CHAPTER II
REVIEW OF LITERATURE

It is important to mention various studies and surveys related to HIV/AIDS for making a modest attempt towards greater understanding of the issue focused. The review of literature is focused on the issues related to socio-economic factors and HIV/AIDS, high risk behaviour and HIV/AIDS, stigma and discrimination, violence against women and HIV/AIDS, reproductive health and HIV/AIDS, women’s knowledge on HIV/AIDS, impact of HIV/AIDS and intervention taken by both government and non-governmental organizations.

2.1. SOCIAL AND ECONOMIC FACTORS AND HIV/AIDS

Prakasa Rao and Nandini Rao (1982:11-37) described that in India, marriage was treated as an alliance between two families rather than a mere union of two individuals and the traditional normative patterns did not provide any opportunity to the prospective spouses to participate in the decision making process of their own marriage and it is largely arranged by parents on the basis of matching of horoscope.

Ramasamy et.al (1988:179-187) have discussed the relationship between promiscuity and family pathology. They have concluded that promiscuity is deeply ingrained in the personality of the individual and is a product of early life experiences. Thus the family and its impact on the individual are very vital in determining the activities of a person.

Ryder et.al (1989:1637-42) study based in Kinshasa indicates that the deprivations caused by poverty itself lead to faster development of AIDS among women, even increasing the likelihood of that their new born children will be HIV positive.

Luciano Sandala et.al (1994:S61-68) studied the relationship between “dry sex” practices and HIV infection in Lusaka, Zambia. A cross sectional study was carried out in a sexually transmitted diseases clinic in Lusaka among 329 women aged 15-50 years. The study identified 58% of seroprevalence among the sample but no practice was statistically significantly associated with HIV.
Alessandro Cozzi Lepri et.al (1995:1151-55) have conducted a study among 854 HIV infected women and men in Italy to evaluate the influence of gender in HIV disease progression. Their findings were:

1. The risk of CD4 lymphocyte count declining below 200 was not significantly different between women and men.

2. Progression to AIDS was slightly slower among women than men. The cumulative mortality from AIDS tended to be lower in women than in men but the difference is not significant.

Gangakhedkar et.al (1997:2000-92) studied the risk of HIV infection among the monogamous married women attending sexually transmitted clinics in Pune, India. The study has compared the incidence of HIV and other STDs among 525 female sex workers with 391 other women (almost all of whom were married and reported only on sexual partner) and identified that 50 per cent of sex workers and 14 per cent of other women were HIV positive. Over all, 43 per cent of the sex workers and 65 per cent of the other women were diagnosed as having one or more genital infections. The study also found that among the sex workers, HIV seropositivity was associated with inconsistent condom use, genital ulcers and genital warts. Among the other women, only having a partner who had been diagnosed with an STD predicted HIV infection. The investigators of the study reported that the married women have a belief that they are at low risk because they have only one partner. The authors concluded that an increasing proportion of women and infants in India will become infected with HIV if we have not heightened efforts to disseminate information about HIV and other STDs.

Schoultz, Krystan Kay (1998:1327) have undertaken an exploratory study to understand the ways in which fundamental social structures and cultural factors contribute to different levels of Sexually Transmitted Infection vulnerability in Hausa society in Niamey, Niger. The study results suggest that those Hausa men and women who express the strongest social ties to the systems and beliefs of the modern world are best equipped to protect themselves and are therefore least socially vulnerable to sexually transmitted infections, while those who maintain more traditional beliefs and practices have fewer effective resources upon which to rely for protection from infection and are therefore more socially vulnerable. Within this evolving social
stratification, there are important differences between men and women which ultimately place women at an overall disadvantage relative to men in terms of social vulnerability to sexually transmitted infections. The data collected for the study suggest that until efforts are made to address the effects of the social structural and cultural factors which contribute to gender differentials in sexually transmitted infection risk, and individual-action (or “lifestyle”) approach to sexually transmitted infection risk reduction is unlikely to be successful.

Rwabnkwali, Charles Barwogeza, (1998:3976) have studied the “Gender, poverty and AIDS in Kabarole, in Western Uganda” to understand and unravel the complex interaction between cultural norms and women’s social and economic dependency, and how these limit Batoro women’s ability to reduce their risk of HIV infection through safer sexual practices. Specially, the study aims to identify the socio-cultural and sexual behavioral patterns that influence the vulnerability of Batoro women to increased risk of HIV infection. The study found that most of the women in the sample were complying with government advice to reduce the number of sexual partners, and to be faithful to one’s spouse in order to avoid AIDS. However, a range of cultural, economic, and social factors, including gender inequality and male sexual behaviour combine to maintain women’s vulnerability to HIV infection. Most women believe that their best chance of avoiding AIDS is to become economically independent of men. Therefore the author suggested taking socio-cultural and economic factors into account when introducing AIDS control programs, and the need for co-ordination at all levels with regard to service delivery for AIDS control.

Hirve and Sathe (1999:17) have identified that increased mobility owing to increased urbanization and industrialization is the major cause for higher vulnerability of HIV infection in the regions of Maharasthra and the increased mobility of men and their unsafe sex with sex workers increases women’s vulnerability to HIV and other sexually transmitted diseases.

Martin S.L et.al (1999:417-426) studied the domestic abuse in five districts of Uttar Pradesh and found that 18-45 per cent of husbands were physically abused their wives due to poverty and lack of education. Economical backwardness is taken as a tool for men to discriminate the women. The condition become worst if they are infected with HIV/AIDS.
Karen Hardee et.al (1999:52-59) have studied reproductive health policies and programmes in eight countries - three in Asia (Bangladesh, India and Nepal), three in the Middle East and Africa (Jordan, Ghana and Senegal) and two in Latin America and the Caribbean (Jamaica and Peru). It is found from this study that India is targeting on specific method called female sterilization as a family planning programme since 1967. As of 1992-1993, 41 per cent of married women aged 13-49 used a method, with female sterilization accounting for 75 per cent of all modern methods of birth control. It is evident from this study that the Indian women were very conscious to avoid birth rather than infection and once they undergone sterilization they were not bothered about using condom to safeguard themselves from sexually transmitted diseases. Such behaviour among women is also one of the causes for increasing HIV infection among women in India.

Karuppaiah (2000) has studied the Socio-cultural and economic correlates of HIV/AIDS in Madras City. His analysis indicated that the economically poor and illiterate and primary school educated people were more vulnerable to HIV/AIDS infection due to high risk behaviour and lack of or poor knowledge on HIV/AIDS and prevention and control measures.

Digumarti Baskara Rao (2000:101-105) has studied the women’s susceptibility to HIV epidemic. His study revealed that the most of the women who are infected by HIV are wives and other partners and these women are becoming infected through sexual transmission at a significantly younger age than men and most of the girls and young women are in their teens and early twenties. The direct function of power relations between men and women and, in particular, or men’s sexual identity, illiteracy and lack of access to information are the major factors for the infection of women identified from the study.

Elizabeth Reid (2000:120) studied the factors affecting the lives of young women which make them vulnerable to HIV infection. According to the study, the prevalence patterns of HIV infection are known to be a factor of poverty, social and geographic mobility, commerce, tourism, social disruption and civil unrest.

Myo Thani (2000:148) argued that the poor women are severely affected by the AIDS epidemic in Southeast Asia. He says that the AIDS epidemic is becoming a women’s disease for two reasons. One is, as the epidemic spreads to more areas and
progresses from being a disease of a few subgroups to that of the larger population, more and more women become infected. The second is, the epidemic affects women, especially poor women due to biological, sociological and economic reasons. According to him, epidemiologically, the virus is more easily transmitted from men to women than the other way round and women frequently lack control over their own sexual lives or those of their husbands outside the marriage, even though extra marital relations, as well as intravenous drug abuse or bisexual behaviour, are possible routes for the entry of the HIV into the marital union.

The author also reported that the women's ability to insist on protected sex is affected by socio-cultural barriers to women as decision makers, limited literacy, mobility and access to information and cultural and moral attitudes towards sexuality. According to him women may not be able to discuss sexual matters in public, or even with their husbands and social and sexual passivity make insistence on the use of condoms as protection against HIV infection difficult.

Syamala Nataraj (2002:36-40) has studied the women in prostitution in Chennai, Tamil Nadu. According to her study a prostitute does not earn only for herself; she sells sex for her children, for her family. A study conducted by her shows that over 60 per cent of the women in prostitution are dalits and 50 per cent maintain independent households. The author has concluded that continuing gender discrimination and the failure of the State to provide opportunities for women to ensure education and economic independence is the single largest factor that fuels the entry of women into prostitution.

Naomi Rutenberg (2002:3) explored that HIV prevalence is high in communities where early age of child bearing is common. Adolescent boys and girls may place themselves at risk of HIV to realize their child bearing preference.

Kelly and Gray (2003:446-451) studied the “age differences in sexual partners and risk of HIV-1 infection in rural Uganda” and identified the positive relationship between age of the partners and HIV infections. The study found that the risk of HIV infection doubles for adolescent women with male partners ten or more years older.

