

SOCIAL WORK INTERVENTION FOR WOMEN TO COPE HIV STIGMA AND DISCRIMINATION

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Abstract: This paper deals with the ways in which women suffering from HIV/AIDS were given Social Work Intervention to cope with the stigma and discrimination because of the disease itself. All such women (106) of them who were members of Chennai Network were covered. Majority of the respondents were in the 33-37 age groups. Almost all have received primary or middle school education. 93.8% of them were employed. Two-thirds had an income of Rs.4001-5000. Half of them were widows, a third was living with their husbands and 15% were separated.

Keywords: Social Work, Stigma, Discrimination, People living with HIV/AIDS (PLWHA).

Introduction: The recent statistics on HIV/AIDS shows that nearly 40 percent of the 5.2 million HIV positive people in India are women and nearly 80 percent of them have contracted this infection from their husbands or partners. Stigmatization associated with AIDS is underpinned by many factors, including lack of understanding of the illness, misconceptions about how HIV is transmitted, lack of access to treatment, irresponsible media reporting on the epidemic, the incurability of AIDS, and prejudice and fears relating to a number of socially sensitive issues including sexuality, disease, death, and drug use.

Stigma can lead to discrimination and other violations of human rights which affect the well-being of people living with HIV in fundamental ways. In countries all over the world, there are well-documented cases of people living with HIV being denied the right to health-care, work, education, and freedom of movement, among others. Women Living with HIV and AIDS are more stigmatized and discriminated than men at all levels: family, neighbors, friends, community leaders, health care providers, and work places. Women are more exposed to HIV/AIDS due to socio-cultural and economic as well as biological factors. Once established stigma, a societal phenomenon, cannot easily be wiped away and fears, beliefs and attitudes have to be challenged and gradually changed.

Research Methodology: This study is a descriptive one, as the study describes the life situation due to stigma and discrimination faced by the respondents, its causes, manifestations and consequences, their coping mechanisms in tackling the stigma and discrimination attached to the disease itself. The study sample was drawn from the Chennai Network. The researcher chose purposive sampling technique, because the study focused only on stigma and discrimination faced by only women living with HIV. And the study covers only those women, who attended the network at their availability. A semi-structured interview schedule was prepared by the

researcher in consultation with the experts and individuals working in this field. Questions were framed to study the objectives framed.

Findings of the Study:

Demographic Condition: Nearly half (46.2%) of the respondents are in the age group of 33-37, a fifth (17.5%) of them are 28-32 and one tenth of them are 38-47 and 6.3% are in between 48 and 52 years of age. A majority of the respondents are in the age group of 33-37, a stage of adulthood. It is in this stage that both men and women want to achieve so many things, and take up responsibilities. But these women living with HIV/AIDS say that they have to struggle to live a normal life like others. The majority of the respondents had at least primary and middle school education. Education had brought about some amount of awareness and acceptance in them about the illness. If a woman is educated a whole family will be educated. 93.8% are employed and only 6.2% was unemployed. This study further indicates that there was a sense of financial security among majority of the respondents. It is so very visible that these women were aware of themselves and the disease, its causes, and prevention of transmission too.

Nearly two thirds (60.4%) of the respondents have an income ranging from Rs.2001 to 3000. A third (32.1%) of the respondent's income is between 3001 to 4000 and 1001-2000, and 7.5% depended on others for support. Financial security for women is important, so that they can stand on their own legs without depending on others which provide confidence and self-esteem. Half (51.9%) of them are widows; a third (33.0%) are married 15.1% are separated from their husbands. Generally in our culture marriage is expected to offer physical, economic and protection and security to the women. However, if the husband suffers from HIV/AIDS, then wife becomes a victim of the same disease for no fault of hers. Thus marriage, far from being a source of security, could become a serious threat to her well-being. One tenth of the respondents lived separately or was separated

because of HIV. Nearly all of these women (99.3%) got infected by their own husbands. In large number of cases their own infection had come to light when they underwent testing along with their husbands. People assume that voluntary testing for HIV would reveal others that they involved in illegal sexual activities, so voluntary testing is disliked by many people. These networks help them to ventilate their emotions by sharing and peer counseling.

Social Work Intervention:

Acceptance: Majority of the respondents (84%) said that they did not deny the factor that they were infected with HIV, because they had pre-test counseling in which the Social Worker prepared them to accept whatever the result may be. They said that after knowing the diagnosis as infected, nothing can be done just be aware of the disease and the bodily conditions fight the disease back and live like the rest of them.

The very factor that the women who did not want to blame their spouse clearly shows that they empathized with them for what had happened. Empathizing is possible only when we begin to accept. This acceptance shows that the person is fully aware of one's own self, the disease and about life, this is one of the best combinations of life skills that one can adopt to face the reality. No doubt that self awareness and empathy leads to acceptance.

