

CHAPTER - VII
MAJOR FINDINGS AND CONCLUDING
DISCUSSIONS

Chapter Seven

Major Findings & Conclusion

One of the major problems facing widows is the fact that they are so often seen as little more than victims. Widows, whether or not they have HIV, may have much to offer society, including skills that may not have been utilized during marriage.

India's health is best described as a mixture of incredible successes and severe failure. Most of the successes have been with communicable disease such as smallpox, malaria, and the plague. However, one infectious disease that India has done a very poor job fighting against AIDS. The AIDS epidemic is already a severe problem and it is likely to continue growing in importance unless India drastically changes current trends.

In the case of AIDS, India is not only fighting an epidemic, it is also combating poverty and prejudice which prevent those infected from being able to afford treatment and from being accepted for help. In India, there is a very long history of prejudice against people with AIDS. This prejudice stems from the idea that only "bad" people can get AIDS, so people who are infected with the disease must be inferior in some way. However, this prejudice is not only directed at AIDS victims. Health workers working with AIDS victims have similarly been stigmatized and harassed, preventing them from doing their job and preventing victims from receiving proper care. This undermines the effectiveness of the work that they do both to help victims and to spread awareness of the disease and of how it is communicated. Consequently, in order to prevent AIDS from continuing to spread at the current rate, the first things that must be overcome are the ignorance and prejudice that exist regarding AIDS.

However, this is a very hard task since prejudice is rooted in Indian society and Indian culture. This menace of ignorance and stigma has affected all walks of life in the Indian society although the effects are seen more on the vulnerable and marginalized sections of the society which include the occupational group this aimed at studying.

Summary of the Findings

The present study attempted to explore the problem and its conditions of HIV/AIDS affected widows. The sample consisted of 120 widows from the Imphal districts i.e. east and west Imphal.

Demographic Profile:

1. The average age of the widow's respondents was observed to be approximately 32 years. Majority of the respondents i.e., 48.3% belonged to the age of Above 35 years' category, followed by 43.3% respondents in the age group of 31-35 while 8.3% belonged to the group age of below 30.

2. Hindu respondents were in majority i.e., 77.5% out of total respondents. 11.7% respondents were found to be Muslim. The rest 10.8% were Christian.

3. Majority of the respondents i.e., 87.5% hailed from the general category, 5 % from the SCs and 4.2% from STs and 3.3% from OBC.

4. In the cases of marriage age of the respondents, majority (43.3%) belonged to the age group of 16 - 20 years, 35.8% in between the age group of 21-25 years. 15 % respondents were from the age group of 26 - 30 years, and only 5.8% respondents were from the age group of Below 15.

5. The highest percentage i.e., 53.3% respondents lost their husband at the age group of 26 - 30 years, 26.7% respondents became widowed in the age of 31 - 35, while 11.7% respondents became widow at the age

group of below 25 years. 8.3% respondents lost their husband at the age of 35 and above.

6. In the case of number of children, majority of the respondents (34.2%) had two children, 27.5% have only one child, 24.2% widows have three children's and 10% widows have children above four while very minimum number (4.2%) of widows are childless.

7. Most of the (38.3%) respondents have the highest size of the family in the group of 4 – 6 family members, followed by (36.7%) respondents in group of 1 – 3 members, (25%) in the group 7+ members.

8. Most of the widows (74.2%) were found of rural background while only 25.8% respondents were from urban areas.

9. In terms of education, 39.2% of widows are educated up to Class X or Matric level, 25 % Widows have studied up to class VIII, 21.7% widows are Illiterate, 11.7% widows have completed their Graduation and only 2.5% widows were Post Graduate qualified.

10. With regard to type of family structure, majority of the respondents (70.0%) belonged to a nuclear family, (25.0%) respondents' were from joint family while (5.0%) respondents were from extended families.

11. In account of type of marriage, majority of the respondents (83.3%) got married through love affair, 13.3% were arranged marriage and with the least percentage 3.3% revealed their marriage happened incidentally.

