



## THE ROLE OF HIV POSITIVE WOMEN IN MANAGEMENT OF LIVELIHOOD, HEALTH AND NUTRITION

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### Abstract:

*Poverty is associated with women due to unemployment, ill health, Mal nutrition and high fertility. The women are employed for lower income, hard and long working hours but lower access to support services and welfare facilities. Adding to this the major challenges of the some sector at present society is the HIV/AIDS (Human Immuno-deficiency Virus and Acquired Immuno-Deficiency Syndrome) infection. This dread disease is common in all sectors of the people without any discrimination but the effect is more on those who live in poverty especially women. They suffer in greater numbers and to a great degree than men. At the same time, it is women who bear the primary responsibility to lead the livelihood, education, nutrition, health in the family. Diet and nutrition are important factors in the promotion and maintenance of good health throughout life. But those people who are HIV positive have to take more concern about their health and the family. The economic condition, the personal preferences and beliefs, cultural traditions, as well as geographical, environmental and social factors are related each other on the infected person's health condition. The main aim of this research is to study the livelihood, Health and nutrition among HIV positive families especially women. The objectives are (i) to study the condition and the problems faced by the HIV/AIDS infected families and (ii) the Management of problems with the help of support system provided by Government and Non Government organizations in the society to overcome the problems. The researcher adopted simple random sampling method using structured interview schedule with 50 samples. Both primary and secondary method is used to collect information.*

**Index Terms:** HIV/AIDS, Health, Support System, Management & Nutrition

### 1. Introduction:

Diet and nutrition are important factors in the promotion and maintenance of good health throughout the life cycle. Income, prices, individual preferences and beliefs, cultural traditions, as well as geographical, environmental, social and economic factors all interact in a complex manner to shape dietary consumption patterns and affect the morbidity and clinical status of women. A normal balanced diet must include daily foods from the various food groups in sufficient amounts to meet the needs of an individual and to maintain good health. (6)

Women suffer from hunger and poverty in greater numbers and to a great degree than men throughout India. This malnutrition adversely affects women's participation in the economic system and their productivity. To overcome these problems it is important to focus on women's nutrition-related roles and their nutritional status. While women's role in the food chain is essential to produce the important resource food, does not guarantee women even minimum levels of nutrition. Nutritional stress on women is the outcome of low dietary intake on account of economic and social backwardness, and their high energy output for work and child-

bearing. It is the women who bear the primary responsibility for actions needed to end hunger, education, nutrition, health. These nutritional problems have received marginal attention in the context of pregnancy and lactation due to focus of WHO programmes. If the challenges faced by rural women are lack of vitamins, protein-energy malnutrition, anaemia etc are not overcome and then it will lead to low levels of productivity and well-being. The consequences are low pregnancy weight gains for birth results in the nutritional stress. Maternal depletion on account of high fertility among third-world women has been well recognized, and the consequent high maternal mortality rates of less-developed countries are the subject of great concern. (7)

Poverty and health are related each other. Women are over-represented among the poor. Poverty is associated with higher female employment but lower income, without having access to support services, and with high fertility. All these contribute to poorer nutrition and health status of families. The conflict between women's (economic) earning role and (biological and social) mothering role results to some degree in a squeeze on child care, with consequences for child health and nutrition. Within the household, women play an important part in health care. If the women are HIV positive and she herself sick, how she can take care of the family wellbeing? In general woman has to face greater challenge. The practice of breast-feeding female children for shorter periods of time reflects the strong desire for sons. If women are particularly anxious to have a male child, they may deliberately try to become pregnant again as soon as possible after a female is born. Conversely, women may consciously seek to avoid another pregnancy after the birth of a male child in order to give maximum attention to the new son. A primary way that parents discriminate against their girl children is through neglect during illness. When sick, little girls are not taken to the doctor as frequently as are their brothers (6,7). As they grow up, women get less health care than men. They tend to be less likely to admit that they are sick and they'll wait until their sickness has progressed before they seek help or help is sought for them. Studies on attendance at rural primary health centres reveal that more males than females are treated in almost all parts of the country, with differences greater in northern hospitals than southern ones, pointing to regional differences in the value placed on women. Women's socialization to tolerate suffering and their reluctance to be examined by male personnel are additional constraints in their getting adequate health care (9, 10).

