CHAPTER - 5

MARITAL RELATIONS OF COUPLES WITH HIV/AIDS

The preceding chapter gives us an outlook on the discriminatory attitude of the health care workers against people living with HIV/AIDS (PLWHA) and its impact on their families. HIV/AIDS has given a new dimension which seems to generate turmoil in the life of those with sero status. It has not only given devastating effect on their life but it has also created problems within the matrimony of couples infected or affected with this illness. The current chapter explores how HIV/AIDS has deeply affected the marital relations of the couples and how it has led to crafting of inconsistency between them. A couple is composed of two persons in a committed sexual or romantic relationship, usually over a period of time. Couple may be of opposite sex or same sex, married or unmarried, monogamous or non-monogamous, and cohabitating or living apart and may or may not have children. In terms of HIV/AIDS, couples may be either HIV sero concordant, with both members being either sero positive or sero negative or HIV sero discordant, with partners having different sero status (Smith, 2001).

This virus has led to declining of integrity and harmony within the marital alliance of couples with HIV/AIDS. Besides that, it has intensified the violence between husband and wife resulting in uncertainty within the marital union. The global HIV/AIDS epidemic has shown itself on the one hand as capable of triggering responses of compassion and solidarity between the couples who are HIV positive or any one of them who is HIV positive and brings out the best in them. On the other hand, the disease which is contagious and terminal is also associated with segregation, discrimination, shattering of faith, blaming, rejection due to fear of getting contagion between the couples who are either infected or affected with HIV/AIDS. This illness has taken a unique shape and changed the perception of couples in a strange way. On one hand, the relation has occupied an advanced height, faith and belief has escalated and the bond has become more amplified which by no means was parallel previously. While on the other hand, it has involved distrust, feeling of neglect and observance of suspicion. Numerous evidence of blaming and shattering of faith are frequent among the discordant couples. The awareness of the individuals and social construction is considered to be a vital ingredient related to the lifestyle of couples with sero status. Each individual possess a personal reality based on their own perception and experience of life. Nevertheless, the issue involving sex and sexuality cannot be
separated from the complex discourse defining HIV and AIDS. The pandemic has turned out to be a stumbling block to defend the sexual liberation of those with HIV. The close relationship of HIV/AIDS with sex and sexuality has threatened the intimate relationship of the couples. Further, it aims at unravelling the facts associated with the illness and partner’s sexual behaviour. Under such circumstances, women are the ones who bear the pain and sufferings which are acquired from their intimate partners.

In India, an increased number of HIV infections are emerging amongst intimate sexual partners (Saggurti et al., 2009). Evidence of the fact is that by 2008, women accounted for 38 per cent of the total HIV infected population which is a 17 per cent increase from 2001. Significantly, over 90 per cent of these women acquired HIV infection from their husbands or their intimate sexual partners. Women are at increased risk for HIV not only on account of their own sexual behaviour but if they are partners of men belonging to most at risk population groups, that is; client of sex workers, men who have sex with men (MSM) and injecting drug users (IDUs).

According to National Family Health Survey (2005-2006) (NFHS-3) data, in one out of every 200 married couples in India, at least one or both partners are HIV positive. In four out of every thousand married couples only one of the partners is infected. By extrapolating proportions from survey data to the total number of married couples from the Census 2001 data in the same age group, a conservative estimate of 1.18 million married couples affected by HIV is obtained. Women are HIV negative in approximately 0.76 million couples and the men are HIV negative in approximately 0.16 million couples. These data indicate that there is a large cohort of sero discordant married couples where, in some cases, men and in others, women are HIV positive (Saggurti et al., 2009).

Women have to bear the disproportionate burden of this impact. It is documented that women are at a greater risk for HIV due to biological factors, socio-cultural norms and behavioural reasons. In marriage or intimate sexual relations, socio cultural factors such as gender inequities, cultural norms and limited economic and social autonomy particularly makes them all the more susceptible. There resultantly, is a lack of control over sexual decision making which is exacerbating by physical and sexual violence. First and foremost, it results in women being deprived of decision making power, even if they are aware of their husband’s risk behaviour (Mane, 1994). In addition, her biological vulnerability makes her more susceptible for
getting HIV since the semen remains in vagina for a while; penetrative sexual contact becomes a critical route of the transmission of the HIV virus in female (Gupta et al., 1998: 214).

For many women sexual intercourse is not a question of choice but rather a question of survival. Thus, a women’s economic vulnerability leaves her prone to HIV even if her husband is infected. On the other hand, a woman who is economically independent has more freedom to exercise control over sexual matters and her status in the family is also elevated (Sharma et al., 1998). It helps widows of HIV positive men to keep their children in school longer as otherwise it is difficult for widowed households to continue the education of their children (UNDP, 2006). The reason for increasing HIV in intimate partners is because of the poor usage of condoms even after one partner is tested HIV positive. If the negotiation to use condom is made, it raises the question of doubt and lack of confidence among the couples. According to a study in Kerala, women who owned property were less likely to face violence in their homes (Panda and Agarwal, 2005).

Intimate partner violence is a manifestation of gender inequality, poverty and cultural construction of masculinity which contribute to increased HIV/STI risk in married women (UNICEF, 2004). Gender inequalities within marriage, cultural norms and limited economic and social autonomy leave women with poor or no control over decisions related to sexual activities. This factor propels the risk for HIV transmission from men to women. A woman’s limited or lack of control over her sexual life is exacerbated by intimate partner violence that includes coercive sex (Silverman et al., 2008).

Male injecting drug users are potential transmitters of HIV infection to their female partners as they not only share injections with their female partners but also have unprotected sex with them (UNODC, 2005). The Behavioural Surveillance Survey in India suggests that greater proportions of IDUs reported having sex with regular female partners than with female sex workers or non regular partners. Consistent condom use was relatively low with regular female partners compared to female sex workers (NACO, 2006).

Taking the above studies into consideration, an attempt has been made in the present chapter to study the nature of association between the couples with sero status (sero discordant and sero concordant couples). It is also intended to explore the parallel link between HIV/AIDS vis-à-vis marital relations of the couples. Furthermore, it will highlight the diversity of problems that has arisen out of this quandary resulting in change of a gifted, blissful and ethereal
relationship. Globally, HIV/AIDS has given chaotic impact which has led to disruption within the nuptial affairs of both couples with sero status or either any one of them. The level of affliction is much within the discordant or concordant couples with HIV/AIDS and it has altered the roles and responsibilities leading to segregation within the family.

**Disclosure of Status to the Spouse**

Disclosing one’s HIV status to family members is a difficult process, particularly if the anticipated reaction of the recipient is negative (Serovich et al., 1998). Researchers have documented that people tend to disclose information when they feel distressed and may obtain some benefits by doing so. Disclosure of sero status to partner is crucial in HIV/AIDS prevention and treatment, which aims to decrease jeopardy and provide testing, counselling, and treatment to partners who may be infected with HIV. The benefits of disclosure include increased social support, increased intimacy and sexual knowledge, feeling of acceptance and security. It has also provided an improved self-image that many experience by not disclosing their status and possibly infecting their partners. Disclosure also provides access to better information and education, governmental programs and assistance, and increased utilization of health care services. Therefore, it is a significant step in helping people who are infected and to encourage them to fully disclose their HIV status. But, many of these individuals struggle with disclosing their HIV status to partners due to fear of negative consequences of disclosure include rejection, abandonment, social stigmatization, a loss of support, a loss of intimacy, a loss of privacy, and in some cases physical, emotional, and sexual abuse (O’Donnell, 2009).

