



SEXUAL HEALTH & HIV/AIDS RELATED KNOWLEDGE, TRANSMISSION & PREVENTION AMONG MARRIED WOMEN IN INDIA – A STUDY

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Abstract

Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality. It is not merely the absence of disease, dysfunction or infirmity. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled. Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS) has the most dreaded disease of mankind in the recent years. The causative agent for this disease is a very tiny microorganism known as the HIV type-1. This belongs to a retro virus family and exclusively affects human beings and not identified in animals. This virus behaves in a unique manner and affects the defense mechanisms of the human body and specifically attacking white blood cells which multiplies and over a varying duration of 5 to 10 years, the infection manifests with many symptoms related to the loss of body mechanism is the stage called AIDS. Approximately 33.2 million people throughout the world are living with HIV and an estimated 25 million have died from the virus. Globally the pandemic has infiltrated all areas of life and has particularly affected reproductive and sexual health. Some of the most contentious and challenging public health issues arising from the



HIV/AIDS pandemic involve reproductive and sexual health. Basic health care and a range of services are fundamental to reproductive and sexual health. There are increasing numbers of people living with HIV; the rates of sexually transmitted infections have increased significantly in recent years. Creating awareness, transmission and prevention in the society is more important on HIV/AIDS and these three factors are included with sexual health. In this study few statistical data drawn from different sources are being considered and other empirical evidences used.

The objective of the study involves sexual health & HIV/AIDS related knowledge, transmission, misconception and prevention. The study involved in the reproductive age group of 15-49 of ever married women and Data drawn from DLHS 3, NFHS for the purpose of the study. According DLHS-3 ever married women age of 15-49 has total of 6,43,944. Out of that 5,02,272 women from rural and 1,39,672 respondents from urban background respectively. The awareness, transmission, prevention and misconception of the respondents compared with certain background characteristics. Evidence suggests that, many people lack the information they want and need to make informed choices that will affect their sexual health. There is a relationship between sexual ill health, poverty and social exclusion. Sexual health affects our physical and psychological wellbeing and is central to some of the most important and lasting relationships in our lives. This paper focused the risk factors of HIV transmission, prevention, testing and counselling in order to keep the good sexual health. In order to protect our sexual health, safe sex methods such as using condoms, negotiated safety relationship and Pre-exposure Prophylaxis (PrEP) have to be adopted. Free services have to be provided on sexual health, sex and relationship education and free HIV testing and counseling. No one can refuse that there are many challenges explaining the relationship between Sexual health &



HIV/AIDS for all people. A persons health is inescapably linked to the sexual health of his/her partner (s). To achieve and maintain sexual health, the sexual rights of all persons must be protected, respected and fulfilled. Lack of awareness leads to transmission of HIV and affects the sexual health.

Keywords: Sexual health, relationship, HIV/AIDS, awareness, wellbeing, study, condom, ailment, transmission, prevention, misconception, discrimination

Introduction

This article is presenting the sexual health and HIV/AIDS related knowledge, transmission and prevention among married women in the age group of 15-49 in India. At the outset it is important to define about, sexual health and HIV/AIDS before a study on awareness, transmission and prevention.

Sexual Health: According to the World Health Organization (WHO 2006) Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality. It is not merely the absence of disease, dysfunction or infirmity. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

HIV/AIDS: Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS) has the most dreaded disease of mankind in the recent years. The causative agent for this disease is a very tiny microorganism known as the HIV type-1. This belongs to a retro virus family and exclusively affects human beings and not identified in animals. This virus behaves in a unique manner and



affects the defense mechanisms of the human body and specifically attacking white blood cells which multiplies and over a varying duration of 5 to 10 years, the infection manifests with many symptoms related to the loss of body mechanism is the stage called AIDS.

Objective of the study

- ❖ Examine the sexual health
- ❖ Study the awareness on HIV/AIDS
- ❖ Assess knowledge on Transmission of HIV/AIDS
- ❖ Assess the knowledge of prevention of HIV/AIDS

Methodology

The study involved in the reproductive age group of 15-49 of ever married women and Data drawn from DLHS 3, NFHS and other empirical evidences used for the purpose of the study. According DLHS-3 ever married women age of 15-49 has total of 6,43,944. Out of that 5,02,272 women from rural and 1,39,672 respondents from urban background respectively. The HIV/AIDS related knowledge, transmission and prevention among married women are correlated with certain background characteristics in this study.

