ABSTRACT

Women were at the periphery of the AIDS epidemic in its earlier years. They are at the forefront today due to feminization of the dreaded disease which has no cure and vaccine. Women are able to exercise little or no control over the risk of acquiring HIV infection as a result of little or lack of access to appropriate reproductive health information and rights. Women’s vulnerability resulted from an interplay among factors, both personal (individual and biological) and societal. Their vulnerability is magnified by societal factors such as marginalization or discrimination on grounds of sex, race, age and sexual orientation. Therefore, across the globe women are considered as the most vulnerable groups to AIDS.

In India, women are the innocent victims of HIV infection. About 20 lakhs Indian women in monogamous relationship land up with HIV/AIDS and most of them contracted infection from their husbands, who refuse to use condom and exercise power over women’s reproductive health. The Indian women have been socialized to accept socio-economic subordination and to be ignorant about sex and sex related issues. Indian culture plays a dominant role in the discussion of sex and safe sex. In India, sex is not a topic to be discussed openly even with husbands. The taboo associated with sex made women more vulnerable to AIDS.

This research endeavour has been undertaken among women living with HIV positive in Chennai city of Tamil Nadu, with the objectives of investigating the socio-economic background, marital status, circumstances leading to HIV infection, sexual behaviour after infection, impact of HIV/AIDS in social relationships and their attitude towards pregnancy and child birth after infection. Since the prevalence of HIV is an estimated figure based on sentinel surveillance data on the selected sites according to UNAIDS/WHO criteria, the universe is not taken into consideration for this study. Therefore, purposive sampling technique is adopted to contact the respondents by resorting to snowballing procedure. Accordingly, 200 women living with HIV positive in Chennai city were interviewed with the structured interview schedule to collect required information on the line of objectives formulated for the study. Apart from interview with the respondents, discussion was also held with Government officials and N.G.Os working in AIDS intervention programmes. Available data had been subjected to process
statistically leading to analysis and interpretation. Based upon the analysis and findings, a specific action plan has been evolved to provide care and support for the women infected with HIV and to create AIDS free society.

The present study is comprised of seven chapters. The First chapter presents an introduction to women infected with HIV with brief account of causes and consequences of HIV on women and the theoretical frame work. The Second chapter presents a review of literature related to the study in order to establish research gap. A comprehensive view on the global scenario of HIV/AIDS is presented in Third chapter. The Fourth chapter deals with the methodology adopted which includes objectives, operational definition of concepts, sampling procedure and sample size, tools of data collection and method of analysis. The Fifth chapter deals with analysis and discussion of primary data with a view of derive findings based on the objectives designed for the study. The Sixth chapter contains the major findings, suggestion and conclusion. The implication of research in the form of Action Plan towards prevention and control of HIV/AIDS and care and support and relief and rehabilitation of infected people with the goal of creating AIDS free society is presented in the Seventh chapter.