## **2. The Problems of HIV/AIDS in India:**

The pattern of prevalence suggests that HIV is first of all predominantly affecting particularly vulnerable groups such as FSWs, Injecting Drug Users (IDUs) and Men Who Have Sex With Men (MSM) and is likely to spread, initially to bridge populations' (such as clients of sex workers) truck drivers, migrant labour (mobile population) and subsequently to the 'general population', (NACO, 2010). The single national prevalence figure masks a great range in prevalence between different geographical areas and social groups, with some groups in some areas severely affected (Becker et al., 2007). Recent estimates agreed by United Nation AIDS (UNAIDS), the World Health Organisation (WHO) and NACO, India's government body responsible for HIV/ AIDS management, suggest that HIV prevalence among 15-49 years old in India is approximately 0.36 percent, which amounts to between 2 million and 3.1 million people living with HIV (NACO, 2010). This rate is relatively low in global terms or current global terms and is not typically considered as generalized epidemic, which would imply that the whole population was at risk and that prevention efforts should be targeted at society as a whole.

### **3. Problems of HIV/AIDS Infected Women:**

**Vulnerability:** In India, the low status of women, poverty, early marriage, trafficking, sex-work, migration, lack of education and gender discrimination are some of the factors responsible for increasing the vulnerability to HIV infection. The HIV virus is more easily transmitted from men to women than from women to men. Male-to-female transmission during sex is about twice as likely as female to-male transmission. Biologically, young women appear to be more susceptible to HIV infection than older women; gender inequality and poverty are responsible for the spread as well as disproportionate impact of HIV and AIDS on women. They do not have control over their own bodies and they do not have the right to decide when to have sex. As a result, women cannot negotiate safe sex and ask men to use condom. In addition, the various forms of violence against women further increase the risk of contracting HIV as sex is often forced on them. There is also lack of availability of female controlled HIV prevention methods. Secondly, the cultural norms and attitude of condoning multiple partnership or pre-marital or extra-marital sexual affairs of men in the society increases women's risk of getting infected with the virus. Biological, socio-cultural and economic-factors make women are more vulnerable to HIV and AIDS. As a result of the low socio-economic status and limited educational opportunities, women and girls often lack basic information about HIV and AIDS. (9) The economic dependency on men is also one of the factors contributing to spread of HIV among women. Discriminatory inheritance rights, lack of access to and control over property and unequal access to education, healthcare and income earning activities further weakens their position.. Thus, poverty, early marriage, trafficking, sex work, migration, lack of education, gender discrimination and violence against women are some of the factors responsible for the spread of HIV among women (UNAIDS, UNFPA and UNIFEM 2005).

**Hard Work:** World over, it has been found that women are the primary caregivers of the sick. Women of the HIV households have to not only bear the burden of domestic and economic duties, but also have to take care of the family members who fall ill as a result of HIV and AIDS. In order to support themselves and their children, some of these women may have to use sex as one of the avenues of economic support. It is women who work harder to make ends meet when their family needs, nutrition and health. The illness and the death resulting in loss of income for the family has been found to put additional burden on women; not only does the demand for women's labour at home increase, but the demand for women's paid labour also increases (Mahbub-ul-Haq, 2005; UNICEF 2005).

**Child Bearing Age:** Most women diagnosed with HIV infection are of child bearing age between the ages of 16 and 44 years. These women must make a series of complex decisions concerning contraception, pregnancy and abortion. Numerous psychological and economic obstacles may prevent these women from seeking healthcare although little is known about how women living with HIV/AIDS make such decisions; the decision to have a baby is likely influenced by the interrelation of intrapersonal factors, family influences and social pressures. (1, 3 & 4)

**Stigma and Discrimination:** women are often first to be tested for HIV during pregnancy and hence blamed for having HIV, even though their male partners could be the true source of infection (UNICEF, 2005). When women get HIV, they often endure greater hardship than men. They sometimes lack rights to property, inheritance and child custody and suffer greater stigma. As caregivers, particularly in areas of poor public services, women have less time for income generation and productive tasks. A woman who becomes a widow is often thrown out of her house and is often denied her

share in the husband's property and is likely to face isolation and discrimination from the family members. The subordinate status of women in the family and in society makes them more vulnerable to infection. Women with HIV and AIDS are likely to suffer additional burden of stigma, discrimination and marginalization. Often, women are blamed for her husband and/or child falling sick, suspected of infidelity by the family and society leading to rejection and expulsion by the family and community at large.(9)

