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IMPACT OF REPRODUCTIVE AND SEXUAL CHOICE IN HIV PATIENT IN PUTHUCHERRY

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ABSTRACT:

The present study expected to identify the impact of reproductive and sexual choice in HIV patient in Puthucherry. Many people with HIV, who are in good health, will want to have children, and highly active antiretroviral therapy provides women and men living with AIDS the possibility of envisaging new life projects such as parenthood, because of a return to health. However, there are still difficult choices to face concerning sexuality, parenthood desires and family life. Structural, social and cultural issues, as well as the lack of programmatic support, hinder the fulfillment of the right to quality sexual and reproductive health care and support for having a family.50 samples were selected based on stratified random sampling method. In order to identify the interview scheduled well structured questionnaire were used. To test the hypotheses statistical tool such as t-test and (ANOVA) was used. The result concluded reproductive and sexual choice in HIV patient based on gender. Further in male respondents group have high level of sexual choice in HIV patient. Analysis proved that respondents differ in their level of reproductive and sexual choice in HIV patient based on religion. So, the Hindu respondents have high level of sexual choice in HIV patient.

Keyword : Reproductive, sexual, Choice, HIV, Patient.

INTRODUCTION

Sexual and reproductive is an essential component of the universal right to the highest attainable standard of physical and mental health, enshrined in the Universal Declaration of Human Rights and in other international human rights conventions, declarations, and consensus agreements. Sexual and reproductive health needs must be met for both men and women. Human rights standards require states to respect, protect, and fulfill the right to sexual and reproductive health, and states must also ensure that individuals have the opportunity to actively participate in the development of health care policy and in individual care decisions including determining whether and when to have children and in protecting the rights of others to sexual and

reproductive health, including through ensuring violence-free relationships and homes and in seeking information, education, and care for one's children.

Sexual and reproductive services are not only family planning clinics with some treatment of sexually transmitted infections. The five core components of sexual and reproductive health care are: improvement of antenatal, perinatal, postpartum, and newborn care; provision of high quality services for family planning, including infertility services; elimination of unsafe abortions; prevention and treatment of sexually transmitted infections, including HIV, reproductive tract infections cervical cancer, and other gynecological morbidities; and promotion of healthy sexuality

The sexual rights of people with HIV are often not recognized or respected. Poor communication by and with health care providers on sexual issues mean that informed choices may be limited and services not offered. Certain religious leaders and faith-based organizations emphasize or promote only sexual abstinence for young and unmarried people in spite of evidence that many are having unsafe sex and may have HIV, and need information and the means to protect themselves and their partners from sexually transmitted infections (STIs) and women partners unwanted pregnancy. In many settings, people with HIV are expected not to have sexual lives, and their sexual health needs and rights may not even be considered. People living with HIV may be among the least able to access health services, yet are among those at highest risk for sexual health problems.

''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. Sexual health 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.

Sexual and reproductive

Refers to programs and policies related to and including family planning (FP), maternal and newborn health (MNH), STIs, reproductive tract infections (RTIs), promotion of sexual health, prevention and management of gender-based violence, prevention of unsafe abortion and post-abortion care.

Sexual choice

Individuals may identify as lesbian, gay, heterosexual, bisexual, queer, pansexual, or asexual, among others. Sexual orientation refers to the sex of those to whom one is sexually and romantically attracted Sexual orientation may be heterosexual, same sex (gay or lesbian), or bisexual.

REVIEW OF LITERATURE

Mona Loutfy (2015) conducted a study on Advancing the sexual and reproductive health and human rights of women living with HIV. Many women living with HIV can have safe, healthy and satisfying sexual and reproductive health, but there is still a long way to go for this to be a reality, especially for the most vulnerable amongst them who face repeated violations of their rights. The contributions in this Supplement from researchers, clinicians, programme managers, policy makers, and women living with HIV demands an important appreciation that the field of sexual and reproductive health and human rights for women living with HIV is complex on many levels, and women living with HIV form a very diverse community. It is concluded that the manuscripts emphasize that attention must be paid to the following

critical dimensions: 1) Placing human rights and gender equality at the centre of a comprehensive approach to health programming, in particular in relation to sexuality and sexual health; 3) Engaging and empowering women living with HIV in the development of policies and programmes that affect them; and 4) Strengthening monitoring, evaluation and accountability procedures to provide good quality data and ensuring remedies for violations of health and human rights of women living with HIV.

METHODOLOGY

Objectives

1. To impact of reproductive and sexual choice in HIV patient in Puthucherry based on gender.
2. To know the reproductive and sexual choice in HIV patient based on religion.

Hypothesis

- There is no significant difference between reproductive and sexual choice in HIV patient based on gender.
- There is no significant difference between reproductive and sexual choice in HIV patient based on religion.

Sampling

50 sample were selected based on stratified random sampling method.