Ann E. Biddlecom, Beth Fredrick and Susheela Singh (2004:66-67) explained that certain social, cultural and economic factors are attributed with women
which make more vulnerable to HIV/AIDS. Their study shows that sexual activity tends to start earlier for women, particularly because women marry at younger ages (and therefore have more regular sexual intercourse) than men and many young women are married to much older men (often a decade or more older), who are likely to have had sex with several different partners in the past. Some of them will therefore have and STI, including HIV, and may transmit it to their young wives. Their study also reveals that women experiences sexual abuse and rape more than men and poverty push women, especially young women to risk their lives by accepting money or goods in exchange for unsafe sex.

They also stressed the importance of recognizing social constraints in combating the spread of HIV/AIDS. According to them HIV/AIDS is not a disease that individuals can prevent alone and married women have to bear much of the HIV/AIDS burden in many parts of the world, so the ABC approach (Abstain, Be faithful, use of Condom) is generally ineffective for them. Therefore, abstinence does not make sense within marriage, while monogamy and condom use require both partner's cooperation.

The Hindu (2004: November 30) has published the article of David C. Mulford, U.S Ambassador to India. The article argued that HIV/AIDS is the most serious public health a challenge facing India today and India is at critical juncture in the epidemic. The article also revealed that in India 36 per cent of the people estimated to be infected with HIV are women, and it has the potential to have much higher number in future. The same issue also shares that in sub-Saharan Africa, the proportion is 57 per cent. Young girls are particularly vulnerable and in some African communities, as many as 20 per cent of girls aged 15-19 years are infected, compared to just 5 per cent of boys the same age. World wide, almost 50 per cent of HIV positive people are women.

The report further revealed that HIV is spreading rapidly among females for many reasons. The lower status of women and girls and practices such as male infidelity, prostitution, child sexual abuse, and ex trafficking are factors. In addition, male-to-female HIV transmission during sex is twice as likely to occur as female-to-male transmission. The report also indicated that the rate of female injecting drug use, another common way HIV/AIDS is transmitted, is increasing.
The Hindu (2004: December 1) in its editorial on “Women at Risk” argued that women are being infected at an alarming rate primarily because of ignorance, socio-cultural biases, poverty and sexual abuse and violence. The report says that the vulnerability of women to HIV/AIDS is a huge challenge to the societies which have severely discriminatory attitudes towards women. It quoted the AIDS Epidemic Update 2004 released by the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organizations and reveled that the rise in infection is at its peak in East Asia, Eastern Europe and Central Asia and half of the infected adult population of 37.2 million people (aged 15-49) are women, marking a steady rise from 47 per cent in 1998.

The editorial further revealed that in India, 25 per cent of all newly infected are women and the increasing trend is mainly because of some states inadequate prevention efforts which allowed men to engage in high-risk behaviour to transmit the virus to women with whom they have a regular relationship. These women are often unable to negotiate safe sex, within marriage or outside, for variety of reasons including the transmission from drug injectors. According to the editorial, Chennai has on of the highest HIV prevalence rates among pregnant women in the country, and 64 per cent of drug injectors in the city were also found to be positive in 2003.

The editorial also revealed that the World AIDS Day on 2004 has been dedicated to the concerns of women. The idea is to highlight the links between gender inequality and the epidemic.

The Hindu (2004: December 5) has given an insight with regard to HIV/AIDS epidemic in India. It has revealed that the epidemic in India is no longer confined to high-risk groups or urban populations but is gradually spreading into rural areas and the general population and the younger women are most vulnerable to infection. According to the report, the number of women infected is steadily rising in India and one in every four AIDS reported is a women and 37 per cent of the cases is found among the sexually active age group of 15-29 years. Rural women are particularly vulnerable to being infected as they have less access to health care and information on HIV/AIDS. The report further says that it is the marriage, not promiscuity or other high risk behaviour makes the vast majority of the Indian women vulnerable to HIV.
National Institute of Social Defence (2004:8) claims that married women in India are more susceptible to HIV/AIDS as they have no control over the sexual behaviour of their husbands. It further reported that increasing levels of HIV infection is found among Indian women, who, are largely in monogamous relationship. It says that these women have virtually no control over their husbands’ sexual behaviour and the disease is spreading to rural areas through migrant labourers and truckers. As a large number of women become infected, the number of children infected through vertical transmission is also likely to increase, says the same report.

Kalpana Sharma (2005:3) studied the contraceptive option available for women to avoid pregnancy and abortions in Uttar Pradesh. The study says that in theory, women are supposed to be given a choice in contraception methods, but in reality, the only choice before them is sterilization through tubectomies. According to the study the total number of sterilizations performed in U.P, 97 percent are done on women and these sterilized women were never thinks about the need of safe sex.

Thinamalar (2005: January 1) has published that one-fourth of the new infection in India is occurred among women and 90 per cent of these women had sex only with their husbands. Therefore, majority of the married women in India have got infection through their husbands.

2.2. HIGH RISK BEHAVIOUR AND HIV/AIDS

Jeff Goodwin (1978:17) studied cause for high risk social movements in the Huk Rebellion in Philippines during 1946-54. The study has documented “sex opportunism”, which is often described as “sex problem”, as a cause for high risk behaviour for the men involved in Huk Rebellion. He described that the men were unhappy without women and the substantial number of married men within the Huk movement were engaged in extra marital sexual relations with women in the Huk camps in the Sierra Madre. It shows the ground reality of men’s sex and sexuality in the context of HIV/AIDS.

Potterat (1985:329) examined the concept of susceptibility and exposure for explaining women’s reasons for entering the sex industry. The susceptibility model contends that psychological characteristics (eg. alienation, feeling of worthlessness) in conjunction with traumatic events (eg. incest), predispose some women to the lure of
prostitution. The exposure model predicts that interpersonal contact with and inducement from significant others involved in the sex industry (e.g. friends, family members), lead to personal involvement.

John et.al (1987) has described that HIV infection has become rampant among high-risk groups in the coastal states of Maharashtra and Tamil Nadu and among injecting drug users in northeastern India including Manipur and Nagaland. Their report also showed that the spread of infection to the general population is mainly due to the unsafe behaviour of high risk groups.

Hospedales (1988:32) study explain that heterosexual contacts could become the main source of infection and that it could therefore spread to the general population of Europe and United States. This study also revealed that many homosexuals are often also bisexual and the wives of these men are not aware of these customs and of their risk of infection.

Bongaarts (1988:4-6) identified that the probability of infection depends on the frequency of sexual contact, prevalence of infection in the contact group, and the rate of partner change. The infectiousness of partner is a function of gender (male-to-female transmission is more efficient), stage of disease (individuals with AIDS or symptomatic HIV disease are most infectious), and the use of condoms.

Schneider (1989:74) study showed that in the United States and Western Europe intravenous drug users (IVDU) represent a considerable fraction of all AIDS cases. In Italy 62 per cent of all HIV positive cases are found among IVDUs. In the Federal Republic of Germany the relative proportion of female AIDS cases is increasing mainly due to intravenous drug use. Of the AIDS cases among women, 57 per cent had a history of intravenous drug use. In the United States, 8 per cent of diagnosed AIDS cases are among women. Half of these are caused by drug use and 21 per cent of them were sexual partners of drug users.

Bhave et.al. (1992) report revealed that the seroprevalence is raising among high risk groups, particularly among sex workers. Her survey showed the increasing trend of seropositivity among sex workers by one per cent of infection among sex workers in 1987, 18 per cent in 1990 and 34 per cent in 1992. The survey result revealed the potential risk of spreading HIV infection among general population by increasing the infection rate among women attending antenatal clinics.
Elford et al. (1993) has said that the predominant mode of infection in India is heterosexual intercourse. Their article also revealed that India has to face severe impact due to HIV/AIDS as a result of its population growth.

Thomas Cox and Bal. K. Suvedi (1994:7) have studied the sexual networking in five urban areas in the Nepal Terai. Epidemiological evidence suggests that the principal route of AIDS transmission is heterosexual with commercial sex fueling the current spread of HIV in Nepal. According to their study, high prevalence of sexually transmitted diseases (STDs) and low rates of condom use facilitates HIV transmission in Nepal. In addition, lack of public awareness, related to the country’s low rate of literacy, a shortage of appropriate AIDS education message, and strong cultural prohibitions against the public discussion of sex further contribute to the problem. This study also identified that the transport workers are the major clients of sex workers and because of their mobility they became the core group of potential transmitters of HIV.

Jeanette J. Rodrigues et al. (1995:723-25) have studied the risk factors for HIV infection in people attending clinics for sexually transmitted diseases in India among 2800 patients in Pune, India. The study has concluded that in India the prevalence of HIV infection is alarmingly high among female sex workers and men attending clinics for sexually transmitted diseases. It also found high prevalence of HIV infection in monogamous, married women who denied any history of sex working. The study also revealed that high risk sexual behaviour, including lack of condom use and high number of sexual partners are the main cause for the infection of STDs. The dramatic increase in prevalence of HIV-1 in these high risk groups suggests there is an urgent need for comprehensive and national efforts in India to control sexually transmitted diseases and to provide intensive education on HIV and AIDS targeted at changing high risk behaviour.

