



Empowering Women with HIV in Entrepreneurship Activities in Vijayawada Region – Andhra Pradesh

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ABSTRACT

Women's entrepreneurship helps to eradicate poverty, promote gender equality and empower women. But it has another impact – providing women with the means to improve the health of their families and finance the education of their children. Especially, it is essential to promote entrepreneurship and mitigate poverty amongst women living with HIV/AIDS in general and Vijayawada region of Krishna district, Andhra Pradesh in particular. It is required to promote appropriate services, coordinated by various organizations including NGOs to promote technical, management and financial support and training to the women living with HIV/AIDS. The women participating in the development of entrepreneurship are called promoters also. To uphold the fight against HIV/AIDS pandemic in the world of work, ILO identified the potential of working with cooperatives. Cooperative institutions can reach workers in informal sectors who are mostly left out by many HIV/AIDS interventions which are targeting workers in the formal settings. UNDP and UNAIDS have provided funding to four AIDS networks, which was then divided into low-interest micro-credit loans. It was observed that the project allowed about 100 HIV-positive women to receive training in management and entrepreneurship. There are more than 60,000 people living with HIV in that area, or a prevalence of 0.7 percent, one of the lowest rates in Africa. (Source: UNAIDS). The above study revealed that the financial empowerment by microfinance for HIV/AIDS victims of urban poor in general, women in particular stood much better than the others. So it is essential and crucial to develop a strategy to promote an effective program by public and private agencies to create opportunities or encourage the HIV affected women to become entrepreneur in the region of Krishna district, Andhra Pradesh.

KEYWORDS : entrepreneur, discrimination, stigma, psycho-social behavior, empowerment, micro-finance, informal sector, urban poor and society.

1. Introduction

The literature indicates that the Women make up some 60% of the world's working poor, people who work but do not earn enough to lift themselves above the \$1 per day poverty line. Rural women alone produce half of the world's food and 60% to 80% of the food in most developing countries, but receive less than 10% of credit provided to farmers. As per World Bank Group Gender Action Plan (2006), Women's lack of economic empowerment not only imperils growth and poverty reduction, but also has a host of other negative impacts, including less favorable education and health outcomes for children and a more rapid spread of HIV/AIDS. The women around the world have greater economic independence and self-worth as a consequence of microfinance projects; roughly 95% of micro-loans go to women Alleviating Poverty & Promoting Peace through Enterprise Development.

2. Women and Microfinance

Some of the most gender inequality that microfinance attempts to address are emphasized by McCarter Elissa (2006) that 1.3 billion people living in poverty, (1) 70% are women (2) women perform a greater proportion of work and work long hours, but their earnings remain 50 to 70% of the men's earnings; and (3) Women make up forty to over seventy percent of the informal sector depending on the country, entering the labor force often through micro enterprises, yet almost always are excluded from access to finance. The same situation has been observed in Krishna district of Andhra Pradesh.

According to a 2004 World Bank report, women's need for accessing micro credit programs is often larger than that of men given that most women lack ownership, control, and access to productive assets such as land, equipment, materials, and their legal right to inheritance is usually bypassed. Often, women are unaware of their property and inheritance rights, being unable to 'purchase land in line with men.' In fact depending on the type of title held, women generally find it difficult to access title to property and must rely on male relatives to hold title for them, denying them access to collateral.

Findings by the National Foundation for Women Business Owners em-

phasized through women fact sheet (of 10000 women) that the many factors that women business owners have in common, regardless of nationality. In particular, in determining what one needs to grow a business, the responses achieved consensus around five key areas: (1) access to information, including training, technical assistance and technology; (2) access to networks; (3) access to capital; (4) access to markets; and (5) public validation. Investing in women, literally, has proven the most effective way to increase individual family expenditures on health and education, improve nutrition and food security, protect against emergencies, and begin the slow process of tackling the gender inequalities that hinder development in so many countries around the world.