#### **4. Nutrition and HIV/AIDS:**

All currently available methods to prevent sexual transmission of HIV to a woman require male co-operation, which is not always forthcoming. Women and girls seem to bear the brunt of the pandemic in many ways and the disease disproportionately affects them psychologically, socially and economically. It has been found that the impact of HIV and AIDS reaches far beyond the health sector with severe economic and social consequences and the impact is much more severe on women than on men. Attempts to limit the spread of HIV infection in women through education for men such as partner reduction, condom use and early detection and treatment of STDs have been limited. Good nutrition is important for everyone's health. Nutrition plays an important role in the health of the immune system and its ability to fight infections. Healthy eating also helps you become and stay a healthy weight, and can help reduce the risk of developing heart disease, diabetes, cancer and osteoporosis. (1, 2) General and a good diet will consist of a balance of the following items:

**Starchy Food:** such as bread, cassava, cereals, green banana, millet, maize meal, potatoes, pasta, rice, and yam. Starchy foods should form the basis of your diet (about a third of all the food you eat each day). They will provide carbohydrates for energy as well as vitamins, minerals and fibre. Wholegrain versions of rice, pasta and bread contain more fibre and often more vitamins and minerals as well.

**Fruit and Vegetables:** provide vitamins, minerals and fibre. Try to eat five or more portions a day. A portion is about 80g, or equal to a medium-sized piece of fruit (such as an apple, pear or orange), two small pieces of fruit (such as a satsuma or a plum), a large slice of a larger fruit (such as a pineapple), three heaped tablespoons of vegetables, three heaped tablespoons of beans or pulses (only one portion of these counts towards your five a day) and a small glass of fruit juice or a handful of dried fruit. (Juice only counts as one portion even if you drink more than one glass.). Frozen and tinned fruit and vegetables count towards your five a day. Fruit and vegetables can help protect against certain cancers and heart disease. They are low in fat, so increasing the proportion of your diet made up of them is helpful if you are trying to lose weight.

**Dairy Products:** Some dairy foods are high in saturated fats so should only be eaten in small quantities, or you could eat lower-fat versions of milk, cheese and yoghurt. Dairy products such as milk, cheese and yoghurt, provide vitamins, minerals and especially calcium. If you cannot tolerate milk, then fortified soya, rice or oat milk, dark green leafy vegetables, dried figs, apricots and nuts are all good sources of calcium.

**Meat, Poultry, Fish, Eggs, Beans and Nuts:** provide protein, minerals and vitamins (particularly B12 from meat). Around 15% of your food intake should be from protein-rich food each day, or two portions a day. Try to eat two portions of fish a week, including at least one portion of oily fish, such as sardines, mackerel or tinned salmon.

**Fats:** from cooking oils, butter and margarine, meat and other protein-based foods provide energy, essential fatty acids and fat-soluble vitamins (A,D,E,K). Try to eat 'unsaturated' fats, such as those found in oily fish, nuts and seeds, avocados, olive oils and vegetable oils. The 'saturated' fats, found in meat, cheese, butter and many processed foods can raise cholesterol. These should only be eaten in small amounts.



**Food and Drinks High in Fat or Sugar Should Only Be a Small Part of Your Diet:** Too much of most sorts of food – but especially fats and sugars – can lead to unhealthy weight gain. (1, 4)

**Salt:** Salt and salty foods can lead to high blood pressure, if eaten in large amounts, and this can increase the possibility of having a stroke or developing heart disease. Adults and children over eleven should eat no more than six grams of salt a day, and younger children less. Some foods are high in salt (for example, bacon, cheese, anchovies, gravy granules and stock cubes, ham, prawns, salami, salted and dry-roasted nuts, smoked meat and fish, salt fish, olives, soy sauce and yeast extract).(1,3,4) Reduction in using the salt is recommended (3). The use of spices, fresh herbs, garlic and lemon to add flavour can be added during cooking. Ready-made meals and other convenience foods are often high in salt, sugar and fat, so it is recommended to have those in less quantity. It is advisable to check the labels of foods such as sauces and dressings, breakfast cereals, crisps and tinned foods before purchasing or using. All these precautions will help you out in keeping your health fit and you can try hard to have a healthy and balanced diet.(4)