Hardman (1997:20) argued that economic vulnerability force women into streets and he also stated that because of women’s restricted access to financial and material resources, some women may resort to prostitution as a resistance or response to poverty. In other wards, according to the author, prostitution may be viewed as an active coping strategy in the face of privation.
• APAC (1998:25) has studied the community prevalence of sexually transmitted disease in Tamil Nadu among 2000 people (both male and female) in three districts of Tamil Nadu. The study has concluded that (i) the prevalence of any STD condition in Tamil Nadu was 15.8% and this fell in the high endemic rate for the community and the classical STD remains 9.7% in the study community, (ii) The age group maximum at risk for any STD was 30-39 years, (iii) Prevalence of HIV among women was higher than men. (iv) While all STD were widely prevalent in both rural and urban population, HIV appear to be more prevalent in the rural areas than in urban, (v) Genital discharge and sexual complaints were very common and were reported in upto 38% of the population.

» Potter (1998:333-40) examined the sequences and timing of prostitution entry and drug use among the women involved in prostitution. The study showed that among the regular drug users, 66 per cent use drug prior to entering prostitution, for 18 per cent drug use and prostitution occurred concurrently and 17 per cent take drug following their entry into prostitution.

APAC (1998) report on third wave surveillance survey among 558 respondents of various risk groups in Tamil Nadu revealed the marital status of the people who had multiple sex partners. The report shows that the majority of the sex workers are married and the level of illiteracy was high among sex workers. Majority of the commercial sex workers are engaged in full-time sex trade. Women engaged in occupation like vegetable/fruits vendors, house-maid, construction workers, workers in film industry, person in other petty trade also practices commercial sex and they constituted 53% of the commercial sex workers respondents. Majority of the unmarried female factory workers (44.8%), male factory workers (48%), truckers (42.8%) and helpers 42.8%>) are found to be unmarried in this survey. These high risk groups are the potential sources for spreading the dreaded virus HIV into the general population.

APAC report on Sixth Wave with regard to HIV Risk Behaviour Surveillance Survey among 6195 high risk population in Tamil Nadu and 4980 in Pondicherry has captured certain salient findings in which the truckers and helpers perceive that sex with casual partners is not risky and there is an emotional
relationship with casual partners and sex becomes more enjoyable without condoms. They also perceive that AIDS is curable as lot of advertisements in the recent days are promoting on remedies. Besides, as far as commercial sex workers are concern that they have perceived that having sex without condom with regular partners is not risky. The intravenous drug users perceived that their involvement in drug decrease their sexual potency and therefore they involved in paid sex. The men seeking sex with men perceived that sex with men is not risky and it is safe and no need of using condom.

«Krishnamurthy et al (1998: 39-48) study on HIV/AIDS and Safe Sex Practices among Female Sex workers in India is an exploratory study and it explored the profile of female sex workers and their sex practices. As per the study result the female sex workers had a mean age of 31.23 years and more than 60 per cent of them were married. The number of respondents married and living with their husband was almost equal to those respondents were unmarried. Illiteracy is the common features and they had no sources of income other than commercial sex. The study also revealed that the commercial sex workers are part of the floating population in many towns, especially where commercial sex activity is seasonal. Many commercial sex workers go to tourist centers, places of pilgrimage and large towns. The commercial sex workers interviewed for this study engage in different patterns of soliciting as all of them move around in different places. The brothel based commercial sex workers reportedly used public places for direct soliciting. However, 52 per cent of the commercial sex workers reported that soliciting is done at bus stands, 36.3 per cent from the streets and 33.4 per cent from other public places like railway stations, parks beaches, temples and cinema theatres. Indirect soliciting was through pimps, 16.3 per cent through brothel keepers, three per cent through auto drivers, clients, friends and relatives and through phone calls 18.4 per cent. It was found that most of the commercial sex workers did not feel it necessary to use condoms with regular partners and they used to have a sexual intercourse with clients though they have symptoms of infections.

Lakshmi Bai et.al (1998: 59-64) study on “High Risk Behaviour” stated that many men knowingly or out of sheer ignorance pursues such risks unmindful of the consequences. Hetero-sexuality is one such risky activity where man indulges for temporary pleasure. This illicit or extra marital indulgence is an open invitation to a
dreaded scourge, may be STD or AIDS or it may be both, which would ruin him physically and mentally. These groups are not only exposed to this risk but are also spreading these diseases to their wives and children and other sexual partners. This group consists of truck drivers and their associates who stay away from the warmth of their family for week operating goods transport services from one end of the country to another.

Benedict B.B. Naanen (1999) has studied the women involved in prostitution in “Itinerant Gold Mines” of Cross River Basin of Nigeria. He concluded that colonialism, underdevelopment, class kinship and sexual exploitations, and a tradition of sexual freedom contributed in varying degrees to increase cross river prostitution in Nigeria. He identified very poor knowledge on safe sexual practices among the women involved in sex work in Nigeria. According to Naanen, the unsafe sexual practices among the women in prostitution and their sexual partners increase the chance for spreading the sexually transmitted diseases like STD/HIV/AIDS through the river basin of Nigeria.

- Vijaya Srinivasan (1999:5) summerised the risk factors predisposing individuals to STD infections including HIV infections. The major factors are female gender, age at first intercourse, number of sex partners, sex with low paid sex workers, high level of partner mixing through a core group of infected transmitters and heavy petting and foreplay. Besides, low socio-economic status, drug abuse and presence of other intercurrent STD conditions, poor treatment seeking behaviour of the STD patients also increases HIV positive status and reinfection among STD core groups. According to the author, the asymptomatic groups are an independent cohort which poses special threat to the community in spread of STD infections.

Jagatheeswary, Shameem Banu and Rosy Vennila (2000) have studied the relationship between HIV and STD. They have conducted the study among patients attending the STD clinic at the Governmental Central Hospital in Chennai between January 1993 and September 1997. The study revealed that the incidence of HIV among STD patients has been increasing since 1992 (from 8% to 14.2%). This study also revealed that the incidence is higher in male than in female.
Sivaramamurthy et.al (2000) have studied the sexuality, sexual behaviour and awareness about HIV/AIDS among rural men near Salem, Tamil Nadu. This study found that most of the men are enjoyed paid sex and among them many have the perception of having sex with virgin girl will cure AIDS. It also revealed that the men have first sexual experience with women other than their wife and pre marital and extra marital affairs are prevalent among the rural men in Salem. It is also identified from the study that as the educational level increases, the age at which the first sexual encounter also increases and even though 99% of men are aware of AIDS, only 18.2% know all methods of transmission and 31.9% do not know anything about modes of transmission.

Panda et.al (2000) studied the transmission of HIV from injecting drug users to their wives in Manipur in India in 1996. HIV status was determined by ELISA test and found that positive association between injecting drug users and HIV positive status of their wives. The study identified 45% of the injecting drug users wives were HIV positive and only 15% of the couples reported regular usage of condoms during intercourse. The researcher suggested improved control of STDs, condom promotion, and improved blood screening in Manipur to control the spread of HIV among the wives of injecting drug users.

Praveen Sethi (2000) has studied the relationship between tourism and prostitution. According to Praveen Sethi sex tourism is a major component of International travel to South-east Asia and has been given both overt and covert encouragement by government as a source of foreign exchange. His study explored that many tourist from western countries are visiting to South-east Asian countries just to enjoy sex and the control of sexuality is vested with the men of foreign travelers. The women in sex work have no power and the controlling mechanisms on sexuality are dominated by masculinity. It lead to unsafe sexually practices which is the main route cause for the transmission and the spread of HIV/AIDS. The sex tourism is the main cause for the spread of HIV in South-east Asian countries, especially in Thailand.
Joyce V. Lyons (2000:79) studied the behaviour patterns of Thai long-haul truck drivers and identified that they use to take amphetamines (in pill form) and alcohol and engage in sex with sex workers to release the amphetamine effect. These long-hauls truck drivers have belief that sleeping with prostitutes in brothels is perfectly natural and their habits of drinking alcohol make the prostitutes find very difficult to convince the truckers to use condoms. The study has concluded that long-haul truck drivers behaviour exposed them to a significant risk of contracting the HIV and they are the core group to transmit the virus to their wives and to the general population.

Richa Singh (2001:1944) has identified that marginalized groups, living in economically unstable/disadvantageous social settings have been particularly vulnerable to HIV/AIDS infection. He has studied one such vulnerable group workers in Wazirpur Industrial area, New Delhi. He identified that the most of the workers are migrants, particularly from Bihar, Uttar Pradesh, Madya Pradesh, Orissa, Nepal and West Bengal and they are working as a casual labourers in temporary jobs. Among them majority of them were from rural areas and they stay far away from their families, living with friends and relatives or kins from their village. They often speak about their loneliness and anxieties of being away from their families. The author has argued that social identities are important determines of sexual behaviour and the notion of masculinity, i.e., “being man” forces the workers to involve in instable sexuality-sex with multiple sexual partners which heightens not only their vulnerability to HIV/AIDS infection and also their womenfolk.

