CHAPTER - V

STUDY PROFILE: FACTORS INFLUENCING THE HIV/AIDS AFFECTED WIDOWS

Chapter Five

PART- A

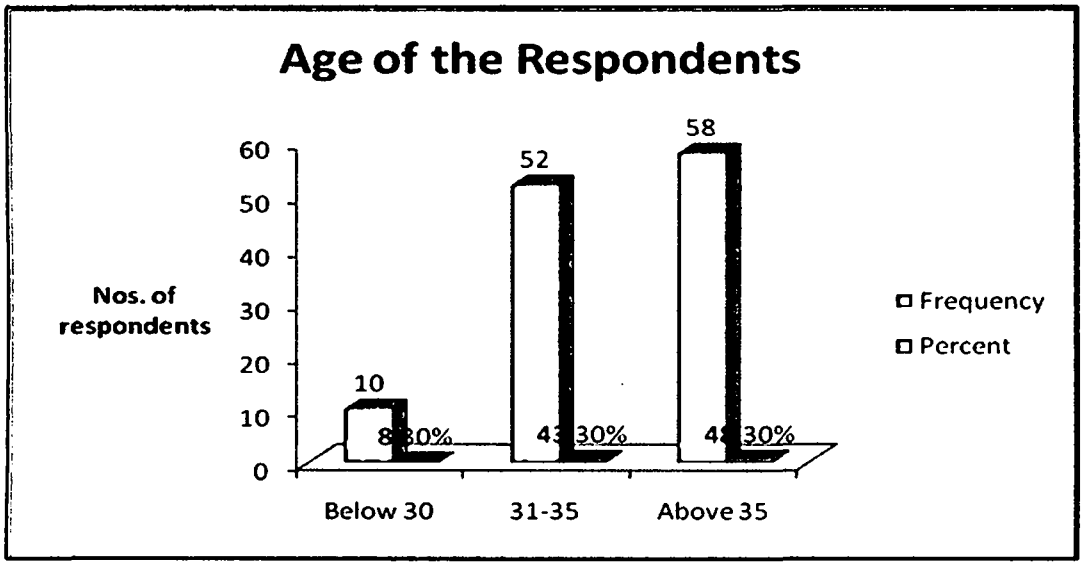
SOCIO ECONOMIC PROFILE OF THE RESPONDENTS

The analysis of the socio economic condition of the respondents in the study has its own importance. It will enable us to understand clearly the diverse factors affecting the value orientation of the respondents (their age, family structure, caste, economic status of the family). In fact, the socio economic background of the respondents is an important variable in determing their social status in the society.

Background of an individual to a great extent determines his/her attitudes and behavioral patterns which may, in turn, affect the individual's perception. Thus, in any study, the analysis of the socio economic and biographical background of the respondents may give an effective insight. That is why an inquiry into the profile of the respondents assumes considerable significance. Keeping this in view, factors such as age, sex, education, income, type of family etc of the respondents may prove important in understanding their circumstances and everyday management of life with HIV/AIDS.

Age of the Respondents

Age is considered to be an important factor, as it affects not only the behavioral pattern of the individual, but also influences one's ideas and views. As one grows up, one gets exposed to the prevailing social and cultural patterns and develops a particular kind of attitude. Age is one of the most important variables in this study, to examine the age group of respondents in which this is found most prevalent.



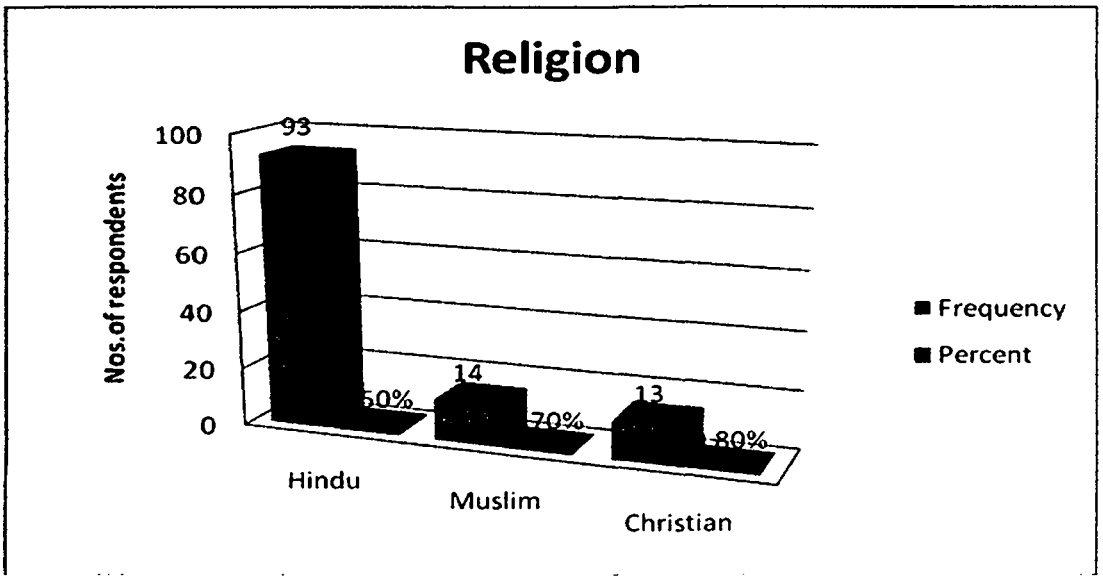
Figure/Chart 5.1: Age of the Respondents

The age distribution of the respondents varied from a minimum of 27 years to a maximum of 55 years which were classified into 3 groups of <30 years, 31-35, 35+ years. The average age of the respondents was observed to be approximately 32 years. Majority (48.3%) i.e 58 respondents out of the total 120 belonged to the age group of Above 35 category, followed by (43.3%), 52 respondents in the age group of 31 - 35 years while we find (8.3%), i.e., only 10 respondents belonging to the group age of below 30 years.

Thus, it is can be said that majority of the respondents were in the maturity group of above 35 years of age.

Religion

Religion is an important determinant of one's social background and everyday behaviour. To assess, if religion can have any bearing over health and health- related knowledge and beliefs, the variable of Religion has also been taken into consideration.



Figure/Chart 5.2: Religion of the Respondents

Hinduism is the dominant religion in India. There are as expected a large numbers of Hindus among the respondents.

The majority i.e., 93 (77.5%) out of the total respondents were Hindu and 14 (11.7%) respondents were Muslims and the rest 13 (10.8%) were Christian respondents.

Analyzing this diagram, it can be said that Widows of great numbers belong to Hindu. The population in the study area is also dominated by Hindus. This reinforces the belief that the spread of HIV is among all religions and people of all religions practising high risk behaviour are affected by it.

Table 5.1

Caste

People belong to different castes according to their birth into such castes. Different castes have a different social standing in the society as per the caste's position in the caste hierarchy. In olden times people enjoyed certain privileges in the society as per the caste. Although the

constitution has abolished the practice of discrimination based on caste, social attitude towards the lower caste has not changed much.

Table 5.1

Caste	Frequency	Percent
General	105	87.5
Scheduled Caste	6	5.0
Schedule Tribe	5	4.2
OBC	4	3.3
Total	120	100

In this table (5.1), caste has been grouped into four categories i.e General, Scheduled Caste, Scheduled Tribe and OBC. The table indicates that out of total 120, 105 (87.5%) widows hailed from the general; six (5.0%) from the SCs and five (4.2%) from STs and 4(3.3%) from OBC. Even though, caste has its own strict rules and regulations to be followed at religious occasion still found the affected of HIV/AIDS and were also from all caste groups.

Table 5.2

Marriage Age of the Respondents

Marriage	Frequency	Percent
Below 15	7	5.8
16 - 20	52	43.3
21 - 25	43	35.8
26 - 30	18	15.0
Total	120	100

The distribution of respondents by age at the time of their marriage varied from a minimum of 13 years to a maximum of 30 years.

In the above table (5.2), shows that 52 (43.3%) respondents were married at the age group of 16 - 20 years, 43 (35.8%) respondents married in between the age group of 21-25 years. We also show a smaller number, i.e., 18 (15.0%) respondents married in the age group of 26 – 30 years, and only 7 (5.8%) respondents married below 15 years of age.

Here, the data revealed that majority of the widows got married between the ages of 16 – 20 years with (43.3%). This indicate that majority of the respondents are getting married off at a young age.

Table 5.3

Age when Spouse Died

	Frequency	Percent
Below 25	14	11.7
26-30	64	53.3
31-35	32	26.7
Above 35	10	8.3
Total	120	100

The data of table 5.3 represent the percentage distribution of widows by age at widowhood. The highest percentage i.e., 53.3% of the respondents lost their husband at the age group of 26 - 30 years, 26.7% respondents became widowed in the age of 31 - 35, 11.7% respondents at the age group of below 25 years live in widowhood and the lowest percentage i.e., 8.3% respondents lost their husband at the age of 35 and above.

Thus, it can be said that majority of the respondents become widowed at the young age of 26 - 30 years. The numbers of respondents becoming widows in the age group of above 35 years are very few. Only 10 respondents which constitute 8.3% of the total respondents are found in

this group. This indicates that majority of the respondents have lost their husband only after few years of their married life.

Table 5.4

No. of Children

	Frequency	Percent
None	5	4.2
1	33	27.5
2	41	34.2
3	29	24.2
4&above	12	10.0
Total	120	100

The question whether the respondents have children or not and the latter's HIV status may also give an insight into the extent of the spread of the infection. Table (5.4) depicts that out of 120 respondents the majority of 41(34.2%) have children while 5(4.2%) do not have any child.

The data of this table on the numbers of widow's children shows that a significant numbers of widows i.e. 41 respondents accounting for 34.2% had 2 children's, 33 respondents (27.5%) have one child, 29 (24.2%) widows have 3 children, 12 (10%) widows have children above 4 while there are 5 (4.2%) widows has who are childless.

Table 5.5
Size of Family Members

Size of the family plays an important role in the life of an individual. It is always felt that greater the sizes of the family more secured are its members (C.N Rao).

Table 5.5

Family Members	Frequency	Percent
1-3	44	36.7
4-6	46	38.3
7+	30	25.0
Total	120	100

On the basis of numbers of family members, it is evident that 46 (38.3%) respondents has the highest among the respondents showing the size of the family in the group of 4 to 6 family members, followed by 44 (36.7%) respondents in group of 1 to 3 members, than by 30(25%) in the group 7+ members.

Thus, it is observed that most of the respondents belong to families which have 4 to 6 members. Further, it can be noted that only few respondents have a large family.

Table 5.6
Place of Birth

The place where one resides/birth place may also have an impact on one's exposures and pattern of behaviour. Since the knowledge and awareness level is dependent on the availability of information as well as

an easy accessibility of information, it becomes significant to assess one's birth place/residential background of the respondents.

Table 5.6

Place of Birth	Frequency	Percent
Rural	89	74.2
Urban	31	25.8
Total	120	100

The table (5.6) shows the place of birth of the respondents in terms of Rural and Urban set up. It is clear from the above table, as it revealed, that the majority of the respondents i.e 89 (74.2%) out of the total 120 respondents are born in rural areas while only 31 (25.8%) respondents were born in urban areas.

Table 5.7

Education

Understanding of educational composition of the respondents is necessary in order to find out the level of education as it determined the acquisition of knowledge, skill and abilities (V.L. Biradar, 2009).

