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Cases Of HIV Positive Commercial Sex Workers In The City Of Nagpur With Special Reference To Their Psychosocial Problems

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Abstract:

HIV positive persons suffer from various Psychosocial problems such as Anxiety, Depression, Guilt, Anger, Fear, Suicidal thoughts etc. There is a social stigma associated with this condition. They are discriminated at various level. Commercial Sex worker are doubly stigmatized. This research study illustrates the cases of commercial sex worker with their psychosocial problems.

KEYWORD:

HIV, Positive, Social Work, Intervention.

1. INTRODUCTION

HIV/AIDS is increasingly being recognized as not merely a medical problem, but a social and psychological problem as well.

The spread of HIV/AIDS is different from that of other epidemics that have occurred in human history, owing to the fact that it touches sexual behavior and death, and remains hidden for much of the time. The latency period for HIV to reach full blown AIDS on average is 10 years, and patients need long-term care and support. Mode of spread of the disease is another factor that makes it different from other recent diseases. Globally, an estimated 33.4 million people were living with HIV in 2008. An estimated 2.7 million newly infected with HIV, and estimated 2 million lost their lives to AIDS (UNAIDS 2008).

HIV/AIDS now causes more deaths than any other infectious diseases, having overtaken malaria and tuberculosis. It is the fourth biggest killer in the world (after heart disease, stroke and respiratory disease). HIV/AIDS turns children into orphans, women to widows and weakens the breadwinner. In addition to its appalling, human consequences, it weakens societies, destroys productive forces, reduces life expectancy, and demolishes social structures. HIV/AIDS is not only a terrifying illness; it is also a major challenge to development. By killing productive of adults who are the key family providers, HIV/AIDS shatters social networks that provide households with community help and support. Survivors are left with few relatives upon whom to depend. The consequences of modernization and present day economic realities have eroded this traditional safety net for many Indians. The family, which is the agent of socialization, has been dissolved due to the presence of the disease within the households, as parents die and children are sent to relatives. It is pertinent to pose these questions, as what are the psychosocial problems these HIV positive persons face.

Focus on behavior change and prevention intervention seems to be crucial. In India HIV Prevalence varies widely according to geographical areas and risk groups leading to stigma and discrimination. The consequences of this stigma indicate two different situations. Firstly, there is a lack of support and care for the HIV, infected both at the level of community and in health care setting, secondly the fear of stigma may dissuade many individuals to get them tested.

The lopsided distribution of AIDS aid running into hundreds of million dollars is another

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worrying factor. Most funds are given for prevention and advocacy while little is given for patient care. While prevention is very important, our system is guilty of doing little towards caring for its existing HIV/AIDS patients. Caring for psychosocial problems of HIV/AIDS is not given much emphasis. Following cases highlights the Psychosocial problems of HIV positive commercial sex workers.

CASE -1

A Muslim lady of 35 years, fifth standard Pass, earns Rs 2000/- per month her family income is Rs, 5000/- per month. She does not have debt, she has got 3 Children (2 Boys and 1 Girl) She was staying with one man without marriage. He died of T.B. She had three children from him. Younger daughter who is 14 yrs old suffered from T.B. and Herpes and tested for HIV positive. Her husband was not tested for HIV. After his death she came into commercial sex work. She too suffered from fever, headache, giddiness and hence went to private doctor and then Red Cross referred her to GMCH and there she was tested HIV positive. Her other children are HIV negative. She is on ART (Anti Retroviral

Therapy), and takes regular medicine and hence feels much better. She was detected for HIV condition 3 months back. The reason according to her for HIV is sex work (and may be due to her first husband). She suffers from little anxiety and depression. She does not have suicidal thoughts. She has guilt feeling due to her nature of work but says Majboori hai ! (Constraint). She does not understand the gravity of the problem. Her relatives do not know about her status, neither her children or neighbors. School authorities where children are studying do not know about her status either.

Her daughter tested HIV positive 2 months back, is also on ART and suffers from last stage of TB (tested for TB six months back). Her daughter is on medicine for TB. Daughter stays with her. Her other children do not know about the status of her daughter. Reason of HIV positivity of her daughter may be due to her mother and father (because daughter is from her first husband and husband died of TB but was not tested for HIV). She does not tell her status to the customers. She does sex only when customer is ready to use condom. Her daughter who is HIV positive studies in 7th Std. who is 14 yrs. of age (her daughter is not involved in commercial sex work). Her other sons are working privately.

She needs financial help and nutrition from agencies. She gets support from Sharansthan. Sharansthan gives care and support like medical care, financial help to reach to the hospital for ART as well as spiritual help.

