



## UNWED MOTHERS' AWARENESS ABOUT HIV/ AIDS

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### ABSTRACT

HIV/AIDS has been affected very first in whole over the World. It also killing the million of people in large. It create threat to patient into death. World wide, 39.4 million people are living with HIV/AIDS. In India, the number of HIV positive cases has risen to 5.3 million, and it is rising consistently. Women due to their vulnerability are facing the greatest challenge of handling this menace. HIV can also be transmitted through mother-to-child or through breast feeding to the infant was known to nearly fifty percent of the respondents. Media played an important role in creating awareness about this deadly menace. NGO's too can play an important role in counseling unwed mothers to start antiretroviral therapy and create awareness about AIDS and its consequences in different sections of the society. Ever since the first case of AIDS (Acquired Immune Deficiency Syndrome) was reported in India (1986), the number of HIV positive cases has been on the increase. Currently, the number of persons in the grip of HIV/AIDS has risen to 5.3 million. Worldwide, 39.4 million people are living with HIV/AIDS, and of these, 8.2 million are in the Asian region. Women all over the world are facing the greatest challenge of handling this menace because of their greater vulnerability. Preventive measures including health education seem to be the only means to put a halt to HIV transmission. A decade ago, it was recommended that all health care professionals should counsel the pregnant women about HIV and to encourage testing HIV, and if indicated, initiate Zidovudine therapy. Pregnant women are at risk of not only acquiring the disease but also transmitting it to their infants. Keeping this background in mind, study was had undertaken to assess unwed mothers' awareness about HIV/AIDS. For this purpose, respondents were selected from urban and rural areas of Chandigarh. The focus was on this group because at this stage, women are more receptive to health-related matters and their role in caring and rearing of family also acquires importance. HIV can be transmitted mainly through three routes, namely, sex, blood and blood products, and mother to child. Data were gathered specifically, from those respondents who had heard about AIDS, regarding their awareness about the routes of HIV transmission. The findings showed that nearly ninety percent of these respondents were aware of the sexual route of HIV transmission. A significant relationship was also found in relation to their background and their awareness about the sexual route of transmission. Similarly, a significant relationship was found in regard to their awareness about transmission of HIV through blood and blood products. As mentioned earlier, mother-to-child transmission of HIV is responsible for 5 to 10percent of the total cases. The findings in this regard showed no significant relationship between mothers' background and their awareness about this route of HIV transmission. That HIV can be transmitted through breast-feeding was known nearly to50.6 percent of the respondents. On the positive side, a majority of the respondents were found to be aware of the fact that HIV cannot be transmitted either through sharing of personal items(undergarments, utensils) or (kissing or hugging) yet, there were some who had misconceptions about the transmission of HIV through mosquito bites, coughing or sneezing. Walia, I.,( July 2005),

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## INTRODUCTION

HIV/AIDS was also emphasized that 80 percent of pregnant women who received antenatal care had access to HIV prevention services. It has been brought out that the risk of Mother-to-Child transmission can be reduced in several ways: (i) prevention of new infections in parents to be; (ii) prevention of unwanted pregnancies in HIV infected women; and (iii) transmission from an HIV infected mother to her infant. *Intyre, 2002*, HIV/AIDS was recommended that all health care professionals should counsel the pregnant women about HIV and to encourage testing HIV, and, if indicated. HIV/AIDS Keeping this background in mind, study was had undertaken to assess unwed mothers' awareness about HIV/AIDS. For this purpose, respondents were selected from urban and rural areas of Chandigarh. The focus was on this group because at this stage, women are more receptive to health-related matters and their role in caring and rearing of family also acquires importance Connor *et al.*, 1994. There is hardly need to highlight the general recommendations that all health care workers should counsel pregnant women about HIV testing. It is stressed that introduction of antiretroviral drugs and avoidance of breast feeding reduces the transmission of HIV by 51 percent, to 67.5 percent. Dalar, (2001), On the positive side, this study showed that more than fifty percent of the unwed mothers were aware that HIV can be transmitted to the fetus during antenatal period and to newborn through breast feeding in the postnatal period. Studies have also pointed out that mortality among HIV-Infected was higher in women who breastfed their babies with formula Sykes, (2002). To evaluate the awareness and knowledge of mother-to-child transmission of HIV, HIV/AIDS and the methods to prevent mother-to-child transmission of HIV. This is a descriptive study. The study was carried out at the pediatric HIV clinic of Aminu Kano Teaching Hospital from 1st July 2006 to 30th December 2006. Mothers included in the study were mothers in first contact with HIV facilities, which was at center, before any form of counseling. The instrument used was a questionnaire designed to assess awareness of the mothers about HIV/AIDS, evaluate their knowledge of possible routes of transmission and measures to prevent vertical transmission (Adeleke *et al.*, 2009).