Education is a basic factor for enlightenment of people, better exposure, better chances of access to knowledge of health and health-related matters. It operates to broaden interests, widen outlook and develop rational thinking. Thus, an enquiry regarding educational levels of the respondents assumes its importance since it may directly relates to their vulnerability to the infection.

Table 5.7

Education	Frequency	Percent
Illiterate	26	21.7
Up to class VIII	30	25.0
Matric	47	39.2
Graduate	14	11.7
Post graduate	3	2.5
Total	120	100

The table above (5.7), have been classified the respondents into five groups of which 47 (39.2%) widows are educated up to Class X or Matric level, 30 (25.%) widows have studied up to class VIII , 26(21.7%) widows are Illiterate, 14 (11.7%) widows have completed their graduation and only 3 (2.5%) widows did their Post graduate.

The above table clearly indicated that very few respondents have studied up to graduate level or beyond (2-5% in Post Graduate) but large proportions of young widows are below graduation. However, pointing at the table of this sample, we see that education had not restricted the chances of their acquiring of the infection or promoting safe behavior patterns. But the higher level of education has reduced the chances.

Table 5.8

Age and Education

Age	Education			Total
	UptoVIII	Matric	Graduate & above	
Below 30	4(40%)	5(50%)	1(10%)	10(100.0%)
31-35	27(51.9%)	21(40.3%)	4(7.6%)	52(100.0%)
Above 35	27(46.5%)	21(46.5%)	10(17.2%)	58(100.0%)
Total	58(48.3%)	47(39.1)	15(12.5%)	120(100.0%)

The table (5.8) depicts that only 12.5 per cent respondents are educated up to graduation or above which falls almost in all three age group category (i.e., 10%, 7.6% and 17.2%). Most representation falls into the category of education up to metric and the proportion are also close among the age group category.

So analysing the table, it can be said that age and education are not correlated for the respondents.

Table 5.9

Type of Family

The family is the most important primary group in society. It is the simplest and the most elementary form of society. It is the most basic of all social groupings. The family is a small group consisting ordinarily of father, mother, one or more children and sometimes near or distant relatives.

In the present study, nuclear family has been considered as family with husband, wife and unmarried children. Families with more members including father, mother, father-in- law, and mother- in- law etc has been treated as joint family. Extended family includes the nuclear family plus any other kin with whom important relationships are maintained.

Table 5.9

Type of Family	Frequency	Percent
Nuclear	84	70.0
Joint	30	25.0
Extended	6	5.0
Total	120	100

With regard to type of family structure, here the Table no. (5.9) depicts that 84 respondents (70%) belong to a nuclear family, 30 respondents (25%) maintained as joint family while 6 respondents (5%) lived in an extended families.

It is clear that majority of the widows with the highest percentage i.e. 70.0% live in nuclear family independently.

Table 5.10

Type of Marriage

Marriage is a Universal feature of human societies. It is an institution which admits men and women to a family life. In the present study, marriage has been classified into three types:- Love Marriage, Arranged Marriage and Incidental Marriage. Love marriage has been

considered when a men and women love each other and ties the knot; in the arranged type of marriage, marriages are arranged by their parents while in the type of incidental marriage, man captures his bride and runs away with her, with or without her consent, and forcefully elopes by suggestion from the male side.

Table 5.10

Type of Marriage	Frequency	Percent
Love Marriage	100	83.3
Arranged	16	13.3
Incidentally	4	3.3
Total	120	100

The above table (5.10) shows that the majority of the widows 100 (83.3%) respondents got married through love marriage, 16(13.3%) respondents were engaged through the arranged marriage and the least percentage i.e. only 4 (3.3%) widows revealed that their marriage was incidental marriage.

Thus, in respect of information pertaining to the type of marriage, the majority of the widows do admit that they are married by themselves after understanding and liking each other.

Table 5.11

Acquaintance

The widows were asked how familiar were they with the husband before marriage/before getting to know each other.

Here in the present study, acquaintance is classified as childhood, friends, religious norms and social support, family and relatives or belonging to a same locality.

Table 5.11

Acquaintance of widows	Frequency	Percent
Childhood	15	12.5
Friends	49	40.8
Religious norms and social support	18	15.0
Family and Relatives	20	16.7
Belongs to same locality	18	15.0
Total	120	100

The information from the above table revealed that, the majority of the widows 49(40.8%) respondents revealed they were friends; 20(16.7%) widows claimed that they were acquainted with each other through the family and relatives. With the same percentage i.e. 18 (15.0%) each widow revealed that they came to know from religious norms and social support and they belonged to the same locality, while 15 (12.5%) respondents revealed they were friends since childhood .

Table 5.12

Living Status

Normally, women and children are expected to live with their in - laws in the absence of their Husband. In the present study it looks into whether the widows stayed with their parents, in - laws, independently with children or live alone.

Table 5.12

	Frequency	Percent
Parents	33	27.5
In - Laws	31	25.8
Independently with Children	52	43.3
Living Alone	4	3.3
Total	120	100

t is clearly seen from the table (5.12) that a large number of widows i.e., 52 (43.3%) respondents do live independently with their children, followed by those living with parents are 33 (27.5%) and 31 (25.8%) respondents revealed that they were staying with their in - laws.
The data show that very few widows i.e., 4 (3.3%) are living alone. They earn and look after themselves.

Table 5.13
Reasons of Separate Living

The widows were asked about the living status and were asked further question about the reasons of separate living, whether why with the parents, with children alone or living alone. To those who were living with in- laws, these questions are exempted.

Table 5.13

	Frequency	Percent
Feeling safe and secure staying separately	40	33.3
Did not get proper care and support from in-laws	26	21.7
Single and prefer staying with parents	4	3.3
NA	50	41.7
Total	120	100

Prior, to the information above, the widows said that they don't want to give burden to anyone.

The above table (5.13) depicts that 40 (33.3%) widows were feeling safe and secure staying separately from her in – laws/family. 26 (21.7%) widows revealed that they were not staying with their in – laws because they did not get proper care and support from in – laws, while 4 (3.3%)

widows said that they were happy to stay with their parents as they have no children.

The maximum numbers of population 50 (41.7%) widows were not applicable. It is inferred from the data that respondents were not applicable to this question.

Table 5.14

Children (not HIV affected) Staying with Others.

	Frequency	Percent
Yes	12	10.0
No	108	90.0
Total	120	100

The above table (5.14) reflects that majority of the respondents which accounts for 108 (90%) children who are normal/not affected by the disease are living with them. Only 12 (10%) respondents' children are staying separately.

Table 5.15

With whom they are staying

	Frequency	Percent
Staying with parental parents	9	75
Children Home	1	8
Look after by relatives	2	17
Total	12	100

This data (5.15) has been analyzed to assess that with whom their children are staying. The data reveals that nine (75%) respondent's children were staying with their parents; two (17%) respondents' children were looked after by relatives and only one (8%) respondent says she has kept her child in the children home.

Table 5.16

Reason for staying with other

When widows are incapacitated due to illness or discrimination or are found difficult to survive they send their children to where support system is available. In spite of giving/playing a care-giving role they allowed their children for their development.

Table 5.16

Reasons	Frequency	Percent
For education and better care	4	33
Financial giving	2	17
Avoid Stigmatization	6	50
Total	12	100

Even though they allow their children to be kept away for better benefits, still six (50%) respondents say that to avoid stigmatization; four (33%) respondents say that education and better care is the main reason. But, two (17%) respondents revealed that they sent their children away for financial reasons.

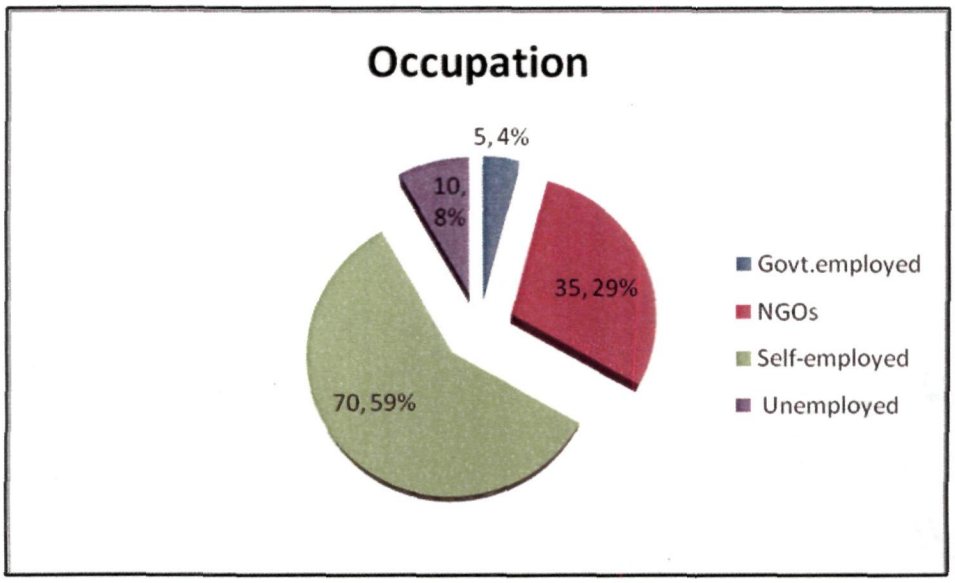
From the table above, it can be observed that few respondents sent their children away for betterment.

Occupation

Occupation refers to a set of activities, which predominantly engage one's time, for the primary motive of earning livelihood. One can define occupation in terms of the kind of work done by a person, irrespective of the branch of economic activities or the status in which a person is classified (Zachariah, 1968).

It is also one of the important variables which determine familial social standing. This is due to fact that not only different occupations have different privileges but are associated with different privileges and economic benefit.

Since one's occupation may also determine one's exposure to high – risk behaviour, an enquiry into the occupational details of the respondents naturally assumes importance



Figure/Chart 5.3 Distributions According to Occupation

The population under study was engaged in varied types of occupation. i.e. 70 respondents (58.3%) were engaged in self employed activities; 35(29.2%) respondents were working in a Non – Governmental

Organization; 10(8.3%) respondents were unemployed and 5(4, 2%) respondents were Government employed.

The majority of the respondents are engaged in their Self-employed activities.

Table 5.17

Age and Occupation

Age	Occupation				Total
	Government employed	Non-Government organisation	Self employed	Unemployed	
Below 30	1(10%)	1(10%)	6(60%)	2(20%)	10(100.0%)
31-35	1(1.92%)	23(44.23%)	26(50%)	2(3.8%)	52(100.0%)
Above 35	3(5.17%)	11(18.9%)	38(65.5%)	6(10.34%)	58(100.0%)
Total	5(4.16%)	35(29.16%)	70(58.3%)	10(8.33%)	120(100.0%)

From the table (5.17) of age and occupation, the age group belonging to the below of 30 group found self employed with 6(60%), and also found a great number in the age group of 31-35 and in above 35 too with 26(50%) and 38(65.5%).

The fewer respondents were found to be working in the government sector in all the age groups. Even though the age group of 35 and above also found, widows engaged in different occupations but Self employment was found to be in a great number again.

Table 5.18
Income

Income is yet another feature, which may be important in determining the access to information, education as well as health-seeking behaviour patterns. Another important variable which has its bearing on the economic status of the family is its income. Family income is one of the basic criteria for stating the living conditions of a family. Lower socio – economic status can have a deteriorating effect on the development of the family which results in several problems in the family.

