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ROLE OF NGO IN PROTECTING HUMAN RIGHTS OF WOMEN LIVING WITH HIV/AIDS IN AHMADNAGAR DISTRICT.



Mugdha Dattatraya Jorvekar

Short Profile

Mugdha Dattatraya Jorvekar is working as an Assistant professor and Research Associate at MIT-School Of Government, Pune. She has completed B.A., M.A., SET., Ph.D. She has professional experience of 10 years.



ABSTRACT:

More than a health HIV is a social, gender and a human right issue. Tackling discrimination against women is central to the AIDS response. Globally, HIV is still the leading cause of death of women of reproductive age and contributes to at least 20 percent of maternal death.¹ Young women aged 15 to 24 have HIV infection rates twice as high as young men.² Currently, women form 31.2% of the estimated 2.47 million people living with HIV/AIDS (NACO, 2007). More than 85% of women have contracted the infection from their husband or primary partner.³ The violence and unequal treatment that women experience in interpersonal relationships increases their vulnerability to HIV/AIDS. They are

more likely to contract the virus from their husbands as they cannot negotiate safe sex. Thus, gender plays a key role in the nexus between HIV-related stigma, shame, and blamed experience by WLHA (Women Living with HIV/AIDS) in India. In most instances, women are expected to nurse their HIV-positive husbands through their illness. WLHA often face limited access to care and treatment, denial of their rights to confidentiality, homelessness, job loss and no access to their children. 90% of WLHA are thrown out of their homes after their husband's death caused of HIV/AIDS.⁴ Yet, three decades women are still at unacceptable risk to AIDS response.

KEYWORDS

Protecting Human Rights, Women Living, health HIV, Socio-cultural.

1.1 INTRODUCTION:

There are clear differences in men's and women's experience with getting access to the treatment of HIV/AIDS. Biological factors make women and girls more vulnerable to HIV infection. Socio-cultural and structural factors, such as poverty, harmful cultural practices, limited decision-making power, lack of control over financial resources, restricted mobility, violence, limited educational opportunities, and lack of equality in sexual and reproductive health services. Today, it is estimated that one transmitted woman is HIV-positive woman in five.⁵

1.2 GENDER DISCRIMINATION AND VIOLATION OF HUMAN RIGHTS:

The female sex ratio has been declining from 972 females per 1000 males in 1901 to 940 females per 1000 males in 2011. The girl child is deprived of proper nutrition, healthcare and education; given lower social status in society. According to UNDP, nearly 40 percent of HIV-positive sufferers in India are women. This study has developed some basic hypotheses to understand the dynamics of gender in HIV related stigma and discrimination.

1.3 HUMAN RIGHTS OF WLHA:

Gender-related determinants of vulnerability to HIV and ensuring the protection of the rights of women and girls WLHA is essential. Such rights are:

The right to access to health care services in the context of HIV:

The majority of HIV infections in women are sexually transmitted or are associated with pregnancy, childbirth and breast feeding. CEDAW explicitly mandates States to ensure to women appropriate services in connection with pregnancy. This extends to the prevention of mother-to-child transmission of HIV. Prevention is simple and cheap. But there are still 330,000 babies born positive each year. It means there is lack of integrated sexual and reproductive health (SRH) and HIV services. Access to health care services is basic human right of every person. Linking HIV and sexual and reproductive health services is important as it allows women living with HIV to access SRH services.

The Right of Reproductive Health:

The World Health Organisation advocates for reproductive rights with a primary emphasis on women's rights. In the international conference on Human Rights in 1968 it was first decided. The 16th article of proclamation of Tehran recognises reproductive rights as a subset of human rights.⁶

1.4 WOMEN'S HEALTH: A HUMAN RIGHT ISSUE:

- Women as a group often denied better health care facilities. The procurement of better health care facilities for them (especially rural women) is one of the cherished desires of women.
- Women always feel that the health facilities for them are their men's least priority.
- The attitudes and reactions of the family are important considerations for rural women.⁷

In practice, this requires sensitizing lawmakers, law enforcement agents and NGOs working on human rights related to HIV so that, they enact and enforce laws that protect and empower women and girls.

