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Research Paper

Understanding of HIV/AIDS: A Study Among Visually Impaired Women in Tamilnadu

Social Science

KEYWORDS :

Dr. A. K. Ravisankar — Assistant Professor, Department of Population Studies, Annamalai University, Annamalainagar – 608002

K. Kanmani — PhD Research Scholar, Department of Population Studies, Annamalai University, Annamalainagar – 608002

The growing relationship between HIV/AIDS and disability is an emerging issue and cause for concern as persons with disabilities are at higher risk of exposure to HIV. In developing countries evidence suggests that poverty and a lack of economic and educational opportunities, as often experienced by people with disability, influence HIV vulnerability (Bankole, Singh, Woog, Wulf, 2004; Eaton, Flisher, Aaro2003; Luke, 2006). The few existing studies on the hearing-impaired, or deaf, populations, suggest infection levels equal to or higher than those of the rest of the community (Taegtmeyer, 2006). Despite this, there is a dearth of research that documents HIV prevalence, risk and vulnerability among people with disability, the adequacy of service provision, and the extent to which HIV programs have addressed their needs. With this backdrop, this paper assess the knowledge of blinds about HIV/AIDS, main causes of HIV transmission, misconceptions relating to HIV/AIDS and to examine the linkage between the respondents' knowledge and their background variables.

Methods: This study was conducted in the selected 16 districts of Tamilnadu during 2012-2013. The qualitative method was adopted to identify the sample districts with the support NGOs who are working in the rehabilitation services for blind people. Snow ball sampling methods was adopted to choose the study population. Totally 745 visually impaired women were identified and approached, however, 468 women accepted, co-operated and completed the interview.

Results: Overwhelming majority of visually impaired women have heard of HIV/AIDS (96.4%) indicating very high level awareness among the visually impaired women in the study area. A high proportion of respondents (51.4%) indicated Radio as a source of knowledge, followed by health personnel/workers (37.2%) and NGOs (21.3%). Majority were well aware of the mode of HIV transmission - 89.1%, 79.8%, 76.1% and 75.8% of respondents indicated 'sexual act', 'blood transfusion', 'unsterilized needles or syringe' and 'mother to child' respectively as the mode of HIV transmission. About three-fourth of respondents agreed all the four as the causes of HIV transmission.

Knowledge Index: An attempt is made to develop an index to assess the level of knowledge of respondents about the mode of HIV/AIDS transmission. The above four statements relating to the mode of transmission of HIV are considered to develop the knowledge index. The total score obtained by each respondent is ranging from 0 to 4 which can be classified into 3 categories as 'No knowledge (0)', 'Some knowledge (1-3)' and 'Complete knowledge (4)'. Of the total 451 respondents who had heard about HIV, just 10.4% of respondents had no knowledge on the mode of HIV transmission and remaining proportion of respondents had knowledge, of which 75.8% had complete knowledge about mode of HIV transmission indicating better awareness among the visually impaired women.

Cross-classify the background conditions of the respondents with their levels of knowledge about HIV transmission shows that majority in each of the age groups had complete knowledge about HIV mode of transmission – it ranges from 66% among above 45 years age group to 94% in 25-29 years age group. This relationship is found to be statistically significant at 1% level.

Table No1 Respondents by Level of Knowledge on mode/ means of HIV/AIDS transmission with SED

