

Societal Behavior towards HIV, Infected People: Case Study of Jalal Pur Jattan, (Gujrat, Pakistan)

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Abstracts

This research work conduct to explore the experience of HIV infected people living in Jalal pur Jattan, District Gujrat in Pakistan. In this study conduct qualitative type of research. Universe of the study was Jalal pur Jattan, target population was HIV infected patients and sampling technique was non-probability sampling and with in non-probability researcher used purposive sampling. Technique of data collection was case studies and tool of data collection was in-depth interviews. To this regard researcher conduct 08 case studies to explore their experiences and social cause of HIV infection. The research shows that the majority of HIV patients were has highly bad experience toward community reaction. There were three major social causes to spread this HIV disease in this area, quack, Inject Drug Users and Flogging (Zenjeer Zine).

Keywords: Afzaal, Awareness, Community Reaction, Gujrat, HIV/AIDS, Pakistan, Spreading cause,

Introduction

“2011 Marks 30 years of AIDS and World AIDS day is about raising money, increasing awareness, fighting prejudice and improving education on HIV related issues. At the World AIDS day goal is getting to zero, zero new HIV infections, zero AIDS-Related deaths, zero discrimination”¹.

HIV's Status in Pakistan

In Pakistan first reported case of HIV occurred in 1987. Pakistan is the second largest country in south Asia in terms of the HIV epidemic. HIV/AIDS still such type of topic which has lack of awareness in Pakistan not only lack of awareness but still a huge difference in HIV/AIDS statistics on actual and reported. By scientific calculation in 2012, almost 106000 people live HIV/AIDS in Pakistan, but on the other hand reported cases of HIV/AIDS are still 7000 to 8000. These all data show we are in the situation of the constitutive phase of the epidemic it means if we not control this disease spread through the prevailing population to the general population. In Pakistan high risk groups of the population are injecting drug user. These drug users shear injection to each other when they use drugs. In Pakistan 37% of injecting drug user live with the HIV virus. In different cities of Punjab almost 50% drug user has the HIV virus, like Lahore, Faisalabad and in Sargodha. Second high risk community in Pakistan is the Hijra (transgender) sex workers. In this community, averagely 7% in all over the Pakistan live with HIV/AIDS. In female sex-worker 0.8% all over the Pakistan lives with HIV, in Punjab 0.5% and in Sindh 0.2%. In Pakistan HIV/AIDS transmission mode is largely Injecting Drug Users (IDU). Bisexual male-to-male sex it's also involved in female-to-female. Unsafe practices among commercial sex workers are another big reason to spread of the epidemic. Unsafe medical injection practices.

¹Note: UNAIDS World AIDS day report | 2011

This epidemic spread vertically means transfer mother to child. According Yasmin Bhurgri's report of HIV/AIDS in Pakistan IDUS are also professional blood donors in a country with inadequate blood transfusion screening only 50% of the transfused being screened for HIV. Lack of awareness and misinformation is also a big reason to spread this epidemic.

In Karachi an African sailor died with AIDS in 1986, Pakistan first reported case of HIV occurred in 1987 in Lahore and in the same year 1987 in Rawalpindi reported first case of husband wife and child transmission of HIV occurred. In Karachi 1993 reported the first case of breastfed baby gets AIDS but first outbreak among Injecting Drug Users was diagnosed in Larkana in 2003. Now By scientific calculation in 2012, almost 106000 people live HIV/AIDS in Pakistan but reported cases of HIV/AIDS in Pakistan are 7574. In which HIV positive cases are 7049 and AIDS cases are 525.

HIV Aids in Jalal pur Jattan

Jalalpur Jattan (JPJ) is a small town in Tehsil Gujrat and is divided in four administrative units of union councils. According to the 1998 population census the total population of JPJ are around 120,000 with a population density of 642 persons/sq km and a rural, urban ration of 2.3 rural and 1 urban. Most of the population belongs to the lower socio-economic class and is composed primarily of low-paid workers who have an average household income of between 6-9 thousand rupees per month.

Two HIV screening camps were organized by a Lahore based NGO, New Light AIDS Control Society in JPJ on 27th June and 1st July 2008. According to the report of NGO 246 people underwent HIV testing, of which 88

tested HIV positive on 3 successive HIV rapid tests. Out of these 88 HIV reactive persons, 74 were tested by ELISA method and were found positive.

A team from the National AIDS Control Program (NACP) was deputed to JPJ on 19th November 2008 to review the situation. The team also observed that an in-depth analysis of the situation is required. During the visit, the team met with different political persons and local leaders to address the apprehensions in the community. A public walk and a seminar were also arranged in the area by the local health department to increase awareness and decrease stigma against HIV/AIDS.

Earlier studies indicate that before 2004 most of HIV infections were among deported workers from the Middle East. According to Journalist Khalid (2008), In JPJ HIV brought a person deported from Middle East in 2006; his wife was infected by him. She went to local doctor for treatment he inject her and that injection inject many other person so as this disease spreading to other community members.

Why HIV Consider Dangers

Human Immunodeficiency Virus (HIV) why HIV so dangerous? HIV is a type of viruses which different from most other viruses. HIV affects the human immune system. The immune system gives our bodies the ability to fight infections. HIV finds and destroys a type of white blood cell (WBC) also called T cells or CD4 cells that the immune system must have to fight disease. People can live a long healthy life with HIV without symptoms, even without medications. Once the immune system begins to break down over time and the person develops more symptoms. This often means they have progressed to AIDS.