Review of Literature: Sexual health means more than the absence of sexually transmitted infections, or the absence of other medical conditions that might prevent you from having fulfilling a sex life. It is not just the lack of such ailments or conditions, but the presence of a satisfying, respectful and beneficial sexual part of our life. Sexual and reproduction are vital aspects of personal identity and are fundamental to human well being fulfilling relationship within diverse cultural contexts. Approximately 33.2 million people throughout the world are living with HIV and an estimated 25 million have died from the virus. Globally the pandemic has infiltrated all areas of life and has particularly affected reproductive and sexual health. Some of the most



contentious and challenging public health issues arising from the HIV/AIDS pandemic involve reproductive and sexual health. Basic health care and a range of services are fundamental to reproductive and sexual health.

AIDS is known as one of the greatest “mimicking” diseases, because it manifest as symptoms pertaining to many organ systems of the human body. The complexity of the symptoms of AIDS makes the fatal event different for every patient. One patient may die of pneumonia, another may die of tuberculosis, and another may die of cancer or liver, kidney, brain and nervous systems diseases, etc., Hence it is possible that if AIDS is undiagnosed in a patient, it may be erroneously assumed that the patient died of other diseases. Since the epidemic began in the early 1980’s, AIDS has caused more than 30 million deaths and orphaned more than 14 million children worldwide. According to the UNAIDS/WHO estimates show that, in 2004 alone 4.9 million people were newly infected with HIV.

The overwhelming majority of people with HIV, some 95 percent of the global total, live in the developing world. The proportion is set to grow even further as infection rates continue to rise in countries where poverty, poor health care systems and limited resources for prevention and careful the spread of the virus. The statistics are merely estimates that reflect many assumptions and uncertainties the situation in particular countries, such as those where accurate data are hardest to obtain, may be better or worse. Of all people between 15 and 49 years of age worldwide, 1.1 percent is now infected with HIV. In the present paper, data has been taken from the District Level Household Survey under Reproductive Child Health Project for the study. Variety of articles addressing the science and practical applications of sexual health, an important health promotion concept with the potential for improving population health in a broad range of areas related to sexual behavior including human immunodeficiency virus (HIV) acquired



immunodeficiency syndrome (AIDS), sexually transmitted disease (STDs), viral hepatitis, teen and unintended pregnancy and sexual violence. The concept of sexual health evolved since its initial articulation by the World Health Organization (WHO) in 1975, but it has generally emphasized well-being across a range of life domains (e.g. Physical, mental and emotional) rather than simply the absence of disease or other adverse outcomes. More recently, the Centers for Disease Control and Prevention (CDC)/Health Resources and Services Administration Advisory Committee on HIV, Viral Hepatitis, and STD Prevention and Treatment (CHAC) has developed the following revised definition of sexual health recommended for use in the U.S:

Sexual health is a state of well-being in relation to sexuality across the life span that involves physical, emotional, mental, social and spiritual dimensions. Sexual health is an intrinsic element of human health and is based on a positive, equitable, and respectful approach to sexuality, relationships and reproduction, that is free of coercion, fear, discrimination, stigma, shame and violence. It includes: the ability to understand the benefits, risks and responsibilities of sexual behavior; the prevention and care of disease and other adverse outcomes; and the possibility of fulfilling sexual relationships. Sexual health is impacted by socioeconomic and cultural contexts – including policies, practices and services – that support healthy outcomes for individual, families, and their communities. India has the third largest HIV epidemic in the world. In 2016, HIV prevalence in India was an estimated 0.3%. This figure is small compared to most other middle income countries but because of India's huge population (1.324 billion) this equates to 2.1 million people living with HIV. In the same year an estimated 62,000 people died from AIDS related illnesses. The HIV epidemic in India is driven by heterosexual sex, which accounted for 87 percent of new infections in 2015.



The fieldwork for India was conducted and gathered information from 601,509 households, 699,686 women and 103,525 men. According to the NFHS 4 data, women who have comprehensive knowledge of HIV/AIDS shows 28.1 percent in urban and 16.9 percent in rural areas. Comparatively men who have comprehensive knowledge of HIV/AIDS show high percentage as 37.8 percent in urban locality and 29.2 percent in rural areas.. Comprehensive knowledge means knowing that consistent use of condoms every time they have sex and having just one uninfected faithful sex partner can reduce the chance of getting HIV/AIDS, knowing that a healthy looking person can have HIV/AIDS, and rejecting the two most common misconceptions about transmission or prevention of HIV/AIDS.

