

## A STUDY REGARDING ATTITUDES OF YOUNG SLUM DWELLING FEMALES TOWARDS THEIR HUSBAND/SEX PARTNER PRESUMING THEM HIV INFECTED

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### Abstract :

**Research Question :** *What is the attitude of young females towards their husband or sex partners presuming them infected with HIV?*

**Objectives :** *Attitude of young slum dwelling females towards husband or sex partner presuming them HIV infected*

1. according to age of respondents
2. according to marital status of respondents
3. according to occupation of respondents
4. according to literacy status of respondents

**Study Design :** *Cross sectional study*

**Study Area :** *10% of the Slums of Kanpur City having population less than 3000.*

**Participants :** *13 to 25 years aged females of selected slums.*

**Study variables :** *Age, marital status, occupation, literacy status.*

**Statistical Analysis :** *Percentage*

**Results :** *12.3% expressed about non disclosure of disease. 25.7% were indecisive, 65.2% to pursue for treatment, 32.7% to continue sex relationship and 31.2% to continue social relationship. Respondents employed as teachers showed greater degree of concern for more care (45.5%) and also for continuation of social and sexual relationship. Continuation on social & sexual relationship along with persuasion for treatment and more care of victim (husband/sex partner) was observed among highest percentage in graduate and above level with gradual decrease in the prevalence with decrease in the level of education.*

### Introduction :

AIDS, the acronym for the Acquired Immune Deficiency Syndrome evolves a response of familiarity everywhere today. Since the epidemic began, more than 60 million people have been infected with the virus<sup>1</sup>. AIDS attacks not just the human body but it thrives on human ignorance and fear and threatens the social fabric of the society. The HIV/AIDS picture in

South Asia remains dominated by epidemic in India. Till September 2003 total of AIDS cases in India were 55,764 of whom 14,486 were women. Young women (13 to 25 years) are several times (2-4) more likely than young man to be infected with HIV<sup>2</sup>. Young women residing in slums are particularly vulnerable because of low level of living and education, violation of various social control mechanisms and low level of morals compounded with poverty. In addition their sex

partners make them more vulnerable by involving themselves into high risk behaviour,

**Material & Methods:**

In this community based study, the sample was selected according to the feasibility and hence 10% of all the slums of Kanpur City having population less than 3000 were selected for the study. The list of the slums in Kanpur City with population was procured from Kanpur Development Authority. 160 slums were identified having population less than 3000. 10% of the slums out of these 160 slums were selected by systematic random sampling where sampling interval was found to be 10 by the following formula

$$S.I \text{ or } K = \frac{\text{Total No. of slums } < 3000 \text{ population}}{\text{Sample size desired (10\% of slums } < 3000 \text{ pop.)}}$$

Out of the 160 slums first slum was selected by simple random sampling technique (6th slums) and subsequently every 10 slum was selected i.e. total 16 slums from different areas of Kanpur. In each slum selected all available females of 13 to 25 years age were interviewed by house to house survey using predesigned and pretested questionnaire. Total 1284 females of 13 to 25 year age group could be interviewed. Anonymity was assumed and was also maintained to Insure their seasoned participation and frank responses without any inhibition.

**Observation & Discussion :**

**TABLE - 1**

**Attitude towards HIV Infected Husband/Sex Partner According to Age of the Respondents**

(Multiple Responses)

S.No. Responses	13-18 Yrs. (n=722)	19-25 Yrs. (n=562)	Total (n=1284)	
1. Will continue social relationship	199 (27.6)	201 (35.8)	400 (31.2)	
2. Will continue sexual relationship with condom	14 (1.9)	95 (16.9)	109 (8.5)	
3. Will not continue sexual relationship	229 (31.7)	191 (34.0)	420 (32.7)	
4. Persue to take treatment	399 (55.2)	438 (77.9)	837 (65.2)	
5. Will not disclose the matter to other	72 (10.0)	86 (15.3)	158 (12.3)	
6. Will, look after him with	More care	46 (6.4)	36 (6.4)	82 (6.4)
	As usual	7 (1.0)	1 (0.2)	8 (0.6)
	Neglect	9 (1.2)	62 (11.0)	71 (5.5)
7. Does not know what to do	162 (22.4)	168 (29.9)	330 (25.7)	

Percentage in parenthesis

Table No. 1 - Varying degree of responses were expressed by respondents about their attitude towards HIV infected husband/sex partner. 12.3% expressed about non disclosure of disease. 25.7% were indecisive 65.2% to pursue for treatment, 32.7% to continue sex relationship and 31.2% to continue social relationship. No much age group wise difference was observed about these areas

of attitude. Neglecting attitude was expressed in high age group (11%) in comparison to 1.2% in 13-18 years age group . Similar findings were observed by Sehgal P.N. that HIV/AIDS infected persons should not be welcomed at home<sup>3</sup>. This difference in attitude is striking and may be generated because of tender emotion of younger age group respondents.