Table 5.18

Income	Frequency	Percent
Up to 500/-	22	18.3
Rs.501 - Rs.2000/-	68	56.7
Rs.2001 - Rs.4000	20	16.7
Rs.4001 and above	10	8.3
Total	120	100

An analysis of the source and amount of income, the table (5.18) reveals that 68 (56.7%) families' income is between Rs.501 - 2000/-; 22 (18.3%) respondents come under income group of Rs.500/-, 20 (16.7%) widows belong to the income group of Rs.2001 - 4000/-; and 10 (8.3%) respondents belong to the income group of Rs.4000/- and above.

It is evident that majority of the respondents' income group is between Rs.501 - 2000/-which can be considered as poor as per their requirement is concerned.

Table 5.19

Income and Education

Income	Education			Total
	Upto VIII	Matric	Graduate and above	
Upto 500/-	10(45.4%)	8(36.36%)	4(18.18%)	22(100.0%)
Rs.501-Rs.2000/-	38(55.8%)	21(30.8%)	9(13.2%)	68(100.0%)
Rs.2000& above	10(33.3%)	18(60%)	2(6.66%)	30(100.0%)
Total	58(48.3%)	47(39.1%)	15(12.5%)	120(100.0%)

From the table (5.19), it is found that the education level of up-to VIII have the income range of moderate;Rs.501-Rs.2000/- followed by low and high with same percentage 10(33.3%).

In the case of education level of Matric also the moderate range is found to be highest percentage accorded with 21(30.8%), and also in the Graduate group the highest falls in the moderate group too with 9(13.2%). Therefore, while analyzing, it can be said that education level of up-to VIII found is to be majority in the income group Rs.501-Rs2000/-.

Table 5.20

Age and Income (monthly)

Age	Income (monthly)			Total
	Upto 500/-	Rs.501/-- Rs.2000/-	Rs.2000 and above	
Below 30	3((30%)	6(60%)	1(10%)	10(100.0%)
31-35	10(19.2%)	28(53.8%)	14(26.9%)	52(100.0%)
Above 35	9(15.5%)	34(58.6%)	15(25.8%)	58(100.0%)
Total	22(18.3%)	68(56.6%)	30(25%)	120(100.0%)

Upto500/---- as low

Rs.501-2000--- as moderate

Rs.2000 and above--- as high.

The above table (5.20) depicts that the category of respondents of younger age group falling mostly in the lower and middle income group, clubbing the both it is (60+30) 90 %. Whereas the middle age and higher age group of respondents were falling mostly into the middle and higher income group. Adding the both (53.8+26.9) 80.7% middle age group falling into the income group of higher and middle and for the higher age group it is (58.6+25.8) 84.4%.

So analyzing the table, it can be observed that growing age of the respondents having more opportunities of higher earnings.

Table 5.21

Status of Saving Conditions

Saving Conditions	Frequency	Percent
Nil	76	63.3
Up to 100/-	34	28.3
Rs.101 – Rs.250/-	5	4.2
Rs.251 – Rs.500/-	5	4.2
Total	120	100

As compared to the income, the widows revealed from the table (5.23),that majority of them i.e. 76 (63.3%) widows did not save or are not able to save their earning, followed by 34 (28.3%) respondents saving up to Rs.100/-, while i.e. five (4.2%) respondents each do save in the range between Rs.101 - Rs.250/-, and between Rs.251 - Rs.500/-.

It is observed that even though the majority of the respondents are not able to save monthly still researcher finds that 34 (28.3%) respondents can save up to 100/- a month.

As it has been found that the majority have less income; it is obvious that saving will be difficult for them.

Table 5.22

Financial Support base for Unemployed.

	Frequency	Percent
Support from NGO	2	20
Support from Parental Family	4	40
Support from Maternal family and in-laws	3	30
Support from own children	1	10
Total	10	100

From this table (5.22) it is reflected that 10 respondents who were unemployed were getting support from various support base. 4 (40%) widows revealed that their main source of income or support base was from their Parental Family, 3 (30%) widows got support from maternal family and in – laws while only 2 (20%) widows were supported by an NGO and 1 (10%) respondent was getting support from her own children.

From the above table, it is quite clear that among the unemployed widows, their main source of support was from their family

Table 5.23

Housing status

Housing Status	Frequency	Percent
Owned	109	90.8
Rented	11	9.2
Total	120	100

As an analysis of the housing status of the respondents, the housing system has been categorized into two- Owned and Rented house. Owned house refers to when the respondents lived, and where the land or house belongs to her and rented refers to where the respondents lived in other house by paying rent. Though widow is living separately it is in the same house where other members were also staying.

From the table (5.23), it can be seen that 109 (90.8%) respondents live in their owned house while 11 (9.2%) respondents live in a rented house.

Further, an enquiry into the rented house living, revealed the respondents who lived in a rented house i.e. 9.2 per cent paid rent between Rs.500 - 800/-.

Table 5.24

Income and House type

Income	House type			Total
	Pucca	Kuchha	Semi-Pucca	
Upto 500/-	2(9.09%)	12(54.54%)	8(36.36%)	22(100.0%)
Rs.501-Rs.2000/-	4(5.88%)	42(61.7%)	22(32.35%)	68(100.0%)
Rs.2000 and above	4(13.33%)	16(53.3%)	10(33.3%)	30(100.0%)
Total	10(8.33%)	70(58.3%)	40(33.3%)	120(100.0%)

From the table above (5.24), it can be said that the highest percentage of respondents (i.e., 58.3%) are living in *Kuchha* houses and all three types of income group living mostly in that houses (i.e., 54.54%, 61.7% & 53.3%). The similar result observed even in case of *Pucca* and *Semi-pucca* where irrespective of income, almost equal percent ages of respondents are living.

So there is no much difference in the distribution of house type and in terms of income.

Table 5.25

Distribution of Sample Households by the availability of Basic amenities.

Characteristics	Frequency	Percent
1.Availablity of Electricity		
Yes	120	100
No	-	-
2.Availbility of Latrine		
Yes	120	100
No	-	-
3.Type of fuel of cooking		
Firewood	9	7.5
Coal	3	2.5
L.P.G	98	81.7
Electricity	10	8.3
Total	120	100
4.Drinking water		
Private tap	50	41.7
Public Tap	55	45.8
Public Hand pump	12	10.0
Pond water	3	2.5
Total	120	100

The evidence shows that it is the poor people who are more vulnerable to HIV (NACO, 2004).The data on the table no. (5.25), shows that availability of electricity and latrine are cent percent (100%). For the

type of fuel used for cooking, a high percentage (81.7%) used L.P.G, using electric for cooking seems be another popular mode with (8.3%), while (7.5%) were using firewood and coal users for cooking form marginally low with (2.5%).

For drinking water they commonly used public tap (45.8%), private tap (41.7%), public hand pump with (10%) and (2.5%) were using water from pond for drinking.

The majority of the respondents households seem to have basic amenities like electricity, own toilet and drinking water from public tap.

Part - B

Knowledge relating HIV/AIDS

This section presents findings on knowledge to HIV/AIDS .In the absence of vaccine or a cure, prevention has been found to be the most effective strategy for control of HIV/AIDS. Thus, there are various information, education and communication campaign in operation, which aim at empowering individuals and enabling them to make prudent and correct about the safe practices. That is why we asked our respondent about the information and knowledge they had relating to HIV.

Table 5.26

First time hearing about HIV/AIDS

In this data, it has been analyzed to assess the extent of knowledge where they first came to know of AIDS. All the respondents were asked about the source from where they had heard about AIDS

First time hearing about HIV/AIDS	Frequency	Percent
In educational Institution	30	25.0
NGOs and Community Programme	24	20.0
Through Media	54	45.0
After Husband death	5	4.2
After child birth	7	5.8
Total	120	100

It is observed that 54 respondents (45%) had heard about AIDS through the Media. This was followed by information from the educational Institution with 30 respondents (25.0%), while 24(20%)

respondents reported they heard from the NGOs and community programme. Five respondents heard only after her husband's death (4.2%) while (5.8%) 7 widows heard after giving birth.

Knowledge regarding HIV/AIDS entails many things. The level of information may vary from one to another. The largest source of information was through media. It can be said that Media role is very important in assessing the knowledge of HIV/AIDS.

Table 5.27

Knowledge about HIV/AIDS

Characteristics	Frequency	Percentage
1. Do you have any idea about HIV?		
It is a virus	84	70.0
It is a dreaded disease	27	22.5
Do not know	9	7.5
Total	120	100.0
2. Where did HIV come from?		
Chimpanzee	24	20.0
Man	7	5.8
Insects	31	25.8
Do not know	58	48.3
Total	120	100

In this section certain questioned regarding knowledge about HIV were asked. The question included, all these do you have any idea about HIV and where did HIV come from.

From the table (5.27), it shows 84 (70.0%) respondents knew it as a virus, 27 (22.5%) respondents said it was a dreaded disease, while 9 (7.5%) still reported their ignorance about HIV/AIDS.

Regarding the occurrence of the virus, 58 (48.3%) respondents reported that they did not know where from HIV came; 31(25.8%) respondents revealed that it came from man; 24 (20.0%) respondents felt that it was from Chimpanzee whereas 7 (5.8%) respondents said that it came from Insects.

Table 5.28

Can HIV/AIDS be cured?

First time hearing about HIV/AIDS	Frequency	Percent
Yes	7	5.8
No	75	62.5
Not sure	38	31.7
Total	120	100

Presently, there is no cure or therapy available for the treatment and cure for HIV/AIDS. The treatment consists mainly of fighting the "opportunistic infections" to which the HIV positive person gets infected due to his/her damaged immune system. No drug is available so far which can permanently rid the disease out of the body. However, there are certain drugs which has shown to delay the onset of AIDS with no or minor symptoms of HIV infection.

The fact that there was no cure of HIV/AIDS was reported by the majority with 75 (62.5%) respondents. 38 (31.7%) reported not sure and 7 (5.8%) given wrong answers. So, clubbing the both i.e "not sure" and "Yes", it is more than 37%, a good number of respondents also did not have knowledge about the disease.

Table 5.29

Whether HIV/AIDS are one and the same?

	Frequency	Percent
Yes	13	10.8
No	107	89.2
Total	120	100

It has been found from the table (5.29), that 107 (89.2%) of the respondents said that HIV/AIDS were not one and the same and about 13 (10.8%) said it was one and the same.

It is very much clear from the above findings that the majority of the respondents were able to distinguish the difference between them as a cause and effect relationship. Even they were not aware of the chronology that HIV infections occurred first and then AIDS appeared after many years if the infected person remained untreated.

Table 5.30

Knowledge about general transmission

		(Responses)		
Sl. No	Variables	Yes	No	Total
1	HIV infect through sperm	91 (75.8%)	29 (24.2%)	120/100%
2	AIDS mainly spread by unprotected sexual contact	117 (97.7%)	3 (2.5%)	120/100%
3	AIDS is also an air borne disease	10 (8.3%)	110 (91.7%)	120/100%
4	Sharing food, clothes, bathroom and toilets with HIV positive person spread AIDS	1 (0.8%)	119 (99.2%)	120/100%
5	AIDS spread by casual touch, hugging, tears, Urine and sweat	4 (3.3%)	116 (96.7%)	120/100%
6	There is no possibility of spreading AIDS from HIV infected within her body during pregnancy	84 (70%)	36 (30%)	120/100%

To clear the conception of transmission, several questions were asked about the transmission of HIV infection from one person to another. The respondents were asked whether HIV infect through sperm, and in that case 91(75.8%) out of the total respondents said "Yes" and 29 (24.2%) respondents said "No".