More than fifty percent ever married women in the age group 15-49 with selected back ground characteristics have heard about HIV/AIDS, Knowledge of HIV/AIDS was low among young women, rural women, non-literate women, women from scheduled tribes, women from households with a low standard of living and women from other religious groups. It is well known that Urban and rural awareness is a key indicator. As expected, knowledge of HIV/AIDS steadily increased with an increase in educational level and the standard of living.

Sexual Health Condition

Sound reproductive health is integral to the vision that every child is wanted, every birth is safe, every young person is free from HIV, and every girl and woman is treated with dignity. Implicit in this vision is the idea that men and women will be able to exercise their rights to information on and access to safe, affordable and acceptable methods of fertility regulation as well as quality health care services. Several studies highlight the widespread prevalence of sexually transmitted and reproductive tract infections. In a countrywide



community based study, prevalence was nearly 6 percent in 15-50 years age group. The problem is further compounded by the prevailing culture of silence, as women are generally reluctant to seek medical treatment for these symptoms. Sexual health awareness includes sex basics, reproductive issues, vaginal dryness, lack of desire, erectile dysfunction and physical challenges. 40 percent of women aged 18-24 reported having had sex by the age of 18. This proportion was higher in rural areas (48 percent) than in urban areas (24 percent) and in poorest households (65 percent) than in the wealthiest (14 percent). It is well established that marrying early may limit educational & professional opportunities still many Indian women particularly those who are poor or rural are married as teenagers.

Awareness on HIV/AIDS

The aims of the study were to describe awareness, transmission and prevention of HIV/AIDS among married women in both urban and rural areas to different exposure and their knowledge of HIV/AIDS. The problem of HIV transmission among women still constitutes high figures in the global trends, in 2012 it was estimated that 17.7 million women were infected with HIV/AIDS in the world and HIV/AIDS was the major cause of death for women aged 15-44 years.

Awareness of Women on HIV/AIDS

TABLE - 1

Awareness of HIV/AIDS	Urban %	Rural %	Total %
Women who have heard of HIV/AIDS	79.4	49.5	59.0
Women underwent test for detecting HIV/AIDS	13.5	8.3	10.5
Women who know the place to go for testing HIV/AIDS	68.5	56.1	61.4

Source: DLHS-3



It was observed from the above table that the awareness level shows less than three fifth of the women have heard of HIV/AIDS with urban respondents having high level of awareness in India. More than sixty percent of the respondents who know the place to go for testing HIV/AIDS and rural respondent's level of awareness are considerably better as 56.1 percent. The overall women underwent test for detecting HIV/AIDS indicate 10.5 percent which seems to be very low as compare to other awareness.

Source of knowledge **TABLE - 2**

Source of Knowledge for HIV/AIDS	Percentage	Urban	Rural	Respondent education				Wealth Index		
				NL	<5 Yrs	5-9 Yrs	>10 Yrs	Low	Med	High
Respondent who have heard of HIV/AIDS	59.0	79.4	49.5	32.7	55.5	74.6	94.9	22.7	44.0	79.0
By Radio	35.6	31.5	38.5	30.5	34.9	36.9	37.9	35.8	40.0	34.3
Television	74.0	88.0	63.0	53.7	60.6	75.7	89.3	28.8	50.2	84.9
Health Personnel	18.6	16.7	20.0	16.8	17.7	18.2	20.6	20.0	19.5	18.3
Relatives/Friends	44.3	38.5	48.6	55.8	52.7	43.4	34.8	59.8	53.7	40.3
Media	32.1	42.5	24.4	4.9	14.9	30.7	57.9	9.2	15.5	39.9
Adult education & Community Meetings	12.0	11.2	12.6	14.8	12.1	11.6	10.8	11.6	11.7	12.0
Husband	10.4	9.6	11.0	11.1	8.0	9.7	12.0	11.8	10.0	10.4
Other	7.3	5.6	8.6	10.0	9.2	6.2	6.1	13.2	10.8	6.0

Source DLHS:3



Television is vital source to create awareness on HIV/AIDS among the married women with 74 percent in India. However 88 percent women belong to urban residents and 63 percent women belongs to rural residents respectively. Followed by relatives/friends with 44.3 percent became the second highest level of awareness. Surprisingly 48.6 percent rural respondents reported that their source of knowledge is through relatives and friends. 55.8 percent of non-literates and 59.8 percent with Low wealth index have reported that they gained awareness through friends and relatives. Both radio and media is responsible for source of knowledge of HIV/AIDS with 35.6 and 32.1 percent respectively. However the overall respondent awareness stands at 59.0 percent. 10.4 percent respondents reported that their husband is their source of knowledge for HIV/AIDS. Education level of >10 years and high wealth index of respondents reported that TV is the main source of knowledge of HIV/AIDS. 32.1 percent women reported that media is their source of knowledge and out of which 42.5 percent from urban and 24.4 percent are from the rural backgrounds. Respondents slightly more than one tenth of the respondents reported that they gained awareness through adult education & community meetings.