CASE 2

A Chatisgadi Hindu lady of Satnami caste, Married since 25 years (now widow) of 38 years old having 5 Children (4 Girls and 1 Boy) Among her children one boy and one girl is HIV positive. Her eldest daughter is married and stays in another city. Two girls 12 yrs. and 14 yrs. of age stay in Sharansthan Hostel an NGO (Run by Christian Organization in the city of Nagpur), among them one girl is HIV positive. One boy 8 yrs. old who is HIV positive and 2 months old baby stays along with her. Her children's CD4 count is good and therefore are not on ART.

Sharansthan takes care for the prevention of HIV and sex work by not allowing these two girls to go very frequently to their mother and mix with such environment, only for 1 – 2 hours leave is allowed to these children from Sharansthan to visit the family. Sharansthan takes care of the skin problems, infections like herpes by not mixing these infected children with other non-infected children.

Woman earns Rs. 3000/- per month. She is under the debt of Rs. 4000/-. Her HIV status was detected 4 years back. She had been tested in Govt. Medical College. Her reason for being HIV positive is due to her husband. She suffers from little anxiety and depression. She does not suffer from suicidal thoughts. She has got guilt feelings but says Majboori Hai! (Constraint) According to the counsellor she does not understand the gravity of the problem. Family and neighbors know that she is HIV positive. Relatives do not know about her seropositivity. She hides her status from them when she goes to her village, out of Nagpur. School authorities do not know about the positive status of her children.

Family members do not discriminate her. Neighbours i.e. owner of the house discriminated her when she delivered a baby. Owner of the house wanted her to vacate the house on the basis of her positive status and delivery. When she knew that she is pregnant she wanted to abort the child, but Sharansthan did not allow her to abort the child. She followed their advice and delivered a baby girl.

Hospital staff, doctors as well as nurses did not show any discrimination during her delivery except one separate bed is kept for HIV persons. They advised counselor of Sharansthan to take universal precautions i.e. not to touch her blood etc. Ward boys took money from her and then only they washed her clothes otherwise they were hesitant to do that as she is HIV positive.

She is spiritual and trusts in the Lord God Almighty due to the counselling she receives from

Sharansthan. According to her God will keep her healthy and therefore she will not need ART further in future and soon will stop ART and this is the reason why she has not given medicine to her newly born child also though the child is been prescribed ciplin drug as medicine by the doctors. Her child is breast fed by her. She suffers from opportunistic infections. She is unable to work. She needs financial help from the agencies and care for her children. Sharansthan is helping her as well as taking care of her children. She meditates to keep herself healthy. At present she is not doing sex work but allows other girls for this. She is guilty for her work. She conceived a baby accidentally though according to her she used to use condom or may be condom got torned up or when she was drunk heavily. After discontinuing ART during delivery she has again started it.

CASE 3

A Hindu lady of caste N.T aged 30 years stays with a man, illiterate, have 1 Girl (from her first Husband, girl is HIV negative stays in the Hostel of Sharansthan an NGO. Lady left her husband and came in to Sex work.. According to her, her husband was not HIV Positive. She earns Rs.3000/- per month, Her family income is Rs,5000/- per month she has got debt of Rs.500/- her HIV detected two and half years ago she was tested at Government Hospital Nagpur, Reason of HIV positive condition is Sex work, She suffers from little anxiety and depression. According to the counselor she does not understand the gravity of the problem. She does not have suicidal thoughts. She is guilty of working as a sex worker and according to her Majboori hai! (constraint).

Family neighbors and friends do not know about her status. A man (who is not her legal husband) and her daughter know about her status but do not discriminate her.

Her relatives staying outside the city do not know that she is working as a sex worker and she is HIV positive. She never visits them. She uses condom. Her status is not known in the school where children study. She is on ART and she is very regular for it. She suffered from opportunistic infection like fever etc. and hence looks weak. She is not gaining weight. She was using condom to prevent HIV to her client. She never disclosed her status to the client. If clients did not agree on the use of condom then she used to return them. Her illegal husband is not tested for HIV. She feels much better than earlier but still she is weak. Her weight is 35 kg, not putting on weight.

Sharansthan helps them financially to reach at ART center, counselor of Sharansthan accompany her for medicine to GMCH. To keep her health in a good condition she takes nutritious food and now-a-days does not work as sex worker but allows some other girls to do that.

Sharansthan helps her in the following ways-

- 1.Awareness about HIV/AIDS
- 2.Medicine
- 3.Time to time guidance and counselling
- 4.Financial help

All the three sex workers are in the habit of drinking Alcohol

NEED FOR SOCIAL WORK INTERVENTION

- 1)Information education and communication for prevention of HIV is needed.
- 2)Wrong spiritual ideas must get removed from them and correct spiritual ideas must be imbibed.
- 3)Social worker with the help of NGO's can create occupation opportunities other than their present occupation.

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