**TABLE - 2**

**Attitude towards HIV Infected Husband/Sex Partner According to Marital Status of the Respondents**  
(Multiple Responses)

S.No. Responses	Unmarried n=607	Married n=524	Wido n=49	Separated n=104	Total n=1284	
1. Will continue social relationship	104 (17.1)	173 (33.0)	0 (0.0)	23 (22.1)	400 (31.2)	
2. Will continue sexual relationship with condom	13 (2.1)	92 (17.6)	2 (4.1)	2 (1.9)	109 (8.5)	
3. Will not continue sex relationship	184 (30.2)	187 (35.7)	16 (32.7)	33 (31.7)	420 (32.7)	
4. Pursue to take treatment	389 (63.9)	357 (68.1)	34 (69.4)	57 (54.8)	837 (65.2)	
5. Will not disclose the matter to other	76 (12.5)	67 (12.8)	10 (20.4)	5 (4.8)	158 (12.3)	
6. Will took after' him with	More care	47 (7.7)	35 (6.7)	0 (0.0)	0 (0.0)	82 (6.4)
	As usual	8 (1.3)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.6)
	Neglect	8 (1.3)	0 (0.0)	16 (32.7)	47 (45.2)	71 (5.5)
7. Does not know what to do	167 (27.4)	131 (25.0)	9 (18.4)	23 (22.1)	330 (25.7)	

Percentage in parenthesis

Table No. 2 Marital status wise separated and widow respondents were more prone to neglect husband/sex partner if infected with disease (45.2% & 32.7%) respectively and none among these groups expressed to take more care of victims. Similarly Sehgal P.N. 1992 observed that 57.6% people mentioned that if their spouse

tests HIV positive, he/she should be divorced. However no group difference is visible about these areas of attitudes among married & unmarried groups. Thereby more care taking attitude was expressed 6.7% married and 7.7% unmarried respondents. No widow preferred to continue social relationship while other marital

groups showed a mixed response. Attitude for not to continue sexual relationship, persuasion to treatment and indecisive set of mind does not show much difference among different marital

status groups, which shows that inculcation of attitudes in these areas are not determined by their marital status but are determined by their women hood factor only.

TABLE - 3

Attitude Towards HIV Infected Husband/Sex Partner According to Occupation of the Respondents (Multiple Responses)

Sl. No.	Responses	Household	Employed as		Semiskilled		Students	Total	
		work n=693	Domestic servant n=179	Labourer n=24	Teacher n=11	Service n=25	or skilled jobs N=96		n=256
1.	Will continue social relationship	57 (8.2)	21 (11.7)	9 (37.5)	10 (90.9)	15 (60.0)	62 (64.6)	126 (49.2)	400 (31.2)
2.	Will continue sexual relationship with condom	50 (7.2)	0 (0.0)	0 (0.0)	10 (90.9)	1 (4.0)	2 (2.1)	46 (18.0)	109 (8.5)
3.	Will not continue sexual relationship	192 (27.7)	120 (67.0)	9 (37.5)	1 (9.1)	10 (40.0)	26 (27.1)	62 (24.2)	420 (32.7)
4.	Pursue to take treatment	402 (58.0)	101 (56.4)	0 (0.0)	11 (100.0)	10 (40.0)	66 (68.8)	247 (96.5)	837 (65.2)
5.	Will not disclose the matter to other	78 (11.3)	22 (12.3)	8 (33.3)	2 (18.2)	2 (8.0)	16 (16.7)	30 (11.7)	158 (12.3)
	More care	48 (6.9)	4 (2.2)	2 (8.3)	5 (45.5)	1 (4.0)	1 (1.0)	21 (8.2)	82 (6.4)
6.	Will look after him with								
	As usual	1 (0.1)	0 (0.0)	0 (0.0)	0 (0.0)	2 (8.0)	2 (2.1)	3 (1.2)	8 (0.6)
	Neglect	21 (3.0)	11 (6.1)	4 (16.7)	3 (27.3)	3 (12.0)	7 (7.3)	22 (8.6)	71 (5.5)
7.	Does not know what to do	224 (32.3)	59 (33.0)	15 (62.5)	0 (0.0)	2 (8.0)	21 (21.9)	9 (3.5)	330 (25.7)