Most commonly people get or transmit HIV through sexual behaviors and needle or syringe use. Certain body fluids such as semen, blood, pre seminal fluid, rectal fluids and breast milk - from a person who has HIV can transmit HIV. Unsafe sex, unprotected sex, sharing needles, syringes, oral sex, blood transfusions, and blood products also transmit HIV.



Awareness on Transmission of HIV/AIDS

TABLE – 3

Source of Knowledge for HIV/AIDS	Percentage	Urban	Rural	Respondent education				Wealth Index		
				NL	<5 Yrs	5-9 Yrs	>10 Yrs	Low	Med	High
Respondent who have heard of HIV/AIDS	59.0	79.4	49.5	32.7	55.5	74.6	94.9	22.7	44.0	79.0
Unsafe sex with person having many partners	66.1	68.8	63.9	61.8	63.5	65.7	69.5	56.6	62.3	65.6
Transfusion of infected blood	55.1	60.7	50.6	40.0	42.5	52.2	69.2	39.8	44.7	58.3
Unprotected sex with HIV/AIDS infected person	35.0	36.3	33.9	27.8	30.0	33.8	41.3	30.2	31.0	36.3
Unsafe sex with sex workers	31.2	31.9	30.7	30.7	31.1	29.9	32.8	32.0	31.0	31.3
Infected mother to child	29.8	33.6	26.7	20.6	20.4	27.0	39.6	20.4	24.3	31.7
Unsafe sex with Homosexuals	11.7	12.6	11.0	9.0	9.8	11.2	14.1	7.4	9.6	12.6
Other	17.2	19.4	15.5	11.0	14.5	16.3	22.3	11.4	13.2	18.5

Source DLHS: 3

Unsafe sex is sexual activity in which precautions are not taken due to the risk of spreading sexually transmitted diseases like AIDS. Sex without using a condom can put you at greater risk of catching a sexually transmitted infection. The above table indicates that 66.1 percent respondent's having knowledge of transmission of HIV/AIDS happens with unsafe sex with person having many partners and more than three fifth of the respondents from the urban and rural reported this source of knowledge of transmission of HI/AIDS. More than 60 percent of the women of education and wealth index background indicated that, they have this awareness on transmission of HIV/AIDS. Whereas, 55.1 percent of married women believed that, the transmission of HIV/AIDS spread through transfusion of infected blood. Half of the women respondents in the rural back ground reported this awareness of transmission. Less than two fifth of the respondents married women having the knowledge of transmission



occurs through unprotected sex with HIV/AIDS infected person and unsafe sex with sex workers respectively. More than 30 percent of the non-literate and low wealth index women expressed the HIV/AIDS transmitted through unsafe sex with sex workers. Respondent's knowledge of infected mother to child shows 29.8 percent and in which 33.6 percent married women are from urban background. Nearly forty percent of the respondents of education background of >10 reported that the transmission is from mother to child.

Misconception of Transmission of HIV/AIDS

TABLE - 4

Source of Knowledge for HIV/AIDS	Percentage	Urban	Rural	Respondent education				Wealth Index		
				NL	<5 Yrs	5-9 Yrs	>10 Yrs	Low	Med	High
Respondent who have heard of HIV/AIDS	59.0	79.4	49.5	32.7	55.5	74.6	94.9	22.7	44.0	79.0
From mosquito, flea or bedbug	21.6	16.6	25.4	28.0	29.6	22.4	14.1	29.6	28.5	19.0
Stepping of someone's urine/stool	13.6	9.4	16.7	20.7	19.9	13.7	6.6	21.3	20.0	11.0
Sharing food	13.2	8.6	16.7	21.6	19.5	13.0	5.8	21.9	20.3	10.4
Sharing cloth	11.2	7.2	14.1	18.3	16.8	10.9	4.8	18.4	16.1	8.8
Hugging	9.0	5.8	11.3	15.2	13.4	8.7	3.7	14.6	14.0	7.0
Shaking Hand	7.9	5.0	10.0	13.5	11.6	7.6	3.2	12.9	12.2	6.1