It has been observed that male partners in particular find themselves reluctant to disclose their positive status to their partners because of the fear of being labelled as someone ‘bad’ or ‘sinful’ (Usdin, 2005: 62). Several studies have suggested that HIV positive individuals, particularly males often do not disclose their status to others, even when it might be relevant and potentially lifesaving. On the other hand, fears of husband’s rejection, being blamed, victimized and deserted are the common fears which may prevent some women to share their status. They also fear that their husband would say, “You got it first, you are the one who brought it in my family” (UNAIDS, 2001).
Taraphdar et al. (c.f. Kalavathy and Vijayasankar, 2000) mentioned, “Different male and female perspective on sexuality make disclosure of HIV status to the partner difficult.” Though literature on the subject is sparse, evidence shows that non disclosure of HIV status leads to greater risk for infection in intimate partner relationships.” Non disclosure to wife has serious implications for HIV transmission if the sero positive husband continues to have unprotected sex.

An effort has been made to understand the attitude of the married couples who know their HIV positive status and their disclosure to intimate partner about their sero status. Among the married (70.34 per cent) respondents, 86.25 per cent mentioned that they have made disclosure about their sero status to their partner and 13.75 per cent stated that they have not disclosed their status to their partner after they interfaced this reality. The respondents who claimed of uncovering this truth to their partner were further asked about the kind of change they have observed in the behaviour of their spouse after disclosing sero status, the responses of which are enlisted in table 5.1.

### Table 5.1

**Change in the Behaviour of Spouse**

<table>
<thead>
<tr>
<th>Responses</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don’t talk to me</td>
<td>12</td>
<td>8.76</td>
</tr>
<tr>
<td>Don’t touch me</td>
<td>19</td>
<td>13.87</td>
</tr>
<tr>
<td>Discriminate me on various grounds</td>
<td>15</td>
<td>10.95</td>
</tr>
<tr>
<td>Don’t share food and drinks with me</td>
<td>37</td>
<td>27.00</td>
</tr>
<tr>
<td>Suspect me for his/her illness</td>
<td>52</td>
<td>37.96</td>
</tr>
<tr>
<td>Started living separately</td>
<td>2</td>
<td>1.46</td>
</tr>
<tr>
<td>Total</td>
<td>137</td>
<td>100</td>
</tr>
</tbody>
</table>

Among the respondents who claimed of disclosing their sero status to their spouse, nearly 40 per cent acknowledged that their spouse felt suspicious of transmitting this illness from his/her spouse, 27 per cent brought into light that their spouse don’t share food and drinks. Fear of getting contagion from the partner can be held as the reason for not sharing food and drinks. Furthermore, almost 11 per cent claimed of facing discrimination on various grounds from their
spouse. It can be the outcome of suspicion against the partner (husband/wife) of having extra-marital relations or due to the conflict over the issue on ‘who gave HIV to whom’. Medley et al. (2004) mentioned, barriers to disclosure identified by the women included fear of accusations of infidelity, abandonment, discrimination and violence.

It is crystal clear from the above table that subsequent to disclosing their HIV positive status to spouse, the respondents observed frequent change in their behaviour pattern. Various reasons can be held accountable for discriminatory actions of the spouse. It can be the outcome of preconceived notion of the counterpart which results in behaviour alteration. Moreover, the common base of prejudiced and biased behaviour can be due to the notion of having promiscuous sexual relations outside the marital union. This factor is found common within the males since they perceive this illness to be alien and not from the family.

Chandra et al. (2003) conducted a study in south India on issues related to self disclosure of sero positive status among 68 persons (35 men and 33 women) infected with HIV reported a voluntary disclosure rate of only 65 per cent of the total cases. Another household survey finds that while 84 per cent women informed their spouses immediately after they were tested HIV positive, the percentage of men who did the same was much lower i.e. 69 per cent (UNDP, 2006).

A study conducted among the Tanzanian persons living with HIV in year 2005 found that only half of the respondents had disclosed their status to intimate partners. Among those who disclosed, the average time from knowing to disclosure was 2.5 years for men and 4 years for women.

There is an adequate evidence to show that disclosure of HIV positive status by women to their partners can result in increased partner violence and accusations of infidelity, stigma and abandonment (Desai, 2005). Though these are clearly negative consequences of disclosure for women, the positive outcomes have far great significance and cannot be ignored. It can be made more vivid by the below given excerpts taken from various case studies.

A 24 year old woman who suffered frequent change in the behaviour of her husband said:

As far as sexual relations are concerned, I have no problem in continuing the same but my husband has a big problem. The concerned doctor has advised us to
continue our affairs by using contraception. Nevertheless my husband doesn’t trust the doctor and says, “bimari vad javegi” [disease will increase]. Presently, he avoids sleeping with me on the same bed.

*Another male ageing 29 years who suffered change in the behaviour of his wife said:*

When for the first time my wife came to know that we both are HIV positive, she was silent for couple of days. Later on she arranged her bedding on the floor. When I told her not to sleep on the floor, she replied, “ess bimari di jad tussi ho” [you are the root cause of this illness]. From that day onwards, she sleeps on the floor with children. I told her couple of times that she can trust me but unfortunately she has already prepared her mind.

**Marital Conflict**

In the event of a positive HIV test result, the perceived partner response would be to blame the woman for introducing the infection into the relationship (Rakwar et al., 1999). Most of the couples have experienced unpleasant repercussions as a result of this disease. Countless problems have come up as the consequence of this illness leading to dilemma within the matrimony of sero discordant or concordant couples. These couples are unable to cope with the disturbance led by HIV and hence conclude with discontinuity of their marital harmony. Countless couples become suspicious of acquiring this virus from the companion of their own, leading to assigning of responsibility to their intimate partners. Myriad pairs have dissolved their union either by splitting themselves or terminate their relationship by divorcing. These individuals prearrange their conception connected to their partners’ route of transmission which escorts their way to paranoia. It has erected numerous hurdles in maintaining sexual liberation among the duos. The close association of HIV/AIDS with sexuality has threatened to unravel psychosocial tolerance extended towards the individual with the stigmatization of one leading to stigmatization of the other (UNAIDS, 2001). The respondents were enquired about the disturbances created by this infection within their marital alliance. 131 (71.98 per cent) reported
disturbance within their marital life and 51 (28.02 per cent) made it clear that there is no disturbance in the marital life.