The respondents were further asked about the transmission of HIV infection through unprotected sexual contact and response found like, 117 (97.5%) respondents said "Yes", however only three (2.5%) respondents said "No".

Questions were framed to clear whether respondents were thinking it as an air-borne infection. To this question 110 (91.7%) respondents said "No" and 10 (8.3%) respondents answered "Yes"

To clear the conception, again question were asked whether sharing food, clothes, bathroom and toilets with HIV person spread AIDS, 119 (99.2%) respondents said "No" while only one respondent (0.8%) said "Yes".

Very similar types of question were again asked as to whether AIDS can be spread by casual touch, hugging, tears, urine and sweat, and there 116 (96.7%) respondents said "No" while four (3.3%) respondents said "Yes".

HIV infection among pregnant women carries triple tragedy. Therefore, to have better understanding about the knowledge of mother to child transmission question were framed like, "there is no possibility of spreading AIDS from HIV infected within her body during pregnancy". When the respondents were asked this question, 84 (70.0%) respondents said "Yes" while 36 (30.0%) respondents said "No" i.e. there was a possibility.

From the above discussion one can have a clear idea that the widows in majority had some understanding of general transmission of HIV infection but still a significant numbers were there who still lacked a complete knowledge about the disease. And that must be taken care otherwise their stigma can be a problem in their own society.

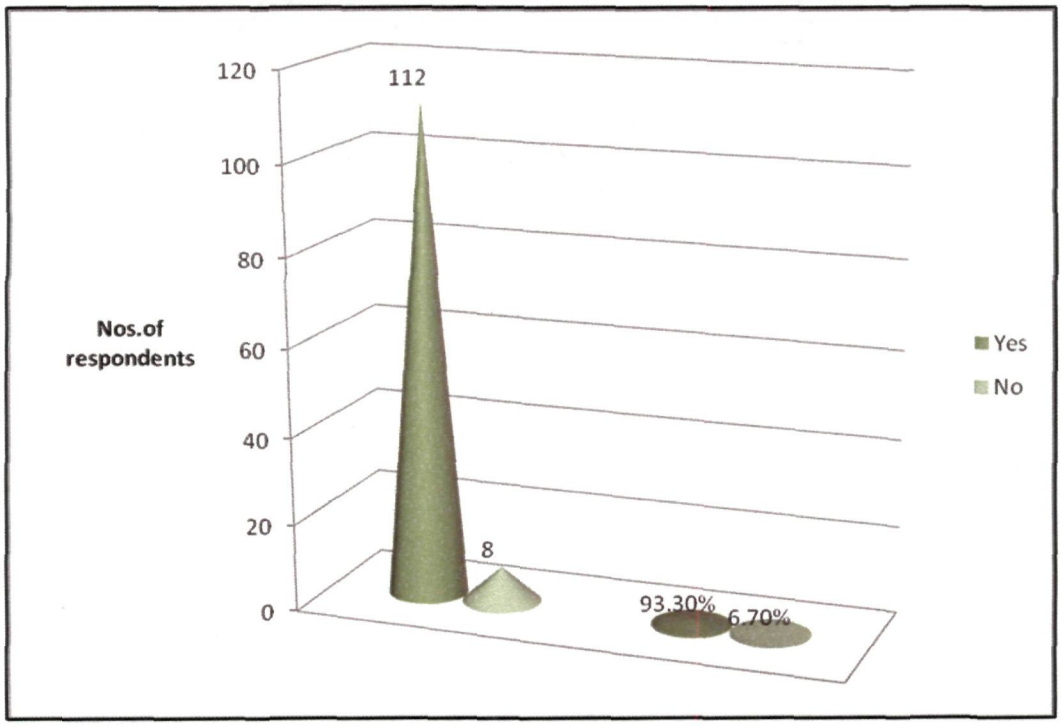
During the Focus group Discussion, participants were allowed to express the background and its transmission. Majority of the widows expressed that they were affected through transmission from their husbands. *"As for me honestly speaking, the disease was transmitted from my husband. He was an IDU and I'm not aware of that in the earlier stage. And I don't even think that such disease would have existed in human body."(FGDs Group 1).*

"Since he is an Intravenous Drug User (IDU), he gifted this virus to me. Even after getting married he did not inform me nor disclosed to his family about his status. Due to my ignorance, I was not much aware about it. I admit it's my own mistake."(FGDs Group 2)

"I wanted to say openly that I got infected from my husband. I have not done anything wrong nor have I lived in immoral ways. It's him who brought the virus and made me alive today in this condition." (FGDs Group 3)

Are women especially vulnerable to HIV

Women are especially vulnerable to HIV infection because of a combination of physiological and biological factors as well as socio – economic reasons.



Figure/Chart 5.4: Vulnerability to HIV

When the respondents were asked, were women especially vulnerable to HIV, 112 (93.3%) respondents said "Yes" whereas 8 (6.7%) respondents said "No".

Women seemed to bear the burnt and the infection disproportionately affected them, psychologically, socially and economically. Unequal treatment and increased vulnerability made women a hapless victim of HIV/AIDS.

Table 5.31

Perception on vulnerability of HIV/AIDS to people

HIV risk can be defined as the probability of an individual becoming infected by HIV either through his or her own actions, knowingly or not, or via another person's actions. For e.g. injecting drugs contaminated needles or having unprotected sex with multiple partners increased a person's risk of HIV Infection (UNAIDS, 1998)

	Frequency	Percent
Yes	53	44.2
No	15	12.5
Not fully sure	52	43.2
Total	120	100

In this section, certain questions were asked. Do you think AIDS is only the disease for the high risk group (HRG) such as prostitute, IDUs, truck drivers and professional blood donors, 53 (44.2%) respondents said "Yes". It only for the HRG, 52 (43.3%) respondents said "not fully agree" while 15 (12.5%) respondents said 'No'.

The infection was initially found to be prevalent among IDUs, while the disease spreaded through the IDUs route initially, it has now penetrated into the general population. The high risk group (HRG) such as prostitute, IDUs, truck driver and Professional Blood donor tended to have a higher prevalence of HIV infection.

Table 5.32

Knowledge on carrier of the AIDS virus

	Frequency	Percent
Prostitute	25	20.8
Infected Mothers	9	7.5
Drugs Abusers	36	30.0
Don't Know	15	12.5
All Above	35	29.2
Total	120	100

In this table no. (5.32), respondents were asked who could be the carrier of the AIDS virus. Here it can be seen that the majority of the widows 36 (30.0%) respondents said they believed the carries was of the AIDS virus is from drugs abusers, 35 (29.2%) respondents' response that the carriers were from all above the options; 25(20.8%) respondents stated that it came from prostitute; 15(12.5%) respondents stated that they did not know and nine (7.5%) widows response was from infected mothers.

It can be noted that the widows believed that drug abusers could be the main carries of AIDS virus.

Table 5.33

Knowledge on identification process

	Frequency	Percent
By seeing poor health condition	35	29.2
Only by blood test alone	55	45.8
On being a drug addict	4	3.3
By knowing their bad habits	5	4.2
From complexion	3	2.5
All above	18	15.0
Total	120	100

To clear the identification of person with HIV/AIDS question were framed and asked as to how one can identify that one was is infected with HIV/AIDS.

About 55 respondents (45.8%) said only by blood test one could identify, 35 (29.2%) respondents reported by seeing one's poor health condition, 18 (15.0%) respondents reported that one can identify by the given above options i.e. by poor health, blood test, on being drug addict, their bad habits and from complexion, four (3.3%) respondents revealed that it can be identified on being a drug addict, five (4.2%) respondents said by knowing their bad habits while three (2.5%) respondents said it can be identified from complexion.

The majority of the respondents 55 which constitute 45.8% of them said, one can identify the HIV/AIDS infection only through blood test.

Table 5.34

Perception as being Widows

	Frequency	Percent
Loneliness and helplessness	73	60.8
Difficulties in child care	12	10.0
Challenge to adjust with community and society	28	23.3
No response	7	5.8
Total	120	100

The situation of widows living with HIV/AIDS is very critical and it is different from other HIV infected persons. Psychological needs affect the everyday life of the widows.

The findings on their perception being widow revealed that 73(60.8%) respondents experienced loneliness and helplessness, 28(23.3%) respondents reported that they faced challenge to adjust with the community and society while 12(10.0%) respondents reported they faced difficulties in their child care and with less number seven (5.8%) did not respond.

It is clear that the majority of the widows (60.8%) stated that they were lonely and helpless.

In all FGDs widows expressed that there were different problem that they were facing. They expressed fear of the consequences of HIV infection such as long sickness and fear to die and leave children to grow up as orphans etc.

"I don't know how to spend my life because whenever I look around there are loopholes. I wanted to fulfill my children wishes, and also wanted to satisfy their needs. I need to work and earn more. So there is not much time for me to spend my time leisurely."(FGDs Group 3)

Table.5.35

Methods of discovering herself as HIV

People infected with HIV/AIDS do not produce antibodies for an average period of 6 weeks to 3 months. For ensuring how they discovered their status therefore the respondent were asked regarding their status.

Most women knew that they might be infected from husband. Seeing their husband conditions women went for testing themselves voluntarily.

Table 5.35

	Frequency	Percent
Voluntary testing	93	77.5
After prolonged illness and blood test	20	16.7
While donating blood	2	1.7
During pregnancy	5	4.2
Total	120	100

93(77.5%) respondents discovered their status by voluntary testing, 20(16.7%) respondents discovered after prolonged illness and blood test, two (1.7%) respondents stated while donating blood, five (4.2%) while testing blood for other illness and eight (6.7%) respondents reported they discovered their status during pregnancy.

It is observed that the majority of the widows discovered her status by voluntary testing.

Table 5.36

Age wise comparison with knowledge level

	Knowledge level		Total
	Score 5-10	Score 10 and above	
	Moderate	High	
Below 30	1(10%))	9(90%)	10(100.0%)
31-35	5(9.7%)	47(90.3%)	52(100.0%)
Above 35	13(22.4%)	45(77.6%)	58(100.0%)
Total	19(15.8%)	101(84.2%)	120(100.0%)

From the table (5.36), we can observe that a very high percentage of respondents from the age group of below 35 category scored high knowledge i.e., 90% or above. Even the most of the respondents (77.6%) above 35 years of age also scored high knowledge.

So, analyzing the table it can be said that respondents irrespective of their age group have a good knowledge on HIV/AIDS and this trend is more towards the younger age group.

Table 5.37

Religion comparision with Knowledge level

Religion	Knowledge Level		Total
	Score 5-10	Score 10 & above	
	Moderate	High	
Hindu	17(18.2%)	76(81.2%)	93(100.0%)
Muslim	2(14.2%)	12(10.0%)	14(100.0%)
Christian	-	13(100.0%)	13(100.0%)
Total	19(15.8%)	101(84.2%)	120(100.00

The above Table (5.37) depicts that among three category of religion a very high percentage of respondents have scored in high knowledge category i.e., 81.2% by Hindu, 86.4% by Muslim and 100% by Christians (more prominent).

The knowledge level compared with religion found negligible impact. Therefore, it was assumed that there was no positive relationship exists with the religion affiliation and knowledge base on HIV/AIDS of the respondents.

Table 5.38

Caste versus knowledge.