### Objective:

- To Identify the HIV/AIDSs victimized Unwed Mothers in the state of Odisha.
- Facing discrimination in the Society
- Life style of Unwed Mothers and their Children is very miserable condition
- Highlight on socioeconomic negligence
- Both essences treatment & prevention highly need to Unwed Mothers and Children
- Patriarchy is hindrance to take responsibility in society.

### Case study (Name-Pinky Das)

Pinky Das is a 20 years old from Cuttack, Father-Kailash Das, dist-Cuttack. Pinki was a HIV person, Class-Nill, Age-20. Pinki was a professional prostitution. There is no one to her except her mother. Pinki used to visit several places for prostitution. The many earned through her profession was only income by which they live. Pinki's mother was well known about pinki's profession and never objected about her profession as both are live with these incomes. Pinki was so

beautiful ledis so many people try to flirting with her. Pinki was illiterate. Pink's father was died by a accident when she was 1yers old. Her father was a Rickshaw rider in profession. After the death of her father they were alone. Pinki and her mother resided in a house where they work. They earned 2000/- per month. Then they shifted to a small cottage after death of pinki's father they moved to town and they adjusted with the money earned by their work was days passes pinki also growing with time and try to help her mother in work. But she only gave her effort pinki spent her childhood playing with slum children's. When she was 15 years old she most with many boys and also spent most of times with their. Most of people stave with bad intention of her. Despite her mother her mother's warning pinki did not care about future and ignores everything. Many people offered money for the sack of physical relation and also taken the advantage of pinki's innocence. In such ways, pinki already established herself as a prostitute. She earned lot of money from such profession. Afterwards she refused her mother for any out side work. It anyone call her. She went with him and keep relation with him. One a track driver proposed pinki for marriage. That driver was named Rajendra Dalai. Rjendra make a deal with pinki's mother and paid 1 lakh Rupees for marriage. After marriage both Rajendra and pinki shifted to another house. Rajendra has no idea that his wife was a prostitute in profession. 7/8 month later ,pinky did not feel well so Rajendra consulted with a doctor. After medical check up, report came out as pinki was HIV +Ve. Then he came to know that pinki was a prostitute. Some people informed Rajendra about pinki's profession but Rajendra has full faith on his wife. After knowing such matter Rajendra leave pinki and never came back. Pinki waited and waited but Rajendra address was unknow to everyone.

Then pinki stayed along with her mother and again started her prostitution. The peoples who keep relation with pinki were unknow that pinki were unknow that pinki was a HIV +Ve patient. After meeting many peoples pinki fall in love with another guy. That guy belongs to bbsr, IRC Village and his name was Bikram Dalai. Bikram knew that pinki was a prostitute, but did not know that pinki is affected with HIV +Ve. As pinki was good looking and beautiful, this is the reason behind Bikrom's interest towards pinki. Bikram also lost her wife and he has already two sons. Two son's are so small and there is no one to take care of them. So this is another reason for why Bikram wanted marry pinki. Bikram and pinki also have in physical relationship many times. Ones pinki 's health fell in to sick and Bikram taken her to medical. Pinki was five month pregnant and HIV +Ve too. After knowing that, Bikram denied to marry pinki. Day by day pinki's condition became serious. She did not able to do any work. Then after pinki was suggested by a doctor about Basundhara. Pinki moved to Basundhara and she gave birth a girl child in Basundhara. Pinki Leave her daughter in a orphanage. 15 days later, the girl child died. Now pinki and her mother permanently shifted to their own village. They used to sale flowers and manages survive. Pinki earn something with sewing machine by sewing dresses. No one in their village know that pinki's disease. Pinki's mother still awaited for a proposal, and she will be relaxed. That's why she did not let pinki to go out and keep her in strict observation.