Table 5.2
Conflicts in the Marital Relations

<table>
<thead>
<tr>
<th>Responses</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wants divorce from me</td>
<td>12</td>
<td>9.16</td>
</tr>
<tr>
<td>Spouse gets violent with me</td>
<td>29</td>
<td>22.13</td>
</tr>
<tr>
<td>Wants to live separately from me</td>
<td>22</td>
<td>16.80</td>
</tr>
<tr>
<td>No sexual relations</td>
<td>37</td>
<td>28.24</td>
</tr>
<tr>
<td>Filed a case against me</td>
<td>21</td>
<td>16.03</td>
</tr>
<tr>
<td>Spouse threat me that he/she will commit suicide</td>
<td>10</td>
<td>7.64</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>131</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Table 5.2 depicts that among those respondents who reported disturbance in their marital life; nearly 10 per cent mentioned that their spouse has asked for divorce after interfacing the HIV status of partner. Many partners, particularly the male counterparts often ask for divorce since they perceive their intimate partner of having extra-marital relations. Among those who are not yet sero positive from their intimate partner wants to be on the safer side by asking for early divorce or separation. But in contrast to that, it has also been observed that maximum women who are not yet positive from their intimate partner are ready to continue with their relationship even after knowing their HIV positive status. It can be due to their economic dependency on their husbands or due to the social norms which favour the males in relation to the females. 22.13 per cent claimed violence between the partners. Violence can be in the form of wife battering which is associated with existing socio-cultural and gender norms in society or abandonment by the husband and his family members. Another 28.24 per cent revealed that they have no sexual relations with their spouse from the time they came to know about the sero status of their partner. Lack of information and awareness overrule the minds of most of the couples infected or affected with HIV. Many still believe that any contraception used cannot prevent the
transmission of HIV/AIDS from partner. As a result, most of them discontinue their sexual relations.

Medley et al. (2004) in their study among the women in developing countries mentioned that between 3.5 per cent and 14.6 per cent of women reported experiencing a violent reaction from their partner following disclosure. They also noted that the barriers to disclosure identified by the women included fear of accusations of infidelity, abandonment, discrimination and violence.

The table gives a comprehensive glimpse about the problems faced by the couples in maintaining their relations. Moreover, it clarifies that due to HIV/AIDS, twosome are suffering from various problems in their marital life leading to disintegrate the couples and posing threat to their marital communion.

A 31 years old woman while mentioning disturbance in her married life said:

Soon after getting the HIV positive report, my husband started blaming me, “tenu ta viah to pehlan hi AIDS si” [you were having AIDS before marriage]. “Tu meri zindagi barbad kar diti hein” [you have spoiled my life]. After yelling at me, he immediately went to an advocate and filed a case of fraud against me and my parents. He said that he is innocent and I am the culprit.

Subsequently, another male of 33 years who mentioned the similar problem revealed:

When I was diagnosed with HIV/AIDS, I told my wife (second wife) about my Sero positive result. Fortunately, she was Sero negative at that time. But she informed her parents that I (her husband) have HIV/AIDS. My wife doesn’t have any problem living with me but her parents don’t want her to continue with me. They said, “eene ta AIDS nal mar jana hein” [he will die soon of AIDS]. They want her to get separated from me.
Lack of Trust and Solidarity

Interpersonal trust is an aspect of close relationships among the intimate partner relationship (Larzelere et al., 1980). Analyses of human relations suggest that “trust” is an integral feature of such relationships. Trust is most generally defined as a belief of a person in the integrity of another individual. Stinnett and Walters (1977) suggest that trust increases security in a relationship, reduces inhibitions and defensiveness and frees people to share feelings and dreams. Trust is seen by O’Neill and O’Neill (1972) as a prerequisite for marital partners to open their marriage to their full potential for personal and interpersonal growth.

It has been noticed that as the intimate partners who interface the HIV positive status of their counterpart result in losing faith and trust upon each other, and partner’s honesty and their faithfulness is questioned. Couples start suspecting their intimate partner of having polygamous relations and as a result, the domain of trust and solidarity is enquired. From the time HIV/AIDS has been discovered, it has been labelled as the disease of promiscuous people. Character of those with HIV positive status is often challenged by the intimate partner since it becomes essential to know about the route of transmission. Any partner whose associate is found to be HIV positive suspects him/her of having sexual relations with someone with HIV/AIDS or either the eye of scepticism goes on the intravenous drug use. Due to such nature of the disease, myriad concordant couples with HIV/AIDS have lost trust and solidarity on their partner and their relation has resulted in discord. Trust and solidarity are the two building blocks for the smooth running of any relationship. HIV/AIDS has affected mankind in multifaceted afflictions which seems to be never ending. It has raised the issue between the marital couples about ‘who gave HIV to whom’ leading to marital disruption.

Globally, the issue of trust and solidarity has taken a different dimension which most of the sero concordant couples are unable to cope with. It has resulted in frustration and nuisance within the couples with HIV positive status. Another reason for lack of trust and solidarity between the couples is due to the myth that HIV/AIDS is the result of moral transgression only. In the present study, the respondents were asked that whether due to HIV/AIDS, their relationship has resulted in lack of trust and solidarity. Among 137 respondents who claimed that they have informed their partner about their HIV positive status, 78 (56.93 per cent) stated that their relationship has resulted in lack of trust and solidarity between the intimate partner
relationships. The informants were later on asked about the reasons they believe are responsible for lack in trust and solidarity within their intimate relationship. 26 (33.34 per cent) mentioned that their spouse has started suspecting them of using Intravenous Drugs or having Sexual relations outside the marital union. Globally, promiscuous sexual relations and intravenous drug use is one of the leading cause of rapid spread of HIV/AIDS. Though, other routes of HIV transmission like blood transfusion and mother to child infection is also significant but has reported among lower number of infected population. 52 (66.66 per cent) respondents claimed that they have been reprehended for giving HIV/AIDS to the spouse. Women in particular are rebuked by their husbands for transmitting this disease to them.

By the end of 2006, the number of HIV infected people in India ranged between 2.0 to 3.1 million (UNAIDS, 2008). More than 90 per cent of these infections were acquired through one of the following three horizontal routes: heterosexual contact, homosexual contact and intravenous drug use. Gangakhedkar et al. (1997) illustrated that, infection rates are increasing more rapidly among the women and they now represent an estimated 38 per cent of all infected people living with HIV. But despite of all, the blame is often shifted on the shoulders of women who also bear the loss of husband, children and property.

A 26 years old housewife while interpreting the kind of distrust her husband is having on her mentioned:

My husband is a truck driver and often stays outside the house, sometimes for couple of weeks. After getting HIV positive result he told me, “jad mein gaddi te jana ha tu jarur kise hor de nal soni hein” [when I am on my truck driving, you must have slept with someone else]. Till now, my husband suspects me of having illicit relations with someone else when he is out on driving.

Similar ideas were brought in front by a 27 years migrant from Bihar:

My wife suspects me a lot, even when I am late at night. When she heard about my illness, she said, “muje to pehle se hi pata tha ki tum gande aadmi ho” [I already knew that you were a bad man] “aur tume yeh khatarnak bimari isi karan
Discrimination and Segregation between the Couples

Discrimination is the denial of equal treatment to an individual or to a group of people on the basis of an adverse opinion or belief. It is often based on prejudice resulting from an irrational fear (Smith, 2001). HIV/AIDS has resulted in discrimination and segregation within the couples. Many couples who are infected or affected with this virus have started living separately from their partner or they have started treating their spouse in a strange and dissimilar way. It is because of the fact that they will get contagion from their partner who is sero positive. Mainly it is done to show the hatred towards the person with HIV/AIDS. Moreover, many individuals remain ignorant about the transmission and thus contribute to discrimination among the couples. This ignorance has fuelled irrational fears of infection, leading to prejudice, discrimination and stigmatization of the people with positive status.