12. Most of the (43.3%) respondents live independently with their children, followed by those living with parents (27.5%) respondents, (25.8%) respondents revealed that they were staying with their in - laws. Minimum numbers of the subjects (3.3%) widows are living alone. Most of the (43.3%) respondents live independently with their children, followed by those living with parents are 27.5%, 25.8% respondents

revealed that they were staying with their in - laws. Only 3.3% widows are living alone.

13. As per the acquaintance with their spouse majority of the widows (40.8%) respondents' revealed they were friends, 16.7% widows claimed they got acquainted through the family and relatives. With the same percentage i.e. 18 (15.0%) each widows revealed that they come 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 .

14. In the case of separate living 33.3% widows were feeling safe and secure staying separately from her in – laws/family. (21.7%) revealed that they were not staying with her in – laws because they did not get proper care and support from in – laws. While, 3.3% said that they were happy to stay with their parents as they have no children.

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

15. Nearly about 90% respondent's children are normal/not affected by the disease and are living with them. Only 12 (10%) respondents' children are staying separately.

16. In regard to this information with whom their children were staying, 75% respondents told that their children were staying with their parental parents, 17% respondent's children were look after by relatives and 8% respondent revealed she has kept her child in the children home.

17. Few Widows' children were found to be staying with others (like relatives, children home or parental parents), 50% found to avoid stigmatization, 33% respondents revealed that education and better care is the main reason so they allowed their children to stay with others. While, 17% respondents revealed that for financial giving.

Socio economic Conditions:-

18. As per occupational mobility was concerned, the population was engaged in varied types of occupation, (58.3%) i.e. 70 respondents found to be engaged in self employed activities, 35(29.2%) respondents were working in an Non – Governmental Organization, 10(8.3%) respondents were unemployed and five (4,2%) respondents were Government employed.

19. In regard to the income source and amount of income, majority revealed that 68 (56.7%) family income per was between Rs.501 - 2000/- 22 (18.3%) respondents came under income group of Rs.500/-, 20 (16.7%) widows belonged to the income group of Rs.2001 - 4000/-, and 10 (8.3%) respondents belonged to the income group of Rs.4000/- and above.

20. The widows revealed that majority of them 63.3% did not saved or are not able to save from their earning, followed by 34 (28.3%) respondents saving up to Rs.100/-, while five (4.2%) respondents observed that each of them save the money ranging from Rs.101 - Rs.250/-, and between Rs.251 - Rs.500/-.

21. With few widows were found unemployed and getting support from various support bases. 40% of widows revealed their main source of income or support base was from their Parental Family, three (30%) widows got support from maternal family and in – laws while only two (20%) widows were supported by an NGO and only one (10%) respondent was getting support from her own children.

22. Majority (90.8%) of the respondents revealed they lived in their owned house while 11 (9.2%) respondents live in a rented house.

23. The distribution of HHs by availability of Basic amenities and the entire respondent enjoying of electricity and latrine were 100 percent.

For the type of fuel used for cooking, a high percentage i.e., 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 from public tap 45.8%, private tap 41.7%, public hand pump with 10% and 2.5% were using water from pond for drinking.

Knowledge relating to HIV/AIDS:-

24. The overall study revealed that majority i.e., 54 (45%) of the respondents had heard about AIDS through the Media, followed by information from the educational Institution with 30 (25.0%), respondents and 24 (20%) respondents reported they heard from the NGOs and community programme. Five (4.2%) respondents heard only after her husband death while seven (5.8%) widows heard after giving birth.

25. It was found that age, religion, caste even income have no correlation with knowledge level of the respondents while education found to be positively correlated with education level which means the level of higher education found to be have higher knowledge on HIV/AIDS.

26. Majority of the respondents had full knowledge of HIV/AIDS, 84 (70.0%) respondents know and stated it as a virus, 27 (22.5%) respondents reported it was a dreaded disease, while nine (7.5%) still reported do not know. Regarding the occurrence of the virus, 58 (48.3%) respondents reported that they did not know where from HIV come, 31(25.8%) respondents revealed it came from man, 24 (20.0%) respondents felt it was from Chimpanzee whereas seven (5.8%) respondents said it came from Insects.

27. Majority of the respondents 75 (62.5%) revealed that HIV/AIDS can't be cured, 38 (31.7%) reported not sure and seven (5.8%) gave wrong answers.