SED	Level of Knowledge on HIV/ AIDS transmission			Level of Misconception on means of HIV/AIDS Transmission				Total
	No	Some	Complete	No	Less	Moderate	More	
Age-groups	*** 42.404			*** 64.405				
Less than 18 years	36.4	18.2	45.5	12.5	8.3	25.0	54.2	**22**
18-19	5.9	5.9	88.2	27.8	11.1	55.6	5.6	**17**
20-24	10.5	7.0	82.5	53.4	15.5	20.7	10.3	**57**
25-29	4.2	2.1	93.8	63.3	14.3	16.3	6.1	**48**
30-34	10.7	11.9	77.4	51.2	21.4	19.0	8.3	**84**
35-39	2.9	17.6	79.4	41.1	24.7	20.5	13.7	**68**
40-44	14.1	16.2	69.7	47.6	12.6	17.5	22.3	**99**
Above 45 years	8.9	25.0	66.1	49.2	15.3	20.3	15.3	**56**
Religion	**NS**			**NS**				
Hindu	12.5	13.1	74.3	47.0	17.0	19.0	17.0	**335**
Muslim	7.7	23.1	69.2	46.2	-	46.2	7.7	**13**
Christian	3.9	14.6	81.6	48.1	17.6	23.1	11.1	**103**
Caste	* 9.653			NS				
SC/ST	14.2	17.9	67.9	40.0	15.9	24.7	19.4	**162**
BC/FC	7.5	11.7	80.8	51.6	17.1	19.1	12.2	**239**
MBC	12.0	10.0	78.0	50.0	17.3	15.4	17.3	**50**
Educational Status	*** 67.553			*** 70.712				
Illiterate	13.8	30.8	55.4	36.1	12.5	19.4	31.9	**65**
1-5 yrs	21.2	15.2	63.6	28.6	11.4	31.4	28.6	**33**
6-10 yrs	11.3	21.7	67.0	42.3	16.2	27.0	14.4	**106**
11-12 yrs	19.0	9.5	71.4	34.5	20.7	21.8	23.0	**84**
above 12 yrs	2.1	2.8	95.1	65.0	18.2	14.7	2.1	**143**
Occupational Status	** 18.479			*** 39.829				
Private sector	6.5	2.2	91.3	68.1	17.0	8.5	6.4	**46**
Public sector	3.7	-	96.3	66.7	29.6	3.7	-	**27**
Self employed	11.0	19.1	69.9	37.8	19.6	22.4	20.3	**136**
Not work/ dependent	10.9	16.0	73.1	51.6	13.2	20.3	14.8	**175**
Students	13.4	10.4	76.1	33.3	14.5	33.3	18.8	**67**

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Level of Income	*** **26.435**			*** **29.077**				
1000-2000	12.5	17.9	69.6	43.3	13.3	20.0	23.3	**56**
2001-4000	12.7	24.6	62.7	36.9	23.0	19.7	20.5	**118**
4001-6000	11.8	7.6	80.7	51.6	12.1	20.2	16.1	**119**
6001-8000	5.4	5.4	89.2	56.8	21.6	16.2	5.4	**37**
Above 8000	6.8	8.0	85.2	52.2	20.0	20.0	7.8	**88**
DK	9.1	15.2	75.8	51.4	2.9	34.3	11.4	**33**
Marital Status	**11.773			**NS**				
Unmarried	13.6	6.5	79.9	46.0	14.3	21.7	18.0	**154**
Married	8.8	17.5	73.7	47.9	17.9	20.2	14.0	**297**

*****, **, * refers to significant at 1,5 1nd 10% level (chi-square results –SED and Level of knowledge on HIV/AIDS) NS – Not significant**

Irrespective religious categories, majority had complete knowledge about HIV mode of transmission, but the proportion having no knowledge was comparatively high in Hindus (12.5%). The data on religion with the levels of knowledge about HIV mode of transmission indicates no significant relationship between the two factors. While majority in each of the caste structures had complete knowledge about HIV mode of transmission, a considerable proportion in SC/ST category had no knowledge about HIV transmission (14.2%) indicating a significant association between ST and Non-ST. This association is found to be statistically significant at 10 percent level. The data on knowledge about HIV mode of transmission indicates that an association between the respondents' education and the knowledge about mode of transmission of HIV/AIDS. Similarly the association between the occupation and level of knowledge on HIV mode of transmission is found to be statistically significant at 5% level. Table also shows that majority in each of the respondents' marital status categories had complete knowledge about the mode of transmission of HIV (79.9% and 73.7% respectively) and the proportion having no knowledge was relatively high in unmarried category (13.6%). Chi-square result shows a significant association between the respondents' income and marital status and their knowledge level.