3. Krishna District , Andhra Pradesh

Out of the AP's 13 districts, 9 have HIV prevalence of 1 percent or more among ANC women. This is further evidence that HIV is now infecting those in the general population. This movement of HIV out of high-risk groups and into low-risk groups requires continuously expanded efforts to inform and educate the public of the new threat of HIV. For the purpose of this report, district wise prevalence has been estimated using urban and rural data. The number of people found positive for HIV infection at Voluntary Counseling and Testing Centers (VCTCs) provides another indication of the level of HIV in the state. From April 2004 to March 2005, 15.5 percent of those tested state wide were found to be positive. The percentage varied from 4.1 in Krishna district to 26.6 in Guntur. As the Guntur and Krishna neighboring districts and interaction / mobility levels are very high but the distinct variation in terms of HIV/AIDS cases can be noticed as per statistics.

In Andhra Pradesh the prevalence of HIV among pregnant women had gone down from 1.25 per cent in 2004 to one per cent in 2010. But this was higher than the State average of 0.77 per cent. However, the result of up-scaling of the services was tremendous in the district. Last November, 9,555 PLHIVs (people living with HIV) were receiving ART medicines in Krishna district, compared to the 2,499 PLHIVs who availed the services in January 2008. It is found that most of the victims were below poverty line and migrants. It is noted that 82% of

them are disparate to get some employment for their survival. The survey indicates that the 70% of the victims in this region having no education and departed from their families.

4. Vijayawada Scenario

The state government has granted pensions to about 35,000 HIV positive patients across the state and the Andhra Pradesh State Aids Control Society (APSACS) has already dispatched ATM cards of the beneficiaries to their respective district hospitals. The beneficiaries would receive Rs 200 per month which would be directly deposited to their accounts by APSACS. Confirming the move before a local court at Nandigama. The government had decided to provide financial relief to needy HIV patients. The aids control body had come out with a detailed report in response to a notice issued by the court. The court asked APSACS to submit a report on the measures being taken to assist HIV patients following a petition filed by a HIV patient from Avuthuvuri Agraharam village in Jaggaiahpetmandal. The patient alleged that he was denied a concessional bus pass to visit the hospital for anti-retroviral treatment (ART). This scheme was intended for only those living below the poverty line. In addition, APSACS said that concessional bus passes were also being provided to these patients to visit ART centres at least twice in a month. More than 2,500 patients in Krishna district will receive pensions. (Times of India 5/2/12)

Available literature reveals that HIV/AIDS in India is heterogeneous with respect to the vast geographical stretch of the country, differences in the income, gender, occupational structure, and socio-cultural variations. Also migration plays an important role in the spread of HIV infection and very less number of studies has been done in this field for India till date. It was perhaps due to the lack authentic data related to the number of HIV infected persons in the country.

In India HIV/AIDS has spread largely through heterosexual intercourse and the epidemic has moved from urban to rural areas. The history of HIV/AIDS begins with the identification of initial HIV/AIDS cases in 1986, when serological testing found that 10 of 102 female sex workers in Chennai were HIV positive (Nag, 1996). In the face of increasing number of people being identified with HIV, overment of India initiated a systematic response by establishing National AIDS Committee (NAC) and then in 1992, the National AIDS Control Organization (NACO), under Ministry of Health and Family Welfare. NACO is engaged in surveillance and awareness programs related to HIV/AIDS in India (NFHS-3). There are six high HIV prevalence states, identified in India by NACO, which are Maharashtra, Andhra Pradesh, Karnataka, Tamil Nadu, Manipur and Nagaland. HIV/AIDS strikes most heavily in the 15-49 age groups, the very people on whom every country relies heavily for economic growth and development. And prevalence of HIV/AIDS is pronounced among some occupational groups, in which sex-workers and their clients are significant.

5. Activities and Methodology

To improve the conditions with reference to empowerment it is essential to have Identification and training of psychosocial and economic counselors per cooperative. These counselors are in charge of the monitoring and evaluation of the activities of promoters. Registration for information sessions which are carried out at identified financial institutions with the support of the promoters and counselors. Information sessions are held to enlighten the participants on the philosophy and methodology of the program. Initial diagnosis of interested promoters are carried out to gather baseline data and to determine the nature of assistance that the promoter needs.

In order to qualify as a member of the in a cooperative society with methodology that the promoters must have the following qualities such as that the promoter must be a woman; be infected with HIV/AIDS; own a business activity; be a member or be ready to join a Co-operative society; be prepared to share her knowledge; and accept to respect procedures. Within the system, the events and activities include disbursement of loans for business activities; follow up with the promoters who receive loans (repayment rate, business success, and health), registration for Mutual Health, and training of promoters on how to keep financial records.

