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A STUDY ON STIGMA TOWARDS PEOPLE LIVING WITH HIV/AIDS IN PERAMBALUR DISTRICT

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Abstract

AIDS related stigma and discrimination refers to prejudice, negative attitudes, abuse and maltreatment directed towards the people living with HIV & AIDS. The consequences of stigma and discrimination are wide ranging; being shamed by family, peers and the wider community poor treatment in healthcare & education setting and psychological damage etc., India is in the grip of HIV/AIDS epidemic with an increasing number of infections being reported. In 2006 UNAIDS estimated that there were 5.6 million people living with HIV in India which indicated that, there were more people with HIV in India, than in any other country in the world. AIDS related stigma had a profound effect on the epidemics course. WHO cites fear of stigma and discrimination as the main reason why people are not to take antiretroviral drugs. It makes treatment less effective and causing early death. Hence the researcher had made an attempt to study the social stigma towards the people living with HIV/AIDS in Perambalur district.

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Introduction

In India, as elsewhere, AIDS is often seen as "someone else's Problem", as something that affects people living on the margins of society, whose lifestyles are considered immoral. Even as it moves into the general Population, the HIV epidemic is still misunderstood among of knowledge about AIDS. The real Challenge lives with ignorance about how HIV is transmitted for example the majority of women and men in rural areas believe that AIDS can be transmitted by mosquito bites. In 2009 NACO carried a population based surrey It was shown that 72.8% of them believed that it could be transmitted by shaming food with someone else. In 2006, a study found that 25% of people living with HIV in India had been refused medical Treatment on the basis of their HIV positive status. In 2004, only 5 percent of pregnant women living with HIV received ARVS to prevent mother-to-child Transmission in India. As a result such law coverage thousands of children are still infected per year through mother-to-child transmission in India. But in 2009 there were 5135 ICTC in India, there centres tested 13.4 million people for HIV. Despite advances in our understanding of HIV transmission and optimal treatment of people with HIV infection, stigmatizing attitudes are a significant barrier to HIV prevention and treatment. Several studies demonstrate that stigma directed towards people with HIV infection presents an obstacle to getting tested for HIV, obtaining optimal HIV care and engaging in safe sex practices stigmatizing attitudes burden people with HIV Infection and their families as they attempt to find employment, housing and health care.

Cloete A. et al. (2010) found that AIDS-related stigma was still pervasive in local communities. This was associated with the difficulty of disclosure of their status for fear of rejection. Also notable was the role of risky behaviours such as lack of condom use and that PLWHA considered their HIV/AIDS status as secondary to daily life stressors like poverty, unemployment, and gender-based.

violence.Parton (2010) documented the AIDS related discrimination in Asia. It was indicated that within the family and the community women were significantly more likely to experience discrimination that men, including ridicule and harassment, physical assault and being forced to change their place of residence, because of their HIV status.

Sung(2009) studied the HIV related stigma. He found that lack of social support social stigma and

mental health issues such as depression among people living with HIV/AIDS.

Saleh El-Gadi, Abdulhafid Abudher, and Mohamed Sammud (2008) highlighted that high level of stigma shown by both boys and girls in the study, 91% of students supported providing free care to HIV infected individuals. The HIV intervention programmes for young people should operate within a comprehensive strategy to combat HIV/AIDS. The stigmatizing and the discriminatory perceptions of HIV infected individuals should be addressed as part of the education campaign.

Rao (2007) reported that the people living with HIV face the challenges of managing HIV Stigma and their efforts to hide their status from friends, family doctor. Fifty percent of them were skipped doses because they feared family or friends would discover their status.

Dias SF., Matos MG.,& Gonçalves AC., (2006) resulted in multiple regression analysis identified several associations with attitudes towards HIV-infected persons. The focus groups showed that adolescents believe that people with AIDS experienced discrimination and social exclusion. Adolescents' opinions for HIV-infected persons were mostly positive and tolerant, although some adolescents showed an ambivalent attitude and undefined fears.

Nelson Varas-Díaz (2005) reported instances in which AIDS stigma negatively influenced social interactions with family, friends, sexual partners, coworkers, and health professionals. Some of the consequences they described were loss of social support, persecution, isolation, job loss, and problems accessing health services. Findings support the need for interventions to address AIDS stigma and its consequences. Kalichman S.C., & Simbayi L., (2004) suggests that relationships between traditional beliefs about the cause of HIV-AIDS and AIDS stigmas are mediated by AIDS-related knowledge. AIDS education efforts are urgently needed to reach people who hold traditional beliefs about AIDS to remedy AIDS stigmas.

Herek G M. Capitanio J P. Widaman K F. (2003) highlighted that More than one third of all respondents reported that concerns about AIDS stigma would affect their own decision to be tested for HIV in the future. Implications for understanding the social construction of illness and for implementing effective HIV surveillance programs are discussed.