Dinesh Varma (2004) has reported the Behaviour Surveillance Survey (BSS) conducted by AIDS Prevention and Control Project (APAC) run by Voluntary Health Service in Chennai, Tamil Nadu. The survey covered a sample of 1,600 men students and 6,000 women students in schools and colleges of Madurai, Coimbatore, Salem, Vellore and Nagercoil. According to the survey, though the urban youth seemed to have a clear idea of the risk of paid sex, they have low risk perception of having sex with casual partners. The survey also found that the school drops and youth in urban slums are engaged in “high-risk” behaviour by spending money on commercial sex workers.
Rochelle Dalla (2004:190) has identified the positive relationship between childhood sexual abuse and prostitution in her study entitled “I fell off (the mothering) track: Barriers to effective mothering among prostituted women”. The study revealed that childhood sexual abuse results in separating emotions from sexual activity on the victims begins to view herself as debased, the process referred to as “mortification of self”. It facilitates her identification with prostitution.

Krishnamuthy (2005:5) has conducted a study with AIDS Prevention and Control (APAC) to assess the prevalence of sexually transmitted infections in Tamil Nadu and identified the prevalence rate of 10.6 percent in the State. The study shows that the prevalence of sexually transmitted infection among men was 9.2 percent and women was 11.5 percent. Asymptomatic infections were high among both sexes. The infection rate among two high risk groups - prostitution and truckers and helpers showed that the STI prevalence in the first group was 56 percent and it was 15 percent in the latter group. The study showed the need to track emerging misconceptions and counter them through multiple channels of communication.

Ramya Kannan (2005:8) has reported the outcome of the research conducted by Chennai Corporation AIDS Prevention and Control Society between April 2002 and March 2005. It has surveyed 3,699 street children in Chennai, of whom 409 had to be treated for STD. It also identified 2 children (one boy and one girl) as HIV positive. According to the study, living on and off the streets is the biggest risk factor for children to acquire sexually transmitted infection. It also revealed that children sleeping on the streets at night are sexually abused periodically by strangers which led to the infection of STD.

2.3. STIGMA AND DISCRIMINATION

Jacob et.al (1987:412-413) have indicated that the social stigma not only affect the life of the patient profoundly but also cause serious problems for those with whom the patient has personal, intimate, familial and occupational ties.

/ Richard W Goodgame (1990:383-389) has explained some important cultural factors which made hindrance in revealing HIV status to the infected persons in Uganda. This is due to the feeling that providing this information is cruel in the cultural context. Africans are averse to talk about death or dying. Another cause for concern about informing patients of their diagnosis is the fear of an adverse reaction
such as suicide or a decision to spread the infection purposefully. Therefore, according to him considering cultural factor is important in dealing with the social dimension of any disease.

Young et.al (1991:777-986) have studied the effect of family structure on the sexual behaviour of adolescents and they found significant relationship between parents / single parent family and the adolescent sexual behaviour such as age at first sex experience, frequency of intercourse and the level of sexual activity. It is commonly noticed that the influence on the child by both the parents is greater and stronger when compared with that of a single parent.

Mc Ewan (1992:577-584) and Jemmolt et.al (1993:41-53) have investigated sexual behaviour under the influence of alcohol and the relationship between drinking habits and unsafe sex. They have shown in their study that alcohol and drug users during sexual activity are predictors of the HIV risk related behaviour. Their study revealed that there is a significant relationship between alcohol and unprotected coitus and failure to use condoms. Therefore, in the socio-cultural context, it is observed that the various habits formed during different stages of one’s life influence the total attitude of a person including his/her inclination to sex.

Francois-Xavier Bagnoud Center for Health and Human Rights (1995:10-36) has given many conditions under human rights perspectives which can influence a person’s well-being. Such conditions include access to medical services and access to health physical, biological and social environment. According to this center, discrimination and lack of respect for human rights and dignity are the root cause of the HIV/AIDS pandemic. Therefore, the center has suggested perceiving the health action programmes under human right perspectives in the context of HIV/AIDS. It also stated that HIV prevention and care for HIV infected people and people with AIDS are closely related activities. So, caring for HIV infected people includes counseling and support to help to prevent further transmission of HIV

Machika TANNO, et.al (1997: 223) have conducted a case study to identify the agony of a family of AIDS patients. From the experiences of the study, the agony of the family was summarized as below:

1. Fear of Infection.
2. Fear of being known to others.
3. Damage to family bondage.
4. Fear of being neglected by nurses.

Reid and Jeanette Brown (1998: 971) studied the emotional impact of two young women whose mothers are HIV-infected. The researchers say that because of the stigma and prejudices attached to HIV/AIDS, it appeared that young people who lived in families affected by HIV/AIDS were susceptible to psychological distress and may have been in need of special services. The study came out with the finding that young people affected by HIV/AIDS were significantly emotionally impacted. Some of the more imposing manifestations of the emotional impact were anger, depression, withdrawal, anxiousness, fear, shame, helplessness, and hopelessness. The emotional impact was also manifested in behaviour problems such as violent behaviour, combativeness and non-compliance with authority figures and truancy from school. The narrative analyses of the study revealed five distinct themes or patterns that reflected these young women’s life experiences. The themes that emerged were: emotional distress, wall of silence, mother/daughter relationship issues, physical problems and school problems. The major recommendations from this study were for mental health services such as family counseling, support groups for HIV-infected parents, and peer support groups for the young people affected by HIV/AIDS to be provided through a community mental health clinic.

Francis Lobo (1999:3) argued that the stigma of HIV/AIDS is intensified because of the behavioural actions (example, sexual and drug activities linked to morality and sin) and the illness progression (example, debilitating, disfiguring and fatal manifestations) associated with the disease. According to him these conditions lead people who are diagnosed with HIV/AIDS or who are significant others of people with the illness to experience severe social distancing. In the case of multiple stigma, social distance is added with each successive stigma which led to feelings of emotional and social isolation.

Jocop K. John (2000) from Christian Medical College, Vellore, Tamil Nadu has studied the problems faced by the infected people in the society. The study identified many personal and social implications due to HIV/AIDS. The issues like death, sex, drug abuse etc. have been associated with significant psychological and
social distress. It is found from the study that most individual with HIV/AIDS consider suicide is a best means to escape from the societal discrimination and stigma.

Meena Gopal (2000:7-8) has studied gender and disease in India. Her study concluded that because of gender implication women who are diseased has to undergo greater suffering both in the house and in the community. In the case of communicable diseases, the women were more stigmatized and they were isolated often from all activities within the household such as cooking, child-care etc.

Tokunbo Simbowale Gsinwbi (2003:32) studied the people attitudes towards the prevalence of HIV/AIDS and their perception towards AIDS victims in Ibadan, Southwestern Nigeria. The study was carried out among 2,500 household and revealed that most of the respondents do not believe in the existence of the HIV virus or AIDS. Most of them do not have adequate knowledge on how the virus is contracted, spread and how to avoid it. Most of them believe that the AIDS or HIV virus can be contracted through social contact like eating, conversing and associating with an AIDS patient. This belief has an adverse impact on the sexual relations in families with AIDS victims.

Ann E. Biddlecom, Beth Fredrick and Susheela Singh (2004:66-67) expresses that women who test for HIV infection may face serious consequences from husbands and partners-stigma, rejection, domestic violence and economic repercussions, including those related to inheritance and divorce. They also reported that fear of these consequences my keep women from seeking testing and thus help the virus to spread and many women are still on the short end of the ARV receiving line.

The Hindu (2004:December 5) published the study on discrimination against women with HIV/AIDS which is sponsored by UNIFEM and jointly conducted by CFAR and a Positive Women's Network, Chennai in 2002 in three districts of south India-Kerala, Karnataka and Tamil Nadu. The study revealed that the stigma and discrimination appeared on top of the list of problems with women facing harassment and violence within and without family. The study also revealed that the women are negatively impacted by humiliation at both individual level-within the marital and natal homes-and lack of programmatic responses from the States have driven women to destitution. According to the study, torture by in-laws, rejection by parents and denial of property rights to positive women worsened the situation.
Besides, outside the family, the reluctance of the community to let positive women rent property or use community property while performing last rites were listed out as most commonly faced problems by the women infected with HIV positive in this study.

Meena Menon (2005:13) argued that the poor services provided by the hospitals influenced higher suicidal rate among the HIV positive patients in Mumbai hospitals. She says that there are two reasons for these suicides. One is people feel that they will not be cured and there is a feeling of neglect by the hospital staff. Another one is that there is a psychological breakdown to induce the people with HIV positive to get suicide.

George Paul (2005) described that the HIV/AIDS patients are discriminated by the doctors due to the most outrageous attitude of refusing treatment on the perception that they are going to die anyway. He also described that the discriminatory practices in the health care sector leads to hiding of HIV status by the patients while taking treatment in the hospitals.

2.4. VIOLENCE AGAINST WOMEN AND HIV/AIDS

Friedlan et.al (1991:144) studied the survival status of AIDS patients in United States and found poor survival of women than men due to poor use of antiretroviral treatment.

Fleming et.al (1993:61) reported that the half of the HIV cases in the developing world are women and most of them are belong to ethnic and racial minorities. Social, economic and cultural discrimination against the minority groups facilitated the infection of HIV/AIDS.

