Volume 4 Issue 2 October 2016 ISSN: 2321 – 788X

A STUDY ON THE EMPLOYMENT AND DEPRESSION IN WOMEN LIVING WITH HIV /AIDS

P. Paulin Neuma Rani
Research scholar, Mother Teresa women's University, Kodaikanal.

Abstract

Women are socially and physiologically vulnerable to HIV /AIDS. A women living with HIV/AIDS undergo various social, psychological constrains within oneself and the society. The objective of the study is the experiences of women living with HIV/AIDS (WLHA) in the workplace. The investigator adopted descriptive research design, and collected the data using the interview schedule as a tool to understand and describe the situation in work place experienced by women living with HIV/AIDS. The study was intended to know the employed Women living with HIV/AIDS (WLHA)have association with the level of depression, their work place and the reaction of the co-worker and the employer about the HIV positive status of the women living with HIV/AIDS. The results revealed the presence of depression (p .01) employed WLHA and in work place and there is significant association between the employment and the reactions of the employer and the co-worker. The researcher recommends supportive intervention program, behavior change program for the WLHA and community.

Introduction

Health does not mean body/physical wellbeing it is actually overall wellbeing which includes mental and social. It can be represented by health triangle thus define, health as the measure of our physical efficiency and overall well being. World health organization defines, "Health as a state of complete Physical, Mental, and Social wellbeing and not merely the absence of diseases or infirmity". When a person's health state is infected or diseased the physical, mental and social wellbeing is affected among the diseases HIV/ AIDS is considered as the most dread disease in this century.HIV has its history from its discovery since the early 1980's. HIV/AIDS has been one of the greatest health problems for a nation and Tamil Nadu is considered as one of the HIV/AIDS high prevalence state in India and in Tamil Nadu, Madurai ranks the 5th place in its prevalence in the HIV prevalence survey 2011-2013. People living with HIV /AIDS are considered as a bad person. The stigma and discrimination in the society leads the People living with HIV/AIDS (PLHA) depressed, socially isolated. Along with the physical constrains and other opportunistic infection, HIV/AIDS permanently leaves an effect on the Physical, Social and Psychological health on PLHA. HIV/AIDS increase is being recognized as not merely a medical problem but also as a Social and Psychological problem. While considering women are termed as the weaker section of the population and their basic rights are neglected and treated secondarily in the society. A nation like India, where cultural constrains and social taboos impose great secrecy in sexuality and it is very closely related to HIV transmission in women. Women are frequently forced to tolerate abuse, violence and infidelity. The lack of knowledge about

their own sexual health, ignorance and the continued culture of silence make them unable to negotiate safer sexual practice. Lack of awareness of HIV/AIDS education makes a women become a victim of HIV/AIDS. Woman infected with HIV/AIDS (WLHA) suffer in a broad range of experiences and great amount of social and psychological issues. For a Women living with HIV/AIDS coping with their own illness and facing up to the social and psychological burden of the disease are especially a challenging task.

Social and Psychological issues in women with HIV/AIDS have a tremendous impact on their Quality of life as well as their opportunities for treatment. Social and psychological, effects have a direct relationship to disease status and progression of HIV infection. To meet the financial need of the family the WLHA go for job. They experience of WLHA in the work place are discussed in the study

Methodology

The investigator adopted descriptive research design, to understand and describe the social demographic and stigma discrimination among women living with HIV/AIDS. Simple Random sampling method used to collect the required data from the respondent using socio- demographic questionnaire and mental health questionnaire. Women living with HIV/AIDS are the samples for data collection, the criteria for the selection includes WLHA, above the age of 18 years to ensure only adult were included for the study purpose. As the study is more sensitive in nature the researcher initially developed rapport with the respondents, received the verbal consent for the study and explained the purpose of the study and ensured confidentiality and collected data using interview scheduled.

Age Wise Distribution of WLHA

The documentation of the age structure is important for understanding the social and cultural content of a given society at a specific point of time. Frequently age data are presented by means of grouped categories, not in exact age. World Bank reports 39% of all HIV infection of women is in 15-49 years age group. Therefore age has an important bearing on women living with HIV/AIDS. The table reveals the age wise distribution of WLHA.

Age Wise Distribution of WLHA

Age	Percentage
> 30 years	34.3
31-35 years	31.4
36-40 years	23.5
40 years <	10.8

It is clear from the table that the frequency distribution of the age of the WLHA is not symmetrical. Majority 89.2% of the respondents are concentrated in the productive age

up to 40 years and only 1/10th of the respondents are above40 years. The age of the respondents falls from maximum 49 years and minimum 26 years and the average age of the respondents is 33.2 years. The nation's growth and development dependents on the productive age group. The result corresponds to the study on "HIV prevalence and associated risk factors" by Pauli and et al revealed that HIV infection is strongly associated with age group and prevalent among younger age group and also supported by a study on "Factors associated with HIV infection among Indian women" the study result shows that the risk of contracting HIV was significantly higher in female from the age group of 26-35 year than in the age group of 36-49 years.

Education levels of the respondents

Education plays an unique role in the human development. Indian constitution on Right to education describes the modalities of the importance of free and compulsory education and education is the fundamental right of every Indian citizen. Despite of compulsory and free education the dropout rate is quite alarming. The levels of education of the respondents are represented in Table.