Misconceptions about HIV/AIDS: Around three-fourth of visually impaired women agreed that HIV/AIDS was not curable and eighty-five percent believed that it can be preventable, indicating better knowledge of the respondents about the curability and preventability of HIV/AIDS. An attempt is made to analyse the respondents' misconceptions about HIV/AIDS. Some statements were placed before the respondents. With regard to statement 'one can reduce chance of getting AIDS by having one faithful sexual partner' around ninety percent of visually impaired women agreed that having one faithful sex partner will reduce the chance for HIV incidence. It is observed that more than two-third of the women with visual disability were in agreement with the statement that use of condom during sex with multiple partners will prevent the incidence of HIV/AIDS (68.8%). Another 87% of the study population indicated 'abstaining from sexual contact as a means to prevent the endemic disease'. 'Using sterilized needles could avoid HIV/AIDS' this statement was approved by 81% of the target population. It is also noticed that little less than three-fifth of the visually challenged women did not agree with the statement that 'mosquito bite can cause the incidence of HIV/AIDS' (58.8%). With regard to statement 'incidence of HIV is possible by hugging HIV infected persons' around 73% of the respondents disagreed with this statement. In the study area about 70% were disagreed with the statement that 'using utensil as a reason for the incidence of HIV'. As a result, the level of misconceptions about HIV incidence is comparatively low among visually impaired women.

Misconception Index: Range equalization method is applied to construct the misconception index which is used by UNDP. In this method, each indicator is divided by the range after subtraction of the lowest value. Misconception index is constructed by considering seven indicators. The range of score is divided into three categories as Less misconception, Moderate misconception and More misconception. This categorization is justified on the ground that while analysing the responses for all the 7 questions for each of the respondents in this study, 221 respondents (47.2%) have no misconception and the remaining 247 respondents (52.8%) have misconceptions which of which 16.7%, 20.7% and 15.4% had less, moderate and more misconceptions respectively.

In an attempt to analyse the relationship between respondents' SED characteristics and their levels of misconception about HIV/AIDS table shows that high misconception was noticed among the respondents in the early reproductive age groups (less than 18 years) and late reproductive age groups (after 40 years). The chi-square test confirms significance of an association between the respondents' age and the levels of misconception about HIV/AIDS at 1 percent level.

The proportions having no misconception do not very greatly among the three religious communities (ranging from 46.2 to 48.1%), but the levels of misconception vary. This analysis does not help hypothesize a very strong relationship between religion and the level of misconception. It is quite interesting to note that there is no greater variation in the less level of misconception among the various caste groups, but the proportions having moderate and high level misconception respectively were comparatively high in SC/ST category. The association between the respondents' caste structure and the level of misconception is not statistically significant. The analysis of respondents' education level and the level of misconception about HIV/AIDS hints at an association and it is statistically significant. With respect to an examination of the effect of respondents' occupation and their income level on the level of misconception about HIV/AIDS, the association is found to be statistically significant at 1% level. In an attempt to assess the relationship between respondents' marital status and the level of misconception about HIV/AIDS, the proportions having no misconception were almost same between married and unmarried categories. This observation is almost same with respect to each of the levels of misconception. While the proportion having less misconception in married category slightly edge over the proportion in unmarried category, the proportion of unmarried respondents with high level misconception slightly edge over the proportion of married, indicating no strong linkage between the respondents' marital status and the level of misconception.

Conclusion: Age, educational attainment, occupation and income level seem to have a strong bearing on the misconception about HIV/AIDS. When identify HIV transmission risks, unprotected sex was less cited. Some of their more worrying misconceptions hark back to myths popular in the epidemic's early days, e.g., 'mosquitoes transmit HIV', sharing of utensil. Hence, it is found that quite significant proportion of visually challenged women may be vulnerable to HIV infection due to a lack of awareness and knowledge of HIV transmission, social exclusion and poverty. It is therefore recommended that increase the potential to meet the HIV education and service needs of visually impaired population in the study area.

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