**Nutrition and HIV:** Having HIV is unlikely to mean that that you have to make any drastic changes to your diet – your existing diet will probably meet all your nutritional needs. However, it is important to get enough nutrients to help you stay well. Good nutrition is important during the time before you start HIV treatment. It is also an important part of helping anti-HIV drugs work as well as possible once you are taking them. If you are taking ART drugs it is important to eat a healthy, balanced diet, as HIV medication can cause changes to the way the body metabolises some fats and sugars.

**Vitamins, Minerals, Supplements and Herbal Remedies:** Vitamins and minerals are nutrients that our body needs in order to work properly. . Many people with HIV may consider supplementing their diet with additional vitamins, nutrients, and herbal remedies in the hope of protecting or strengthening their immune system, or maintaining or promoting their general health, weight or body shape. These nutrients occur naturally in food. Most people can get all the vitamins and minerals they need by eating a balanced, varied diet that includes plenty of fruit and vegetables.HIV specialists advise that a healthy, balanced diet is enough. Evidence that many of these supplements have any effect is limited. Mega dosages of any nutritional supplement are not recommended. Many people use herbal remedies to supplement their diet. It is always important to do this with caution and to tell your doctor and/or HIV pharmacist what you are taking. Some supplements can stop anti-HIV drugs working properly. However, many people with HIV have low levels of vitamin D, and this has been associated with an increased risk of some health problems (see osteoporosis, one of these potential problems, for more information). Your vitamin D levels should be monitored as part of your routine HIV care, and your doctor may prescribe supplements if your levels are very low. Vitamin D is found in food, but you get most of your vitamin D from sunlight on your skin, so levels can also vary at different times of the year and depending on the colour of your skin. A dietitian can also advise you on dietary sources of vitamin D and on safe sun exposure.

**Maintaining a Healthy Weight:** Working out your body mass (BMI) can provide an approximate idea of how healthy your body weight is. This is calculated using your height and weight. If you consume more energy (calories) than you use, you're likely to gain weight. On the other hand, if you burn more calories than you eat, the chances are you'll lose weight. Finding the right balance over time allows you to achieve and maintain a healthy body weight. How and what you eat can help influence both your

weight and the levels of fats and sugars in your blood. It is important to maintain a healthy body weight when you have HIV. Being overweight or underweight can cause problems for your health. Maintaining a healthy weight is about balancing the energy you take in and use up.

**Being Overweight:** obesity is becoming more common in people with HIV. Obesity is when a person is carrying too much weight for their height. Someone with a BMI over 30 is considered to be obese. Indeed, It can cause a number of health problems, such as high blood pressure and heart diseases and an increased risk of developing certain cancers. The anti-HIV drugs commonly used today are much less likely to cause the body-shape changes (lipodystrophy) that some older drugs did. So if you notice an increase in your weight and accumulations of soft fat around your belly or in other parts of your body, this is likely to be routine fat gain associated with eating too much and not doing enough exercise.

**Being Underweight:** Weighing too little can weaken your immune system, cause bone problems and cause you to lack energy. If you experience an unintended drop in your body weight, especially if it's accompanied by symptoms such as diarrhoea, vomiting, fevers or pain, you should mention this to your doctor so the possible causes can be investigated.

**Water and Other Fluids:** It is recommended we drink about 1.2 litres of fluids a day – that's six to eight glasses. It is especially important to drink plenty of fluids if you are taking certain anti-HIV drugs, such as atazanavir, to help the body process them properly and avoid side-effects. If you have a fever, or have diarrhoea, then it is important to drink extra fluids. Similarly, if you are exercising, you should increase your water or other fluid intake. But if you have a very low CD4 cell count (below 200), a little more caution may be needed and it's a good idea to talk to your doctor or another member of your healthcare team about any special steps you may need to take to make sure you don't acquire an infection from your drinking water. Alcohol causes your body to lose fluid (dehydration). Many people find that moderate drinking (one or two units a day) helps relieve stress and anxiety and acts as an appetite stimulant. This increases in blood fats (such as cholesterol and triglycerides) that can be caused by some anti-HIV drugs can be made worse by heavy drinking. There is no evidence that moderate alcohol consumption by someone with HIV does any harm.

