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Original Article

STUDY OF HIV POSITIVE CASES ATTENDING VOLUNTARY COUNSELING AND TESTING CENTRE OF BARODA – A GENDER PERSPECTIVE

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ABSTRACT

The global estimates of HIV/AIDS cases and especially the growing number of women and children being infected and affected by it, raises serious concern. In the absence of a vaccine or cure for HIV infection, our only option is to promote awareness and behaviour change for primary prevention of HIV. **Aims**: 1. To study the socio-demographic characteristic of HIV positive cases. 2. To find out the possible high risk behaviour of having acquired HIV/AIDS and 3. To understand the social support system and gender discrimination. **Settings & Design**: It is a Cross Sectional Study conducted in VCTC – Baroda. **Methods and Material**: A semi structured and pretested proforma is used to interview HIV positive patients attending VCTC located at Sayaji Hospital, Vadodara. Prior verbal and written consent was taken before starting each interview. This study included 100 HIV positive cases (>13 years) attending VCTC during April-July 2007. **Results**: The present study included 100 individuals with equal ratio of male and female, 79% were in age group 20-40 years, 92% were literate and 87% were married. In 45 % cases, spouse was HIV positive while 38 % cases didn't know the HIV status of their spouse. More males presented with history of premarital sex (83 %), extramarital sex (64 %), multiple sex partners (84 %) and sexual activity (76 %) even after HIV infection. More number of females experienced careless behaviour/neglect (65 %) after HIV status disclosure to their spouse while 71 % females experienced careless behaviour from their family. **Conclusions:** More males were presented with premarital, extramarital sex and multiple sex partners and females were more vulnerable because of male dominance and their economic dependency on others.

Key words: HIV/AIDS, Gender, VCTC

INTRODUCTION

The epidemic of Human Immunodeficiency Virus (HIV) infection that causes Acquired Immuno-Deficiency Syndrome (AIDS) has emerged as a serious public health problem in many parts of the world and it is estimated to reach 33 million men, women and children by 2007 worldwide. Of the 30.8 million adults living with HIV/AIDS at the end of 2007, 15.4 million (50 %) were women[1]. Rather than representing equity between the sexes, the one-to-one ratio of male-to-female HIV infections demonstrates the way in which gender inequalities affect HIV/AIDS incidence rates. Traditional gender roles held by many of the world's societies are largely responsible for the continued spread of HIV, particularly from men to women. In most societies, women also carry a disproportionate amount of the burden of caring for family members living with HIV/AIDS, and experience the brunt of the stigma associated with HIV infection. Correcting the gender imbalance that contributes to and is exacerbated by the HIV/AIDS pandemic will depend upon improving women's social and economic status, and increasing men's responsibility for HIV prevention and care[2].

Estimated people living with HIV/AIDS in India in the yare 2007 are 2.47 million, which is almost 7.48 % of the global burden of HIV/AIDS[1]. Sexual route accounts for over 85 % of existing and incident cases of HIV/AIDS in India which indicate a similar trend in Gujarat[3, 4].

MATERIAL AND METHODS

This is a VCTC based cross sectional study consisting of quantitative data collection of HIV positive patients. VCTC is functioning since 16th may 1999 and funded by Gujarat State AIDS Control Society. Study period consists of nine months from April '07 to December '07. 50 male and 50 female HIV positive patients were selected, who visited VCTC of Vadodara during the study period in age group >13 years based on feasibility of data collection till the required sample size selected was completed.

A semi structured and pre-tested proforma was used to collect all the quantitative information through a structured proforma from HIV positive patients. Prior informed, verbal and written consent was taken before starting each interview

with the help of VCTC counselors to deal with the ethical issues.

Analysis of the study was done using Epi info statistical package and chi square was applied wherever needed.

RESULTS

The study included 50 male and 50 female HIV positive (diagnosed minimum 2months back) cases who visited VCTC. Almost two third of the patients (79%) were within 21-40 years of age group among both the genders.