Deepa Punia, Punia and Kaur (1996:17) described the sexual victimization of women, young girls and female children. In their article they argued that the female children are abused and discriminated at every step and as a result they their physical, social and psychological developments were adversely affected in several ways. According to them, in every day many women were subjected to rape, kidnap, abduction, eve-teasing, molestation etc. and many women face such sexual atrocities from their men either within the family or close to their family.
Risa Deneberg (1997:2-4) found strong association between sexual abuse including abuse in childhood and risk of HIV infection for women. According to the author, childhood sexual abuse was significantly associated with: use of intravenous drug use, exchange of sex for drugs, money or shelter, higher number of sexual partners and have a sexual relationship with a person at high risk for HIV. The report further revealed that the HIV positive women have to face increased risk of domestic violence as a result of her HIV status.

Martin (1999:1967) studied the relationship between the domestic violence and reproductive behavioural health variables in five districts of Uttar Pradesh. The data on spousal abuse were collected in 1995-96 from 6,695 married men aged 15-65 years. Significant bivariate associations were found between abuse and reproductive health and behaviour variables. It is found that the variables of men who had pre and extra marital sex, STD symptoms, not practicing condom and experienced an unplanned pregnancy have strongest association with nonconsensual sex followed by physical abuse and then by forced sex.

Martin (1999:44) studied the cause for physical and sexual abuse of women in the marital life in five districts of Uttar Pradesh and data on spousal abuse were collected in 1995-96 a part of a survey on male reproductive health that included 6,695 married men aged 15-65 years. The study has identified significant association between wife abuse and reproductive health behaviour of husband. The study also found significant association between poverty, low education and abuse of women by their husbands.

News Today (2002: February 10) reported that violence against women is increasing in India in the form of rape including custodial rape and trafficking of women. The report also says that custodial offence is increasing in India and sex workers are the main victims.

Wahid Tobia, Amany Abouzied and Eiun Sharief (2004:19) studied female genital mutilation/cutting (FGM/C) and described that it is a traditional social practice that involve cutting or removing parts of the external genitalia of girls or young women. They reveal that the purposes of the practices of FGM are cultural: a rite of passage to womanhood and of curbing female sexuality and it is practiced
predominantly and in various forms in at least 25 African countries and some Asian communities. According to them FGM is associated with both long term and short term health complications. The short term effects can includes great pain, excessive bleeding, infection and shock, most due to unsanitary conditions, failed procedures by inexperienced circumcisers and inadequate medical services afterward. Long term complication includes urinary tract infections and painful sexual intercourse and its related problems including STD and HIV/AIDS.

Anandhi Subramanian (2004:4) argued that one in three women throughout the world will suffer violence in her lifetime. She will be beaten, raped, assaulted, trafficked, harassed or forced to submit to harmful practices such a female genital mutilation and in majority of the cases, the abuser will be a member of the woman’s own family or someone known to her. According to her violence against women is pandemic that knows no boundaries of culture, geography, age or wealth and the abuse of women stems from a multiplicity of cultural circumstances influenced by power relations which is inherent in social structure and is reinforced by politics.

Ranjita Biwas (2005:4) found that trafficking of women and girls is a major problem in eastern India. Her articles reveal that feminization of poverty has blurred the I ine between what is right and what is wrong even for the women involved and in majority of the cases the girls are trafficked by known persons, relatives, lovers, and even family members. Her report found that 75 percent of the trafficked women have direct link with the traffickers and it explored that the main method of coercion which includes kidnapping, promises of jobs in cities and false marriage. Natural disasters will also increases trafficking of women and girls due to poverty and death of parents and these women have no voice to insist safe sex.

2.5. REPRODUCTIVE HEALTH AND HIV/AIDS

• Frances A. Altafaua (1997:130-39) has discussed the female circumcision, which is practiced in 28 countries in North Africa in the context of human rights and reproductive health. According to his study, female circumcision is practiced in male dominated society with a view to control female sexuality and fertility.

* Laurie Schwab Zabin and Karungari Kiragu (1998:210-32) have reviewed the literature on health consequences of adolescent sexual behaviour and child bearing in sub-Saharan Africa, and the social and cultural context in which they occur. Their
article has explained the most reproductive health problems experienced by adolescents. They argued that because of age related customs (for example, female circumcision and early marriage) or age-related vulnerability (for example, to economic pressure and to male domination), the health problems are often exacerbated among adolescents. The article also reveals that the biological and social factors often create excess risk for adolescence. Declining ages at menarche are likely to contribute to increase reproductive health risk for young women, whether in the context of traditional early marriage and childbearing or in the context of growing rates of out-of-wedlock sexual activity, sexually transmitted diseases and abortion.

Young Ml Kim (1998:4-11) have studied the women’s ability to take decision with regard to the adoption of contraception in 25 service deliver sites in Kenya. The study has adopted structured observation techniques followed by counseling sessions. The result of the study revealed that many of the women in marital life have very poor knowledge on their reproductive health and they have little choice to choose contraceptive methods to avoid birth. The study also revealed that these women have better knowledge on oral contraception rather than condom which is suggested both for family planning and prevention of sexually transmitted diseases.

John C. Caldwell et.al (1998:149) studied the adolescent sexuality and reproduction in the changing world. The study results revealed that the adolescent women’s sexual behaviour has changed from the traditional sexual behaviour as a result of massive economic, institutional and social changes in the context of global economy and society. The Western concept of companionate heterosexual relations before and during marriage is getting more popular as a result of globalization which brought easy movements of films, magazine, novels and girls are more affected by these influences than the boys, and wives more than husbands.

Karen Hardee et.al (1999:82-3) evaluated the reproductive health policies and programmes in eight countries such as Bangladesh, India, Nepal, Jordan, Ghana, Senegal, Jamaica and Peru. The evolution report revealed that while all countries have adopted the ICPD definition of reproductive health and all have initiated policy reforms to reflect a new focus, less has been accomplished in implementing integrated reproductive health programmes. Several challenges are faced by all countries including improving knowledge and support among stakeholders, planning for
integration and decentralized services, developing human resources, improving quality of care and maintaining a long-term perspective regarding the implementation of the Cairo agenda.

Susheela Singh et.al (2000:21-28) have studied the gender differences in the timing of first intercourse in 14 countries throughout the world. According to the authors, early initiation of intercourse and the context within which sexual activity begins are key indicators of adolescents’ potential risk for unplanned pregnancy, abortion and sexually transmitted diseases. The study has collected data from nationally representative surveys of reproductive behaviour of 15-19 year old boys and girls. The result of the study showed that in most countries, roughly one-third or more of teenage women have had sexual intercourse, in four countries (Ghana, Mail, Jamaica and Great Britain) about three in five are sexually experienced. Between about one-half and three-quarters of adolescent males in seven countries have ever had intercourse, but the proportion is one-third or less in Ghana, Zuimbabwe, the Philippines and Thailand. In most countries, sexual intercourse during the teenage years occurs predominantly outside marriage among men but largely within marriage among women.

Evasius K. Bauni et.al (2000:69-80) studied the adoption of family planning and sexual behaviour of women at the age group of 18-39 years through focus group discussion in Nakuru district, Kenya. The researcher argued that the twin risks of unwanted pregnancy and HIV/AIDS infection remain central concerns of reproductive health programmes. The findings of the study reflected that:

(i) The presence of STDs is increasing in the study area and the study groups have estimated that the prevalence of STDs within the range of three to seven persons infected out of every ten residents.

(ii) Many infected men seek treatment without their partners’ knowledge.

(iii) It is estimated that every ten homes, seven will have a girl or woman who has experienced an unwanted pregnancy.

(iv) Although knowledge of condoms is widespread in the study area, their acceptability and use is not so widespread.

(v) Most married couples are not using condom due to opposition by spouse.
(vi) The women in the study area believed that condoms are known and used by men in their extra marital affairs and if they insist it in the marital life, the person would be considered promiscuous.

(vii) Condom use and disposal is embarrassing for many married women.

(viii) Many women have no idea to protect them from the risk of HIV/AIDS and they have justified their passive response with their husbands.

Nancy L. Sloan et.al (2000:55-58) studied the STD and the ability of women to understand the symptoms of STD in developing countries. The result of the study showed that they women are less able to recognize the symptoms of STD and its risk factors.

Kim Best (2001:8-10) has analysed the reproductive behaviour of women in some African countries including Zimbabwe and Yaounde. The analysis showed that about third of the HIV infected mothers passes the virus to their newborns without taking treatment. Because, most HIV infected women do not know their HIV status before they conceive and some prepare pregnancy even if they know their HIV status due to their desire to have children which is rooted in social system with regard to motherhood. The analysis also revealed the antiretroviral drug is beyond the reach of many women during pregnancy to prevent mother to child transmission and they also depend breast feed for their babies which provide another root of transmission for children.

Kim Best (2001:12) studied the fertility status of HIV infected women in sub-Saharan Africa and identified lower fertility rate among the HIV infected women than the uninfected women. The study revealed that many women, due to their HIV status, may abstain from sexual relations, use contraception or have abortions to avoid giving birth to children.