**Unwed mothers' awareness about the routes of HIV transmission:** Studies have revealed that HIV can be transmitted mainly through three routes, namely, sex, blood

and blood products, and mother to child. Data were gathered specifically, from those respondents who had heard about AIDS, regarding their awareness about the routes of HIV transmission. The findings showed that nearly ninety percent of these respondents were aware of the sexual route of HIV transmission. A significant relationship was also found in relation to their background and their awareness about the sexual route of transmission. Similarly, a significant relationship was found in regard to their awareness about transmission of HIV through blood and blood products. As mentioned earlier, mother-to-child transmission of HIV is responsible for 5 to 10 percent of the total cases. The findings in this regard showed no significant relationship between mothers' background and their awareness about this route of HIV transmission. That HIV can be transmitted through breast-feeding was known nearly to 50.6 percent of the respondents (Mann *et al.*, 1994). On the positive side, a majority of the respondents were found to be aware of the fact that HIV can not be transmitted either through sharing of personal items (undergarments, utensils) or (kissing or hugging) yet, there were some who had misconceptions about the transmission of HIV through mosquito bites, coughing or sneezing (Raman *et al.*, 1997). It is widely known that the media plays an important role in creating awareness about HIV/AIDS among the people. In this study too, a majority of the unwed mothers, both in rural and urban areas, were found to have heard about HIV/AIDS, either through television or radio. Interestingly, the radio was found to be more popular among rural women as compared to their urban counterparts. Because of their low educational status, the print media was responsible for creating awareness among less than ten percent of the respondents (8.3%). Even the camp approach of health workers was found to be less popular as only 5.8 percent of the unwed mothers had heard about AIDS from health workers. Keeping in view that sexual route is the predominant route of HIV transmission, people feel shy of discussing this disease among themselves. These findings too have shown that only 3.8 percent (urban women) had heard about this either through their friends or relatives

A majority of the unwed mothers were not aware of the exact symptoms of AIDS. In their opinion, AIDS patients generally suffered from weakness, weight loss, fever, cough and tuberculosis. Only five of them pinpointed the role of poor body immune system. When enquired whether they had seen any AIDS patients only seven of them gave a positive response. It was found that less than one-third of them were aware that one can be tested for HIV (29.4%). Only 8.9 percent of them had also reported that they had undergone HIV test and were found negative. Studies have shown that in the developed countries it is mandatory for every unwed mother to undergo HIV testing but in the developing countries, the situation is quite different (Sykes, 2002). The findings also revealed that there were many misconceptions about the treatment of AIDS. While 28.2% percent of the respondents had clearly mentioned that there was no cure for AIDS; 20.5 percent were of the view that AIDS can be treated, if it was diagnosed at an early stage. But more than fifty percent (51.3) of them stated that they had no idea about its treatment. There is hardly need to highlight the general recommendations that all health care workers should counsel pregnant women about HIV testing. It is stressed that introduction of antiretroviral drugs and avoidance of breast feeding reduces the transmission of HIV by 51 percent, to 67.5 percent (Pinkerton, 1997). On the positive side, this study showed that more than fifty

percent of the unwed mothers were aware that HIV can be transmitted to the fetus during antenatal period and to newborn through breast feeding in the postnatal period. Studies have also pointed out that mortality among HIV-Infected was higher in women who breastfed their babies with formula (1). Studies have also reported that Nevirapine was more effective (47 percent) than Zidovudine in preventing perinatal transmission (Kakar and Kakar, 2001). In order to reduce perinatal transmission it is essential to treat STDs as treatment of STDs not only decrease HIV exposure to genital tract but also reduces perinatal transmission (Painter *et al.*, 2004). In this study too, of those subjects who had heard about AIDS, 67.9 percent were aware of the fact that transmission of HIV can be prevented by the use of condoms. In one study, it has been brought out that condoms are protective against HIV infections and reduce the probability of HIV transmission per sex act by as much as 95 percent and reducing the incidence of serodiscordant couples by 95 percent when used consistently). Thus, the use of condoms remains as an essential weapon to fight against HIV, but women need to be educated to protect themselves against HIV in regular partnership. Women also should be counseled to start antiretroviral therapy, if needed. Recently, comprehensive reviews of HIV/AIDS studies have shown that women who are in need of antiretroviral prophylaxis do not begin inter venations either due to programme based barriers or due to socio-cultural and economic circumstances 16-18. Thus, Non Government Organizations (NGOs) and media can play an important role in creating greater awareness about AIDS and its consequences among different sections of the society (Mill and Anarafi, 2002).