6. Results and Impacts:

These women-owned businesses range from construction to food processing, education to handicrafts. One of the predominant themes

emerging from the studies conducted that women with economic power and direct control over their income or other key economic resources such as animals or land, are likely to contribute to their children's education and health and, indirectly, their countries' income growth. What is more, their personal experiences reveal that as entrepreneurs they have greater personal and financial autonomy, an increased role in household decisions, more influence as community leaders and can serve as role models for other aspiring women entrepreneurs – despite barriers to starting and growing businesses due to gender, disability and HIV/AIDS status. As per secondary source of information that proposal of promoting entrepreneurship to HIV/AIDS affected women had provided financial support in the forms of loans to several promoters, of which 50% has been repaid to date. The promoters have reported positive impacts from the project including: being able to pay for their children's schooling, having the confidence to give public testimonies, less stigma in their communities and increase economic independence. The lessons learned may be very much helpful to adopt in Krishna District for HIV affected women to bring them to main stream of the society.

7. Difficulties Faced and Lessons Learned

On the basis of a series of interviews conducted over the past year with women who received training via the Women's Entrepreneurship Development and Gender Equality (WEDGE) and Developing Entrepreneurship among Women with Disabilities (DEWD) Projects and published in a new report entitled "Voices of Women Entrepreneurs". In nearly every case where the women learned business knowledge and skills, about access to new markets and financing, support services and how to join networks and groups, they constantly channeled their new-found empowerment and income into making sure their families had the resources to send their children to school instead of out to work. The programme enhances the economic opportunities for women entrepreneurs, including women with disabilities and those living with HIV/AIDS, by building the capacity of governments, communities and organizations representing workers and employers to support all stages of their economic development.

This involves use of a broad range tools and resources created by the ILO to assist business development service providers and new or existing entrepreneurs in developing effective and practical techniques for managing their businesses. The ILO programme called "Improve Your Exhibiting Skills" (IYES) is among the innovative training tools expressly developed to improve market access for women entrepreneurs through the organizing of trade fairs and exhibitions. It is noted that the programme has had a positive impact on the lives of the promoters, and There will be an increased level of literacy in the promoters' families because children are going to school, More women with HIV are feeling confident and less stigmatized, Men are also interested in the program.

8. Way Forward/Recommendations

Move the topic of violence against women from the private sphere to the public sphere. This is not a personal issue it is a gross violation of women's rights and is has significant negative implications for the health of communities and for economic development. Implementation mechanism of Gol programmes reaching to beneficiary is less effective, though the statistics show recognisable improvement in the status and there is a possibility of ignoring sensitive details of poverty, stigma and discrimination. Programmes related to stigma & discrimination is not adequate as stages wise behavioural changes and related responses of the family and society. So it is essential to make the effected women financially supported, specially migrated women and the women entrepreneur of informal sector and most vulnerable sections of the society.

And, to give women a voice, provide them with the opportunity to create a group identity separate from that of the family because for many women the family is often the social institution that enforces strict adherence to traditional gender norms; and promote women's decision-making at the household, community, and national level by promoting women's entrepreneurship, leadership and participation. it is also important to have More counselors are required to provide more substantial support to promoters. Besides, it is essential to have more stringent action is required to deal with delinquent promoters.

9. Conclusion

Over time, the unacknowledged sadness, anger, and guilt can become compressed and result in cynicism and decreased ability to invest emotionally in patients. It is painful to acknowledge the feelings associated with seeing patients suffer and die, so the professional becomes more hardened and expresses less sensitivity and sympathy for the needs of the next patient. Discrimination against people with HIV may occur at all levels of the community, including to and from health workers. Almost invariably, such discrimination is the result of a lack of education about HIV/AIDS. It is apparent that health workers, as members of local communities, may have some of the same community negative attitudes and beliefs until appropriate education / awareness given to all.

Especially the petty entrepreneurs with micro finance in seasonal and informal sector have been living with satisfaction and away from the stigma and psycho-social problems. It is observed that the entrepreneurship of effected women has created an empowerment to overcome the inter and intra social problems of their family.

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