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A Study On Socio-Economic And Demographic Characteristics Of HIV Positive Pregnant Women Attending ART Centre

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Abstract

The women are mostly engaged in the unorganised sector as labourers. They face the problems of job insecurity and exploitation on par with the male workers. In addition, they are subjected to wage discrimination and the nature of work assigned to them is usually drudgery in nature. They are also subjected to sexual exploitation at the work place. In the homes they are expected to do all the domestic chores. Therefore, the women with Human Immunodeficiency Virus (HIV) positive in lower starts of society need urgent and special attention. Moreover, the women in India are characterized by low status, low level of education, low level of health conditions and employment. They are suffering from insecurity, exploitation in addition to poverty. The paper aims at examines the Socio-Economic and Demographic Characteristics and based on primary data collected from HIV positive pregnant women attending Antiretroviral therapy (ART) Centre.

Keywords

Socio-Economic and Demographic Characteristics, Antiretroviral therapy and Human Immunodeficiency Virus

Introduction

India is one such Third World country which is characterized by poverty and unemployment. According to 2001 census 35 per cent of the population is living below poverty line and 25 per cent below poverty line huge are of developmental benefits are going in favour of a small section of the society, who have high socio-economic status. This has been resulting in the widening of income and wealth disparities. Consequently, the intensity of poverty has been rising and as a result, high incidence of poverty has been falling on women. Rural women are mostly engaged in the farms as agricultural labourers. They face the problems of job insecurity and exploitation on par with the male workers. In

addition, they are subjected to wage discrimination and the nature of work assigned to them is usually drudgery in nature. They are also subjected to sexual exploitation at the work place. In the homes they are expected to do all the domestic chores. Therefore, the rural women in lower starts of society need urgent and special attention. Msamanga, G.I et al (2006) examined the Socio-economic and demographic factors associated with prevalence of HIV infection among pregnant women in Dar es Salaam, Tanzania.

The women will face different problems for their existence depending upon the class to which they belonged to. Therefore, treating all the women as one category may not be helpful in proper understanding often phenomenon. The women belonging to the upper strata are relatively at some advantage, while women in poorer sectors are to wage struggles for their existence. The women in the upper strata of the society have the problem of leisure and the problems that go with the leisure, the middle class women are under the stresses and strains of deteriorating living standards. It is the middle class women who compete for the jobs in the organized sector and encounter stiff competition. The third category of women who belong to the poorer classes and are engaged in the basic struggle for existence, particularly in the rural areas face a different type of problems. Chauhan G (2014) HIV positive pregnant women were younger, primi and housewives. HIV positive antenatal women need to be followed rigorously to link them to ART services. Caroline Granberg (2015) found that higher level of education and belonging to a higher level of wealth quintile were significantly associated with having knowledge about PMTCT. All categories for education showed a significant difference.

The rural women are mostly engaged in the farms as agricultural labourers. They face the problems of job insecurity and exploitation on par with the male workers. In addition, they are subjected to wage discrimination and the nature of work assigned to them is usually drudgery in nature. They are also subjected to sexual exploitation at the work place. In the homes they are expected to do all the domestic chores. Therefore, the rural women in lower starts of society need urgent and special attention. The rural women in India are characterized by low status, low level of education, low level of health conditions and employment. They are suffering from insecurity, exploitation in addition to poverty. Socio-economic status (SES) is often measured as a combination of education, income, and occupation. It is commonly conceptualized as the social standing or class of an individual or group. When viewed through a social class lens, privilege, power and control are emphasized. Furthermore, an examination of SES as a gradient or continuous variable reveals inequities in access to and distribution of resources. The SES is relevant to all realms of behavioural and social science including research, practice, education and advocacy. Padmaja Y et al (2017) studied the demographic characteristics among pregnant and postpartum HIV positive women. Social class and educational status play a vital role in establishing awareness and ensuring the antenatal care and compliance. Empathetic, inclusive and responsive by health care providers in convincing women to get tested goes a long way.

Literature Review

Anne WanjaKibera et al (2017) found that HIV infections in Kenya were predominantly among the resourceful newly married,young educated adults. Gender distribution difference was insignificant (2.2%) in the numbers by sex it was at (2%). The youngest participant was 18 years old implying that the

mode of transmission in this population was sexual and or any other but unlikely to be mother to child. Ottop F. Manyi et al (2020) aimed to describe the socio-demographic profiles of naive to antiretroviral therapy (ART) HIV-infected pregnant women. A total of seventy (70) women were enrolled with age range varying between 15 and 40 years, the Muslim religion, education below secondary level and the profession of housewife were significantly associated. Unyime Patrick Udoudo et al (2021) examined the socio-economic characteristics such as age, marital status, employment status, place of residence, level of education. The result showed that the marital status, place of residence and level of education has a negative relationship with the probability of a pregnant woman having a positive HIV status. Feny Deya Virdausi et al (2022) found that women's age, education level, wealth quintile, residential area and region, access to information, owning cell phones and autonomy were significantly associated with positive knowledge and attitudes toward HIV/AIDS.