Since the beginning of HIV/AIDS epidemic, there have been innumerable instances of discrimination and segregation between the couples who are either both HIV positive or any one partner between them is HIV positive. In terms of UNAIDS (2001), discrimination has been defined as the ‘action that results from stigma’. In case of HIV/AIDS, discrimination can occur when a distinction is made against a person that results in their being treated unfairly or unjustly on the basis of their actual or presumed HIV status or their belonging, or being perceived to belong to a particular group. It starts from rejection, denial and discrediting and consequently leads to discrimination (Usdin, 1999). On the other hand, the term segregation can be defined as a condition of being socially excluded or separated because of the fear of getting HIV contagion. Moreover, there is separation due to lack of faith and trust in the counterpart. Among 137 respondents who have disclosed their HIV positive status to their spouse, 68 mentioned that HIV/AIDS has resulted in discrimination and segregation within the couples. Reasons were asked for discrimination and segregation among the couples to understand the responsible factors. Among them, 37 (54.41 per cent) said that their spouse don’t live in the same room with him/her and 31 (45.59 per cent) respondents mentioned that their spouses have started maintaining some distance from them. It is a common practice which is performed by either
husband or wife after making disclosure about their illness. It can be made more clear from the below mentioned excerpts.

A 32 years old housewife who suffered discrimination from her husband illustrated:

The moment my husband came to know that he is HIV positive, his behaviour changed. He doesn’t talk to me the way he used to talk earlier. When even I try to come near to him, he starts moving here and there. If I enter the room, he exits from the room and vice versa. One day he told me, “menu tere kol aana changa nahi lagda” [I don’t like to come near you] “te tu vi mere to dur hi reh” [and you too maintain some distance from me].

Another housewife of 30 years who interfaced discrimination from her husband stated:

My husband doesn’t take food from my hand. The moment he came to know that I was HIV positive and he was HIV negative, he decided to separate even his kitchen utensils. He doesn’t take food from my hand and does not even permit my children to eat food prepared by me. He is totally dependent on his mother. When I asked him that why he is behaving in such a way, he said, “tu shukar kar ki mein tenu ghar to bahar nahi sutiya” [you should be thankful that I have not thrown you out of my house] “te tu chup chap ghar vich pai reh” [and you should stay in this house quietly].

Blaming by the Spouse

Attribution of blaming by the spouse is the far common practise among the couples with HIV. Women who become HIV infected through heterosexual transmission are faced with the task of making sense of how they became infected (Long et al., 2009). Women in particular have been positioned as a source of potential source of infection and have attracted guilt and blame in becoming ‘diseased’ they have failed in their appropriate roles as carers and nurturers (Lawless et al., 1999). Negative outcomes are often made against the women including blame,
abandonment, violence, anger, stigma and depression (Medley, 2004). It is a well known fact that all over the world, men tend to have more sex partners than women, including more extramarital partners, thereby increasing their own and their primary partners risk of contracting HIV (UNAIDS, 2000) but regrettably, women are blamed of giving this illness to their male counterparts by labelling them ‘promiscuous’ by their intimate partner.

Among the sero discordant couples, blaming is found to be common. The blaming is made just to ensure that the virus has been caught from the female spouse and that her male counterpart is innocent and free of any guilt. In case of women with HIV/AIDS, the virus is mostly transmitted from their husbands but despite of that, the question arises, who gave HIV to whom. Mostly the males with sero positive status blame their wife for giving HIV to them. According to UNAIDS (2001), worldwide men have more sexual partners than any other group. In many countries they are the frequent purchasers of sex but when they are diagnosed with HIV/AIDS, they frequently shift the cause to their wife in order to defend themselves. In the present study, an effort has been made to understand that whether the spouse with HIV/AIDS blames each other for giving HIV/AIDS to them or are responsible for giving virus to the other partner. Among the respondents, 110 (80.29 per cent) said that their spouse’s started blaming them for giving HIV/AIDS to them. The responses are enlisted in table below.

Table 5.3
Blaming by the Spouse

<table>
<thead>
<tr>
<th>Reasons</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>You have given HIV to me</td>
<td>32</td>
<td>29.09</td>
</tr>
<tr>
<td>I will die because of you</td>
<td>12</td>
<td>10.90</td>
</tr>
<tr>
<td>You have relations with someone else</td>
<td>49</td>
<td>44.54</td>
</tr>
<tr>
<td>Blamed of being HIV positive from your previous marriage</td>
<td>17</td>
<td>15.45</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>110</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Table 5.3 reveals that, almost 45 per cent claimed their spouse of having relations with someone else. This is because HIV is mainly sexually transmitted and in most areas of the world, the epidemic initially affected populations whose sexual practices or identities are different from the
“norm” (Gagnon and Simon, 1973; Plummer, 1975; Weeks, 1981). Nearly 30 per cent respondents mentioned that their spouse started blaming that you have given HIV/AIDS to me. 15.45 per cent respondents said that their spouse blamed that you were HIV positive from your previous marriage.

HIV/AIDS related Stigma and Discrimination are also linked to gender-related stigma. The impact of HIV/AIDS related Stigma and Discrimination on women reinforces pre-existing economic, educational, cultural, and social disadvantages and unequal access to information and services (Aggleton and Warwick, 1999). In settings where heterosexual transmission is significant, the spread of HIV infection has been associated with female sexual behaviour that is not consistent with gender norms. For example, prostitution is widely perceived as non-normative female behaviour, and female sex workers are often identified as “vectors” of infection who put at risk their clients and their clients’ sexual partners. Equally, in many settings, men are blamed for heterosexual transmission, because of assumptions about male sexual behaviour, such as men’s preference or need for multiple sexual partners (Parker and Aggleton, 2002).

_A male ageing 29 years who suffered the blaming from his spouse brought into light:_

When for the first time my wife came to know that we both are HIV positive, she was mum for couple of days and later on she started sleeping in a different room. Later on she said, “ess _bimari di jad tussi ho_” [you are the root cause of this illness]. From that day onwards, she sleeps either on the floor or in different room with our children. I told her couple of times that she can trust me but unfortunately she has already prepared her mind.

_Another housewife of 24 years who suffered the similar kind of mistreatment from her husband said:_

My husband is a truck driver and I know that he is having sexual relations with other females while he is on tour but my husband always blames me for his illness. He says, “_tu gandi aurat hein_” [you are a bad women] “_tere karke eeh bimari menu lagi hein_” [because of you I have contracted this disease]. He always
scapegoats me in his family and whenever he suffers bodily discomforts, the target is towards me. I have done nothing but the punishment pertains to me only.

**Refusing Sex**

Marriage meant different things to different persons according to their upbringing, outlook and religious beliefs, but must have the same legal consequences for all (Weathertey, 1947). Malinowski in his *Sexual Life of Savages* points out that the function of marriage among the Trobrianders’ is to give one social status (Johnson, 1938 – 1939). Mead in *Sex and Temperament* reports that the Arapesh look upon marriage as primarily an opportunity to increase the warm family circle within which one’s descendants may then live even more safely than one has lived oneself. This status is sought by both men and women.

Apart from giving the legitimate social status to the married couple, marriage also gives a legal status to both the partner to indulge into sexual relations which is otherwise taboo outside the martial communion. According to Richard Burton (2007), “The relationship between the two sexes is something that cannot be ignored or treated in a surreptitious or haphazard way, because it is the very essence of existence and the means by which life is perpetuated.”