Education levels of the respondents

Level education	Percentage
None/Uneducated	8
Primary level	37.
Middle school	34
High school	6
Higher secondary	8
Under graduation	4
Vocational	3

It is clear from the table that majority of the respondents have attended only primary level of education and followed by middle school. Very few of them continue with high school and higher secondary level of education. The discussion with the respondents revealed that they were restricted to continue their education leaving their home town. 7.8% of them have not attended school but they are trained to write their name. 2.9% of the respondents who had vocational training and trained in tailoring and taken up tailoring as their profession. Education plays a key role in creating awareness on sexual education which helps in the prevention of HIV transmission so it is essential to educate the women to reduce the incidence of HIV/AIDS. The result is supported by the study by Christian Bell on" Education of girls and women in key HIV/AIDS prevention", 2004 says that, vulnerabilities to the HIV infection results from the unequal educational opportunities and dependency of women on men creates the risk of HIV infection in Women an article published in Journal of Health Sciences.

Employment and Income of the Respondents

The Indian constitution Article 16 prohibits discrimination in Public employment on grounds of religion, caste, creed or colour etc. In recent years it is necessary for the women to work for the family to meet the financial need of oneself and the family. To

know the economic status of the respondent the Employment status and income was enquired.

Employment of the Respondent

Employed	Percentage
Yes	90
No	10

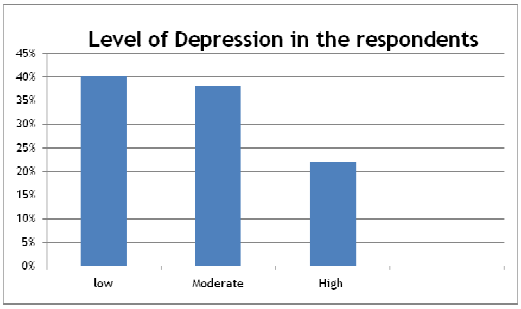
The table reveals that 90% of the respondents are employed. Few of them have taken up job after the ill health of the husband or death of the husband. Most of them work in unorganized sector as daily coolies, domestic workers, construction labours, and agricultural coolies. It is the employed women living with HIV look mentally healthier than the women who are unemployed.

Depression in Women living with HIV/AIDS

Level of depression in Respondents

In the Center for Epidemiological study - depression scale (CES-D) scale the maximum score can be 60 and minimum16 and above score are considered as depressive state. Among the depressive state the score below 16 are considered as no depressive state, 17-25 are in less depressive state, 26-40 are considered as moderate depressive state and 41 above are considered as higher level of depression. The score of the respondents are represented as the levels of depression in the Respondents in the Bar chart.

Level of depression in Respondents



The diagram shows majority of the respondents are in lower level of depression followed by moderate and higher level of depression. All the respondents have score more than 16 the score ranges from lowest 17 and highest 54. As the progression of the illness proceeds the women find difficult to cope with the physical ailments which bring depression to thy-selves. The result counterparts with the finding as " Indian women living with HIV, report depression as a challenge and as significantly higher levels of depression have been reported among HIV positive women, compared with their HIV-negative" found in a study on Depression and HIV by Gupta et al(2010) .

Employment and association with level of depression in WLHA

It is not an easy effort for the women with HIV/AIDS to enter in to the workplace and survive. The employed make the WLHA independent and self reliant. The purpose of the table is to bring out the relationship between the employment and depression in WLHA.

Employment and association with level of depression in WLHA

Employed	Depression Levels		
	Low	Moderate	High
Yes	20	50	30
No	40	37	23

Employment and association with level of depression in WLHA

Chi-square	df	p value
16.229a	21	.015

Employed WLHA are depressed chi-square value shows there is significant association with the employment and the level of depression in WLHA.

Workplace

Co-Workers acceptance of the WLHA

The socio-economic condition of the country coupled with the traditional outlook and the myths associated with the disease has made people more vulnerable to HIV/AIDS. The study showed majority of the respondents have not revealed their HIV status to their co workers. Because they were afraid that they may face stigma and discrimination by the co workers and they may loose their job, since it was the only source of income for their family. And few of the respondents are facing stigma and discrimination in the work place by the co-workers. But the HIV/AIDS bill 2007 prohibits discrimination of a PLHA in matters of employment, education, health care, travel, insurance, residence, property etc,.

Employer Acceptance

Employer's acceptance on the HIV Positive status of the women living with HIV/AIDS (WLHA) is discussed as, majority of the women living with HIV/AIDS do not disclose the HIV positive to the employer because of the fear of losing the job and it is vital source for their livelihood, makes the WLHA not to disclose the HIV status to the Employer. Few of the respondents are accepted and placed at work but there is presence of prejudice, negative attitude and abuse directed at WLHA. In the discussion with the respondents revealed that they worked in other organizations due to the stigma and discrimination experienced in that organization they have opted for self employment like craft making and tailoring.

Conclusion

Though there are various awareness and prevention strategies on HIV/AIDS there is still prevalence of stigma and discrimination in the society and work place. The presence of internalized and perceived stigma in WLHA makes themselves isolated and rejected from the society. Behavioral change programme and mental health strengthening programme can bring positive change in the society and WLHA.