The Hindu (2002: November 17) reported the Behavioural Surveillance Survey (BSS) carried out by the Central Government of India in 2000-01. The report revealed that overall awareness about HIV/AIDS among young people in the reproductive age group (15-49 years) was 76.1 per cent, higher among men than among women and also better known in cities than villages. The same report further revealed that only around one-third of rural women in Bihar, Gujarat, Uttar Pradesh, Madhya Pradesh and West Bengal were aware of the disease.
ICPD-The International Conference of Population and Development (2004:11) defined reproductive health as a state of complete physical, mental and social well being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. According to ICPD, reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. “Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other method of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and child birth and provide couples with the best chance of having a healthy infant.

ICPD also defined reproductive health care in the line of above definition. It defined reproductive health care as the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems. It also includes sexual health, the purpose of which is the enhancement of live and personal relations, and not merely counseling and care related to reproduction and sexually transmitted diseases.

Any Coen and Geeta Rao Gupta (2004:15) described that gender equality cannot be achieved without honoring reproductive rights. According to them, gender inequality compromises women’s sexual and reproductive autonomy. They also felt that women must depend on men for food or shelter because they have no property or inheritance rights under law and the resulting power imbalance makes it impossible to demand safe sex or make other reproductive choice for women.

Jeffrey O’Malley (2004:60-62) has stressed the importance of integration of Sexual and Reproductive Health and Rights (SRHR) services and HIV/AIDS issues and its related programmes. The author projected that the overwhelming majority of HIV infections are sexually transmitted or associated with pregnancy and breastfeeding, so both HIV prevention and SRHR efforts must focus on sexuality and reproduction. He also expressed that both sexual and reproductive ill health and HIV
are rooted in the same social pathologies, including unequal gender relations, sexual violence, and discrimination against sexual minorities, conflict and poverty.

Amanda Kolburn Kawai and Lynn Blinn Pike (2004:377) examined the role of older siblings in protecting adolescents from engaging in unsafe sexual practices. The study has included 297 participants with the age of 17 years from Midwestern high school. The result of the study showed that siblings discussion about safe sex in conjunction with parental discussion predicted better attitude towards safe sexual practices for adolescents which include safe sex, self-efficacy for refusing sex, self-efficacy for communication about condom use and self-efficacy for buying and using condom.

2.6. WOMEN’S KNOWLEDGE ON HIV/AIDS

Singh and Malavia (1990:103) has conducted a survey among female sex workers in Delhi in 1998 and identified very low percentage (5%) of awareness on AIDS and usage of condom (20%). The same study also identified increased awareness on AIDS (70%) and usage of condom (70%) after intervention programmes.

Chuttani (1991:20-22) conducted a survey among 669 men and 829 women in the villages in and around Delhi and Haryana. The study identified very less awareness (12%) on HIV/AIDS among the women than men (50%).

National Family Health Survey (1993: 2-3) explains the Knowledge of AIDS among the women of Tripura State, India. The report shows that the knowledge of the existence of Acquired Immuno Deficiency Syndrome (AIDS) is limited in Tripura. Only 13% of the ever married women age 13-49 have heard about AIDS, the percentage of misconceptions about different ways of getting AIDS ranges from 35% who think that it can be contracted from shaking hands with some one with AIDS, 82% have thought that AIDS can be contracted thought mosquito , flea, or bud bug bites. 41% of women have thought it is curable and 3% have believed that and AIDS vaccine exists. Only 30%) correctly thought that AIDS can be avoided by using condoms during intercourse and 35% have thought that it can be prevented by practicing safe sex. Others modes of avoidance of AIDS such as checking blood prior to transfusion, sterilizing needles and syringes for injections and avoiding pregnancy
when infected with AIDS are mentioned by only 13% of fewer women who have heard about AIDS.

Me Grath (1993:55) study on AIDS and the urban family showed that many women were not aware of their sexual partner’s HIV infection. This lack of knowledge may be attributed partly to reluctance in AIDS patients to acknowledge their illness themselves or disclose it to their wives.

Gladys Baingana et.al (1995: S32) have assessed the knowledge of a partner’s AIDS diagnosis, perceived risk of HIV infection, need for HIV testing and future support plans among women partners of male Ugandan AIDS patients. They have conducted a cross-sectional descriptive survey at New Mulago Hospital, Kamala, Uganda among wives of 177 male AIDS patients in 1992. The study revealed that many women are not aware of the risk of getting infection from their male partners. Their survey also identified that an overwhelming majority of subjects (88%) were not aware of their husbands or main sexual partner’s infection status. The study also identified the significant relationship between women’s financial independence and their knowledge about their sexual partner’s HIV infection status. The findings suggested that the women’s economic liberation of women should be considered as an important factor for HIV prevention.

Geeta Bhave et.al (1995:821-25) have studied the level of knowledge on HIV and use of condoms among the sex workers in Bombay with a view to develop and test HIV intervention programmes targeting sex workers and madams in the brothels of Bombay. In a controlled intervention trial, with the measurements before and after the intervention, 334 sex workers and 20 madams were recruited from an intervention site, and 207 and 17, respectively from a similar control site, in red light areas of Bombay. The study found that the base line level of knowledge about HIV and experience with condoms was extremely low among both sex workers and madams. But after intervention, the use of condom level has increased and they were willing to refuse clients who would not use them. But in the same time they were concerned about losing business if condom use was insisted upon. This study also confirmed high rate of HIV prevalence among female sex workers in Bombay. They stressed the strengthening the intervention programmes with regard to condom use to prevent and control the transmission of HIV and sexually transmitted diseases.
Banatuvala (1995:104) studied the causes for increasing the risk of HIV infection among heterosexual men and women. According to the study, lack of awareness with regard to infection status of the infected people increases the risk of spreading infection to the general population.

Rajkumar (1996:13) carried out a survey to assess the awareness about HIV/AIDS among women in different population sub groups and identified low level of knowledge in Tamil Nadu and Maharashtra were the infection is high.

Thomas William (1996:33) studied the HIV/AIDS awareness among 80 college students of North Arcot Ambedkar District of Tamil Nadu. The study has revealed that the male students have good knowledge on the general aspects of AIDS (prevention and control) and the female have insufficient knowledge both on the basic preventive aspects of the disease.

Hirve and Sathe (1997:17) have surveyed 4976 women of currently married and in the age group of upto 47 years in the rural areas of three rural coastal districts of Western Maharashtra, an area with a high potential for spread of HIV/AIDS. According to their study only 35% of women were aware about AIDS, and among them knowledge about sexual route of transmission was the most common (15%) followed by the use of contaminated needles and blood transfusion (40%). Mother to child transmits was mentioned only by about 15%. This study showed that age had an inverted ‘U’ shaped statistically significant relationship with AIDS awareness, with awareness of AIDS being lower in the younger and the higher in the higher age group. A statistically significant increasing trend in awareness about AIDS was seen with increasing literacy levels. According to the study, television played a major role in conveying information about AIDS to the public in general and women in particular.

Suresh K Anjum (1998:21) has cited the survey conducted by the U.S. based East-West Center with regard to knowledge of HIV/AIDS among Indian women. According to the article, 30,000 married women were interviewed by the organisations and the report of the survey showed that most rural women were not even aware of the disease. The report revealed that only 19.1 per cent between 25-29 years of age had heard about AIDS and only 20.4 per cent between 30-34 years and 14 per cent between 45-49 years knew about the hazards of AIDS. Among the
communities, 40.2 per cent are Christians, 16.5 per cent are Hindus and 10 per cent are Muslims.

ARROW FOR CHANGE (2000:3) has conducted a research on among young Pilipinas in Australia in order to examine the interplay between young women's knowledge and attitudes about sex and sexuality, the influence of culture and the social context in which sex occurs. The study found low level of knowledge on sexually transmitted diseases among majority of the young women and the women have adjust between two sets of cultural values - their native culture and the culture of the country where they live. The research has suggested the need of health education specifically migrant women who face this conflict.

The Hindu (2004: November 30) has reported the women’s awareness on HIV/AIDS in India. According to the report, in India, awareness of HIV/AIDS among women is distressingly low - only 20 per cent of women in some areas have correct knowledge about the disease.

Stiarma. K. (2005:3) has argued that in majority cases, the woman would not have known about the possibility of contracting the diseases through sexual relations with her husband and even if she knew, and was aware of the precautions that ought to be taken, she would not have been in a position to insist due to her subordinate position as a woman and as a wife.

2.7. IMPACT OF HIV/AIDS

Berkley et.al (1990:1237) has conducted a survey in Uganda during 1997-98 to identify the impact of HIV on women. The survey concluded that the women are increasing infected by HIV mostly through their AIDS affected sexual partners and they are struggling to cope not only with their spouse's illness but also with her own potential risk of HIV infection and with her family future well-being.

Wendy Ledger (1997:3-24) has described AIDS as a national calamity of Kenya. He described that the virus is affecting the society in a variety of interrelated ways and it has generated worst impact on the national economy and development by taking the lives of economically productive youth, increasing the expenditure on identifying vaccine for AIDS and giving treatment for the infected, and implementing intervention programmes for prevention, control and care.
**Push pa Khurana** (1998:80) explored the social and economic impact of HIV/AIDS on women. She argued that the women should bear the double burden in the family by taking the care of the entire household and the sick who are affected by HIV and other illness. In addition the infected women give birth to 30-40 per cent infected babies and the babies and they will be orphaned due to the narrowing life expectancy of their parents as a result of AIDS.

