

WOMEN AND HIV/AIDS

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AIDS is acquired immune deficiency syndrome. HIV is the virus that causes AIDS; it destroys a type of white blood cell known as the CD4 T lymphocyte, or T cell. The CD4 cells are crucial in warding off germs. The CD4 cells dwindle in supply; common germs invade the body, leading to opportunistic infections.

HIV/ AIDS is the worst plague the world is fighting today. According to UN estimates in 2004, of 39.4 million people with AIDS or HIV around the world, 47% are females. This has created a new and dangerous threat to the health and lives of women in a region where they are already under threat owing to traditional and inherent disadvantages.

The Indian scenario

According to the latest data released by Ministry of Health and Family Welfare and NACO in May 2005, India has 5.314 million positive people. NACO report reveals that every minute one Indian gets infected by the killer HIV.

Estimated numbers of adults and children living with HIV/AIDS

Group	Living with HIV/AIDS
Adults	50,00000
Women	19,00000
Children	1,20,000
Total	7,020,000

Source: WHO bulletin 2005

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AIDS Data End of May 2005

Gender	Cumulative AIDS cases
Male	77,457
Female	31,892
Total	109349

Source: WHO bulletin 2005

Women are more susceptible to HIV/AIDS because of biological and sociological factors. Owing to their status in society, women are not able to make decisions about their own lives and bodies. This patriarchal attitude is the basic reason why women are more at risk of infection by HIV/AIDS.

Some of the major implications of HIV among women are as follows:

A) Biological implications: Women suffer from the same complication of AIDS that afflicts men but also suffer gender-specific manifestations of HIV. They often lack social support and face other challenges like having great difficulty accessing health care, carry a heavy burden of caring for children and other family members who may also be HIV-infected.

B) Emotional issues of women: Women with HIV/AIDS are often diagnosed late in the course of their illness. They usually delay seeking treatment or simply give up because of the time constraints thrust upon them by their traditional roles such as care givers to others. Women are often financially dependent and isolated. These women feel shame and guilt at their diagnosis and they yearn for human touch, but feel frightened of being rejected. They face emotions like

- Anxiety
- Depression
- Anger
- Frustration
- Guilt
- Shock
- Fear

- Blame
- Loss of self esteem and
- Even commit suicide.

Why are Women More Vulnerable to HIV Infection?

Vulnerability is understood as a limitation of the context to which women are capable of making and effecting free and informed decisions. Women and girls face multiple vulnerabilities. Young women and girls are more susceptible to HIV than men and boys. Studies show that they are 2 -5 times more likely to be HIV infected than their male counter parts. About half of all the people living with HIV in the world are female. Some of the factors responsible for the transmission of HIV among females are listed as follows:

Physical Factors

- Sex with a bisexual or drug injecting partner
- their own drug injecting use
- heterosexual sex without these factors
- blood transfusion
- cuts and abortions in the birth canal due to repeated births, abortions, lack of hygiene, low resistance etc

Limited Knowledge and Access to Resources

In India female ignorance of sexual matters is considered as a sign of purity and therefore information related to health does not reach women. Sex is not a subject for discussion by the women. Education and promotion of knowledge related to overall reproductive health and sex education is often considered taboo. Cultural expectations, favoritism for the male child and in equal access to resources lead the women to maintain 'a culture of silence' about their problems.

Violence

Violence against women has been identified as one of the strongest co - factors of HIV infection. Women's control on decision making affecting their sexual safety is further exacerbated by alcoholism and battering.

Poverty

Lack of resources, scanty opportunities for work and poor self esteem drive many young women into prostitution or into relationship with older, wealthier women who may be infected with HIV.

Migration

Rural urban migration of men increases the possibility of transmitting HIV/AIDS to their rural women.

Socio-Cultural Factors

- a. women are not expected to discuss or make decisions about sexuality
- b. they cannot request on using a condom or any form of protection
- c. if they refuse sex or request condom use, there is suspicion of infidelity
- d. men are seeking younger partners in order to avoid infection and in a belief that sex with a virgin cures AIDS and other diseases.

Mainstreaming Gender Concerns

Addressing HIV/AIDS from a gender perspective is crucial because the risks of infection and the consequences are different from men to women. In promoting gender equity and equality, the aims must be empowering women and girls, such as introducing concepts of shared responsibility and increased communication on sexual issues between men and women, capacity building for women's organizations in HIV/AIDS policy development and implementation and to improve sexual and reproductive health services of both men and women.

The only way to overcome this deadly disease is creating awareness among the youth and the only anti-HIV/AIDS preventive combatant is the youth,

comprising of students. These young people constitute a large force. They are energetic, enthusiastic and full of zeal.

Role of Youth

The need of the hour is to group the youth, take them into confidence and give them necessary awareness about the preventive measures towards AIDS, with “each one teach one” as the mantra.

The relevance of targeting youth for anti -AIDS campaign is especially significant because they are in the threshold of this threatening danger. Youth learn quickly and have abundant energy to carry the campaign forward. So if behaviour has to be changed youth must be the highest priority target.

References

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