28. A large number i.e. 107 (89.2%) of respondents revealed that HIV/AIDS are not one and the same and about 13 (10.8%) said it was one and the same.

28. As per the knowledge regarding HIV/AIDS, majority of the respondents 75.8% revealed that HIV infected through sperm and 24.2% respondents stated "No". 117 (97.5%) respondents revealed the transmission of HIV infection through unprotected sexual contact; however 23 (2.5%) respondents said "No". 110 (91.7%) respondents revealed that it was not an air borne infection and few reported 10 (8.3%) by answering "Yes". 119 (99.2%) revealed sharing of food, clothes, bathroom and toilets with HIV person spread AIDS, while one (0.8%) respondent said "Yes".

29. Majority with 116 (96.7%) that revealed AIDS cannot be spread by casual touch, hugging, tears, urine and sweat, while four (3.3%) respondents said "Yes" 84 (70.0%) respondent reported that there was no possibility of spreading HIV infected within her body during pregnancy while 36 (30.0%) respondents said "No" i.e. there was a possibility.

30. According to their report 93.3% Widows revealed that women were especially vulnerable to HIV, whereas eight (6.7%) respondents responded in the negative.

31. As to the perception on vulnerability of HIV/AIDS to people, widows revealed that 53 (44.2%) it only for the High Risk Group, 52 (43.3%) respondents reported "not fully agree" while 15 (12.5%) respondents said 'No'.

32. Majority of the widow's i.e. 36 (30.0%) said that they believed the carrier of the AIDS virus was from drugs abusers, 35 (29.2%) respondents responded that the carriers were from all above the options,

25(20.8%) respondents stated from prostitute, 15 (12.5%) respondents stated that they did not know and nine (7.5%) widows response from infected Mothers.

33. Majority of 55(45.8%)respondents revealed that the identification process could be done only by blood test, 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 could be identify from complexion.

34. More than fifty percentage 73(60.8%) of widows revealed the perception of being widows by expressing that they experienced loneliness and helplessness, 28(23.3%) respondents reported that they faced challenge to adjust with community and society while 12(10.0%) respondents reported they found difficulties in their child care and with less number 7(5.8%)did not respond .

35. In the methods of discovering herself as HIV, majority of them 93(77.5%) 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.

Kinds and Methods of treatment:-

36. Majority noticed that 55 (45.8%) respondents detected when they were at the age of 26-30 years, 50 (41.7%) respondents reported they were detected at the age of 31-40 years. 10 (8.3%)(respondents

stated that below 25 years and five (4.2%) Respondents were detected at 41 years and above.

37. 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 they were detected in the Govt. aided /college, 20 (16.7%) respondents reported that their test was done in private hospital and four (3.3%) respondents test was done in the NGOs clinic.

38. Regarding precaution Measures Adopted by Respondents to avoid Transmission of Disease, 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.

39. Maximum of the widows 105 (87.5%) found they were on ART and 15 (12.5%) respondents reported they were not on ART.

40. Regard to the satisfaction of ART Treatment, most of the respondents 69 (57.5%) they were satisfied with the ART treatment but 15 (12.5%) respondents were not satisfied with the treatment.

41. On concern of ART treatment few widows i.e. eight (6.7%) found that they felt weakness and weight loss, three (2.5%) respondents reported stomach ache and with the same percentage i.e. two (1.7%) each respondents reported sleeping disorder and loss of appetite. 105 (87.5%) respondents were exempted this question.

42. The stage of illness for treatment, majority of the widows 68 (56.7%) reported that they went for treatment immediately, 36 (30.0%) widows reported they go for treatment when symptoms persisted whereas, 16 (13.3%) respondents stated they first tried home remedies.

43. The highest Place of seeking the treatment 41(34.3%) was in the NGOs clinic, 32 (26.7%) sought treatment in the state hospital, 24 (20.0%) in the RIMS, 17 (14.2%) respondents in the private doctors, four (3.3%) at the charitable hospital. For only a small percentage 1.7, widows went to faith healer/religious persons.