1.5 PURPOSE OF THE RESEARCH:

The present study aims to analyze and reflect upon various issues related to HIV/AIDS and women's position. NGOs are trying to help women who are in trouble and victims of injustice, violence and sexually transmitted diseases especially HIV/AIDS. The purpose of this research is to measure NGO's contribution towards women living with HIV/AIDS. It is important to find out whether NGOs are really successful in protecting basic human rights of WLHA and whether they are really trying to change women's life or they are purposefully establishing to acquire subsidies and grants from government and foreign funds.

1.6 SIGNIFICANCE OF THE RESEARCH:

At the end of the research the results and suggestions might be helpful to people and government to change their approach toward WLHA. The proposed study is trying to focus on condition of WLHA and their status in the society and work of NGOs so far neglected.

1.7 OBJECTIVES OF THE RESEARCH:

1. To understand the attitude and behaviour of family and society towards WLHA.
2. To know whether WLHA get immediate and proper medical treatment.
3. To analyse NGO's role in protecting basic human rights of WLHA.

1.8 HYPOTHESIS:

1. Family members, relatives and society impose boycott on WLHA.
2. WLHA experience denial of healthcare and treatment from their family.
3. NGO takes whole responsibility of the treatment of WLHA.
4. NGO creates awareness about the prevention of diseases (especially HIV/AIDS) and human rights?
5. Volunteers of NGO ensure WLHA about their rights and healthy - long lasting life.

2. Data Analysis and Research Findings:

1. **Hypothesis:** 1. WLHA get hateful treatment and boycotted by family and relatives

Question: What was the reaction of your family members & relatives after knowing you are infected by HIV?

Table No 1.1 Reaction of family members and relatives

What was the reaction of your family members & Relatives after knowing you are infected by HIV?	Values	Percent
Hateful	12	40.00%
Impose boycott	5	16.67%
Normal	3	10.00%
sympathetic	10	33.33%
Grand Total	30	100.00%

Source: Field survey

Interpretation of Data Received:

Classification of data under the statement of 'Reaction of family members and relatives after knowing about the disease' is classified in table number 1.1 Out of 30 respondents the highest number of 12 (40%) received 'hateful treatment'. Within the group 10(33%) women get 'sympathetic treatment'. Five (17%) women are boycotted by their family and relatives where as only 3(10%) women get normal treatment from their family and relatives. So the total number of women who get hateful treatment and boycotted from their family and relatives is 57% which proves the first hypothesis.

II. Hypothesis: 1. Family members, relatives and society imposed boycott on WLAH.

Question: How is society's approach towards you?

Table no. 1.2 Societies Approach

How is society's approach towards you?	Values	Percent
Hateful & Isolating	15	50.00%
Ordinary like Other People	6	20.00%
sympathetic	9	30.00%
Grand Total	30	100.00%

Source: Field survey

Interpretation of Data Received:

Table number 1.2 classified the data about societies approach towards WLHA. Among the 30 respondents 15 women that mean half of the population (50%) received 'hateful and isolating treatment' from the society. In the remaining 9 (30%) women received 'sympathetic treatment' and only 6 (20%) women get 'ordinary treatment' like other people from the society. The statement helps to prove the above hypothesis.

III. Hypothesis: 2. WLHA experience denial of healthcare and treatment from their family Question: Who

did get you admitted in the organization for treatment?

Table no. 1.3

Who got you admitted in the organization for treatment?	Values	Percent
family	7	23.33%
ICTC	5	16.67%
ORW (outreach Worker)	18	60.00%
Grand Total	30	100.00%

Source: Field survey

Interpretation of Data Received:

Data classified in the table number 1.3 states that 18 (60%) women were admitted to the organisation for their ART by the peer educators of the NGO. Constituting of the total sample about 7 (23%) and 5 (17%) were sent to the NGO for the treatment respectively by family and ICTC. That means 77% WLHA who needed proper treatment on HIV/AIDS were denied healthcare and treatment from their family which proves the hypothesis.