Likewise, couples with HIV positive status have grievances of unsmooth sexual relation within their marital relations. Due to HIV/AIDS a fear of death arises which haunt the couples to refraining from intercourse. Most of them with sero positive status label it as ‘sinful act’ or ‘punishable act’ even within the married life. Mainly the male partners are the one who refuse intercourse with their intimate partner and as a result hunt for some other partner outside the marriage for their fulfilment of sexual desires. Their perception is assisted by few myths and misconceptions which have resultantly delimited the mind of those who refused intercourse with their intimate partner. A common myth “having sex with a virgin can cure AIDS” has raised such issues where males refuse to have intercourse with their intimate partner and hunt for a young virgin. On the other hand, couples with single sero positive partner may find it genuine to refuse for the intercourse because of the fear of contracting HIV from their partner. Furthermore, fears of transmission and belief in the fatal nature of this disease also act as a hurdle to continuation of sexual relations. Such reasons can also be held responsible for the partners to refuse for intercourse.
Refusal for intercourse may be a form of stigma towards HIV/AIDS. Moreover, mood disorders are frequent among the sero positive person which inhibits them to get copulated with their partner. Furthermore, poor health status can also be one of the reasons for denial to intercourse. In the present study, the respondents were asked that whether their spouse has ever refused for intercourse after knowing their HIV positive status. Though, it was not an easy task to ask about the sexual relations, particularly to female respondents because of the sensitive nature of the topic but nevertheless, an endeavour was made in order to understand the true picture of the sexual relations of PLWHA. Among 137 respondents, 68 (49.63 per cent) respondents said that their spouse refused for intercourse after knowing their HIV positive status. They were further asked about the reasons given by the spouse for refusing the intercourse. Among the respondents, denial because of the poor health condition of the spouse was mentioned by 13 (19.11 per cent) respondents whereas 21 (30.88 per cent) said that their spouse refuse for sexual intercourse due to mood disorder. 34 (50 per cent) revealed that their spouse has started sleeping in different room to avoid intercourse.

From the above mentioned reasons, one can understand that how deeply HIV/AIDS has affected the psyche of the martial couples towards each other as well as their attitude towards the maintenance of the sex life. With the help of excerpts mentioned below, one can get a clear picture of the kind of attitude PLWHA are developing and the reasons for giving denial for intercourse with intimate partner.

*A 37 years old policeman while narrating about his sexual relations with his wife said:*

Before getting diagnosed as Sero positive, our relations were going fine but after knowing about the sero status, our relations got halted. When even I ask my wife for copulation, she often says, “meri tabiyat teek nahi hein” [I am not well] “kuch dina lai ruk jao” [you should wait for some days]. Now I don’t ask her because for last couple of days she is giving similar excuse.
Another 35 years old female who is a school teacher by her profession said:

I have never refused my husband for making relations with me even after getting diagnosed as sero positive but my husband decided to discontinue our relations. We both are HIV positive but the doctor advised us to continue our relations by using contraception. It is a great setback for me as I am the one who is punished from all sides. No matter what is the root cause of this illness, one should accept the fact of being HIV positive and should try to continue with normal life. But my husband disagrees with me. He says, “hun ta jinni der jeena hein, isto dur hi rehna chahida hein” [no matter how much we will live, we should refrain from this relationship (intercourse)].

Negative Assumptions made by the Spouse

Owing to the fact that millions of people worldwide have lost their life to this illness in the past few years, a mindset has been constructed by the people infected with HIV/AIDS or their significant others regarding the short life span of their partner infected with this disease. Death is inevitable feature of human existence and all the living beings are destined to leave this material world sooner or later. Browne (1994) in her book ‘Life after Death’ mentioned, the earth is a schoolroom for the soul’s development. Our bodies are like the blur tiffany box that holds a gift. Once the gift is removed, the box is discarded and the treasure remains. It is expected for every individual to die sooner or later. But in the case of death with HIV/AIDS, a stigma is attached which makes people with this disease or their family members to fear the death with this particular disease.

Early deaths of the people with HIV/AIDS have haunted the present day existence of PLWHA about their death concerns. It has been observed that most of the sero positive people make certain negative assumptions about their health status or regarding their life span. Mainly women, because of her dependency towards the husband and the emotional attachment plays vital role for the arousal of negative assumptions. Another reason is lack of information, education and communication to most of the women folk who make their knowledge fronting this health issue almost zero. Misconception, false beliefs and practices regarding the issue had
still not been dispelled (Verma, 2002: 83). Moreover, dying with HIV/AIDS may lead to a shameful death of a person as people may perceive it as an unnatural death or premature death or death due to promiscuity. Many of them associate their illness with the past bad deeds purane janmo ka fal or sins paap made by them and as a result, they have contracted this illness.

The reason why HIV/AIDS is such a sensitive issue is because it touched on so many different aspects of conscience and morality. Different moral dilemmas present themselves in different cultures and nations (Dixon, 2004: 127). Women living with their husbands family frequently faced expulsion if the husband died and many had trouble finding anyone to care for them when they themselves come ill (UNAIDS, 2006). Women also endure some of the epidemics worst effect when they become the heads of single parent household in which they have sole responsibility for serving the survival for their families. Woman may also be prevented from using her property of inheritance for her family’s benefits, which in turn hurts her ability to qualify for loans (UNDP, 2005). In addition, women are denied of their property rights by their in laws subsequent to the death of their son and most of the women in their widowhood live in exile from their in laws.

In the present study, the respondents were asked to get the precise information about the negative assumptions by their spouse after knowing their HIV positive status. Among 137 respondents, 48 respondents reported negative assumptions made by their spouse after knowing the HIV positive status of the partner. Among them, 23 (47.92 per cent) respondents said that their spouse started assuming that PLWHA die to the earliest. This perception can be traced back to the early times when death was certain for those with HIV positive status or AIDS. Another problem is that people fear the question asked by their relatives, friends and family members for the sudden death of their partner. Similar response was given by 15 (31.24 per cent) respondents who mentioned that after the sudden death of the spouse, people will raise bizarre question and most of them will be unanswerable. 10 (20.84 per cent) respondents said that people will make fun of their family if in case they will come to know about HIV positive status of the deceased as well as their family members.
A male of 32 years reported negative assumptions made by his spouse:

From the moment my wife has came to know that we both are HIV positive, she keeps on making negative assumptions that she will die very soon. She told me, “mein te jaldi hi mar jana hein” [I will die very soon] “par mere bachiyan da khyal kaun rakhega” [but who will look after my children]. The doctor has told her that if she will take her medicine regularly, nothing will happen to her but she is not ready to accept the words of doctor.

Another 25 years old housewife mentioned that:

My husband after getting diagnosed said, “eh sab mere purane karma da fal hein” [this is the result of old deeds made by me] “shayad mein pichle janam vich koi pap kite honge” [I think in the past birth I have committed some sins]. He is completely horrified with this tag of HIV positive. Now he says, “mein ta hun aapni maut di uudek kar riha ha” [now I am waiting for my death].