**Basia Zaba and Simon Gregson** (1998:841-50) have measured the impact of HIV on fertility in Africa. The study has identified the lower fertility among HIV infected women in all age groups. Lower fertility amongst HIV positive women cause a population attributable decline in total fertility of the order of 0.4 per cent for each percentage point of HIV prevalence in the general female population. The study argued that in populations that do not use contraceptives, HIV positive women have lower fertility principally as a result of fetal losses consequent to infection with HIV and co-infection with other sexually transmitted diseases and behaviour factors with regard to avoiding pregnancy to prevent infants from HIV infection enhance this differential.

**Syed V. Naveed** (1998:133) has studied the interpersonal relationships among the relatives/friends of HIV/AIDS patients in a metropolitan city-Hyderabad in India. He also examined the process of change in relations with reference to personal factors. The study revealed that the large number of respondents have very poor interest to have an international relationships with the HIV/AIDS patients. Besides, the nature of change of interpersonal relations is positively related to the level of misconception about transmission of disease. When a person’s level of misconception is high he/she is likely to have a negative change in his/her relations with the patients.

UNDP (1999:4) has described AIDS as development issue. According to the report, HIV/AIDS presents major challenges to human survival, human rights and human development, with implications far beyond the health sector and the social and economic consequences of the epidemic are one of the most serious threats to sustainable human development.
Inn Mackinnon and Adam Piore (2001:5-8) argued that the HIV infected women are more stigmatized and discriminated in India than the men. According to the author, most of the infected women are innocent victims and they have to face more violence both in husbands’ family and her own natal family.

UNAIDS (2002:1-19) report says that the HIV/AIDS epidemic is the fourth biggest global killer and it is now the leading cause of death in sub-Saharan Africa. The report also revealed that in many countries, AIDS is erasing decades of progress made in extending life expectancies. The impact on life expectancy signifies a major blow to a society's development. The UNAIDS has projected that in the 45 most affected countries, between 2000 and 2020, 68 million people will die earlier than they would have in the absence of AIDS.

UNAIDS report further explained that the impact of HIV/AIDS is severe on households by leaving the children as orphaned due to the death of their infected parents, and lose of income and increased expenses for medical treatment and giving care to the infected persons push the affected household deeper into poverty. Besides, the government has to deal the problem of additional/huge expenses on the health sectors. In addition to this, AIDS weaken economic activity by squeezing productivity, adding costs, diverting productive resources and depleting skills. The epidemic’s potential impact on the rule of law has challenged the social cohesion in many countries in which the stability and progress of country depend.

The Hindu (2004: July 12) has reported the U.N. Secretary-General Kofi Annan in the International AIDS Conference. The report revealed that the world leaders have not done enough to combat the history’s biggest epidemic and the Asian countries, including India and China stand to lose more than 18 million workers to AIDS over the next decade including huge losses of households and business and stifling economic growth.

The Hindu (2004: July 11) has published the ILO’s ominous estimates in the impact of HIV/AIDS on the globe. According the report of ILO (International Labour Organisation) 35.7 million people between the ages of 15 and 49 years could be affected with HIV, 26 million of who are workers. While tens of millions of workers have already died, millions more are dropping out of the labour force. The ILO
estimates that in 2005, two million workers globally will be unable to work - up from 500,000 in 1995, By 2015, the number will double to four millions.

The same report also revealed the study carried out by four organisations of people infected with HIV/AIDS in India (the Delhi, Manipur and Maharashtra Network of Positive People, and the Positive Women’s Network of South India). The study found that about one-third of respondents were unemployed because of ill-health and a third still worked but had disclosed their HIV status (38 per cent) fearing job loss and only about a third has revealed their status.

National Institute of Social Defence (2004:1) stated that the rate of increase of HIV/AIDS is on the rise and, as per an estimate, there could be 100 million people testing HIV positive by the year 2010 and lack of proper and adequate medical facilities in the developing world makes the survival of infected people very lean. The news letter of National Institute of Social Defence also revealed that the largest spread of HIV/AIDS is found among the most sexually active population in the age group of 15-49 year and out of 14,000 new HIV infections occurring daily, a whopping 12,000 persons are from this age group alone. Unprotected sex and injecting drug use are the two chief modes of transmission of this disease in the Asia Pacific region. The news letter suggested considering the issue of adolescent sexual and reproductive health as central theme of HIV/AIDS prevention and controlling intervention programmes.

2.8. INTERVENTION

World Health Organisation (1988) reports on the social aspects of AIDS stress that persons suspected or known to be HIV positive should remain integrated within the society and help to assume responsibility for preventing HIV transmission to others.

Foley M et.al (1994:1483-1487) have emphasized on the importance of family support to HIV / AIDS patients in their paper on family support for heterosexual partners suffered from HIV infection. They found that awareness and family support were associated with gender of the family members, HIV sero-positivity and sex education. Further, they suggested that family support is very essential to arrest the spread of sexually transmitted diseases as well to discourage the people without HIV / AIDS.
Asian Red Cross and Red Crescent Regional AIDS Task Force (1997:18) has organized Regional workshop on Home and Community Care for people infected with HIV/AIDS (PLWHA) in Thailand. The workshop has stressed the importance of providing family and community care to PLWHA to prevent and control the spread of HIV. According to the report of the workshop, the discrimination and stigma associated with AIDS can be overcome if the public are motivated to accept the PLWHA by providing care and support.

Riedel, Marion C (1998: 4813) have explored the relationships between family role tasks and the mental health and custody plans of AIDS-affected youth. They interviewed women with AIDS and their adolescent children in New York city. In this study most of the women were contracted HIV through sexual contact with an IV drug-using partners. The study found that the women were experiencing relatively high rates of AIDS-related physical distress and less than a third of the mothers had formal custody plans for their adolescent children, but almost all had made some informal arrangements. Prospective guardians were mostly maternal kin-mothers and sisters. The infected women’s mental health distress was associated with higher role task performance toward siblings, in the household and overall, though only the first relationship was significant. These relationships were moderated by the youths’ gender, mothers’ level of illness, residential stability, the age of the adolescent, and number of siblings.

, Tamil Nadu State AIDS Control Society (1998:41) expressed that HIV infected persons can live up to ten years or more without developing AIDS, if provided they are cared for and given support, not just medical but emotional too.

Michal C Latham and Elizabeth A Preble (2000:525) have described that HIV and AIDS have seriously affected women of reproductive age in sub-Saharan Africa and it increases mother to child transmission mainly through breast milk. Therefore, the researchers have suggested formula milk instead of breast milk for the infants. According to the authors, the infected mothers living in poor households in developing countries prepared the breast milk to feed the infant due to the expensive cost of formula methods. They have stressed the importance of exploring the possibility of alternative feeding methods to safeguard the infant from infections.
Lawyers Collective (2000:3) has expressed that the best way of preventing the spread of HIV/AIDS infection is to promote and protect the right of affected populations, so that they are empowered to protect themselves. Promoting the protecting of the HIV infected with help them to choose safer behaviours and to access services like information, counseling and healthcares, without the fear of discrimination or penal sanctions. It is more important in the control of the epidemic. According to them, exclusionary approaches to single out the vulnerable population may motivate them to move underground and they may not observe changes in their behaviour for preserving the social health of the society. It makes the control of epidemic impossible and it increases the vulnerability and it affects all intervention programmes.

Indian Express (2001: May 29) has reported that there is no time scale to say when a person could become sick and it depends on the body’s immune power-how long it can fight against opportunistic diseases. According to the report, an HIV positive person can live for a long period, as long a the person takes responsibilities for self, that is, leading a quality life, avoiding stress and strain, taking proper medicines, avoiding smoking and consumption of alcohol, ensuring adequate sleep and exercise with proper emotional supportive counseling.

Thinathanthi (2003: January 1) has reported the marriage between HIV infected man and women in Ernakulam in Kerala, India. This news indicates that the infected persons should be denied to get marriage, but they should be advocated to choose partners among HIV infected persons.

The Hindu (2003: December 1) reported the decision taken by the government with regard to free antiretroviral drugs to the HIV/AIDS patients at free of cost through government hospitals and antenatal clinics. According to the report, Tamil Nadu, Andhra Pradesh, Karnataka, Maharashtra, Manipur and Nagaland have given priority for free antiretroviral drugs scheme. The report also further revealed that the supply would be initially to be three categories of patients: children of parents infected with HIV, women having the infection and men who suffer from full-blown AIDS.
The Hindu (2004: November 30) reported that NGOs are playing a vital role in providing care and support of people infected with HIV/AIDS and creating attitudinal changes with regard to positive people in the public. It has cited the work rendered by the CHESS (Community Health Education Society), a Chennai based NGO in providing care to the pregnant woman who was negated by the hospital for delivery and isolated by the neighbours. The CHESS has admitted her in their hospital and helped to deliver a baby and the baby was given sufficient care by the staff which made the neighbours to change their mind and accommodate the positive women to live along with them.

