring, supporting and rehabilitating them, with a priority for the palliative care of those who are in the end stage of the disease.

- Vision and Mission
- Core values
- Com passion care
- Commitment
- Competence
- To provide holistic care to PLHA that enhance their quality of life
- To help PLHA maintain their personal dignity and worth in spite of t heir infection
- To extend psycho-social and spiritual services of PLHA
- To provided compassionate care to those who are in t he end stage of HIV/AIDS
- To prevent the occurrence and spread of HIV/AIDS by providing counseling and value education
- To train health care professionals in the management of HIV/AIDS

PROFILE OF PATIENTS

Cope with life HIV positive is a very complex process. Majority of HIV positive patients completely lost their hope with life and they tell very pessimistic feeling regarding their future life. The feelings of HIV positive patients are elicited and presented in the below table.

Feelings of HIV positive patients

Cope with life	Number of respondents	Percentage (%)
A ray of hope	05	10.0
Completely lost hope	42	84.0
Not specified	03	06.0
Total	50	100.0

The above table shows that 42 respondents (84 percent) completely lost their hope, 05 respondents (10 percent) have just a ray of hope and mere 3 respondents (6 percent) have no specific feeling of HIV. It is concluded that 84 percent of the respondents have completely lost their hope.

Patients feelings regarding Death

Generally people are very afraid only for death. It is true with researcher investigation during field study that majority of HIV patients are very afraid towards death.

Feeling regarding Death	Number of respondents	Percentage (%)
Not at all	03	06.0
A little	06	12.0
Very much	17	34.0
Extremely	24	48.0
Total	50	100.0

The above table portrays that 24 respondents (48 percent) afraid extremely about death 17 respondents (34 percent) very much afraid about death and 12 respondents (24 percent) worried a little about death. On the contrary mere 3 respondents (6 percent) have no fear all about their death.

Patients Income

The income is tonic and table for nourishment of life higher the income higher will be the health and living conditions. The income levels of the patients have been presented in the following table.

Income	Number of respondents	Percentage (%)
Rs.1000-5000/-	02	04.0
Rs.5000-10000/-	10	20.0
Rs.10000-15000/-	07	14.0
Rs.15000-20000/-	15	30.0
Rs.20000-25000/-	05	10.0
Rs.25000-30000/-	02	04.0
Ra.30000-35000/-	02	04.0
Rs.35000-50000/-	04	08.0
Rs.50000-100000/-	03	06.0
Total	50	100.0

Source: Sample survey, SVRRH, Tirupati

The above table shows that majority of the respondents, i.e. 15 (30 percent) have the income range of Rs.15000-20000/-. The 10 respondents (20 percent) have the income of Rs.5000-10000/- and 7 respondents (14 percent) have the income in the range of Rs.10000-15000/-. The remaining respondents have varied levels of income. Above all 30 percent respondents have income of Rs.15000-20000/-.

Married HIV infected persons

Both married and unmarried person are suffering from HIV infection. According to researcher study the number of HIV infection is more among the married person than unmarried person shows HIV infection among married and unmarried persons.

HIV infection among married and unmarried persons

Infection among married and un married persons	Number of respondents	Percentage (%)
Unmarried	17	34.0
Married	33	66.0
Total	50	100.0

The above table shows clearly HIV infection is more among the married parsons (33) it mean married couple have extra marital sex or not truthful to their partners.

Educational qualification

Education played a decisive role to understand d various problems and its consequences on human being and as well as society. Higher the education, higher will

be the awareness of respondents towards his surroundings and his personal hgelath. The illiterate and low literate have no such knowledge regarding some chronic disease how its affect on society and themselves and easily. Welcome infects ions disease. Because of little knowledge and their carelessness regarding personal hygiene the educational qualifications of the respondents have been elicited and presented in the following table.

Educational qualifications of HIV infected persons

Educational qualifications	Number of respondents	Percentage (%)
Upto 7 th standard	11	22.0
SSC	10	20.0
Inter	08	16.0
Degree	06	12.0
PG	00	00.0
Illiterate	15	30.0
Total	50	100.0

The above table shows that 15 percent (30 percent) are illiterates 11 respondents (22 percent) have upper primary, 10 respondents (20 percent) have primary, 8 respondents (16 percent) have Inter qualification and 6 respondents (12 percent) are graduates. It is concluded that 30 percent respondents are illiterates.

Age wise HIV positive patient

There is a positive co-relation between HIV infection and age. The younger age group persons are very prone to HIV infection because of their habits like drinking drug addictions, urge for sexual pleasures. The age wise distribution of the HIV infected males is presented in the below table.

Age wise distribution HIV infected patients

Age wise HIV Positive patients	Number of respondents	Percentage (%)
15-20	004	08.0
20-25	10	20.0
25-30	13	26.0
30-35	10	20.0
35-40	08	16.0
40-45	02	04.0
45-50	03	06.0
Total	50	100.0

The above table shows clearly that 13 respondents (26 percent) are in the age group of 25-30 years, 10 respondents each (20 percent) are in the age group of 20-25 and 30-35 years. It is concluded that 66 percent respondents of HIV infected patients.

Means of infections

The means of HIV transmission is not one but several factors responsible for HIV infection happened in several means and presented in the following table.

Means of infection perception of HIV patients

Perception of HIV patients	Number of respondents	Percentage (%)
Hetero sexual	40	80.0
Homo sexual	05	10.0
By Blood	03	06.0
By drugs	01	02.0
By Syringe	01	02.0
Total	50	100.0

The above table shows that 40 respondents (80 percent) opined that HIV is transmitted through heterosexuality and 5 respondents (10 percent) opined that HIV is transmitted through homosexuality. It is concluded opined that 80 percent respondents opined that HIV is transmitted through homosexuality.

Opinion of patients regarding their life enjoyment

Enjoyment of life depends on health of person. When researcher met the HIV positive patients and came to know that complete lost their mental peace consequently, they lost all enjoyment have been elicited and presented in below table.

Life enjoyment	Number of respondents	Percentage (%)
Not at all	32	64.0
A little	15	30.0
Very much	03	06.0
Total	50	100.0

The above table shows 32 respondents (64 percent) are not at all enjoyed life and 15 respondents (30 percent) have enjoyed their life a little bit. But mere 3 respondents (6 percent) very much enjoyed their life. Above all 74 percent of all respondents have not enjoyed the life.

SUMMARY

The central question that was examined in the study was “social stigma attached to HIV/AIDS and its varied impact on the patients and on society. Following

observations are made as to how realities operate in the society regarding HIV/AIDS and life of HIV positive and AIDS patients towards facing of stigma in the society. Normally study concentrate more “how to avail precautionary awareness and steps to take the issues related to HIV/AIDS and stigma etc.

Regarding public blaming respondents shows more fear and dissatisfaction about their disease acquired by them due to various reasons. Most of them express the feeling of guilty – depression regarding public blaming in society. Study also discovered that public blaming had affected more women than that of male patients. Certain male and female patient shows fear about death due to diseased and also due to assumptions about public blaming towards them.

IMPLICATIONS

The specially analyzed sensitive issues related to HIV/AIDS like discrimination – humiliation – isolations depressions faced by the patients irrespective of age religion language gender etc. Another important reason for this study was because I found stigma is a main cause for strengthening the severity of the disease to its dangerous extent. Stigma can be a dangerous development in society makes patients’ life much more sufferable, leading to suicide depression deviance etc. Distribute the peace of patients of society. While the orientation of this study was on how is viewed in contemporary world and in India. Stigma is need to be strictly questioned and much necessarily to be avoided so as to make life better to the infected.

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