



Social Stigma of HIV/AIDS Parents: Infected and Affected Children

KEYWORDS

Stigma, HIV/AIDS, Infected Children, Affected Children

G. Kalaivani

Dr. Sundara Raj. T

Professional Assistant, Women's Studies Centre, Periyar University, Salem-11 Tamil Nadu

Assistant Professor, Department of Sociology, Periyar University, Salem-11 Tamil Nadu

ABSTRACT *Social Stigma is the most important factor explaining HIV/AIDS. There has been a significant increasing in anxiety among parent of victimised children in many parts of India. This paper examines the level of anxiety of HIV/AIDS infected and affected children and using census method, applied simple random sampling. We find that the affected respondents were getting high level of stigma more than infected respondents' but at the same time the infected respondents were getting uncontrollable anxiety more than affected respondents. High levels of stigma (inner restlessness, inability to relax and apprehension) and fear and preoccupied perceptions of AIDS contribute anxiety of parent of infected children.*

Introduction

India has amongst the largest number of HIV/AIDS infected people in the world, second only to South Africa. According to World Health Organization, it is estimated that about 5.1 million people live with HIV/AIDS infection in India and of them 6,00,000 cases urgently need treatment. HIV/AIDS continues to show itself to be one of India's most complex epidemics—a challenge that goes beyond public health, raising fundamental issues of human rights and threatening development achievements in many areas. According to an estimate approximately 2.5 million people were living in between the ages of 15-29 years and this age group accounts for 31 per cent of people living with HIV, demonstrating that young people are at very fasts this epidemic is expanding all over the world, and becoming a global menace threatening the very existence of human being (Mani, A. et al. 2013).

HIV infected and affected parents face the challenge of social stigma and stress and strain. As education increases, the anxiety among the parents increased regarding the HIV/AIDS children. The stress and strain of being a parent could potentially endanger and HIV infected parents ability maintains their level of anxiety would be upgraded. In Indian context HIV/AIDS parents experiences forms of stigma that connect with and reinforce each other. People with HIV/AIDS have been isolated, observed written about, operated on instructed, implanted, regulated, treated, institutionalized, and controlled to a degree probably unequal to that experience by any minority. Social stigma and exclusion and socially constructed prejudice are the root causes of the stigma of the HIV/AIDS parents.

Rational for the study

The method of investigations depends upon the nature of the problem. The problems of AIDS-affected people are existential and experimental in nature. It would reveal a clear picture about problem and their anxiety level. Vast majorities of the AIDS affected people from mental pain, starting from minor anxieties to serious psychoses; other mental problems include frustration in life, loneliness, fear of death and consequent anxieties, lack of companion, worries about the future of their child etc.

Every HIV patient will have anxiety and since HIV infected patients and their children are affected by HIV they have double level of anxiety about their child's future. Consequently the researcher wanted to compare and study the level of anxiety among the parents of HIV infected and HIV affected children. Many researcher studied about HIV/AIDS but very little has been done with anxiety level. The study would help to

understand level of anxiety experienced by the victims. This study would help to understand the physical and psychological problems of the HIV/AIDS affected and infected person. This study would help the social workers, NGOs, and institutions to understand and intervene to better the psychosocial profile of the social excluded and stigmatized parent of HIV/AIDS infected children.

Materials and Methods

Social Stigma is the most important factor explaining HIV/AIDS. There has been a significant increasing in anxiety among parents of victimised children in many parts of India. High levels of stigma (inner restlessness, inability to relax and apprehension) and fear and preoccupied perceptions of AIDS contribute anxiety of parents of infected and affected children. The researcher obtained the list of respondents from OPERATION RAINBOW (Community based rehabilitation project) an NGO functioning in Trichirapally, exclusively for HIV/AIDS children. The researcher applied census method for infected respondents and applied simple random sampling for affected respondents, because the researcher wanted to select the same proportion of infected respondents. So the researcher applied both census and simple random sampling method. While deciding the techniques, the researcher selected the respondents based on certain criteria. They are: - throughout the study infected refers to respondents and their children both must be infected by HIV/AIDS and affected refers to respondents are infected by HIV and their children are not infected which found around only in Trichirapally District, Tamil Nadu. Apart from this, Tailors' manifest Anxiety Scale was applied to all the respondents to measure the level of anxiety. We took the sample 40 stigmatized parents (20 infected and the remaining 20 were affected HIV/AIDS). A well prepared interview schedule with questions pertaining to level of anxiety, child profile, psychological problems, causes, treatment and sources of help and their perception towards their routine living, was distributed to collect information regarding level of anxiety of HIV/AIDS infected and affected parents. Cross tabulation of data was done and Statistical tests including frequency tables, Mean, Standard deviation, Karl Pearson's co-efficient of co-relation, 'C' value, Yates' co-relation and 'T' test and X2 tests were applied wherever necessary.