Method of data collection

To collect the primary data standard questionnaire was used . The tool was circulated among the selected respondents and the tool was distributed, Respondents completed their responses in the tool.

Statistical tool used

The following statistical tools were used to analyse the data . They were

- Descriptive analysis (Mean and Standard Deviation),
- Inferential analysis

The means, standard deviations of the entire sample are computed, In order to test the significance ’t’ test is used. In order to find out the significance of more than two variables, 'F' test is also used in this present investigation.

RESULT AND DISCUSSION

Table: 1

Showing Mean, S.D. and t-value for respondents level reproductive and sexual choice in HIV patient based on gender

Gender	Mean	S.D	t-value	P-value
Male	15.8	1.82	4.12	0.001 Significant
Female	9.68	1.06		

Ho: There is no significant difference between reproductive and sexual choice in HIV patient based on gender.

It is observed from the above table shows the details of Mean, S.D. and t-value for respondents level reproductive and sexual choice in HIV patient based on gender. It is obtained from the obtained t-value there is a significant difference in respondent’s level of reproductive and sexual choice in HIV patient based on gender. Since the calculated t-value 4.12 which is significant at 0.001 level. Therefore the stated null hypothesis is rejected and alternate hypothesis is accepted. Therefore it is

concluded that respondents differ in their level of reproductive and sexual choice in HIV patient based on gender. Further in male respondents group have high level of sexual choice in HIV patient.