Disclosure of Status to other Family Members by the Spouse

HIV/AIDS has lead to agonizing of human behaviour. Denial, fear of discrimination and blaming has lead to suffering and misery of PLWHA. Many people find it better to disclose their HIV positive status to their family members rather to their spouse in order to avoid conflict in conjugal relation. Many reasons can be held responsible for disclosure of HIV positive status to family members. Among men, it is done to gain the sympathy and moral support of the family in order to shift the blame towards the other partner. On the other hand, women who find themselves alone or to gain mental strength from their family members disclose their own or their husband’s status to their family members.

The respondents in the present study were asked whether their spouse has disclosed their HIV positive status within the family members. It has been observed that women folk unveil self or mate’s identity as HIV positive to their parents because they have reliance on them of not to uncover their status to anyone else. Moreover, financial help may force them to disclose their
status to them. On the other hand, men folk find it better to reveal their HIV positive status to their family members. But contrary to both, most of the couples find it better not to disclose their HIV positive status to anyone and they want to hide their identity as HIV positive. The responses as mentioned by the respondents are enlisted in table 5.4.

Table 5.4
Disclosure of Status by Spouse in the Family of the Respondent

<table>
<thead>
<tr>
<th>Responses</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents (in law)</td>
<td>10</td>
<td>08.00</td>
</tr>
<tr>
<td>Brother</td>
<td>17</td>
<td>13.60</td>
</tr>
<tr>
<td>Sister</td>
<td>22</td>
<td>17.60</td>
</tr>
<tr>
<td>Children</td>
<td>13</td>
<td>10.40</td>
</tr>
<tr>
<td>Relatives</td>
<td>09</td>
<td>07.20</td>
</tr>
<tr>
<td>Parents (Biological)</td>
<td>54</td>
<td>43.20</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>125</strong></td>
<td><strong>100.00</strong></td>
</tr>
</tbody>
</table>

The above table depicts that, nearly 45 per cent mentioned that their spouse has disclosed their status to their biological parents. It is in the case of females who disclose their HIV positive status to their parents in order to get financial assistance or moral support from them. Almost 20 per cent said that their spouse has disclosed the HIV status to their sister and just about 15 per cent stated that their spouse has disclosed the sero positive status to their brother. All the above mentioned answers can be observed in the excerpts mentioned below.

A 34 years old male whose wife revealed the duos HIV positive status to her parents said:

After getting diagnosed my wife immediately informed her parents that we both are HIV positive. I told my wife not to call her parents as they will be in strain but despite of that my wife informed her parents. I wanted to maintain this confidentiality regarding our sero status but my wife is so emotionally attached to
her parents that she didn’t even gave a single thought before informing them.
Now through them so many people have come to know that we are HIV positive.

Another housewife of 26 years whose husband did the same by disclosing their status to his mother mentioned:

Subsequent to the reports, my husband told his mother about the Sero positive result of both of us. After hearing this, she started crying and asked him “*eh bimari kitho le aya hein*” [from where you have got this disease]. I wanted him not to disclose this to his mother as she will be in trauma after hearing this news but he took it very lightly. Now my mother in law blames me that and says “*tu mere munde nu eh bimari diti honi hein*” [you must have given this disease to my son].

**Sexual Partners of Unmarried Respondents**

The issue of premarital sex in India remains a poorly explored topic because of the prohibition on the sex talk before and even after marriage. Not enough is known about the levels, trends and regional patterns in sexual activity before marriage in India (Subaiya, 2008). There are strong cultural norms against young people especially girls and women engaging in pre marital sexual activity. Arrange marriage system still dominates Indian culture and chastity is highly valued within it. According to societal and familial norms, premarital sex is not allowed and families go to great length to protect the chastity of unmarried youth, especially girls. But despite restrictive social norms, there is increasing evidence that youth in India and elsewhere engage themselves in premarital romantic and sexual relationships. However, information on how they initiate and build these relationships is scarce, even though it is vital for addressing the needs of young people (Jaya, 2009). According to a research conducted in 2004 among the economically disadvantaged neighbourhoods in Delhi (583 males and 475 females), it was found that males were more likely to seek information about the person they were interested in and to engage in heterosexual premarital sex. Females were less likely than males to report that it is okay to engage in premarital sex if the male and female love one another. For both males and females,
television and films were the most popular source of information on issues related to sexual health (ibid.).

The reason for massive spread of HIV among unmarried youth is that, a majority of young people do not have correct information on the use of contraceptives or the prevention of pregnancy and STIs, and youth-friendly reproductive health services are not readily available. Moreover, in many cultures, expressed social norms condemn premarital sex, especially for women, and there are large gender-based differences in sexual conduct and in the ability to negotiate sexual activity and contraceptive use. Research also suggests that, for adolescents, being in school and having high educational aspirations, living with both parents and having high self-efficacy to refuse unsafe or unwanted sex are protective against risky premarital sexual relations. On the other hand, poor academic performance; abuse of substances, such as drugs, alcohol and tobacco; access to pornographic films and other X-rated materials; having peers who are sexually active; family instability; and being part of the workforce, especially for males, are inversely associated with high-risk sexual activities. Globally, there is increasing consensus that comprehensive behavioural interventions must take account of social context and aim to modify social norms that support uptake and maintenance of behaviour change (ibid.)

Sexual promiscuity has been the major source of spread of HIV/AIDS worldwide. Particularly the penetrative sex between the heterosexual and bisexual couples or between the men having sex with men (MSM) has led to rise in the HIV/AIDS pandemic. According to UNAIDS (2006), 86 per cent of the world HIV/AIDS is through sexual contact. Paid sex with prostitute is the most common route of HIV/AIDS transmission as it makes that purchaser of sex more vulnerable to contact HIV/AIDS vis-à-vis the prostitute who is unknown to the HIV status of her partner. In many parts of the world, having sex with a prostitute is the sign of power and masculinity among the male population, especially among the unmarried youth. It is the only way to show that males have power to seduce a female and there is no question of impotency. But hundreds of millions of men have sex with more than one partner and without condom because they believe that this is how men do and should behave and society at large frequently reinforces them in that belief. Young men in particular play a central role in the epidemic as they are the most likely to be involved in activities associated with HIV risk. Worldwide they have more sexual partners than any other group. In many countries they are the most frequent
purchasers of sex. Yet although young men are central to the course of the epidemic, they remain peripheral to the response to HIV.

Young men are one such group, sometimes creating risk for others and often highly at risk themselves. Young women need to be more assertive, empowered and economically autonomous and young men need to learn to respect their sexual partners and human rights of women in general. Across the world, masculinity is associated with bravery, physical and psychological strength, independence and sexual activity. Masculine values are instilled by society as a whole and reinforce by peer pressure. Sex and masculinity are closely entwined in many young men’s eyes. Young men are often encouraged by each other as well as the culture in which they live to see women as sex objects, whose personality and wishes are subordinate to the demands of men. Polygamy, which was originally an expression of wealth for older men, provides a rationale for young men, however poor may tend to have more than one sexual partner. Fear of husband’s rejection may prevent some women from sharing their status. Being blamed, victimized and deserted were common fears among the married women. These women with HIV do not reveal their sero positive status to their spouses fearing that their husband would say “you got it first, you are the one who brought it in the family” (UNAIDS, 2001).