Caste	Knowledge level		Total
	Score 5-10	Score 10&above	
	Moderate	High	
General	16(15.2%)	89(84.7%)	105(100.0%)
Schedule Caste	2(33.3%)	4(66.6%)	6(100.0%)
Scheduled Tribe	-	5(100.0%)	5(100.0%)
OBC	1(.25%)	3(75%)	4(100.0%)
Total	19(15.8%)	101(84.2%)	120(100.0%)

The above table narrates (Table:5.38) that majority of the respondents scored high knowledge i.e., 84.2 per cent and similar trend observed among the four caste categories of the respondents (84.7% by General, 66.6% by SCs, 100% by STs and 75% by OBCs). SC is little lagging behind in that respect though the number of the respondents are very few, only six out of 120.

So, the proportion of the respondents was not correlated with the caste and knowledge level.

Table 5.39

Education and knowledge level

Education	Knowledge level		Total
	Score 5-10	Score 10 & above	
	Moderate	High	
Upto VIII	10(17.24%)	48(82.76%)	58(100.0%)
Matric	7(14.9%)	40(85.1%)	47(100.0%)
Graduate	2(13.34%)	13(86.6%)	15(100.0%)
Total	19(5.8%)	101(84.1%)	120(100.0%)

The table (5.39), above shows that the majorities among the three categories of respondents on their educational status have scored high for the knowledge on HIV/AIDS (i.e., 82.76%, 85.1% & 86.6%) and their scoring status are almost same.

Here it can be said that the relationship between the education and level of knowledge are not co-related. Though generally, it was found that education had co-relation with Knowledge. It can be said that in the process of the treatment and counseling the respondents gained knowledge on HIV/AIDS and related issues.

Table 5.40

Income and Knowledge level

Income	Knowledge level		Total
	Score 5-10	Score 10 &above	
	Moderate	High	
Upto 500/-	6(27.27%)	16(72.73%)	22(100.0%)
Rs.501-Rs.2000/-	10(14.7%)	58(85.3%)	68(100.0%)
Rs.2000and above	3(9.38%)	27(90.62%)	30(100.0%)
Total	19(5.8%)	101(84.2%)	120(100.0%)

From the table (5.40), comparing with income and knowledge, it was found that irrespective of income category, respondents scored higher knowledge which is 84.2 % over all. Income level up to 500 group secured 72.73 Per cent higher scoring where as it is 90.62% for the higher income group.

Though all income category scored high knowledge 72% or above, but still a consistent increase in knowledge was to be on the found with increase of income level.

Table 5.41

Education and Income

Education	Income (monthly)			Total
	Up to 500/-	Rs.501-Rs.2000/-	Rs.2000 and above	
Upto VIII	10(17.24%)	38(65.51%)	10(17.24%)	58(100.0%)
Matric	8(17.02%)	21(44.68%)	18(38.29%)	47(100.0%)
Graduate	4(26.6%)	9(60%)	2(13.3%)	15(100.0%)
Total	22(18.3%)	68(56.7%)	30(25.0%)	120(100.0%)

The above table no-(5.41) showing the relationship between the level of education and income. It is giving a mixed picture and no clear indication observed in either side. All three categories of education level group of respondents falling majority in the middle income group (i.e., 65.51%, 44.68% and 60%). The group having education level up to metric found higher (38.29) in the higher income group.

So, analyzing the table it can be concluded that income and education are not correlated for the HIV/AIDS widows.

Table 5.42

Income and Nature of work

Income	Nature of work				Total
	Self entrepreneur	Government Office	Domestic Helper	Working with NGOs	
Upto 500/-	19((86.36%)		2(9.09%)	1(4.5%)	22(100.0%)
Rs.501-Rs.2000/-	42(61.7%)	2(2.94%)	7(10.29%)	17(25%)	68(100.0%)
Rs.2000 and above	9(30%)	3(10%)	1(3.33%)	17(56.6%)	30(100.0%)
Total	70(58.3%)	5(4.2%)	10(8.3%)	35(29.2%)	120(100.0%)

The table (5.42), shows that all three income categories respondents earning mostly from the self entrepreneurship and working with NGOs. For case of self entrepreneurship it is 86.36, 61.7 & 30% respectively. It has observed that majority of the higher income group working with NGOs (56.6%) and even it is 25% for the middle income group. The other two categories of income source, i.e., Government and domestic help are very negligible in that case.

From the table's result it can be said that lower income category of respondents depends mostly on their own business which not very prominent and respondents got opportunity to work with NGOs having opportunity of higher income.

Whereas for the majority of the respondents whose income was in the low group were self entrepreneur followed by domestic worker 2(9.0%) and few 1(4.5%) working in the NGOs but there were no one who worked in the Government office. In the category of middle group i.e. Rs.501-Rs 2000/- the highest respondents works in the self entrepreneur with 42(61.7%), 17(25%) in the NGOs,7(25%) were the domestic helper and with less2(2.94%) respondents were found to be working in the Government office .In the category of high group i.e. Rs., 2000 and above, the highest percentage group fell in the group working in NGOs with 17956.6%),9(30%) work as self entrepreneur, 3(10%) in the Government office and 1(3.333%) in the group of domestic helper.

The highest percentage 68(100.0%) whose income was in the middle group were mostly the self entrepreneur or self-employed.

Part - C

Methods and kinds of treatment they are receiving.

Table 5.43

Age when Respondents after as HIV positive.

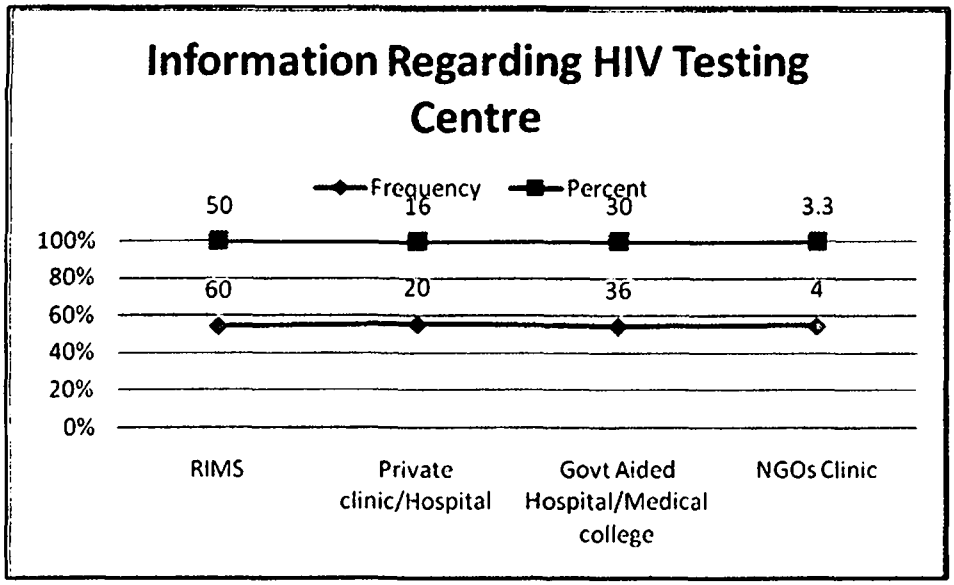
	Frequency	Percent
Below 25years	10	8.3
26-30 years	55	45.8
31-40 years	50	41.7
41 and above	5	4.2
Total	120	100

The above table (5.43) depicts the percentage distribution of widows' age when they were detected with HIV. It is noticed that 55 (45.8%) respondents detected when they were at the age of 26-30 years, 50 (41.7%) respondents reported that they were detected at the age of 31-40 years.(8.3%)(10) respondents stated that below 25 years and 5 (4.2%) Respondents were detected at the age of 41 and above.

From the table, it can be seen that majority of the widows detected their HIV status at the age of below 30.

Information Regarding HIV Testing Centre

Since one can stay healthy for years even after the AIDS virus has entered his/her body, testing for HIV/AIDS remains the only way to detect the presence of the virus and start early precaution.



Diagram/Chart 5.5 Information regarding HIV testing centre.

Specifically, they were asked whether they were aware about the place where the HIV detection tests were done. The above table shows the percentage distributions of the responses about the place where the detection test are done.

The majority of the respondents 70 (50.0%) were aware that they got detected in the Regional Institute of medical sciences,36 (30%) respondents revealed that their test was done in the Govt. aided /college; 20 (16.7%) respondents , test were done in private clinic/hospital and 4 (3.3%) respondents, test was done in the NGOs clinic.

Table 5.44

Precaution Measures Adopted by Respondents to avoid Transmission of Disease.

Earlier access to precaution or care is more cost effective and ensures healthier for a longer time. Precaution to avoid transmitting HIV/AIDS is an important aspect in fighting the spread of HIV in the absence of any medical drugs for the cure of the disease.

Almost all widows i.e. 98.3% took precaution measures for avoiding transmission of HIV. They took the following precaution as mentioned in table below.

Table 5.44

	Frequency	Percent
Stopped donating blood and campaigning for HIV/AIDS	10	8.3
Decided not to have child and remarriage	11	9.2
No breast feeding	12	10.0
Safer sex practice	10	8.3
Taking care and alert by herself	77	64.2
Total	120	100

Here the table (5.44), shows that the majority of the widows 77(64.2%) stated they were putting efforts by taking care and alertness by herself; 12 (10.0%) respondents put efforts on No breast feeding, 11 (9.2%) respondents decided not to have child and remarriage, and with the same percentage 10(8.3%) each respondents revealed that stopped donating blood and campaigning for HIV/AIDS and safer sex practice had been done.

Thus it is observed that widows were taking efforts to avoid transmission by taking care and alertness by herself to other person.

Table 5.45

Are you on ART (anti-retroviral therapy) and perception on treatment?

Management of HIV/AIDS includes ART. For prolonging of lives, adequate nutrition is also necessary to ensure optimal benefits from the use of ART. Anti-retroviral (ART) is substances that stops or suppress the activity of a retrovirus such as HIV. ART is not a cure but do help manage AIDS as chronic diseases and perhaps help strengthen PLWHA health.

Table 5.45

	Frequency	Percent
Yes	105	87.5
No	15	12.5
Total	120	100

To measure perceived treatment following items from the questionnaire were considered. When respondents were asked whether they are on ART, 105 (87.5%) respondents reported they were on ART and 15 (12.5%) respondents reported "No".

And as ART is a medicine which should be taken regularly once a person starts taking it. However, due to side effects a person fails to be satisfied with the ART treatment. 69 (57.5%) respondents' responded that they were satisfied but 15 (12.5%) respondents were not satisfied with the treatment. Although these treatments were not a cure and present new challenges of their own they had considerably improved prolonged lives and improved qualities of life

Table 5.46

Side effects with treatment

Side effects associated with ART therapy can sometimes be severe. While ART is highly effective in slowing HIV disease progression, they can cause important side effects in some individuals some of which can be life-threatening.

Table 5.46

	Frequency	Percent
Sleeping disorder	2	1.7
Stomach ache	3	2.5
Loss of appetite	2	1.7
Weakness and weight loss	8	6.7
Weight loss	3	2.5
NA	105	87.5
Total	120	100

Few respondents were found to be that they were not satisfied with the ART treatment, and those respondents were further asked what was the reason for their dissatisfaction.

Eight (6.7%) respondents responded that they felt weak and suffered weight loss, three (2.5%) respondents reported stomach ache and with the same number of respondents i.e., two (1.7%) each complained of sleeping disorder and loss of appetite.

105 (87.5%) respondents were exempted from this question.