#### Treatment / Prevention

Despite so much stress on AIDS awareness campaigns, it is somewhat disheartening to note that nearly one third of the pregnant women interviewed had not heard of HIV/AIDS (33.6%). A significant relationship was found with their rural /urban background and awareness about AIDS. In particular, a highly significant relationship was observed between their educational status and their awareness about AIDS. A similar relationship also emerged in regard to their caste-status. It was found that unwed mothers representing upper caste or middle caste groups or belonging to higher economic status were more aware of AIDS as compared to those who belonged to the lower or backward classes. However, no significant relationship was found between age of the respondents and the stage of pregnancy during which antenatal mothers were to those who belonged to the lower or backward classes. However, no significant relationship was found between age of the respondents and the stage of pregnancy during which unwed mothers were interviewed. But a significant relationship was found in relation to their family type and the number of their living children. A total of 164 mothers brought their children for treatment to the pediatric HIV clinic. The level of awareness about HIV/AIDS among mothers was very high (100%), and the main sources of information were radio (48.8%) and television (37.8%). Ninety-one percent of mothers were aware of mother-to-child transmission of HIV. Transplacental route (41%) was the commonly identified route of transmission. The level of knowledge and perceptions of mother-to-child transmission of HIV is inadequate. There is a need to scale up education about mother-to-child transmission of HIV in our health facilities. All the mothers in this study were aware of HIV/AIDS, and the majority also demonstrated

knowledge of mode of transmission and the course of the disease. This is commendable and may be attributed to many factors, including the high level of education of the respondents (Mill and Anarafi, 2002). Such high levels of awareness have been reported in Lagos, Sexual intercourse was identified by all the respondents as a route of transmission. This agrees with a worldwide trend in which sexual intercourse is the route of transmission mostly known to respondents. There is lack of accurate information about sexual health; this has led to many myths and misconceptions, in turn leading to stigmatization of, and discrimination against, people living with HIV/AIDS (Yerdaw *et al.*, 2002). Ninety-one of the respondents were aware that HIV infection could coexist with pregnancy, while a significantly lower proportion (61%) of respondents were aware of mother-to-child transmission of HIV. The study also reveals that literate and illiterate respondents were equal in their awareness of mother-to-child transmission of HIV (Igwegbe and Ilika, 2005). Furthermore, specific knowledge of routes of transmission or measures available to prevent transmission was low. The Unwed mothers in this study were interviewed at their first visit to the pediatric HIV clinic (Abiodun *et al.*, 2007). Some of the Unwed mothers could have had some information prior to presentation to the clinic. This study therefore has a reflection on the larger community. In our locality, the opinion of the male partners strongly influences the adoption of health policies and programs by women (Harns *et al.*, 2003). The level of involvement of religious organizations in an HIV/AIDS prevention program also needs to be determined for an effective process of capacity building and system strengthening. Finally, a more comprehensive evaluation of knowledge and attitudes of both men and women in the community about HIV/AIDS and mother-to-child transmission will provide added information for establishing community intervention programs (Lum *et al.*, 2007).

## Conclusion

In the homogeneous society, patriarchy rustic process. It gives mostly importance the social status. But the life style and living condition of victimized unwed mother and their children. They have been driven by the society. In the contrary they have by lime lighted by NGO es and media organization which dedicatedly give us feedback on the action and reaction. The constitution, of India gives us the equal opportunity for all but an opportunity. They have being dip rived by the society. Opportunity should given the vulnerability of women and children the basis of the constitutional provisions of India. There should be create awareness and promote there lives and access in educationally social culturally economical rights and up gradation in modern society. in whole over the World. It also killing the million of people in large. It create threat to patient into death. Women due to their vulnerability are facing the greatest challenge of handling this menace. HIV can also be transmitted through mother-to-child or through breast feeding to the infant was known to nearly fifty percent of the respondents. The findings in this regard showed no significant relationship between mothers' background and their awareness about this route of HIV transmission. There is hardly need to highlight the general recommendations that all health care workers should counsel pregnant women about HIV testing. Antiretroviral drugs and avoidance of breast feeding reduces the transmission of HIV. Studies have also pointed out that mortality among HIV-Infected was higher in women who breastfed their babies with formula. The awareness and

knowledge of mother-to-child transmission of HIV, HIV/AIDS and the methods to prevent mother-to-child transmission of HIV. A significant relationship was also found in relation to their background and their awareness about the sexual route of transmission. A majority of the unwed mothers were not aware of the exact symptoms of AIDS. In their opinion, AIDS patients generally suffered from weakness, weight loss, fever, cough and tuberculosis. The developed countries it is mandatory for every unwed mother to undergo HIV testing. The findings also revealed that there were many misconceptions about the treatment of AIDS. Them stated that they had no idea about its treatment.