The respondents in non marital relationship were asked that whether they have gone for paid sex/sex with girlfriends/boyfriends or not. Within the respondents, 89 (29.66 per cent) respondents were found to be unmarried. Among them, 76 (85.39 per cent) claimed that they have sexual relations either with boyfriend/s, girlfriend/s or with prostitutes. The remaining respondents claimed of not having sexual relations with anyone.

According to Klemer (1970: 140), “The new sexual climate has been the increased promotion and commercialization of sex by the mass media. Although there are those who would argue that this is an effect of changing popular attitudes rather than a cause of those attitudes, it is fairly evident that at times that movies and the magazines are leading public opinion rather than following it. Adherence to religious concepts and doctrines has been steadily declining and result into unexplained growing sex attitudes.”

Another change that has been suggested as contributing importantly to the new sexual attitudes has been the upsurge in sexual equality for women. Women, many now believe, are entitled to as much sexual enjoyment and as much opportunity for sexual variety as men have always had. There are, of course, wide regional and sub-cultural variations in the applications of
these attitudes and as shall we see, there are some reasons – both physiological and emotional – why female sexual response may never be exactly comparable to male. Nonetheless, there has been a considerable movement toward sexual equality without restraint for women (Klemer, 1970: 142).

**Disclosure of HIV Status in a Non-Marital Relationship**

HIV/AIDS has brought up a new issue on sexual characteristics in terms of unmarried people who are seeking young women or men for their sexual pleasure. Majority of the HIV positive male do not reveal their status to their sexual partner. It is done in order to ensure that their sexual partner does not know about their HIV positive status and they can enjoy the same without any hesitation. Moreover, revealing HIV positive status to their sexual partner may lead to refusal for the intercourse. Secondly, it may lower down the status of the individual in society because revealing status to any one partner will ultimately go through the ears of many. Among the unmarried youth, who are frequent visitors of brothels and red light areas find themselves reluctant of getting themselves diagnosed for HIV/AIDS because of stigma attached with this disease. Despite of some common symptoms or opportunistic infections, unmarried youth by no means undertake HIV testing. Both these factor play a crucial role in transmission of virus intentionally and on some occasion unintentionally.

Young men, who enjoy more freedom, find it easier to explore sex before marriage, including the services of commercial sex workers. Many young men often use coercive behaviours ranging from derogatory comments to forced sexual intercourse to demonstrate their dominance in heterosexual interactions or relationships. For males, more freedom in the absence of reliable sources of information on safe sexual practices implies an increased probability of acquiring STIs, including HIV. Moreover, young men who have premarital sex put the young women they marry at risk of acquiring STIs, even if the young women did not engage in premarital sex themselves. Gender power imbalances encourage secrecy and inhibit negotiation between partners. The hint of premarital relationship can precipitate parents into pressuring young women to marry a man not of her choice; as a result, young women get exposed to HIV from their intimate partner who fears disclosure of his past sexual activities (Jaya, 2009).
In a study conducted by Sullivan (2009) on ‘Male self disclosure of HIV infection to sex partners in Hawaii’ among 93 males reported a disclosure rate of approximately 50 per cent with 228 sex partners. Based on findings, more than two third of the respondents sex partners could be classified as at risk of HIV infection on the basis of the self reports given, due either to non disclosure, lack of discussion or false reports of being HIV negative. There was a high rate of non disclosure.

Due to non disclosure of HIV positive status, many individuals have been prosecuted worldwide. Isabel (2009) studied the ‘trend of non disclosure of HIV positive status in Canada’ mentioned that, “The number of prosecutions in Canada against individuals who fail to disclose their HIV positive status to their sexual partners has risen over the last ten years.” At the same time, scientific advancements in treatment options and our understanding of transmission, condom usage, and viral load are constantly influencing the assessment of the risk that nondisclosure poses to the complainant in any given case.

According to UNAIDS (2008), in recent years, there has been an apparent increase in the number of people prosecuted for transmitting HIV, particularly in Europe and North America, with cases now numbering in the hundreds in the English-speaking world alone. There is also an increase in laws that criminalize HIV transmission and exposure to the virus, as reported in sub-Saharan Africa, Asia, and Latin America and the Caribbean.

All the factors have clear implications for unmarried youth and their sexual behaviour. However, social norms have not kept pace with changing circumstances. In India, a double standard for females and males prevails. Young people are confronted with marked gender disparities in the social norms governing their sexual behaviour. Young women are subject to strict supervision and are commonly prohibited from socializing with males outside their families.

The informants reporting sexual relations with non intimate partner were questioned about making a disclosure to their partner about their sero status. Among 76 (62.92 per cent) respondents who brought into light that they often have paid sex were asked whether they have disclosed their HIV positive status to their partner. 56 (73.68 per cent) revealed that they have not disclosed their status to their non intimate partner. Various reasons were given by them for non disclosure of their status. 24 (42.86 per cent) stated that their partner will ask them to use a condom. Majority of males worldwide believes that condom use can reduce the sexual pleasure
and thus should be avoided while intercourse. Moreover, few perceives condom as a contraception used in maintaining gaps between the children. Such myths and misconceptions can be held accountable for the massive spread of HIV/AIDS among the unmarried youth. 17 (30.36 per cent) respondents mentioned that their partner will demand more money. 15 (26.78 per cent) said that their partner can make refusal for having sex. These entire factors play a vital role in non disclosure of HIV positive status to the sexual partners by sero positive individual. As far as the intimate partner disclosure is concerned, it has been observed that most of the partners, sooner or later reveal their status to each other. It can be due to the emotional attachment with the spouse or because they find their partner to be trustworthy. However, the disclosure trend is not similar within the non intimate partner relationship. Tragically, revengeful attitude against the sero negative people and non disclosure to non intimate partner goes parallel to each other among the unmarried youth.

A 28 year widower held similar views about making a non disclosure of his HIV positive status to the non intimate partner:

If these girls/women will come to know about my HIV positive, they will either refuse to give sexual pleasure to me or else they will demand more money. In both the cases, I will be at loss. So I think it’s better not to reveal my identity to anyone of them and keep the relations going at the similar pace.

Similar views were held by another unmarried male of 25 years:

Most of the non commercial women ask for safe sex. But I think using contraceptive reduces sexual gratification. That is the only reason why I don’t reveal my identity to them since after knowing my status, they will demand contraceptive sex.
An unmarried male of 24 years who revealed revengeful attitude against the prostitutes said:

Visiting brothels and searching for prostitutes is a part of my lifestyle. After hearing the news regarding my sero status, I was utterly disappointed but later on I decided to persist with similar lifestyle. Even today, I enjoy with prostitutes but perhaps this illness is given to me by prostitutes only, there is no hesitate in my mind to have sex without using any contraception. Furthermore, I do not reveal my status as they obviously will be in panic. Even if they are paid well, they don’t accept such customers. Now when I know that I am HIV positive, on some occasions I use contraception and most of the time I ignore the use of contraception. “Mein eh bimari ena gandi aurtan to liti hein” [I have taken this illness from these dirty women] “te hun mein eh bimari ena gandi aurthan nu vapis devanga” [now I will give this illness back to these dirty women].

Contrastingly, a 25 years unmarried male who goes for safe sex relationship with prostitutes said:

I often have sex with prostitutes but I have never revealed my HIV positive status to any one of them since such statement will create a fear in their mind and moreover I will lose my access to these prostitutes. All of them are interconnected to each other and my identity will be revealed. But I ensure the contraception before getting into sexual relations as I willingly don’t want to give HIV to them.