Table 5.47

Usually at what stage of illness for treatment

Regarding the ethical issues in relationship to family or to their relatives, widows may not be inclined to inform them. Consequently, disclosure may keep silent about their health.

In order to go in-depth this section has been framed, usually at what stage of illness do they go for treatment.

Table 5.47

	Frequency	Percent
Immediately	68	56.7
When symptoms persists	36	30
First try home remedies	16	13
Total	120	100

Majority of the widows 68 (56.7%) reported that they went for treatment immediately; 36 (30.0%) widows reported that they went for treatment when symptoms persisted whereas, 16 (13.3%) respondents stated they first tried home remedies.

Table 5.48

Place of seeking the treatment and reasons.

	Frequency	Percent
RIMS	24	20.0
State Hospital	32	26.7
Charitable Hospital	4	3.3
Faith Healer/Religious person	2	1.7
NGOs clinic	41	34.2
Private doctors	17	14.2
Total	120	100

The percentage distribution of illness episodes for which treatment was sought is presented in the above table from where they sought treatment.

The highest percentage 41(34.3%) widows got treatment in the NGOs clinic; 32 (26.7%) got in the state hospital, 24 (20.0%) in the RIMS, 17 (14.2%) respondents in the private doctors, 4(3.3%) at the charitable hospital. For only a small percentage of ailing i.e. (1.7%) (2) respondents had gone to a faith healer/religious person.

The widows seemed to be relying more on NGOs clinic. This is understandable since there are numbers of NGOs working for PLWHA. The NGOs seem to be playing an important role as nearly as 35 percent of the episodes had been treated there.

It is again asked the reasons for choosing the centre for their treatment. The response was that, because they found affordable and less expenses, specialized treatment, good doctors; centre was nearby, doctor was known, or medical practitioners were free and frank and made them happy. Among the various reasons, (45%) of the widows selected the centre because it was affordable and less expensive.

Further it was found that there were few widows who did not seek treatment. The widows numbering 6(5.0%) had financial difficulties even for their own health.

The individuals and families affected by HIV/AIDS not only bore the heavy financial burden, but also had to face stigma and social isolation attached to the disease.

Table 5.49

Place of seeking the treatment and reason and Income

Place of seeking the treatment and reasons	Income(monthly)			Total
	Upto 500/-	Rs.501-Rs.2000/-	Rs.2000 and above	
RIMS	4(16.6%)	14(58.3%)	6(25%)	24(100.0%)
State Hospital	4(12.5%)	21(65.6%)	7(21.8%)	32(100.0%)
Charitable Hospital	-	1(25%)	3(75%)	4(100.0%)
Faith healer/religious person	1(50%)	1(50%)	-	2(100.0%)
NGOs clinic	9(21.9%)	20(48.7%)	12(29.2%)	41(100.0%)
Private doctors	4(23.5%)	11(64.7%)	2(11.7%)	17(100.0%)
Total	22(18.3%)	68(56.7%)	30(25.0%)	120(100.0%)

Upto500/---- as low
Rs.501-2000---as moderate
Rs.2000 and above as high.

The above table (5.49) reveals that seeks treatment from State Hospital, RIMS and NGOs' runs clinics and the middle income group of respondents are majority in that direction. It is 65.6%, 58.3 and 48.7% respectively. Even in case of private practitioners these groups are also in

majority, it is 64.7%. Even the higher income group and the lower income group of respondents are also seeking treatment from these sources. The number of respondents seeking treatment from faith or charitable hospitals is very few in number.

So analyzing the table it can be said that the income category and seeking of treatment from various sources have no significance relationships.

Table 5.50

Perception on result of Medication

	frequency	Percent
Yes	103	85.8
No	4	3.3
Couldn't realized	13	10.8
Total	120	100

Majority of the widows 103 (85.8%) responded "yes' which meant medication improved and showed positive results, 13 (10.8%) responded "couldn't realized", while only four respondents (i.e. 3.3%) responded in the negative.

Table 5.51

Support and Assistance they needed

	Frequency	Percent
Psychological and spiritual support	17	14.2
Social acceptance	19	15.8
Human rights and legal rights	8	6.7
Health and medicine	13	10.8
Income and employment	16	13.3
Nutrition and shelter	9	7.5
Education support for children	18	15.0
All of the above	20	16.7
Total	120	100

Information regarding kinds of support and assistance they needed. There are various needs listed out by the respondents. WLHA revealed that the disease had affected their income and they were not able to meet the needs. Almost all the respondents needed support and assistance.

The majority of the respondents 20 (16.7%) reported that they needed all of the support with the responses all of the above;19(15.8%) revealed that they needed social acceptance,18(15%) wanted educational support for children;17(14.2%) needed psychological and spiritual support; 16(13.3%) wanted income and employment;13(10.8%) needed health and medicine;9(7.5%) revealed that they wanted nutrition and shelter and 8(6.7%) reported that they were in need of both human and legal rights.

Table 5.52

Perception on self financial condition of caring of herself and children

	Frequency	Percent
Yes	78	65.0
No	42	35.0
Total	120	100

The burden of the socio-economic impact of HIV/AIDS is proportionately affecting the widows. There may be several constraints in providing care for themselves and for their children

Majority of the widow 78 (65.0%)felt that they did not have enough money to care of herself and her child with the responses "Yes" while 42 (35.0%) widows reported "No" which meant that they cared for themselves and for their children.

Part - D

Source and types of support HIV/AIDS widows and their children are getting

Table 5.53

Status of Social Support

Social support has been defined as the emotional and or material assistance to an individual from his interpersonal network within society.

Social support refers to a numbers of different aspects of social relationship. It also refers to the functions performed for an ill or distressed individual by the persons in the social networks, most commonly family, relatives, community and local clubs and NGOs or from Social Workers.

Table 5.53

	Frequency	Percent
Family	53	44.2
Relatives	6	5.0
Friends	11	9.2
Community and Local clubs	9	7.5
NGOs and social workers	31	25.3
NA	10	8.3
Total	120	100

In this section most of the widows got social support from one or other ways. The responses from 11 respondents i.e. 91.7% revealed they got the social support but 10 (8.3%) respondents revealed that they didn't get any social support.

It can be seen from the table that, the majority of the widows 53 (44.2%) received support from family; 31 (25.8%) reported that they got social support from NGOs and social workers, 11 (9.2%) received from friends, nine (7.5%) revealed that they got support from community and local clubs, and only six (5.0%) respondents got support from relatives.

It is observed that family plays a great role and followed by NGOs and Social Workers to provide Social support to Widows. It can be assumed that their care for HIV/AIDS is both complex and multi-faceted. This study reflects that the maximum numbers of the respondents revealed that they received support from family.

"I really thank my parent who is always on my side. If my parent did not allow me to enter, I would not be in this condition today. I know a friend who died because she got no support from anyone; her in – laws or her parents either. So, recalling all the things I consider myself to be lucky enough to have survived till today."(FGDs Group 3).

Table 5.54

Status of social support and Income

Status of social support	Income			Total
	Upto 500/-	Rs.501-2000/-	Rs.2000 and above	
Family	7(12.2%)	36(63.15%)	14(24.5%)	57(100.0%)
Relative	-	6(60%)	4(40%)	10(100.0%)
Friends	2(18.8%)	7(63.63%)	2(18.18%)	11(100.0%)
Community and Local Clubs	1(11.11%)	6(66.66%)	2(22.22%)	9(100.0%)
NGOs and social worker	12(36.3%)	13(39.3%)	8(24.2%)	33(100.0%)
Total	22(18.3%)	68(56.6%)	30(25%)	120(100.0%)

Upto 500/- considered as low

Rs.501-2000/- as moderate

Rs.2000 and above –as high

From the above table (5.54) it observed that friends, community and local clubs and NGOs provided most of the support to the lower income group respondents (up to Rs. 2000/-) Clubbing the both (income up to 500/- and up to 2000/-) category, it appears respondents received support from friends (82.43%), Community (77.77%) and NGOs (75.6%). Family and relatives support most to the comparatively higher income category respondents.

So, analysing the table, it can be said that support source beyond the family and relatives are more inclination towards the lower income category and higher income group enjoy supports from family circles.

Table 5.55

Status of social support and Education

Status of social support	Education			Total
	UptoVIII	Matric	Graduate	
Family	27(47.3%)	22(38.5%)	8(14.03%)	57(100.0%)
Relatives	7(70%)	2(20%)	1(10%)	10(100.0%)
Friends	6(54.5%)	2(18.18%)	3(27.27 %)	11(100.0%)
Community and local clubs	6(66.6%)	3(33.3%)	-	9(100.0%)
NGOs and social workers	12(36.3%)	18(54.5%)	3(9.09%)	33(100.0%)
Total	58(48.3%)	47(39.1%)	15(12.5%)	120(100.0%)

Again, the table (5.55) reveals that support from family, relatives communities and NGOs provides support more towards the lower

educated category (clubbing the both up to VIII and up to Metric). The support from the community is 100%, from NGOs 91%, from families 86% etc. Friends also provide support most to this category though more support to the graduates in comparison to others.

However, analyzing the table, it is difficult to say that there is a correlation exists in case of receiving support from the sources against the educational status.

Table 5.56

Perception on NGOs/GOs responded towards her illness

To understand the very availability and how formal institutional system help the widows in the context of HIV/AIDS care and needs, the question is framed and asked that NGOs/GOs available helped whenever they needed help. In views of various problem faced by them were lonely, deserted or frustrated.

Table 5.56

	Frequency	Percent
Yes, as much as I wanted	68	56.7
Yes, quite a bit	49	40.8
No, not at all	3	2.5
Total	120	100

Majority of the respondents i.e., 68 (56.7%) reported as "Yes, as much as I wanted", 49 (40.8%) said "Yes, quite a bit", and three (2.5%) said "No, not at all". So, it can be said that GOs/NGOs have responsibility towards the needs of respondents but still more required in the direction. And in the study of Pollack, M (1992) it was also found

that, a large number of respondents felt that NGOs could make a positive contribution towards helping the PLWHA, as well as in doing away with the stigma and discrimination attached to HIV/AIDS.

In the FGDs widows expressed that they were happy with the works of the NGO who were helping them out though not in huge financial support or other material help. Still it reports that many of the things had to be taken care of themselves.

"Sometimes, I got help from the NGOs side, but though they helped me in many ways, I have to bear the medicine expenses,."(FGDs Group1).

Table 5.57

Status of counseling service

Counseling is based on information of various elements obtained, which are part of a problem. A counseling relationship is formed as the client and the counselor work together toward developing a clear, concrete conceptual model of the client's behaviour and problems. The counselor helps the widows to identify social support and helps them to deal with the various psycho-social relations arising from within and society.

It is therefore, important to understand if counseling did help them with the present situation

Table5.57

	Frequency	Percent
Opens up your mind and feel with knowledge	18	15.0
Make you comfortable for your life	94	78.3
Realize the mistakes	8	6.7
Total	120	100

The majority of the respondents 110 (91.7%) responded that they received counseling while 10 (8.3%) did not receive.

As observation of the above discussion widows who reveled they received counseling were further asked how important the service was, the majority of the widows 94(78.3%) revealed counseling make comfortable for their life, 18 (15.0%) reported counseling opened up their mind and felt with knowledge, 8 (6.7%) reported by counseling they realized the mistakes. A similar finding was to be found in Pollack, M (1992) which showed a large number had undergone counseling and found helpful and in coping with the situation.

Table 5.58

Personal employee's support received from organization under treatment by Respondents and its contribution to their life.