The Hindu (2004: December 1) published that the HIV positive patients are not receiving adequate medical care and support after they are discharged from hospitals and they are abandoned by relatives. In order to provide them good care, the State Government of Tamil Nadu is launching the project in which the village Health Nurses will visit patients’ homes to render personal care with the objective of follow-up care.

The Hindu (2004: December 6) reported the six significant concerns identified by the positive women to safeguard their right and lives and it includes health care and treatment, property succession and inheritance within natal and marital homes, access to reproductive rights and health, livelihood opportunities, decision-making powers and access to state-sponsored benefits.

The New Indian Express (2004: 7. December 1) has reported the movement of People Infected with HIV in India (INP+) in Chennai for promoting care and support of the affected community. The net work has stressed to facilitate and improve the access to treatment and information for people infected with HIV. It also advocated the promotion and protection of human right of people infected with HIV with active involvement of affected people at all levels of decision making. The positive net work also demanded social acceptance and life free from stigma and discrimination.

Thinamalar (2005: June 14) reported the ‘team sex’ which influence the girls who are studying in various colleges of Salem in Tamil Nadu. The report revealed that the girls who are in need of money for their lavish life are influenced by the prostitution net work and they take these girls for paid sex in team like a tourist.
Robert Szabo, Roger V Short (2000:1592) studied the relationship between male circumcision and risk reduction of HIV/AIDS. According to the study, no new infection occurred among any of the 50 circumcised men over a period of 30 months, whereas 40 of 137 uncircumcised men became infected during the same period. The study revealed that the inner surface of the foreskin, which is rich in HIV receptors, and the frenulum, a common site for trauma and other sexually transmitted infections, must be regarded as the most probable sites for viral entry in primary HIV infection in men. He argues in the light of his evidence of the study, advocating male circumcision may be treated as new preventive strategies to prevent and control the spread of infection both for male and female.

Grosskurth et al. (2000:1981) critically evaluated the findings of two studies carried out in Mwanza and Rakai with regard to the control of sexually transmitted diseases as a means for decreasing the incidence of HIV-1 infection. These studies reported a statistically significant 38% reduction in HIV-1 infection among the patients who have treated for syphilis. The authors assert that the results from these studies are complementary to each other, and provide important insights into current thinking on the management of STD in the context of AIDS prevention.

WISE Words (2000:1) argue that women are not only biologically more susceptible to contracting HIV, but they also face social barriers that prevent their access and use of available prevention methods and the recognition of gender-related constraints for HIV prevention has led for female controlled and initiated methods of protection including female condom. The article revealed that the female condom is generally accepted and used by the women in Brazil, Thailand, South Africa and Zimbabwe. But the cost of female condom prohibits many women, especially poor women, around the world from using them.

Peter Piot (2000:1), the Executive Director of the Joint Nations Programme on HIV/AIDS in UNAIDS stressed the addressing of gender inequality in HIV/AIDS prevention programmes. According to him women’s economic dependence on men makes women less able to protect themselves while social norms limit their access to information about sexual matters. He also expressed that the greater social acceptance of high-risk male sexual behaviour can expose both men and their partners to infection.
William R. Finger (2001:14) stressed the importance of encouraging the young women to use condom and to develop skills to refuse unwanted sex. He stated that the young women are often inexperienced with condoms and also feel invulnerable to risk and these factors challenges the intervention programmes which are targeted on adolescent girls. The article also revealed that in addition to condom use, the women and girls should be given knowledge on the early detection of sexually transmitted infections and its cure and prevention. The author has suggested the integration of family planning programmes with HIV/AIDS intervention programmes to make the people to receive condom without the fear of stigma.

The Hindu (2004: April 22) expressed the article of The United Nations’ General Assemble global response for combating HIV and AIDS. The news revealed that about $9 billion is required annually to combat HIV and AIDS and half of which would be needed in sub-Saharan Africa. According to the article, about $4.8 billion would be required for prevention, including interventions focusing on youth, workplace programmes, mother-to-child transmission and condom distribution and another $4.4 billion would be needed for treating opportunistic infection to which HIV patients become susceptible. The article further revealed that since 15,000 new infections occur each day, the annual resources needed for an expanded global response would increase from $3.2 billion in 2002, $4.7 billion in 2003, $6.8 billion in 2004 to $9.2 billion in 2005.

According to the article, the level of spending by 2005 would provide prevention services for over 22 million, and voluntary counseling and testing for nine million. An additional 35 million women would receive testing at prenatal clinics and 9, 00,000 would receive antiretroviral drugs to prevent mother-to-child transmissions. Special prevention programmes would reach almost sex million sex workers, 28 million men who have sex with men and three million injecting drug users. These costs would include funds for over six billion condoms.

The Hindu (2004: December 2) reported that the main challenge for India is to break down the barriers of denial and the denial of epidemic has led to inaction. It has an view that the AIDS pandemic is one where the media has an important role, and may even save more lives, than doctors.
Ramyakannan (2004:5) report in Hindu says that the members of the positive community throughout the state have brought several complaints of harassment and discrimination by medical and para-medical personnel in both the government and private health sectors. Her report also reveals that stigma over HIV/AIDS still exists in the medical community and doctors are often hesitant to treat patients, who reveal their HIV status.

The Hindu (2004: July 12) published the talk of the Union Minister for Health and Family Welfare, Anbumani Ramadoss at the second Asia-Pacific Ministerial meeting on HIV/AIDS in Bangkok. According to the report, India has taken political commitment to control the spread of HIV/AIDS. The report also revealed that India had identified cases of 5.1 million HIV infections, accounting to less than one per cent of the population and anti-retroviral therapy (ART) had been introduced in India in April 2004 at free of cost, through the public sectors.

The Hindu (2004: December 1) says that economic dependence has rendered millions of women vulnerable because they are unable to set the terms of their relationship with men. Violence and coercion within marriage, and lack of access to property, basic education and employment opportunities are important factors that subjugate women. Therefore, it has suggested reviewing the laws to empower women and liberal approach in funding employment ventures on the line of health education on HIV/AIDS. The report also stressed that the ‘APC’ approach to prevention^ Abstinence, Being faithful and reducing the number of sexual partners, and Condom use-will have only a limited impact if the underlying socio-economic and cultural cause are not addressed.

National Institute of Social Defence (2004:8) published press clippings with regard to the survey conducted by ORG-MARG (Operation Research Group-Marketing and Research Group) to assess the condom usage among the couples in urban India (India Today, 2004: Oct. 4). The survey identified the drastic decline of condom use in Urban India due to the barrage of publicity surrounding condoms and HIV/AIDS prevention. According to the survey, many people have a feeling that condom is only for high-risk groups and not for non-risk groups.
The Hindu (2005: February 8) quoted the Union Health and Family Welfare Minister, Anbumani Ramadoss statement and reported that India has began human clinical trial of an investigational vaccine designed to prevent Human Immunodeficiency Virus infection and Acquired Immunodeficiency Syndrome at the Pune-based National AIDS Research Institute and if the trial is successful, a vaccine against the disease would be available within eight years.

The Hindu (2005: February 10) reported that the senior Vatican official has supported the use of condoms to fight Africa’s AIDS pandemic, contradicting the Catholic Church’s official position. According to the statement given by the Cardinal Georges Cottier, though contraception is officially forbidden by the Catholic Church, the use of condom in some situations can be considered morally legitimate. He also warned that sex with condoms is not safe.

Prasad (2005:13) revealed that there has been a positive correlation between circumcision and reduced risk of HIV infection. He has quoted the trial carried out among 3000 heterosexual male volunteers in South Africa and revealed that the incidence of HIV infection in circumcised volunteers was three times lower compared with uncircumcised men. He suggested that inclusion of male circumcision in intervention strategy may help to prevent infection through sexual contact.

2.9. RESEARCH GAP AND PRESENT STUDY

Review indicates the issues involved in HIV/AIDS infection and its transmission to vulnerable groups in terms of socio-economic factors, high risk behaviour and HIV/AIDS, stigma and discrimination, violence against women, reproductive health, women’s knowledge on HIV/AIDS, impact of HIV and intervention. However, these revelations and expositions are inadequate to understand comprehensively the various problems of HIV infected women. Accordingly a comprehensive attempt focusing on the various circumstances leading to HIV positive for women, influence of socio-economic factor leading to the infection of women, discrimination due to HIV infection, sexual behaviour of women after infection, impact of HIV/AIDS on social relationship of women and their attitude towards pregnancy and child birth after infection with sociological overtone was felt and found as research gap with special reference to women in larger cities.
Accordingly, to fulfill this research gap the present study is formulated to conduct the same in Chennai City, the Capital of Tamil Nadu with a strong methodological support and also specific research questions of:

1. What is the socio-economic background of women infected with HIV positive?
2. Why the infection rate is high in monogamy relationship?
3. Whether HIV infection increases the rate of widowhood?
4. Is there any change in the sexual behaviour of sex workers and housewives after infection?
5. Why the sex workers remain in sex work even after knowing their infection?
6. What is the impact of HIV on social relationship of women after infection?
7. Are the infected women revealing their HIV status to others?
8. Is there any gender discrimination in treatment?
9. Is there any economic change in the life of women after infection?
10. How women perceive pregnancy and child birth after infection?