44. A correlation noticed between the tendencies of attending private clinic even NGO clinic (partially paid treatment) and the level of income. Higher income group have the tendencies of attending the private clinics. But here level of education is not positively associated

45. The prescription given by the doctors/priests on treatment majority of the widows 103 (85.8%) found and it was revealed that medication improved and showed positive results, 13 (10.8%) Responses “couldn’t realized”, while four (3.3%) responses were in the negative.

46. There are various needs for support and listed out by the respondents, majority 20 (16.7%) reported they needed all of the support with the responses all of the above,19(15.8%) revealed 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, nine (7.5%) revealed they needed nutrition and shelter and eight (6.7%) reported they needed Human Rights and Legal Rights.

47. Majority of the widows 78 (65.0%)felt 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 mean they could care for themselves and for their children.

Sources and type of Support:-

48. It is observed that most of the widows 110(91.7%) revealed they got the social support but with 10 (8.3%) respondents revealed they didn’t get any social support.

49. On various ground widows 53(44.2%) received support from family 31, (25.8%) reported that the social support received from NGOs and social workers 11, (9.2%) received from friends, nine (7.5%) received from community and local clubs, six (5.0%) respondents from relatives.

50. On perception on NGOs/GOs responded towards her illness majority of the respondents 68 (56.7%) revealed that “Yes, as much as I wanted”, (49) (40.8%) said “Yes, quite a bit”, and three (2.5%) said “No, not at all”.

51. Maximum numbers of widows 110 (91.7%) responded that they received counseling while 10(8.3%) did not receive.

52. On the counseling service, majority of the widows 94(78.3%) revealed counseling make supplied comfort for their life, 18 (15.0%) reported counseling opens up their mind and felt with knowledge, eight (6.7%) reported by counseling they realized the mistakes.

53. The Personal employee’s support received from organization under treatment by Respondents and its contribution to their life, the widows revealed that they received support 25 (20.8%) in the form of 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 form of clothes.

54. Majority of the widows 85 (70.8%) revealed the contribution they are getting did not make the majority of her support while only 35(29.2%) respondents revealed that the contribution made majority to her support.

55. Majority of the respondents 105 (87.5%) found that they did not associate or networking with any Govt. /non Govt. agency, while 15(12.5%) revealed that they associated with Govt. /Non Govt agency.

56. Less percentage five (2%) respondents reported they were the members of NGOs followed by four (3.3%) respondents were the members

of Local clubs, and with the same percentage of three (2.5%) respondents each reported to be the members of SHGs and Members of Meira Paibis.

57. As on the perception on Organization support adequate in widow's support, majority of the respondents 46 (38.3%) reported that the support they were receiving was not adequate in addressing followed by 42 (35.0%) reported up to some extent, and 32 (26.3%) reported "Yes".

58. Widows who were registered in any one of the Organisations were, found to be 108 (90.0%). They joined the training programme given by the organization and 12(10.0%) did not received training programme.

59. More than half of Widows 100 (83.3%) reported that training was conducted by MACS/NGOs, eight (6.7%) by RIMS/MACS and 12(10.0%) were not applicable.

60. Respondents who received training programme listed out various training, among various trainings. Majority of the respondents 29 (24.2%) participate in child training and home based care training, 23 (19.2%) participated in peer education, 21 (17.5%) reported they had received the training which was given all in the above answers, 16 (13.3%) trained in management of treatment 12 (10.0%) reported the training programme that they had received in counseling and community programme and seven (5.8%) in leadership and SHGs training.

Stigma and discrimination faced by them

61. Regarding death cases besides widows spouse in the family, great numbers of widows 103 (85.8%) claimed there was no death of an AIDS beside her husband while 17 (14.2%) found there was a death in the family.

62. The death beside spouse of widows who died Of AIDS it was to found 10 (8.3%) was her brother-in-law, four (3.3%) found it was her own brother, two (1.7%) reported it was her sister-in-law and with only one respondents revealed it was her own sister.

63. The Initial reaction of the family members when coming to know regarding respondents HIV 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 could be varied.