Families attempted to resolve the demands independently, but were not always successful. Traditionally, when Indian families fail to fulfill their needs on their own, they turn to the extended family, institution or anyone who is cordial. This was true of families in the present study too, as they reported. The highest percentage, 84 (70.0%) revealed that support contributed in anyway while 36 (30.0%) revealed no one does contributed to her support.

The economic consequences for the widows might be much damaged in day to day activities. Sometime, support can be in terms of cash, clothes, food, any material, and books for children, nutrition etc.

Table 5.58

	Frequency	Percent
Cash	6	5.0
Clothes	1	.8
Food	8	6.7
Any Material	25	20.8
Books for children	21	17.5
Nutrition	23	19.2
NA	36	30.0
Total	120	100

In the percentage distribution, the highest support they received 25 (20.8%) any materials, (here materials such as daily basic needs) and followed by 23 (19.2%) nutrition, 21 (17.5%) received in terms of books for children, eight (6.7%) food, six (5.0%) in terms of cash and only one (.8%) received in the form clothes.

From the above table 5.58 it is seen, that widows received from one or the other in different ways. Again from the part of this discussion, further enquiry was framed like, the contribution she received was helpful .Majority of the widows responded 85 (70.8%) revealed that this contribution did not make the majority of her support while only 35 (29.2%) respondents revealed that the contribution made majority to her support.

Table 5.59

Social Networking with any Govt. or Non Govt. Agency

The impact of HIV/AIDS on widows is particularly acute. Being outside the structure of power and decision making they may deny to participate equally within the community but time has changed. They began to associate and involve with outside problems.

Empowerment needs to be taken up as by and large, she has no voice and is unable to take decisions about her own well-being.

Respondents with 105 (87.5%) responses revealed that they did not associate or did networking with any Govt. /non Govt. agency, while 15(12.5%) revealed they do associated with Govt. /Non Govt agency.

Table 5.59

	Frequency	Percent
Members of Meira Paibis(torch bearer)	3	2.5
Members of Local Clubs	5	4.2
Members of NGOs	5	4.2
Members of SHGs	6	5.0
NA	101	84.2
Total	120	100

Even though large numbers of widows did not have link or association with other agency, still five (4.2%) respondents reported that they were the members of NGOs followed by four (3.3%) respondents were the members of Local clubs, and with the same percentage, i.e., three (2.5%) respondents each reported to be the members of SHGs and Members of Meira Paibis. (Meira Paibis were a bond of voluntary woman organization who check any unwanted addicts or excessive action at the late nights. They are popularly known as Meira Paibis.)

Table 5.60

Perception on Organization support adequate in widow's support

NGOs role in the matter of sensitization, education and information dissemination about HIV/AIDS is very important. They also have been trying to do away with the HIV/AIDS. Additionally, they provide the PLWHA with a forum whereby they can speak and listen to people in similar situation as well as provide care and support for them.

Table 5.60

	Frequency	Percent
Yes	32	26.7
No	46	38.3
Up to some extent	42	35.0
Total	120	100

Widows received support in one way or other. In order to understand their support, this question is being asked. It is observed that 46 (38.3%) reported "No" followed by 42 (35.0%) reported up to some extent, and 32 (26.3%) reported "Yes".

Majority of the widows reported "No" with (38.3%) which means the support they were receiving was not adequate in addressing the problem.

Table 5.61

Training programme received

Training which is given to them is to reinforce HIV/AIDS. It ensures that will have a new purpose and positive role in life. Through training they can prevent, and give care support to their own strategies. Finally, it will also enhance interactive delivery of HIV/AIDS messages and makes behavior change more effective.

Table 5.61

	Frequency	Percent
MACS/NGOS	100	83.3
RIMS/MACS	8	6.7
NA	12	10.0
Total	120	100

As most of the widows joined in various programme, they were being asked who conducted or organized the training programme. Most of the widows who were registered in any one of the Organisation, responded (90.0%) that they almost joined the programme.

100 (83.3%) of respondents reported training was conducted by MACS/NGOs, while 8 (6.7%) reported by RIMS/MACS.

Table 5.62

Name of the training programme

	Frequency	Percent
Counselling and community programme	12	10.0
Management of treatment	16	13.3
Peer Education	23	19.2
Child training and Home based care	29	24.2
Leadership and SHGs	7	5.8
All above	21	17.5
NA	12	10.0
Total	120	100

The training which is given from the Institution, NGOs and community organization includes counseling and community programme, management of treatment, peer education, child training and home based care, leadership and SHGs etc.

In this table (5.62), majority of the respondents 29 (24.2%) revealed child training and home based care, 23 (19.2%) participated in peer education, 21 (17.5%) reported that they had received the training which given all in the above answers; 16 (13.3%) were trained in management of treatment; 12 (10.0%) reported about the training programme that they had received in counseling and community programme and 7 (5.8%) in leadership and SHGs training.

Regarding the support system widows got various training programmes for their own financial support from the training.

"They said they received educational support and training; like tailoring, knitting and other skills development for Income Generating Activities. With this support they are satisfied and content"

Part - E

Respondent's perception on stigma and discrimination

Table 5.63

Death case of family due to AIDS beside husband

Any death of an AIDS in the family beside her spouse, it holds the views that ideally, she could disclose among the family. Disclosure of status often leads to ridicule and judgment among family but on the flipside, if another is infected in a family her burden or blame reduced.

Widows 103 (85.8%) claimed there was no death of an AIDS beside her husband while 17 (14.2%) revealed there was a death in the family.

Table 5.63

	Frequency	Percent
Brother-in-laws	10	8.3
Sister-in-laws	2	1.7
Brother	4	3.3
Sister	1	.8
NA	103	85.8
Total	120	100

Any death of an AIDS can be related to the respondents. Here, they reveled 10 (8.3%) it was her brother-in-law, 4 (3.3%) revealed it was her own brother, 2 (1.7%) reported it was her sister-in-law and with only 1 respondents revealed it was her own sister.

It is assumed that respondents whose family has any death related to this disease, family may be sympathetic, responsive and supportive.

Table 5.64

Initial reaction of the family members coming to know regarding respondents HIV status

	Frequency	Percent
Shocked, Disappointed and Embarrassed	58	48.3
Supportive	51	42.5
Rejection and thrown out of the house	5	4.2
Hindrance of husband by family in earlier stage	6	5.0
Total	120	100

The table (5.64), tried to find out how the affected persons and their family members reacted as soon as the HIV status was discovered.

There were a variety of reactions from the WLHA when they first came to know about their positive status. A high percentage 58(43.3%) were shocked, disappointed and embarrassed to know her status, 51(42.5%) were supportive while six (5.0%) were hindrance of husband by family. The initial reaction of the family members can be varied.

Table 5.65

Ways of respondent's discrimination

Stigma and discrimination faced by the widows in different settings namely family, community, workplace and health care etc. There is discrimination faced by the widows in various settings. Widows experience higher level of discrimination even though in the family itself.

The community's perception about the infection also influences the family's responses to the affected individual.

It has already been seen the initial reaction of the family towards widows. However, it has also been seen that more widows are being discriminated.

Table 5.65

	Frequency	Percent
Ignore and rejected by people	64	53.3
Verbally abused, teased	9	7.5
Refused medical treatment	2	1.7
Spitting in front of you	3	2.5
Physically abused	4	3.3
Exposing her status	5	4.2
Abandon by her in-laws	3	2.5
NA	30	25.0
Total	120	100

64(53.3%) were Ignorant and rejected, nine (7.5%) were verbally abused or teased, with the same percentage, five (4.2%) by exposing her status, four (3.3%) by physically abused, three (2.5%) Each was discriminated by spitting in front of her and abandon by in-laws, two (1.7%), by refusal medical treatment.

Fear of stigma, possible discrimination hostility, rejection and even isolation in the community among family, relatives and friends. Not only had that but prevented her from seeking out support as a result of which some of their needs for support remained unfulfilled.

Table 5.66

Type of stigma faced by Respondents (Respondents feeling after stigmatization)

The stigma attached to the infection consequently gives rise to shame and self hatred. The respondents measured the individual's own perceptions and attitudes. The question includes like whether they feel their life is useless, whether it's a curse from god, whether they feel life is helpless and whether they feel suffocation because of fear of death.

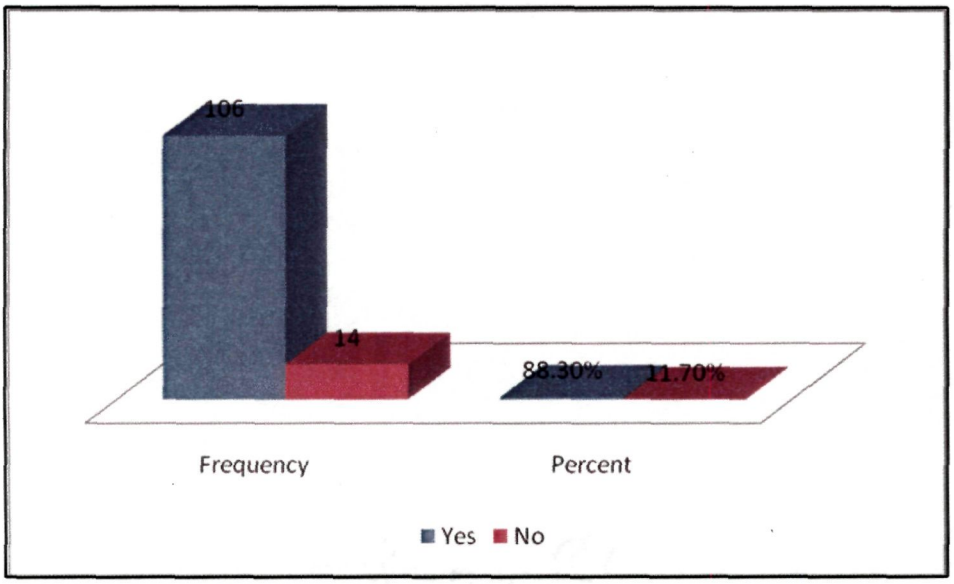
Table.5.66

	(Reponses)		
Variables	Yes	No	Total
1. Do you sometimes feel that your life is useless?	99(82.5%)	21(17.5%)	120/100.0
2. AIDS is definitely a curse from God to a person for her wrong doing?	103(85.8%)	17(14.2%)	120/100.0
3. Do you generally feel suffocation because of fear of death?	101(84.2%)	19(15.8%)	120/100.0
4. Do you generally feel that you are helpless?	98(81.7%)	22(18.3%)	120/100.0

The above table (5.66) expressed a very high negative feeling of life by the respondents. In all four categories of inhuman conditions as asked to them, it can be said that stigmatization has a very negative input in their life of the widowed. The high majority i.e. more than 81% in all cases expressed the inhuman life situations and feeling.

Remembrance of the better experience of life

Loneliness was to be felt for the whole life because woman enjoyed while the husband was alive in spite of his illness.



Figure/Chart 5.6 Remenbrance of the experience of life

The experience that she faced today was different even though they are poor still if husband remains alive means they are happy. The condition of widows living with HIV/AIDS is different from one person to another.

Majority of the widows 106 (88.3%) were very much excited of the better experience and 14 (11.7%) revealed they do get that excitement of remembrance.

Table 5.67

Respondents' response to her busy day to day schedule

	Frequency	Percent
Yes	104	86.7
No	12	10.0
Sometimes	4	3.3
Total	120	100

In this table (5.67), widows were asked whether they get busy in some work or the other just to forget their problem.