AIDS Alert (2002) reported that the persons living with HIV/AIDS, stigma is one of the most insidious bemires affecting access to and provision of health services particularly in Southern Africa and India. Here et al. (1998) used the term AIDS related stigma to mean prejudice, discounting discrediting and discrimination that are directed at people perceived as haves HIV or AIDS and at individuals groups and communities which they are associated.

Sowell (1997) reported a significant difference between older and younger respondents with respect to level of stigma and for loving friends. Suzanne reported that stigmatizing attitude & behaviors perpetuated against people living with HIV/AIDS. Moneyham L et al. (1996) find out Four themes representing distinctly different perceptions of stigma were identified: distancing, overgeneralizing stereotypes, social discomfort, and pit

Research design

The research design adopted in this study is descriptive. The descriptive studies aim in portraying accurately the characteristics of a particular group. In this study the researcher portrayed the socio-demographic, health condition & perceived social stigma among the people living with HIV/AIDS.

Universe & Sampling

The study was conducted at HUT community care centre in Perambalur District Sample of 50 respondents were chosen for the study using simple random sampling.

Tools of data collection

1. Self – Prepared Interview Schedule.
2. Social stigma scale – which was developed by Barbara Berger at 2006.

Results

Socio-Demographic Profile

Table – 1

Variables		Frequency	Percent
Place of living	Village	49	98
	Urban	1	2
Age	Up to 25 years	7	14
	26-35 years	22	44
	36 years and above	21	42
Sex	Male	14	28
	Female	36	72
Marital status	Married	26	52
	Unmarried	9	18
	Divorced	2	4
	Widow	13	26
Educational qualification	Illiterate	22	44
	Up to middle school level	20	40
	10^{th} and 12^{th}	8	16
Occupation	Unemployed	5	10
	Agriculture	21	42
	Coolie	22	44
	Non agriculture	2	4
Income	Unemployed	5	10
	Upto Rs.4000	35	70
	Rs. 4001 and above	10	20
Child affected by HIV	Yes	7	14
	No	43	86
Family members care and love	Yes	20	40
	No	30	60
Friends support	Yes	21	42
	No	29	58
Stigma	Low	32	64
	High	18	36

In Socio demographic profile, the findings of the study revealed that more than two fifth of them between the age group of 26-35 years (44%) and 56 and above years (42%). Majority (72%) of the respondents are female and earning up to 4000 per month (70%). More than two fifth of the are illiterate and engaged as agriculture coolie respectively. About 14% of the respondents having HIV infected children and two fifth (40%) of the respondents received support from families and 42% of them received support from friends. About 36% of the respondents facing the problem of stigma because of their HIV status.

Health Aspects:

Table: 2

[Variables		Frequency (50)	Percent (100%)
Awareness of HIV infection	Yes	12	24
	No	38	76
Years of living with HIV	Upto 2 years	19	38
	3-4 years	19	38
	5 years and above	12	24
years of taking ART	Up to 1 year	11	22
	2 years	19	38
	3 years and above	20	40
problem in taking ART treatment	Yes	12	24
	No	38	76
health problem	Yes	11	22
	No	39	78
Opportunistic infection	Yes	15	30
	No	35	70

With regard to their Health aspects, About 76% of them are not aware of HIV infection and living with HIV between the years of up to 4 years respectively. Two fifth of them taking ART between 3 and above years, about 24% of them facing problem in taking ART treatment, 22% of them suffered by health problem and 30% of them having opportunistic infection.

Socio demographic profile and Stigma:

Table: 3

Variables		Stigma		Total	P Value
		Low	High		
Age	Up to 25 years	4	3	7	X^2- .209
	26-35 years	14	8	22	df - 2
	36 years and above	14	7	21	sig- 0.901
Educational qualification	Illiterate	16	6	22	X^2-3.174
	Up to middle school level	13	7	20	df-2
	10^{th} and 12th	3	5	8	sig-0.205
Income	Unemployed	4	1	5	X^2 - 6.411
	Upto Rs.4000	25	10	35	df-2
	Rs. 4001 and above	3	7	10	sig- 0.041
Years of living with HIV	Upto 2 years	10	9	19	X^2- 1.876
	3-4 years	14	5	19	df- 2
	5 years and above	8	4	12	Sig- 0.391
years of taking ART	Up to 1 year	4	7	11	X^2=5.498
	2 years	15	4	19	df-2
	3 years and above	13	7	20	sig- 0.064
Total		32	18	50	

Table 3 shows that there is a significant association between income and stigma and there is no significant association between age, educational qualification, years of living with HIV and years of taking ART and Stigma.

Conclusion

Thus the study reveals that the demographic variables such as age educational qualification, years of living with HIV/AIDS and years of taking ART not at all contributing to stigmatize the PLHA. Only 36% of them perceived their stigmatization because they received family and friends supported 40 to 42%. But the economic condition plays a significant role in stigmatizing the PLHA. So public health experts prescribing health policies especially for the poor PLHA. Even though the people were taking ART more than 3 years were not aware about the mode of transmission and opportunistic infection so intervention must be made to disseminate knowledge in this regards.

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