64. The Ways of respondent's discrimination, majority of the widows revealed 64(53.3%) they were Ignorant and rejected, nine (7.5%) were found verbally abused or teased, with the same percentage, five (4.2%) by exposing her status, four (3.3%) by physically abused, three (2.5%) found they were discriminated by spitting in front of her and abandoned by in-laws, two (1.7%) by refusal medical treatment.

65. Majority of the respondents reported that feeling after stigmatization had a very negative input in their life of the widows. The high majority i.e. more than (81%) in all cases expressed the inhuman life situations and feeling. They felt life was useless, was a curse from God, felt suffocation because of fear of death and feel they were hopeless.

66. In the responses to her busy day to day schedule 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.

67. Majority of the widows 104 (86.7%) got busy in some work or the other just to forget her problems whereas 12 (10.0%) did not and with four (3.3%) said they got busy themselves sometimes.

68. Majority of the respondents 52(43.3%) did not felt upset when they were blamed or neglected, 36(30.0%) reported they felt upset when they were blamed or neglected while 32(26.7%) feel upset sometimes.

69. As to the perception towards community peoples responses towards HIV/AIDS ,majority of the respondents 86 claimed (71.7%) that 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.

70. An analysis of association with friends by widows, a significant majority 108 (90.0%) revealed they did associated normally with friends and 12(10.0%) revealed they did not.

71. 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 want to stay behind, 14 (11.7%) reported they did want to be lonely and eight (6.7%) said because they are human being.

72. Majority of the respondents revealed that they faced discrimination with the 27(22.5%) responded "Yes", while 93 (77.5%) responses "No".

73. A positive response was found that 90.8% widows reported they not were blamed but with less percentage 9.2% revealed they were blamed for the death.

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

75. Majority of widows responded 72(60.0%) 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 'don't know'.

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

76. Majority 110(91.7%) of widows stated the restriction on widows should be removed whereas only minimum number of widows 10(8.3%) did not suggest removing restriction, to maintain their position with the society.

Need and plan for livelihood:-

77. Majority of the widows sincerely wished for 49(40.8%) to be a most-happy person, 42(35.0%) wished that they might attain the high

respect, 25(20.8%) widows wished to be a most fortunate person while four (3.3%) wish that society should understand them well.

78. Majority of the widows 95(79.2%) were 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.

78. More than fifty percent 69 (57.5%) widows reported that they found difficulties in taking care of them for their daily needs of children 51 (42.5%) did not, which meant there was no difficulty in taking care of the daily needs of children.

79. About the reasons of difficulties in taking care of child, a good percentage 97(80.8%) of widows found 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.

80. In the future plan for their children, majority of the widows wanted their children 86(71.7%) for continuation of further studies and fulfil 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.

81. There was no correlation to be found between the level of education and choice of future plan of the children of the respondents.

82. A good percentage of widows found that they 109 (90.8%) had an interaction or had experienced the better feeling who was leading a healthy life. 11 (9.2%) do not.

83. Respondents who did interact or experienced the better feeling who was leading a healthy life six (5.0%) reported they would like to share her life and experience with them, five (4.2%) were not interested to meet as they might affect her.

Developing Hypothesis

As the study was conducted on the basis of exploratory method the outcome helps the researcher to develop the following hypothesis, which can be studied further:

- 1) Widows will enjoy support and co-operation from their own families rather than others.
- 2) Training programme will play a significant role in developing knowledge and skill of HIV /AIDS and affected widows.
- 3) Training programme will improve support to PLWHA.
- 4) Higher education among girls will protect them from HIV/AIDS affection.
- 5) Castes, Religion have negligence relation on HIV/AIDS affection to girls.
- 6) Prior information and knowledge on Bridegroom lead less harm to girls before marriage.
- 7) High income may leads for better treatment and care for HIV/AIDS affected widows.
- 8) PLWHA who receive comprehensive counseling on ART will lead a better life then non-recipient of ART.
- 9) The levels of education and work participation rates among women will have a direct relationship with the level of awareness of HIV/AIDS.
- 10) Helping relationship or associations among HIV/AIDS affected widows lead to improve the quality of life.
- 11) Conditions of less stigmatization in a society will help the PLWHA to Voluntary Counseling and Testing for treatment.