Objective

To study the Socio-Economic and Demographic Characteristics of HIV positive pregnant women attending ART Centre

Method and material

The paper is based descriptive research design and based on primary data collected with interview scheduled from 250 HIV positive pregnant women coming to Antiretroviral therapy Center at SVRR Government General Hospital, Tirupati, Andhra Pradesh.

Results and discussion

Age

Age is an important factor which determines the physical ability to work. Age is very important factor besides the active participation in innovative activities and risk taking ability. To understand the working age group, it is necessary to classify the respondents according to their age. Age shows understanding nature and shouldering the responsibility. The age of the respondents is presented in the table-1.

Table-1: Age of the Respondents

Sl. No.	Age	No. of Women	Percentage
1	Below 25 years	75	30.0
2	26 - 35 years	101	40.4
3	Above 35 years	74	29.6
	Total	**250**	**100.0**

The table-1 shows that 40.4 per cent of the respondents are in the age group of 26–35 years, 30 per cent are in the age group of below 25 years and 29.6 per cent are in the age group of above 35 years. Above all, it is concluded that more than 40 per cent of the respondents are in the age group of 26–35 years.

Marital Status

The marital status of the respondents is shown in the table-2.

Table-2: Marital status of the respondents

Sl. No.	Marital Status	No. of Women	Percentage
1	Married	248	99.2
2	Unmarried	2	0.8
	Total	**250**	**100.0**

The table-2 shows that 99.2 per cent of the respondents are married and mere 0.8 per cent is spinsters.

Caste

Caste is another variable to analyse and understand the socio-economic characteristics of the respondents. Caste has become very important in India, for meaningful study it is not possible and feasible without taking caste into consideration. The caste composition of the respondents is furnished in the table-3.

Table-3: Caste of the respondents

Sl. No.	Caste	No. of Women	Percentage
1	Forward Caste	52	20.8
2	Backward Caste	120	48.0
3	Scheduled Caste	60	24.0
4	Scheduled Tribe	18	7.2
	Total	**250**	**100.0**

The table-3 portrays that 48 per cent of the respondents belong to Backward Caste, 24 per cent to Scheduled Caste, around 21 per cent to Forward Caste and a little over 7 per cent belong to Scheduled Tribe.

Education

Education plays a very important role to empower women and for development of society. It gives analysing capacity and wisdom to thinking and decision making capacity. Education - formal and informal - improves awareness for better life and generates positive impulses for socio-economic advancement. It controls the attitudes, opinions and behaviour of the people and influences the economic destiny of the family. The educational status of the respondents is presented in the table-4.

Table-4: Literacy of the Respondents

Sl. No.	Education	No. of women	Percentage
1	Illiterate	106	42.4
2	Up to Primary	39	15.6
3	Up to 10th	85	34.0
4	Intermediate	11	4.4
5	Graduation	9	3.6
	Total	**250**	**100.0**

It is quite obvious from the table-4 that 42.4 per cent of the respondents are illiterates, 34 per cent have SSC qualification, around 16 per cent have primary education, 4.4 per cent have Intermediate and around 4 per cent are graduates.

Occupation

It is a common fact that the occupation of the individual determines his position in the society and standard of living. Table-5 reveals the occupational structure of the sample population. Most of the respondents in the sample are doing business and are in employment. Only a few persons are Involved in agriculture. Majority of the respondents from the employment and business categories show higher fertility and higher additional expected family size compared to the cultivators in the sample population.

Table-5: Occupation of the Respondents

Sl. No.	Occupation	No. of Women	Percentage
1	Housewife	128	51.2
2	Coolie	90	36.0
3	Petty business	11	4.4
4	Daily labourers	14	5.6
5	Private jobs	7	2.8
	Total	**250**	**100.0**

The table-5 shows that 51.2 per cent are housewives, 36 per cent are coolies, around 6 per cent are daily labourers, 4.4 per cent have petty business and around 3 per cent are working in private sector.

Financial Support

The financial support the respondents getting is shown in the table-6.

Table-6: Mode of financial support

Sl. No.	Mode of financial support having to live	No. of Women	Percentage
1	Family members	159	63.6
2	Friends	42	16.8
3	Relatives	49	19.6
	Total	**250**	**100.0**

The table-6 shows that around 64 per cent of the respondents have financial support from their family members to live, around 20 per cent have financial support from relatives and around 17 per cent have financial support from friends.

Conclusion

This study showed that as many women as men were equally vulnerable to HIV infections. Risk factors for HIV infections were being young adults, mostly backward and scheduled caste, illiterate or primary education and majority are being housewife, and receiving financial support from family members most are being married or cohabiting couples, a contrast with the notion that marriage was a protective institution against HIV infections. The high prevalence rate of HIV was attributed to low level of sexual health education and condom use. Low risk factors for HIV infections were associated with low level of education. As such, policy makers should review HIV programmes and consider the contribution of socio-economic and demographic factors done so that gaps in the prevention and control of HIV in could be sealed to reduce the negative impact of HIV infections.

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