Table 1: Socio-demographic characteristic of the study subjects

Factors	Gender		
	Male	Female	Total
Age group (Years)			
21-30	17(34.0)	17(34.0)	34(34.0)
31-40	23(46.0)	22(44.0)	45(45.0)
41-50	06(12.0)	08(16.0)	14(14.0)
> 50	04(08.0)	03(06.0)	07(07.0)
Education			
Illiterate	04(08.0)	04(08.0)	08(08.0)
Primary	19(38.0)	24(48.0)	43(43.0)
Secondary	19(38.0)	11(22.0)	30(30.0)
Higher Secondary	08(16.0)	06(12.0)	14(14.0)
Graduate & Above	00(00.0)	05(10.0)	05(05.0)
Marital Status			
Married	39(78.0)	48(96.0)	87(87.0)
Unmarried	11(22.0)	02(04.0)	13(13.0)
Occupation			
Unskilled	11 (22.0)	05 (10.0)	16 (16.0)
Semi-skilled	05 (10.0)	01 (02.0)	06 (06.0)
Skilled	15 (30.0)	00 (00.0)	15 (15.0)
Professional	13 (26.0)	03 (06.0)	16 (16.0)
Housewife	00 (00.0)	40 (80.0)	40 (40.0)
Unemployed	04 (08.0)	00 (00.0)	04 (04.0)
Student	02 (04.0)	01 (02.0)	03 (03.0)

92% patients were literate. 87 % of HIV positive patients were married. Majority of female patients (80%) were housewives while majority of males were involved in high risk occupations like truck driving, auto driving, call centre job, sales work etc.

Table 2 show the history of HIV positive cases. It was observed that out of 100, 13 cases were unmarried. So, out of 87 total HIV positive cases, in 44.82 % of cases their spouses were HIV positive. While in 17.24% of cases, their spouse were HIV negative which is statistically significant (χ^2 =8.99, p=0.011). 38 % of cases were not aware of their spouse's HIV status. The reason behind that may be their spouse didn't want to disclose their HIV status. On asking premarital sexual history, 26.4 % of patients had history of premarital sex.

Table 2: Sexual history of HIV positive cases

	Male	Female	Total
HIV status of Spouse (n=87)			
Positive	11(27.5)	28(59.57)	39(44.82)
Negative	09(22.5)	06(12.77)	15(17.24)
Don't Know	20(50.0)	13(27.66)	33(37.94)
Premarital sex (n=87)			
Yes	19(47.5)	04(08.5)	23(26.4)
No	18(45.0)	40(85.1)	58(66.7)
No Answer	03(07.5)	03(06.4)	06(06.9)
Extramarital sex (n=87)			
Yes	16(40.0)	09(19.2)	25(28.7)
No	21(52.5)	35(74.4)	56(64.4)
No Answer	03(07.5)	03(06.4)	06(06.9)
No. of sexual partners (n=100)			
1	18(36.0)	44(88.0)	62(62.0)
>1	32(64.0)	06(12.0)	38(38.0)
Sexually active after HIV positive status (n=100)			
Yes	22(44.0)	07(14.0)	29(29.0)
No	28(56.0)	43(86.0)	71(71.0)

A significantly higher number of males (82.6 %) as compared to female (17.4 %) had history of premarital sex (χ^2 = 17.67, p<0.05). Out of 87 married HIV positive patients, 6 cases didn't respond to this question. 28.7 % of patients gave the history of extramarital sex and it was significantly higher in males (64 %) as compared to females (36 %) (χ^2 = 4.92, p<0.05). 38 % of HIV positive cases had >1 sex partner during their life and we also found that 84.2 % of males had more than one sex partner during their life as compared to 15.8 % of females which is statistically significant (χ^2 = 28.69, p<0.05). Other interesting finding was that more number of females (71 %) had only one partner than males (29 %). Almost 29 % of HIV positive patients continued with sexual relationship even after infection and more number of male (76 %) had history of sexual relationship even after HIV infection as compared to female (24 %) (χ^2 = 10.92, p < 0.05).