Majority of the widows 104 (86.7%) said "yes" they always got busy in some work or the other just soar to forget their problems whereas 12 (10.0%) said "No" and with 4 (3.3%) said they got busy themselves sometimes.

Table 5.68

Feeling of neglected and blamed.

	Frequency	Percent
Yes	36	30.0
No	52	43.3
Sometimes	32	26.7
Total	120	100

A woman is born with the blame stigma, if anything goes wrong anywhere; she is the culprit who has brought ill luck to the family.

Despite being a known fact the woman must have contracted the virus from her husband she is blamed by all.

The cases where people are not supportive they feel neglected. The discriminatory attitude towards widows upsets them.

In this case 52(43.3%) did not feel upset when they were blamed or neglected; 36(30.0%) reported that they felt upset when they were blamed or neglected while 32(26.7%) felt upset sometimes but not always.

Table 5.69

Perception towards community peoples responses towards HIV/AIDS

The community perception about AIDS patient can be negative or acting rationally or support from the understandable side.

Fear of HIV is so great that it prevents people from acting rationally. Examples can be found at the community level where people may have exaggerated their reactions, insisting on the imposition of rules tantamount to punishment for infected people. In one case, a man dying of AIDS could not sell his car, because potential buyers were afraid of infection, the man was also asked to stay at home and not mix with his neighbors (WHO, 1989).Discrimination on the basis of a health condition such as AIDS occurs both when people are known to possess certain discrediting attributes and also on the suspicion of possessing them. The fear of discrimination and stigmatization, therefore, prevents the Sero-positive people and their families from revealing the HIV status to the neighbors.

Table 5.69

	Frequency	Percent
Incurable and deadly disease	86	71.7
Associated with drugs	23	19.2
Immoral way of living and should be kept together	8	6.7
Should be responsible for their care	3	2.5
Total	120	100

Majority of the respondents, 86 (71.7%) claimed it was incurable and deadly disease, 23 (19.2%) stated community perception was associated with drugs, eight (6.7%) Responded it as immoral way of living and should be kept together and three (2.5%) stated that they should be responsible for their care.

Table 5.70

Perception on association with old friends.

In the process of socialization, peer therefore, plays a significant role and the behavior of the members of the peer group may reflective of the behavior of its member in general. However, next to family, close friends can be her support mechanisms in times of crisis. Outside family, friends plays an important part in the socialization process and they generally have the characteristics typical of any other small group, a system of norms preserved by sanctions against deviant members and sub groups .

They do associate and manage her everyday life and deal with the physical self. The social network of widows with HIV/AIDS may undergo considerable shrinkage after the revelation of the positive status. However, associating with friends can play a vital role in coping as it

helps in countering isolation, loneliness and depression.108 (90.0%)revealed that they associated normally with friends and 12(10.0%) revealed that they did not.

In the case of not associating, most of them are comfortable to be associate with old friends due top stigmatisation by society, infections etc. they are quite afraid in that direction as it revealed by the majority of the respondents.

Table.5.70

	Frequency	Percent
Because you are human being	8	6.7
Because they need your help	33	27.5
Don't want to stay behind	16	13.3
Don't want to be lonely	14	11.7
Enjoy mingle with them	37	30.8
NA	12	10.0
Total	120	100

The table (5.70) above shows the widows who reported they were normally associated with friends. Friends are the people who may have significant role to play in this scenario.

Majority of the respondents 37 (30.8%) enjoyed mingling with friends, 33 (27.5%) stated because they needed their help, 16 (13.3%) reported they did not want to stay behind, 14 (11.7%) reported they did not want to be lonely and 8 (6.7%) said because they were human being.

It is evident that widows who were associated with friends as they wanted to mingle with them and shared their problems and their joys.

Table 5.71

Respondents' remembrance on discrimination at the time of the delivery

	frequency	Percent
Yes	27	22.5
No	93	77.5
Total	120	100

Discrimination to a smaller or longer extent is part of the life of HIV/AIDS suffers.

It is observed from the above table that they faced discrimination with the responses "Yes", 27(22.5%) while 93 (77.5%) responses "No".

Majority of the widows (77.5%) did not face discrimination at the time of the delivery when they acquired the illness.

Table 5.72

Respondents blamed for the death of their husbands

A majority of respondents had disclosed their status only within close familial relationship. In most cases widows were blamed for the death of her husband considering women were stigmatized as being of loose character and potential carriers of infection to their husbands.

Table 5.72

	Frequency	Percent
Yes	11	9.2
No	109	90.8
Total	120	100.0

109(90.8%) widows reported they not were blamed but with 11(9.2%) revealed they were blamed for the death.

To those who were blamed were blamed by their family, their in-law, relatives. Almost all the widows seven (5.8%) out of 11 responses, they were blamed by their in-laws.

Table 5.73

Perception on her status in the society

The epidemic of fear, stigmatization and discrimination has undermined the ability of individual.

	Frequency	Percent
A big problem	72	60.0
A small Problem	25	20.8
Not a problem	20	16.7
Don't know	3	2.5
Total	120	100.0

Majority of widows 72(60.0%) responded self status as a big problem, 25(20.8%) reported as a small problem, 20(16.7%) reported as not a problem while three (2.5%) reported as did not know.

It is assumed that respondents were considering her status as a big problem which meant they were facing a problem.

Table 5.74

Respondents' suggestion on removal of restriction put forth on widow.

	Frequency	Percent
Yes	110	91.7
No	10	8.3
Total	120	100

The statistical information presented in the above table no. (5.74) shows that majority 110(91.7%) of widows stated that the restriction on widows should be removed whereas only less number 10(8.3%) of widows did not suggest removing restriction, to maintain their position with the society.

Part - F

Respondents related to the need and plan for the livelihood for themselves and children

Table 5.75

Sincere wish of the respondents

The stigma attached to a HIV widows is without a doubt the biggest challenge. They choose challenging tasks, exert appropriate effort while for success and overcome the stigma.

	Frequency	Percent
To be a most happy person	49	40.8
To be a most fortunate person	25	20.8
That I may attain the high respect	42	35.0
That society understand us well	4	3.3
Total	120	100

The questioned is framed as an achievement motivation. This achievement motivation has a rich research tradition which provides insights applicable to the infected widows.

Majority of the widows sincerely wished for 49(40.8%) to be a most happy person, 42(35.0%) wished that they may attain the high respect, 25(20.8%) widows wished to be a most fortunate person while 4(3.3%) wished that society understood them well.

It is evident that almost all the widows wished to live as a happy person in spite of her loneliness and being widow and of her illness.

Table 5.76

Perception towards her life

With the passage of time, the concerns of persons with HIV/AIDS also change. They develop a narrower but supportive social network; the significant people in their life also shift. Widows must cope with powerful psychological reactions to AIDS and to the society. Every AIDS patients struggle to find ways to maintaining her status and eradicate the evil disease.

Table 5.76

	Frequency	Percent
Ready to face challenges and fight for the noble	95	79.2
Ready to enhance	13	10.8
Prepare to remove social evils	12	10.0
Total	120	100.0

Majority of the widows 95(79.2%) are ready to face challenges and fight for the noble for their future, 13(10.8%) were ready to enhance while 12(10.0%) were prepared to remove social evils in the society.

As they were living with the illness almost all of them were ready to face challenges and fight for their own life as they could live peacefully among the society in the near future.

Table 5.77

Difficulties in child care

HIV/AIDS just like several other disaster, can affect the family, incapacitating and putting the future of their children in dark. Out of the study 69 widows i.e (57.5%) responded they found difficulties in taking

care of them for their daily needs of children.51 (42.5%) did not, which meant there were no difficulties in taking care of the daily needs of children. The difficulty includes their financial problem, school fees, medicines or no one to look after at home as they walk out early for work living them behind.

Table 5.77

	Frequency	Percent
Alone	8	6.7
Less time and finance	97	80.8
NA	15	12.5
Total	120	100.0

Widows experiences financial difficulties in meeting the basic needs of children, difficulties in taking care when they were sick and disciplining them.

It may be also be added that she had to take up a new role of being the bread winner of the family, as a result, she may not be able to devote full time towards children.

The table (5.77), depicts that, widows 97(80.8%) found difficulties in taking care because they did not have much time and due to financial constraints, eight (6.7%) reported they were alone while 15(12.5%)were not responding.

Women are the principal provider of care and support for infants and children. The role of women in the economy and their status in society thus becomes crucial for the growth of children and their development. And widows were in deep concern, about who would take care about their children when they would get sick or die.

Table 5.78

Respondent's future plan for the children.

A genuine concern for many of the HIV widows is the future of their children. Being a widow and planning for children is another bigger responsibility. Encouragingly, widows themselves became a victim but still they wished to shape their children. They wanted to take good care of themselves so that they would be able to fulfill their plans.

	Frequency	Percent
For continuation of further studies and fulfill their wishes	86	71.7
No plan	21	17.5
To be absorb in job market	10	8.3
NA	5	4.2
Total	120	100

Majority of the widows wanted their children 86(71.7%) for continuation of further studies and fulfill their wishes ,21(17.5%) reported they did not keep plan,10(8.3%) wanted their children to be absorbed in job market while five (4.2%) did not respond as they were childless.

The need to pursue the fulfillment of their aspiration was no longer felt due to the unpredictability of life posed by the disease .Childless widows were even more apprehensive about their future as they had none to support them.

Table 5.79

Education and Future plan for the children

Education	Future plan for the children				Total
	For continuation of further studies and fulfill their wishes	No plan	To be absorb in job market	NA	
Upto VIII	40(68.9%)	11(18.9%)	4(6.8%)	3(5.17%)	58(100.0%)
Matric	34(72.3%)	6(12.7%)	5(10.6%)	2(4.25%)	47(100.0%)
Graduate	10(66.6%)	4(26.6%)	1(6.6%)	-	15(100.0%)
Total	84(70.0%)	21(17.5%)	10(8.3%)	5(4.2%)	120(100.0%)

The above table (5.79), shows that the highest group whose education is upto VIII wanted their wards to continue their further studies and fulfill their wishes 40(68.9%), 11(18.9%)had no plan and four (6.8%) wished to be absorbed in job market. Widows in the category of education with Matric also had the mentality that their wards should continue their studies and fulfill their wishes with 34(72.3%), and more or less same percentage, respondents wanted their ward to be absorbed and had no plan. And again the category of graduate and above group also have the same responses with 10(66.6%), four (26.6%) in the group of no plan, and only one (6.6%) wanted to absorbed in job market.

It can be said that all the widows even though less educated still wanted their children to continue their studies and fulfil their wishes.

Table 5.80

Respondent's interaction with HIV/AIDS affected person leading a general life.

PLWHA has to learn to manage his everyday life and deal with the physical self. Some have experienced or interacted the better feeling of other person whereas some do not. 109 (90.8%) had an interaction or had experienced the better feeling who was leading a healthy life. 11 (9.2%) do not.

Those who have interacted were asked how they felt after meeting them. The responses were fellow feeling and confidence, supportive and happy and some found better mentally while interacting them.

Table 5.80

	Frequency	Percent
Wanted to share her life and experience with them	6	5.0
Not interested to meet as they may affect her.	5	4.2
NA	110	91.7
Total	120	100

This table (5.80) shows that few respondents who were not interacted with friends. Widows who haven't meet or interacted or experienced were asked further question, six (5.0%) were like to share her life and experience with them, five (4.2%) were not interested in meeting as they might affect her.