Meaningful Interpersonal Relationship: The Social Worker builds a rapport with these women without any bias and is genuine in the relationship and also helps the members of the Network to relate with each other through group work, games and so on. All of these women said that, being part of the Network and the support group meetings served the purpose of building interpersonal relationships and develop effective communicating skills and thus it keeps them away from being isolated. This in turn helps them in the long run in sharing, ventilating and to voice out when needed along with the support group friends. Interpersonal relationships and communicating skills help these women to be more confident and also to be independent. It is evident that their communication and interpersonal relationship skills helps them to socialize and be confident. They maintain their interpersonal relationships with worth and dignity.

Self-determination to pursue life aspiration: The basic value and principle of Social Work believes in self-determination. Social Workers believe in self-determination for themselves and for the clients too. Majority of them (86%) had taken a right decision to test HIV voluntarily, and not only that but by opting to work and lead their life without depending on others. Many women were of the opinion that they were able to decide for their life much better now

than being negative. Thus, because of the decision making skills that they utilize, they are able to solve the problems that occur due to financial crisis.

Coping with Emotions and Stress: Though the respondents are part of the support group or regularly visit the Network, sometimes the disease causes stress and tension. Almost all of them (96%) said that seeking faith consolation help them to cope up with the stressors. "I pass all things to God and get relieved and also I a sense of satisfaction when I spend my time with people like me", said another respondent.

Support by Support Groups: Their job and support group meetings enable them to be creative and critical in their thinking. Over three-fourths (98.7%) attended support group meetings regularly. Two-thirds (68%) of respondents wanted to spread awareness and reduce stigma and discrimination through media and a fourth (24%) wanted to do through street-play. This, they said, they would do because it helps them to express themselves more freely. It is essential to be more creative and critical in their thinking when it comes to reaching out to people because it is in itself a sensitive issue.

Suggestions and Recommendations:

- The superstitious beliefs in using the safety measures like condom, and sterilized syringes still exist in our country. Many men neither allowed their women folk to use condom nor did they themselves use it. Finally women were the victims of the dreadful disease. Workshops addressing such issues must be arranged for them definitely a sense of empathy will solve such major insensitiveness towards the partner.
- People living with HIV/AIDS can serve as peer group counselors and start their own Self-help groups for them to function effectively. They should also focus and work for their empowerment. This will definitely increase their emotional and stress coping skills.
- Health education and family life education can be used to cultivate better sexual behavior among the vulnerable and risk groups.
- The medical and para-medical professionals should be well informed that they will have to work with them gently by treating the patients with dignity and respect and provide confidential counseling.
- Government should ensure that professional Social Workers are appointed in the hospitals in order to enhance the multi-disciplinary approach and mainstream these victims back to the society.

Conclusion: Women are more exposed to HIV/AIDS due to socio-cultural and economic as well as biological factors. With all integrity let's be open

enough to receive them in our midsts and bring changes in the attitude of self and others in completely eradicating stigma and discrimination against people living with HIV and on HIV/AIDS itself. However, if it could be ensured that more of

them received professional counseling and Social Workers intervention at the right time it would benefit the clients, their partners and the community in general in helping them face their life courageously fighting stigma and discrimination.

References:

1. Gilmore, N. and M.A. Somerville, "Stigmatization, scapegoating and discrimination in sexually transmitted diseases: overcoming 'them' and 'us.'" *Social Science and Medicine*, 1994, 39(9): 1339-1358.
2. Goldin, C. S., "Stigmatization and AIDS: critical issues in public health." *Social Science and Medicine*, 1994, 39(9): 1259-1366.
3. Herek, G. and E.K. Glunt, "An epidemic of stigma: public reaction to AIDS." *American Psychologist*, 1988, 43(11): 886-891.
4. Link, B. and J. Phelan., "On Stigma and its Public Health Implications." Paper presented at Stigma and Global Health: Developing a Research Agenda, National Institutes of Health, Washington, DC, 2001.
5. Nyblade et al, 'Combating HIV stigma in health care settings: what works?' *AIDS*, 2009.
6. Park. J. E and Park. K, 'Text Book of Preventive and Social Medicine', Twelfth Edition, Jabalpur: M/S Banarsidas Bhanot Publishers, 1989.
7. Richardson, Diane, 'Women and the AIDS Crisis', London Pandora publication, 1987.
8. Stein, J, "HIV/AIDS Stigma: The Latest Dirty Secret." Centre for Social Science Research Working Paper No. 46. Rondebosch, South Africa: University of Cape Town, 2003.
9. Stutterheim SE et al, 'HIV-related stigma and psychological distress: the harmful effects of specific stigma manifestations in various social settings', *AIDS*, 2009.
10. ATLAS 'Stigma, Isolation, and Discrimination and their impact on HIV serostatus disclosure: A global survey of 2,035 patients', 2010.
11. The WHO Strategy, 'Treating 3 Million by 2005: Making it Happen', 2003.
12. UNAIDS, 'India: HIV and AIDS-related stigmatization, discrimination and denial', 2001 and 2008.

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