Table 3 shows history and effects of HIV status disclosure in the community. Of total 100 HIV positive patients, 85 % patient had disclosed their HIV positive status either to their spouse/family members or it was known by their society members. Out of 85 patients who disclosed their HIV positive status to their spouse, 28.2 % cases had an experience of no change in behavior from

their spouse-side, in 16.5 % cases spouses cared for them, while in 55.3 % cases, spouse showed uncaring behavior after HIV status disclosure. Among females 55.5 % had experienced uncaring behavior by their spouse. Out of 45 patients who had disclosed their HIV status to their family, 37.7 % patients experienced no change in behavior from their family member, 46.7 % cases experienced uncaring behavior or got neglected by their family members and 15.6 % cases had experienced a caring behavior. The difference was not statistically significant (χ^2 =1.67, p= 0.43).

9 cases were the culprit of domestic violence in the form of verbal abuse due to their positive HIV status in the family and majority of them were females (75 %). This verbal abuse was in response to their HIV positive status and was experienced by females mainly by their spouse and family members.

Table 3: History of HIV status disclosure and its effects: -

	Male	Female	Total
History of disclosure of HIV status (n=100)			
Yes	40 (80)	45 (90)	85 (85)
No	10 (20)	05 (10)	15 (15)
Spouse's Reaction after Disclosure of HIV Status (n=85)			
Uncaring/ Neglecting	22 (55.0)	25 (55.5)	47 (55.3)
No change in behavior	10 (25)	14 (31.1)	24 (28.2)
Caring	08 (20.0)	06 (13.4)	14 (16.5)
Reaction of family member after disclosure of HIV Status (n=45)			
Uncaring/ Neglecting	08 (38.1)	13 (54.2)	21 (46.7)
No change in behavior	10 (47.6)	07 (29.2)	17 (37.7)
Caring	03 (14.3)	04 (16.6)	07 (15.6)
History of domestic violence because of HIV Status (n=85)			
Yes	3 (7.5)	6 (13.3)	9 (10.6)
No	37 (92.5)	39 (86.7)	76 (89.4)

DISCUSSION

In a study on Gender impact of HIV/AIDS in India, most of the people were in the age group of 20 to 40 years which is similar to the findings of our study. A majority of men, i.e. 48 percent were in the age group of 30-40 years and a majority of women (59%) were in the age group of 20-30 years. 24 percent of men and 30 percent of women were illiterate in their study. The gender differences in the level of education were visible not only from the higher percentage of illiteracy among the female PLWHA, but also from the fact that only 8 percent of women have studied beyond senior secondary level, while 13 percent of men have gone beyond the school level[5].

In a study carried out by Walsh in 2000, it was observed that unequal social roles and vulnerability to men's demands mean that women are more likely to become infected with HIV at an earlier age than young men[4].

A European study[6] of 563 heterosexual couples reported that the chances of transmission of HIV infection from male to female is twice as likely as from female to male which is similar to our study as it shows higher number of HIV positive spouse in case of females. Also in CHARKA project, more numbers of female were vulnerable due to more numbers of male having history of sex before marriage[7]. A study on vulnerability of young women to STI/HIV also shows the higher percentage of men reporting sex outside / before marriage[8].

A study on perception of family members' reaction to women's disclosure of HIV positive status showed that disclosing one's HIV status to family members is a very difficult process, particularly if the anticipated reaction of the recipient is negative[48]. While in another study on Gender impact on 74 percent of HIV positive male and 70 percent of HIV positive female reported that their families were quite supportive on HIV status disclosure. In spite of there being slight hesitation initially by a few, nearly 5.5 percent of female PLWHA have been asked to leave home after being tested positive and only 1.9 percent of the male PLWHA have been subjected to this. While in our study, female were more likely to get discriminated on HIV status disclosure to their

family member as compared to males[9].

CONCLUSIONS

Major concern is to decrease and stop the gender discrimination/bias specifically with the HIV positive patients. There is a restless need to have much greater co-operation and collaboration between public and private agencies to control this stigmatized epidemic. The role of caregivers in the form of emotional, physical and financial support from spouse, family and society may become vital and should be sensitized to decrease the gender based discrimination and inequality after HIV infection. Provision of gender sensitive training of VCTC counselors for HIV/AIDS counseling would be very much helpful, which will play a great role to prevent societal disparities and discrimination.

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