Source DLHS: 3

It is learnt that 21.6percent respondents having misconception of transmission from mosquito, flea or debug. 16.6 percent from urban and 25.4 percent from rural having misconception that the HIV/AIDS is transmitted through mosquito, flea or bedbugs. Followed by 13.6 percent women, having misconception of transmission by stepping of someone's urine/stool and 13.2 percent of respondents said that sharing



of food is the source of transmission of HIV/AIDS. Misconception of transmission by sharing cloth, hugging and shaking hand shows 11.2, 9.0 and 7.9 percent respectively. More than 10 percent of respondents of the rural background revealed other misconception of transmission.

Prevention of HIV/AIDS

TABLE - 5

Source of Knowledge for HIV/AIDS	Percentage	Urban	Rural	Respondent education				Wealth Index		
				NL	<5 Yrs	5-9 Yrs	>10 Yrs	Low	Med	High
Respondent who have heard of HIV/AIDS	59.0	79.4	49.5	32.7	55.5	74.6	94.9	22.7	44.0	79.0
Sex with one partner/avoid homosexual	66.1	71.0	62.5	57.3	56.2	64.7	76.6	51.9	57.1	70.0
Avoid risks getting infected through blood	53.4	61.1	47.8	36.9	38.4	50.5	72.4	35.5	40.5	58.6
Using condom correctly during each sexual intercourse	34.2	38.6	30.6	22.8	22.6	31.7	45.1	22.8	24.6	37.0
Abstain from Sex	19.4	19.0	19.8	18.0	21.7	19.7	19.5	18.8	20.3	19.4
Avoiding pregnancy when having HIV/AIDS	15.4	17.0	14.1	9.6	11.2	14.0	20.7	10.5	12.4	16.3

Source: DLHS 3

Respondent's knowledge on prevention of HIV/AIDS from the above table shows that 66.1 percent having the knowledge of sex with one partner/ avoid homosexual. Out of this 62.5 rural respondents, 57.3 percent of non-literates and 51.9 percent with low wealth index reported that this source of knowledge for prevention of HIV/AIDS. Followed by 53.4 percent respondents opined that avoid risks getting infected through blood. 72.4 percent of respondents with >10 education and 58.6 percent of high wealth index disclosed that avoid risks getting infected through blood for prevention. Using of condoms is the best practice for prevention of HIV/AIDS and it plays an important role during intercourse. 34.2 percent of married women having the



knowledge of using condom correctly during each sexual intercourse. However, it may be observed that the rural respondent's percentage is found less than the national level. It was discovered from the data clearly indicates that respondent with <5 education (21.7 percent) and medium wealth index (20.3 percent) reported HIV/AIDS could be prevented by abstain from sex. More than one third of the respondent believes avoiding pregnancy when having HIV/AIDS would reduce the chances of getting HIV/AIDS.

Summary & Conclusion:

No one can refuse that, there are many challenges explaining the relationship between Sexual health & HIV/AIDS for all people. A persons health is inescapably linked to the sexual health of his/her partner (s). To achieve and maintain sexual health, the sexual rights of all persons must be protected, respected and fulfilled. Lack of awareness leads to transmission of HIV and affects the sexual health. In order to protect our sexual health, safe sex methods such as using condoms, negotiated safety relationship and Pre-Exposure Prophylaxis (PrEP) have to be adopted. Free services have to be provided on sexual health, sex and relationship education and free HIV testing and counseling.

The source of knowledge, transmission, misconception and prevention is correlated to residence, education and wealth index background characteristics. Nearly half of the rural respondents at national level have heard about the HIV/AIDS. Whereas 56.1 percent of the women who know the place for testing HIV/AIDS. Electronic media plays an important role for creating knowledge of HIV/AIDS particularly among rural women. 44.3 percent of the ever married women that their source of knowledge through relatives and friends and surprisingly 48.3 percent from rural residents. Respondent's knowledge comparatively better on transmission through unsafe sex,



transfusion of blood, unprotected sex and infected mother to child. It may be observed from the data that the misconception level of the respondents was observed less than 30 percent of the selected background characteristics. According to source of knowledge for prevention of HIV/AIDS respondents with >10 years of education and high wealth index having better knowledge than other background characteristics.

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