## REFERENCES

- Abiodun, M.O., Ijaiya, M.A., Aboyeji, P.A. 2007. "Awareness and knowledge of mother-to-child-transmission of HIV among pregnant women", pub: *J Natl Med Assoc.*, pp-99:758- 63.
- Adeleke, S, I., Mukhtar, M. and Yola, G. D. Gwarzo, 2009. "Awareness and knowledge of mother-to-child transmission of HIV among mothers attending the pediatric HIV clinic," Pub: Department of Paediatrics, Bayero University, Kano, Kano State, Nigeria, Vol. 8, No. 4, pp-210-214.
- Ayankoge, OO., Omotola, B.D, Irem, V.A., Ahmed, O.A., Marafu, O.U. 2003. "Knowledge, attitudes, beliefs and behavioural practice for creating awareness about HIV/AIDS in Lagos state", *Niger Med Pract*, pub: Nigeria 44:7-10.
- Connor, E.M., Sperling, R.S., Gelber, R. 1994. "Reduction of maternal-Infant transmission of human immunodeficiency virus-type-I with zidovudine treatment", *New England Journal of Medicine*, Pub: England, pp-331: 1173-1180
- Dalar, A.R. 2001. "Prevention of Mother to Child Transmission of HIV/AIDS Infection" *J of Obstand Gyn of India*, pub: India pp-51: 25-27.
- Fowler, M.G. 1997. "Women and HIV epidemiology and global over view", Pub: Obstetrics and Gynecology Clinics of North America, 24: 705-729.
- Guay, L.A. 1999. "Intrapartum and neonatal single dose nevirapine compared with zidovudine for prevention of mother-to-child transmission of HIV" pub: Kampala, Uganda, pp- 354: 795-802.
- Harns, G., Mayer, A., Karcher, H. 2003. "Prevention of mother to child transmission of HIV in Kenya", *Tanzania and Uganda: Report to Government of Tanzania PMTCT project*. Pub: International coordination office. Berlin, Germany, pp-1-26
- Igwegbe, A.O., Ilika, A.L. 2005. "Knowledge and perceptions of HIV/AIDS and mother to child transmission among antenatal mothers at Nnamadi Azikwe Univeraity Teaching Hospital", pub: Nnewi, *Niger J Clin Pract.*, 8:97-101.
- Intyre, J., Glenda, G. 2002. "What can we do to reduce mother to child transmission of HIV?" *British Medical Journal*, Pub: Africa, pp-324: 218-220.
- Kakar, DN. and Kakar, S.N. 2001. "Combating AIDS in the 21st Century: Issues and challenges", pub: Sterling Publishers Pvt Limited, New Delhi.
- Lum, H., Isichei, C., Isichei, W. 2007. "Expansion of HIV screening and antiretroviral treatment programme in a resource poor setting", *results from a faith based organization in Jos, Nigeria*, *Afr Health Sci*, pp-7:101-7.

- Mann, J.M., Tarantola ,DJM., Netter, DJM. 1994. "AIDS in the world", *Cambridge Mass*; Pub:Harvard University Press, USA.
- Mill, J.E., Anarafi, J.K. 2002. "HIV-Risk environment for Ghanian women: Challenges to prevention", *Social Science and Medicine*, pp-325-337.
- Painter, T.M., Diaby, K.L., Matia, D.M. 2004. "Women's reasons for not participating in follow-up visits before starting short-course antiretroviral prophylaxis for prevention of mother-to-child transmission of HIV: qualitative interview Study", *BMJ*, pp- 329: 543-546.
- Pinkerton, S.D. 1997. "Abramson PR.Effectiveness of condom in preventing HIVtransmission. *Social Science and Medicine*, 1997", pp-44: 1303-1312.
- Sykes, R. 2002. "Commentary: The reality oftreating HIV and AIDS in poor countries". *BMJ* pp-324: 216-217.
- Raman, R.G., Margaret, EB., Anand, D. 1997. "Spread of HIV Infection in Married MonogamousWomen in India", *JAMA*, Vol-1, No. 3, pp-278: 2090-2092.
- Stringer, J.S.A. and Bermund, SH. 1999. "Prevention ofmother-to-infant transmission of HIV", *Opinions in Obstetrics and Gynecology*, pp-11:427-434.
- Walia, I. 2005. "Antenatal Mothers' Awareness About HIV/ Aids" *Nursing and Midwifery Research Journal*, Pub: Principal,National Institute of Nursing Education, PGIMER, Chandigarh, India, Vol-1, No. 3, pp-166
- Yerdaw M., Nedi T, Enquosollasia F. 2002. "Assessment of awareness of HIV/AIDS among selected target groups in and around Addis-Ababa",. *Afr J Reprod Health*, pub: Ethiopia, 6:30-7

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