Percentage in parenthesis

Table No. 3 - Respondents employed as teachers showed greater degree of concern for more care (45.5%) and also for continuation of social and sexual relationship along with persuasion for treatment of their husband/sex partner followed by service class occupational groups except Labourer (0%), all other occupation showed preferences for persuasion of treatment. Continuation of sexual relationship was minimal among teachers (9.1%) and maximum among domestic servant (67%). Other responses were of mixed types with different occupational groups.

Persuasion for treatment and continuation of sexual relationship was also expressed fairly good amongst students. Pandit K. et al 1994 observed among 8th Class Students that 50% males and 63.6% females have shown positive attitudes towards AIDS patients. However 88.4% females of 12th class have shown positive attitude towards AIDS patients<sup>5</sup>. Lal Panna et al 1996 observed that 79.5% students were willing to provide love, sympathy to AIDS patients and 20.2% would reject and 12.2% were in favour of having sex with HIV positive patients<sup>6</sup>. This pattern

indicates better level of attitude among teacher with 0% indecisiveness due to introduction of

HIV/STI related educational programmes through schools & education.

TABLE - 4

Attitude towards HIV Infected Husband /Sex Partner According to Literacy Status of the Respondents (Multiple Responses)

S. No.	Responses	Illiterate n=401	Primary n=298	Jr. High school n=196	High school n=180	Interme- diate n=128	Graduate & above=81	Total n=1284	
1.	Will continue social relationship	3 (0.8)	2 (0.7)	24 (12.2)	98 (54.4)	97 (75.8)	76 (93.8)	400 (31.2)	
2.	Will continue sexual relationship with condom	1 (0.2)	1 (0.3)	4 (2.0)	40 (22.2)	32 (25.0)	31 (38.3)	109 (8.5)	
3.	Will not continue sexual relationship	30 (7.5)	38 (12.8)	94 (48.0)	121 (67.2)	88 (68.8)	49 (60.5)	420 (32.7)	
4.	Pursue to take treatment	131 (32.7)	163 (54.7)	179 (91.3)	162 (90.0)	121 (94.5)	81 (100.0)	837 (65.2)	
5.	Will not disclose the matter to other	52 (13.0)	40 (13.4)	28 (14.3)	22 (12.2)	11 (8.6)	15 (6.2)	158 (12.3)	
6.	Will look after him With,	More care.	11 (2.7)	10 (3.4)	8 (4.1)	17 (9.4)	15 (11.7)	21 (25.9)	82 (6.4)
		As usual	2 (0.5)	1 (0.3)	1 (0.5)	1 (0.6)	1 (0.8)	2 (2.5)	8 (0.6)
		Neglect	14 (3.5)	13 (4.4)	12 (6.1)	11 (6.1)	11 (8.6)	10 (12.3)	71 (5.5)
7.	Does not know what to do	180 (44.9)	68 (22.8)	42 (21.4)	22 (12.2)	18 (14.1)	0 (0.0)	330 (25.7)	

Percentage in parenthesis

Table No. 4 - Education seems to help definite impact on attitude formation of respondents. Continuation of social & sexual relationship along with persuasion for treatment and more care of victim (husband/sex partner) was observed in highest percentage in graduate and above level, with gradual decrease in the prevalence along with decrease in the level of education. Similarly Benjamin A.I. et al 1997 observed a positive corelation between education and maintenance of social relationship with AIDS patients<sup>7</sup>. Level of indecisiveness is observed highest among illiterate and 0% among graduate and above respondents. However though

marginally but level of neglecting attitude and more care taking attitude is also observed increasing with increase in the level of education. This contrast may be because of sympathy towards victim but at the same time expression of annoyance for conduct of victim.

**Suggestions :**

There is need to make the women aware of HIV/AIDS/STI related knowledge and other rights which make her vulnerable for getting infection. Economic independence by providing proper vocational training and job to women and thus building their capacity against vulnerabilities.

Least services are being provided to the women of slums in the field of education, health, police, political etc. which make the women more vulnerable to HIV/AIDS/STI. Provision and availability of these services should be ensured. There is need to change the attitude of male counterparts because in every field of decision making females are dominated by males.

**References :**

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