A 26 years old widower who has not disclosed his status to his girlfriend said:

I have a girlfriend who is living in my locality and we both are in relation. After the death of my wife, she was interested in me but I never revealed my status to her as I was feared that she will certainly step back from this relation. Moreover, if she will come to know my status, she will definitely reveal this to many more in our locality.
Knowing the Status of the Sexual Partner/s

Knowing the HIV status of sexual partner/s is of primary concern for anyone before having sex. It becomes more important in case of those who are the frequent visitors of brothel, prostitutes and red light areas or those women who are engaged in prostitution. However, people are still reluctant to talk about HIV/AIDS. They find it immoral to talk even to those who sell it for money. But the matter for worry is that, most of the individual do not know the HIV status of their partner/s with whom they are going to have sex. It makes them vulnerable of contracting HIV/AIDS for the sake of sexual pleasure. The worst thing about HIV/AIDS is that one cannot predict by just looking at the face of others. The signs and symptoms may or may not appear. It makes HIV/AIDS one of the most lethal illnesses worldwide. Many innocent had been trapped into the vicious circle of this complicated illness.

The respondents were asked that before having intercourse, do they ask about the HIV positive status of their sexual partner/s or do they know their HIV positive status. It has been observed that most of the people do not know about the HIV status of their partner/s due to which most of the people contract HIV/AIDS at the time of intercourse. The respondents were asked that whether they know the HIV status of their sexual partner/s or the prostitute they visit. Among 72 respondents who have sexual relation with prostitutes, girlfriend/s or boyfriend/s, 56 (77.78 per cent) mentioned that they have not asked the HIV status of their sexual partner before having intercourse and only 4 (5.56 per cent) respondents said that they have asked about the HIV status of their partner/s before having intercourse. Remaining 12 respondents mentioned that they don’t have any sexual relations.

An unmarried male of 29 years mentioned the reasons for not asking the sero status of his non intimate partner:

It is not possible for me to ask my girlfriend or a prostitute that whether she is HIV positive or not before getting copulated. Such questions generate fear in the mind of women and as a result they can refuse to have intercourse. Another reason is they can ask for contraceptive intercourse which will be totally unsatisfying.
Another unmarried male of 25 years held similar views:

When you are out to have fun, you never bother about HIV/AIDS and concentrate to find a good sexual partner at cheap rate. Moreover, if the customer starts asking about their (prostitutes) HIV status, it may result in a chaotic environment as they give more priority to the customer who doesn’t argue with them. Even if it’s your girlfriend, you cannot dare to ask such question to her.

Mandatory HIV Testing Before Marriage

HIV testing before marriage is an issue which has been in the limelight from the time HIV/AIDS was diagnosed. Various ethical and legal issues emerged out of the situation where HIV positive people were married to those who were naïve to the issue of HIV/AIDS. Among them, a large quantity of victims were females who were later on stigmatized and discriminated by their husband and in laws where as there were reported cases of those women who were labeled as sexually promiscuous and thrown out of their families.

There is an intense debate in India on mandatory pre-marital HIV testing. State Governments of Goa, Karnataka and Andhra Pradesh are considering making HIV testing mandatory for every couple before marriage. Such decisions stem from an apprehension that many number of married women are being infected by their husband who are HIV positive but do not disclose their status to their prospective wife prior to the marriage (c.f. www.lawyerscollective.org). The National Commission for Women also recommended the adoption of a similar policy at the national level by amending the Special Marriage Act 1954 and the Hindu Marriage Act 1955.

The respondents were asked that whether they think that HIV testing should be made mandatory before getting married. Among the respondents, 274 mentioned that HIV testing should be made mandatory before getting married whereas 26 respondents refused to favor HIV testing before marriage. Various reasons were stated by the respondents for favoring and disfavoring the mandatory HIV testing which are stated below.
Table 5.5

Mandatory HIV Testing Before Marriage

<table>
<thead>
<tr>
<th>Mandatory HIV testing before marriage</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Yes</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>It can save lives of many innocent people</td>
<td>14</td>
<td>05.10</td>
</tr>
<tr>
<td>Parents will come to know about the status of their children</td>
<td>19</td>
<td>06.93</td>
</tr>
<tr>
<td>Important test before marriage</td>
<td>171</td>
<td>62.40</td>
</tr>
<tr>
<td>Both partners can save their life</td>
<td>30</td>
<td>10.94</td>
</tr>
<tr>
<td>No future conflicts</td>
<td>40</td>
<td>14.59</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>274</td>
<td>100.00</td>
</tr>
<tr>
<td><strong>No</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fear of HIV test</td>
<td>07</td>
<td>26.92</td>
</tr>
<tr>
<td>Breach of confidentiality about HIV positive result</td>
<td>08</td>
<td>30.76</td>
</tr>
<tr>
<td>People make fun if you go for HIV test before marriage</td>
<td>04</td>
<td>15.38</td>
</tr>
<tr>
<td>HIV test is for those who are promiscuous</td>
<td>07</td>
<td>26.92</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>26</td>
<td>100.00</td>
</tr>
</tbody>
</table>

Table 5.5 depicts that more than 60 per cent of the respondents mentioned that HIV testing as the important test before marriage. Nearly 15 per cent said that there will be no future conflicts between the partners about ‘who gave HIV to whom’ or ‘who got HIV first’. 30 respondents (10.94 per cent) revealed that both the partner can save their life by going for HIV test before marriage.

HIV testing before marriage can save the life of the innocent people, especially women who are more vulnerable to contract HIV from their husbands. Respondents who were unfavorable towards mandatory HIV testing, among them more than 30 per cent of the respondents said that if the partner will come to know about the HIV status of his/her future partner, he/she can disclose it to any one which will breach the confidentiality of the person who
is HIV positive. 7 respondents (26.92 per cent) stated that there is a great fear of HIV testing among the people and it should not be made mandatory before marriage.

It is clear from the above table that people have different perceptions towards mandatory HIV testing before marriage. Many among them fear the HIV testing whereas there are people who strongly favor mandatory HIV testing since it can help people in saving their lives and also the future matrimonial conflicts.

A 21 years old HIV positive widow of a Truck Driver mentioned that:

HIV test is an important test before marriage since with the help of this HIV testing before marriage, a person can know the status of his/her would be and in case, a person is found to be HIV positive, the marriage can be cancelled. Same was in my case, my husband was a truck driver and he died few years back with AIDS. I am a young widow with one year old child to feed with. "Je menu pata hunda ta mein vi aapne viah to pehlan aapna te aapne gharwale da HIV test jarur karni" [If I would have known this, I would have gone for mine and my husband’s HIV test before marriage].

To sum up, it can be said that majority of the married respondents have disclosed their HIV positive status to their partner. Significant number of respondents mentioned marital conflicts after making disclosure regarding their HIV positive status. The level of trust and solidarity among the couples has also reduced which has led to discrimination and segregation among the couples. Refusal for making sexual relations was reported by few respondents. Among the unmarried respondents, majority of the respondents have never disclosed their HIV positive status to their partner/s. Significant number of respondents among them have never asked about the HIV status of their sexual partner/s. Considerable number of respondents favoured mandatory HIV testing before marriage.