Profile of the Respondents

Findings from this study among the infected it was found that nearly half (50%) of the respondents belonged to the youngest age group of 21-30 years. Another forty five per cent of the respondents belonged to the age group of 31-40 years, and the remaining 5 per cent of them were found to be in

the age group of 41-50 years. It is inferred that that more than half of the respondents (55%) were found to young in their age i.e., 21-30 years. The study revealed that 20 per cent males and 80 per cent of females were seriously infected, whereas the remaining high majority of females (85%) and a negligible per cent of male (15%) children were not affected. It is inferred that females outnumbered the males. It has also been pointed out that 50 per cent were married in infected cases and a significant per cent (65%) were married in affected and the remaining 65 per cent were found to be widows in infected and 35 per cent were widow in affected cases. Thus it is inferred that all the respondents who were married were either infected or affected by HIV/AIDS. The study vivid from that a very high majority of the respondents were found to be Hindus except a small per cent (5%) of them who were Christian. It was obvious from field information that more than half of the respondents (60%) were from rural areas and the remaining 40 per cent of the respondents were hailing from urban areas. Among the affected cases, a significant majority (65%) of the respondents was from rural and the remaining 35 per cent of them were from urban. Therefore it can be inferred that more than half (infected) and majority (affected) of the respondents were hailing from rural areas. The last demographic part of the respondents shows among the infected it was identified that majorities (80%) of the respondents were found in nuclear families and the remaining 20 per cent of them were found in joint families. Similarly, among the affected cases, a majority (75%) of them was in nuclear families and the remaining 25 per cent of the respondents were in joint family. Thus it can be concluded that a majority of the respondents were (80% & 75%) respectively from nuclear families. On analyzing the educational status of the respondents it was found that 20 per cent of infected and 10 per cent of affected respondents were illiterates, whereas 45 per cent of infected and 20 per cent of affected respondents have studies upto Vth standard. 30 per cent of infected and 50 per cent of affected respondents were able to get into high school and completed 6th to 10th standard, whereas 3 per cent of infected and 15 per cent of affected respondents revealed that they had completed higher secondary. Only a meager per cent (5%) of the affected respondents had the highest qualification of a degree. Finally, it remains to be pointed out that most of the infected/affected respondents educational level was very low which further confirm that low education correlates with the high incidence of HIV/AIDS and level of anxiety.

Socio Economic and Cultural Constraints

HIV/AIDS – related attitudes are evident as both self-stigma and as public stigma. Self-stigma is the individual's perception that he or she is socially unacceptable, while public stigma (discriminatory attitudes toward people living with HIV/AIDS) is society's perception that an individual is socially unacceptable. Out of 40 respondents a majority 70 per cent (40%) of infected and 30% of affected was working as farmers. But 1/4th of the infected (25%) and 1/5th of the affected (20%) respondents were found to be housewives, whereas 5 per cent of both infected and affected were found to be working as drives. A similar per cent of (15%) infected and affected respondents were earning daily wages. The remaining 15 per cent of infected and 30 per cent of affected respondents were engaged in small business like petty shop owners/Teashop owners. It is inferred that almost that all the respondents were found to be working in a jobs.

Regarding the income level of the respondents a majority (85%) of the respondents were getting very low income i.e., below 1000, whereas 10 per cent of the respondents were earning Rs. 1, 000/- to 2, 000/- per month and the remaining 5 per cent of the respondents were capable of earning Rs. 2001/- and above. Among the affected who, it was noticed that a majority (80%) of the respondents were getting very low income i.e., below Rs. 1, 000/- whereas 10 per cent of the affected respondents were earning amount Rs. 1, 000/- to Rs. 2, 000/-, and the remaining 10 per cent of the

respondents were capable of getting Rs. 2, 000/- and above. It is inferred that the majority of the respondent's income was found to be extremely low which is insufficient for them to look after themselves and their family members. The second part of the table shows that more than half of infected (55%) and majority of affected (80%) respondents were getting income only by way of salary, whereas 10 per cent of infected respondents' income source was from spouse. Nearly 1/4th (25%) of infected and 20 per cent of affected respondents were supported by parents. The remaining 10 per cent of infected respondents' income was supplemented by their siblings. It is inferred that that the majority of respondents were solely depending on this salary.