HIV Symptoms

HIV is a virus that is passed from one person to another when infected blood, semen, or vaginal secretions come in contact with an uninfected person's broken skin or mucous membranes. Common symptoms of HIV within the first few weeks and months are as weight loss, sore throat, fatigue, night sweats, nausea/vomiting, diarrhea, muscle pain/joint pain, loss of appetite, sores in the genital area, sores in the mouth area, and more. Many people trick themselves into believing they have HIV when they have common cold, flu. If you believe for the slightest reason you could have HIV you need to be tested immediately. The blood test is the only sure ways you can know you are HIV negative. HIV is very serious and will lead to AIDS. The quicker you can be diagnosed as positive or negative, the more that can be done.

Research Question of the Study

The main research question of the present research was to know the personal experiences and feeling of HIV infected people that how they stigmatism by other community members and society.

Materials and Methods

The universe of this study was Jalal pur Jattan a small city situated near the northern area of District Gujrat in Pakistan and within city the researchers selected three areas to conduct in-depth interview with respondents. These areas were Jogypura, Noshara, and Islampura. The researchers have used non-probability sampling in this study. Within non-probability sampling, purposive sampling technique has been used to select respondents for in-depth interviews. The researchers used in-depth interview method for data collection.

Before conducted final research, researchers have conducted 03 interviews in pre-testing phase. These in-depth interviews and field observations enabled the researcher to draw some theme and inferences. The researchers have included all these themes and inferences in their interview guide for further interviews. Then

researchers conduct interviews from 8 respondents. The researcher has used the following model in the analysis and interpretation of qualitative data (Hesse-Biber & Leavy 2006).

- Data Preparation
- Data Exploration
- Data Reduction
- Data Interpretation

Data Preparation

The data were collected in the form of in-depth interview. The researchers have also taken field notes, audio recordings and maintain his dairy on daily basis.

Data Exploration

In this phase the researchers have read the field notes and then listened to the recorded interview of the respondents very carefully. This practice was repeated several times. It has provided a chance to highlight important themes and inferences.

Data Reduction

In the present study the researcher has used Neuman's (2006) model for data coding

- Sorting and Classifying
- Open Coding
- Axial Coding
- Selective Coding

- Interpreting and Elaboratin

Data Analysis

The researchers analyzed and discussed the results under different themes which were selected through the process of coding. As the objective of this research was to explore the experiences of HIV patients so, researchers have divided all themes into different categories. These themes had covered many areas of the life of HIV patients.

Demographic and Socioeconomic Profile of the Respondents

Findings showed that the average age of the respondents was 25-35 years. The majority of the respondents were illiterate; however, some respondents were passed primary level education. Only one respondent has got secondary degree. There was no significant difference in the occupation of the respondents. All were manual workers on daily wages. The greater part of the respondents was unmarried due to their diseases and those who were married, they got divorced after detection of HIV.

Majority of respondents were living in joint family system because of low income level. So they were unable to afford nuclear family system. Two respondents were belonging to nuclear family system. According to them all other family members died due to HIV disease. All respondents were earning almost the same amount per month. However, it was estimated that an average person was getting almost 6000 per month. Majority of respondent's family size is more than 9 family members. Only 2 respondent how have 3 or less family member at their homes.

Self Experience and Community Reaction

Researchers want to know about society's behavior toward patient of HIVs. In this theme researchers asked different question to the respondents, like what is the community reaction toward them, how they discriminate in society, what are their feeling toward them.

All respondents were having bad experience about community reaction; most of them were not willing to discuss about their disease at public place. Mostly they avoid meeting with any individual due to the rejecting behavior of community. They also argued that whole community hates them not just only community but family members also. They claimed they were not willing to involve in this disease but unfortunately they infected by this disease.

As one respondent argued that

IJSER
Why people hate us.
What is our sin?
We were not willing to accept this disease.

Another respondent react in these words

If we get sick from any reason and go to any clinic by knowing our belonging with this area.

They labeled us HIV infected patients without any blood test or any proof.

In these areas situation was very apathetic people are willing to move but they can't do it as one respondents said

We want to move in any other areas or city.

We want to leave our home because we want respect.

We are willing to move but we can't move due to lack of resources and affordability.

One child respondent argued

In class room when I cuff, my teacher say go outside the class and you sit last side of corner.

My entire class fellow not talk with me they all hate me because my father is a HIV's patient

One more respondent said that

When my relatives know that I m HIV's patient

They try to avoid me

But they also decide that they collect funds from all relatives for my treatment

CONCLUSION

The research presented here describes the epidemiological characteristics of 53 HIV infected persons in JPJ, Gujrat district, Pakistan. The study showed that the behavior of society toward HIV Patients is not positive. Mostly the people thought that HIV is transfer from patient even by hand shaking (Taking Salam). Majority of population take it as a dysfunctional disease so they started to hate to the patient. The family and friends did not like to stay with them more so they start to avoid them. In some cases, family member use to separate the pots, cloths and room. As well as the society took them as a bad habitual human. So they try to keep away their belongings and especially children from the person who suffer in HIV Aids. Even they became rude to the belongings of patient. In a nut shell, we can say that there is a negative society's behavior toward patients. This awkward behavior of family and friends leads the patient toward negative thoughts about leaving home and some time to make suicide.

There is a need for awareness campaign for causes and transformation of HIV Aids. Only by this we can change behavior of society toward HIV's Patient.

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