Table No. 1.4

No	Question	Yes	No	Any other	Total
4	Did you get infected from your spouse?	19	06	05	30
5	Are your children also got infected?	11	17	02	30
6	Do you get urgent help by NGO?	24	06	--	30
7	Does the NGO create awareness among you for the prevention of diseases (especially HIV AIDS) and human rights?	25	3	2	30
8	Does the NGO provide regular check-up facility & medicines too?	20	09	01	30
9	Does the NGO take whole responsibility of your expenditure?	10	19	01	30
10	Do the NGO members treat you kindly?	30	--	--	30
11	Do you feel your life becomes endurable due to the NGO?	23	07	--	30
12	Do the volunteers of the NGO ensure you about nutritious food, medicines & regular check-up to keep your life healthy & long lasting?	26	04	--	30

VII. Hypothesis: 3. NGO takes whole responsibility of the treatment of WLHA.

Question: Does the NGO take whole responsibility of your expenditure?

Table No. 1.5

Does the NGO take whole responsibility of your expenditure?	Values	Percent
Yes	10	33.33%
No	19	63.33%
Any Other	1	3.33%
Grand Total	30	100.00%

Source: Field survey

Interpretation of Data Received:

According to the respondents among the 30 only 10 women replied positively to the question remaining 19 women answered in negation and only 1 replied 'to some extent' for the above question. The above analysis disproves the present hypothesis.

IV. Hypothesis: 4. NGO create awareness about the prevention of diseases (especially HIV/ AIDS) and human rights?

Question: Does the NGO create awareness among you for the prevention of diseases (especially HIV/ AIDS) and human rights?

Table No. 1.6

Does the NGO create awareness among you for the prevention of diseases (especially HIV/ AIDS) and human rights?	Values	Percent
Yes	25	83.33%
No	3	10.00%
Any Other	2	6.66%
Grand Total	30	100.00%

Source: Field survey

Interpretation of Data Received:

The statement 'Does NGO creates awareness among you for the prevention of diseases (especially HIV/ AIDS) and human rights?' proves the hypothesis as 25 women among the total of 30 answered it positively. Three women said 'no' and remaining 2 women replied 'to some extent' respectively. Through counselling NGO tries to create awareness. It shows NGO's remarkable contribution in creating awareness and protecting human rights of WLHA.

VIII. Hypothesis: 5. Volunteers of NGO ensure WLHA about their rights and the healthy and long lasting life.

Question: Do the volunteers of the NGO ensure you about nutritious food, medicines & regular check-up to keep your life healthy & long lasting

Table No. 1.7

Do the volunteers of the NGO ensure you about nutritious food, medicines & regular check-up to keep your life healthy and long lasting	Values	Percent
Yes	26	86.66%
No	4	13.33%
Grand Total	30	100.00%

Source: Field survey

INTERPRETATION OF DATA RECEIVED:

Classification of the data shows that 26 women among that of 30 gave positive reply to the statement and only 04 women negative. It proves the above hypothesis and shows the outstanding performance towards human rights of WLHA.

2.1 CONCLUSIONS:

- 1.This study focuses on NGO's role in protecting basic Human Right to get proper treatment and reproductive health of the WLHA. The analysis shows that their families refuse to give them medical help and treatment. But the NGO's volunteers help them in protecting their right to access to health care services.
- 2.It is concluded that attitudes and behaviour of family members, relatives, community and society towards WLHA are hateful and isolating. Some where they are boycotted from their families.
3. The NGO plays a vital role in protecting human rights of WLHA by providing them healthcare facilities and generating awareness among them about sexually transmitted diseases and HIV/AIDS.
- 4.The volunteers of the NGO make WLHA confident, that regular check-up; medicines and nutritious food keep their life healthy for long time.
5. All the respondents agree with the statement that member of the NGO treat them kindly which make their life endurable and satisfactory. It is itself a big contribution of the NGO to Human Rights of Women Living with HIV/AIDS.

2.2 SUGGESTIONS:

- 1.NGOs should not only provide health care facilities but also counsel the WLHA and their families too so that it can help to change the approach of family members and relatives towards the infected women.
- 2.NGOs should campaign to make the people aware about STDs (Sexually Transmitted diseases) and HIV/AIDS and also to change the approach of the society towards PLHA (People Living with HIV/AIDS).

3. It should also try to create an income generation activity for the WLHA forming them into a group so that the goal of economic independence of the women can be realised.

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