The table shows more than half (40% infected and 28% affected) of the respondents were unable to get sufficient food, whereas meager per cent (5% infected and 5% affected) of the respondents were had difficult in get treatment. 15 per cent infected and 10 per cent affected respondents were unable to give good education to children. 15 per cent infected and 25 per cent affected were not able to get other things. The remaining 25 per cent infected and 35 per cent affected were not any economic problem. It is inferred that less than half of the infected respondents were unable to get sufficient food and nearly 1/3rd of affected respondents were not any economic problem.

All the respondents were interviewed more HIV positive patients (100%), while analysing the presence of HIV in their spouses, it was identified that 95 per cent of the infected and 90 per cent of the affected respondents' life partners were also attacked by HIV positive. Only a meager per cent of the respondents' spouse (15%) were not affected by HIV. It is thus, inferred that all the respondents spouse except a few also became HIV/AIDS. The study clearly explains that 20 per cent of infected and 40 per cent of affected respondents had only one child, whereas 45 per cent of infected and 30 per cent of affected respondents had two children. The remaining 35 per cent of infected and 30 per cent of affected respondents had more than three children. It is inferred that compared to the affected, infected respondents have two children. The second part of the table shows all infected respondents reported that all their children were also identified with HIV positive. It is threatening to note that not only parents but children have been victimised by HIV/AIDS.

Psychological Level Anxiety of the Parents

The table shows, research wanted to know specially about the respondents' feeling after knowing that their children were affected by HIV. It is hear treating to note that more than half of the respondents (55%) developed anxiety (Researcher who applied Taylor's manifest Anxiety scale, results of which is presented in chapter IV). More than 1/3rd of the respondents were depressed and the remaining 10 per cent of the respondents had frustration. It is thus inferred that almost all whose children were infected were caught either by Anxiety, depression or by frustration.

The table shows out of 40 respondents a vast majority of the respondents (infected) were worried about their children's future. Equally, among the respondents the majority of them (90%) were having worries about their children. The remaining 5 per cent of respondents (infected) and 10 per cent o (affected) were having confidence about their future of children. It is inferred that he majority of the respondents were in constant worry about their children's future.

Concluding Remarks

HIV/AIDS infected and affected children are separated from the society due to their illness. As we know India stands as first country infected and affected in the world. The parents of the infected and affected face crises of social stigma and stress due this they are find in mental strain. These HIV/AIDS affected children's parents found to be more worried and depressed with their sickness. The finding shows to us infected

and affected persons are more young and age between 15-29. It is very sad that at this very young age these persons are having this decease. The people with HIV/AIDS are treated as socially separated and written spoken about them in the public they are the main reasons for social stigma of these people. Most of the people with this affected and infected

REFERENCE

1. AIDS Bhedha Virodhi Anodolan (AIDS Anti-Discrimination Movement) (1993), Hard Times for Positive Travel, India, New Delhi. | 2. Ankra EM (1993), "The impact of HIV/AIDS on the family and other significant relationship": the African clan revisited. *AIDS Care*, 5:5-22 | 3. Mani A, et al. (2013), "Dimensions of Social Exclusions", Discovery Publishing House PVT.Ltd, New Delhi. | 4. Bharat, S (1996), "Facing the Challenge: Household and Community Response to HIV/AIDS" in Mumbai, India, Geneva, UNAIDS/Mumbai, TISS. | 5. Bean J. et al. (1989), "Methods for the reduction of AIDS social anxiety and social stigma", *AIDS, Education and Prevention* 1(3): 194-221 | 6. Karupiah, A (2002), "Society and AIDS – A Sociological Study on HIV/AIDS patients", Tamil Nadu State AIDS Control Society, | 7. National AIDS Control Organization, "Country Scenario, 2001", www.naco.nic.in | 8. Sinha S. P (1999), "India sits on AIDS Bomb", Sage Publications, New Delhi |