**Food Safety:** If you have a strong immune system, your risk of getting food poisoning is no greater than it is for an HIV-negative person. If you have a low CD4 cell count (under 200), you may be more vulnerable to food poisoning. Taking HIV treatment will help strengthen your immune system and reduce the risk of infections.

**Food, Drink and Anti-HIV Drugs:** Anti-HIV drugs are becoming easier to take and many drugs do not have any special food requirements – you can take them with or without food. But some drug combinations may require one of the following: Taking your drugs with food; Taking your drugs on an empty stomach. When you are prescribed a new medicine, you should be told by your doctor or pharmacist if it has any dietary restrictions. Choosing a drug combination that you can fit into your existing eating habits is usually easier than trying to adjust your eating habits to fit the drugs. You should also be given written information explaining what these are.

**Managing Side-Effects that Interfere With Eating:** Like all medicines, the drugs used to treat HIV can cause side-effects. These are most likely to occur when you first start taking a drug, but they are often mild and usually lessen or go away completely with time. You will be monitored for these changes as part of your routine HIV care. If you

develop any of these problems, you can talk to your healthcare team about the sort of changes you may need to make to your eating habits and lifestyle to deal with them.

#### **5. Common Concerns and Management:**

**Food Handling:** The main concern for the HIV positive women are Proper food handling and safety practices because their role in the family is important. But when they are sick, economically dependent and unaware of food and balanced meal, they are more worried about their health and their family health. Moreover infected women are more susceptible to harmful bacteria and viruses in contaminated food and water as a result of their HIV status. They may become the victim of food poison which can cause weight loss and further lower their resistance to infections. So Hygiene food handling, sanitary disposal , good personal hygiene including hand washing and covering of wounds and use of clean water for drinking and food preparations should be needed for the majority of the infected women and should be provided as a basic need of every human being.

**Social Status:** Poor health and the low nutrition level in women is mainly due to the gender inequality and discrimination in few areas. Women need the approval from the husband and mother-in-law to obtain nutrient and health services. Differential access to education and economic status it may be barrier for them to access and to have good nutritious food. A holistic approach to women's health which includes both nutrition and health services should be adopted and special attention should be given to the needs of women and the girl at all stages of the life cycle.

**Food Taboos:** The food taboos for women when they are sick and pregnant are restricted to have nutritious food and even to drink water. When basic variety of food items is restricted, the important source of protein and micronutrients can cause malnutrition's. Programme should be planning to sensitise the public on the outcome of the deprivation of food and its effects. The traditional knowledge about health care and nutrition should be recognized through proper documentation and its use should be encouraged.

**Cultural Beliefs:** Some areas restrict the intake of food for the women when they are pregnant thinking that the growth of the child will be more and it will cause difficulty to deliver the baby. It is not only restricted for the pregnant ladies but even for the sick. The care taker and attendees think that if women eat good food they will live long and it is difficult for their care. And they are more worried. Sometimes infected women themselves loose hopes and want to die soon. The HIV/AIDS and malnutrition represents a vicious cycle of immune dysfunction and infectious diseases. The prior concern should be to help them out to build a positive live and lead a happy life and to give hope of living healthy long life in future. (14, 15)

#### **6. Conclusion:**

Medication and treatment for opportunistic infections should be taken even though the sideeffects like loss of appetite, vomiting, nausea and diarrhoea. Nutrious food will increase the medication efficacy in HIV positive women. The need of energy will vary from women to women based on the stage, child baring period, and the symptoms. Infected women should try hard to maintain energy level and physical activity regardless to HIV status. Along with nutrition, after identifying the HIV infection, the infected person especially women should take care of their health and their family health. If women have every young child and the HIV children and the mother both need greater energy needs compared to HIV negative women and children. The side effects of the medicine will reduce the desire to have food intake, omitting and lack of taste. Sometimes even mouth ulcers will not allow taking the food. The

negligence is not good on the part of women because they have to develop the positive life style after the infection.

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