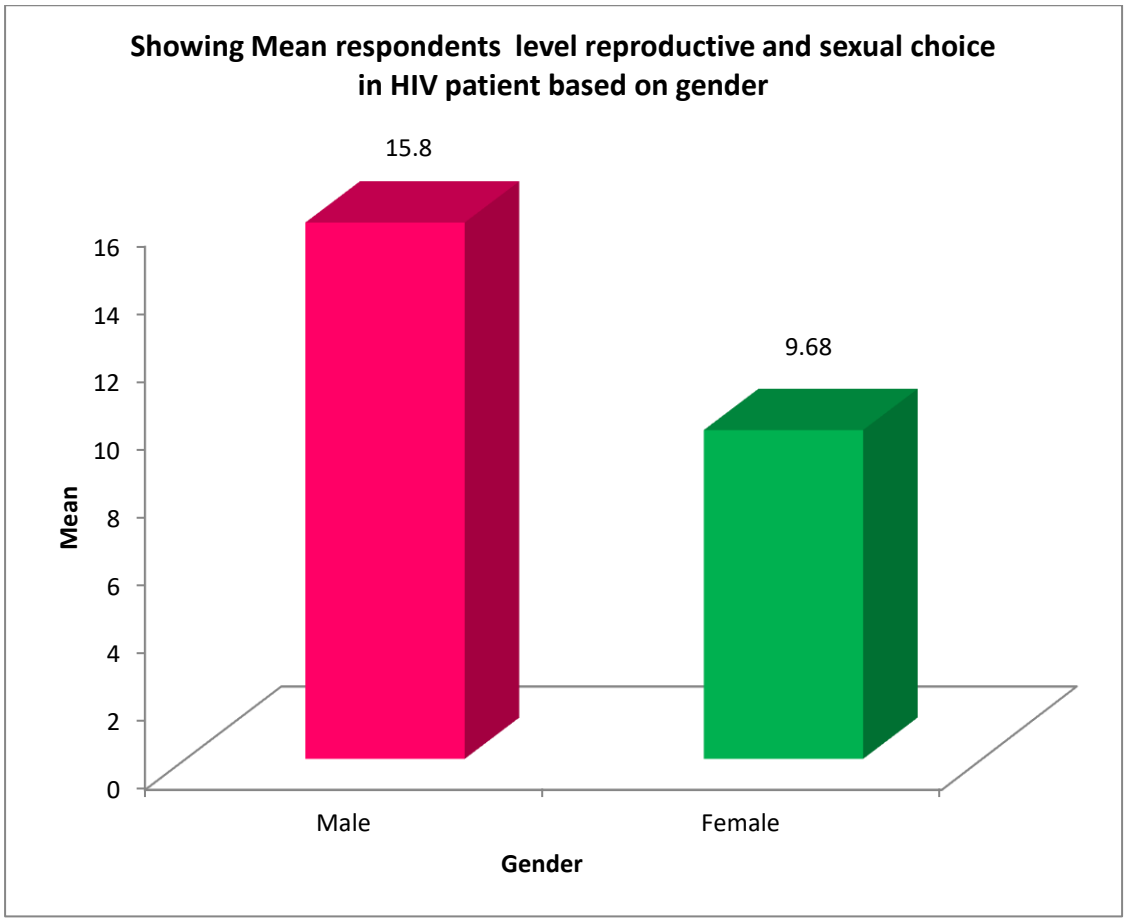


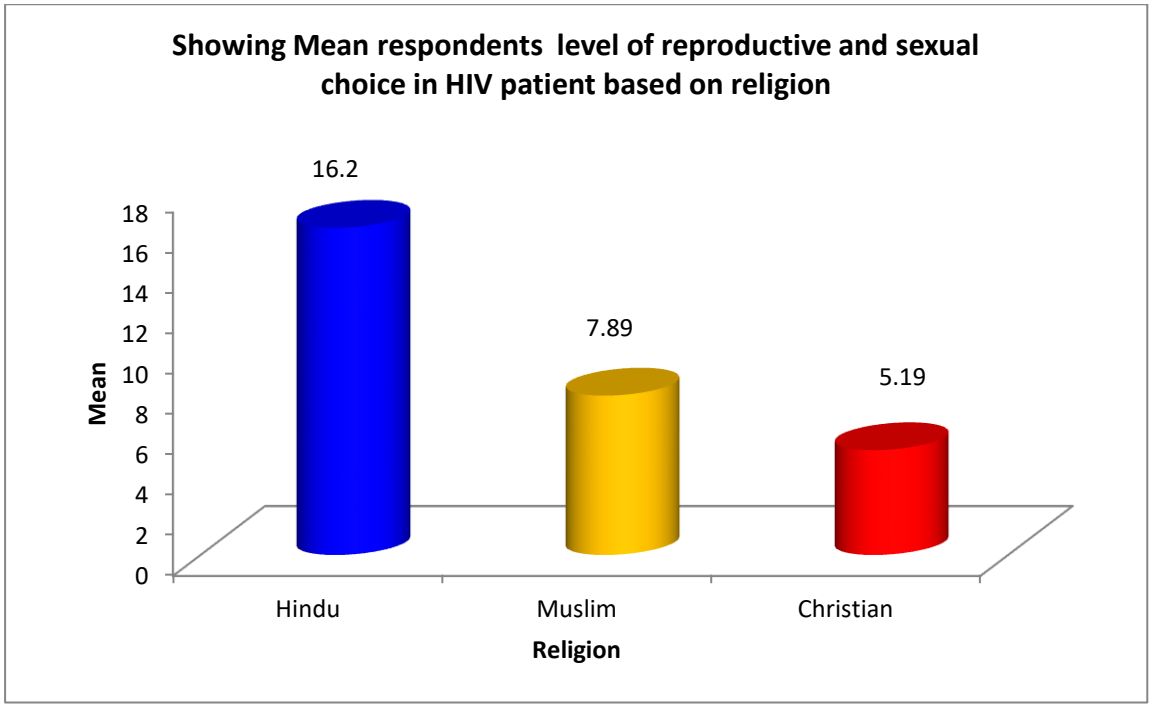
Table: 2

Showing Mean, S.D. and F-value for respondents level of reproductive and sexual choice in HIV patient based on religion

Religion	Mean	S.D	F-value	P-value
Hindu	16.2	2.01	5.06	0.001 Significant
Muslim	7.89	1.87		
Christian	5.19	1.76		

Ho: There is no significant difference between reproductive and sexual choice in HIV patient based on religion.

Result concluded that the table 2 reveals the details of Mean, S.D. and F-value for respondents level of reproductive and sexual choice in HIV patient based on religion. It is inferred from the obtained F-value there is a significant difference in respondent's level of reproductive and sexual choice in HIV patient based on religion. Since the calculated F-value (5.06) which is significant at 0.001 level. Therefore the stated null hypothesis is rejected and alternate hypothesis is accepted. Hence, it is concluded that respondents differ in their level of reproductive and sexual choice in HIV patient based on religion. So, the Hindu respondents have high level of sexual choice in HIV patient.



FINDINGS

Based on the statistical analysis the following findings are arrived. They are:

- Result shows that respondents differ in their level of reproductive and sexual choice in HIV patient based on gender. Further in male respondents group have high level of sexual choice in HIV patient.
- Analysis proved that respondents differ in their level of reproductive and sexual choice in HIV patient based on religion. So, the Hindu respondents have high level of sexual choice in HIV patient.

Conclusion: The present study expected to identify the impact of reproductive and sexual choice in HIV patient in Puthucherry. Many people with HIV, who are in good health, will want to have children, and highly active antiretroviral therapy provides women and men living with AIDS the possibility of envisaging new life projects such as parenthood, because of a return to health. 50 samples were selected based on stratified random sampling method. In order to identify the interview scheduled well structured questionnaire were used. To test the hypotheses statistical tool such as t-test and (ANOVA) was used. The result concluded reproductive and sexual choice in HIV patient based on gender. Further in male respondents group have high level of sexual choice in HIV patient. Analysis proved that respondents differ in their level of reproductive and sexual choice in HIV patient based on religion. So, the Hindu respondents have high level of sexual choice in HIV patient.

Reference

1. Mona Loutfy (2015) Advancing the sexual and reproductive health and human rights of women living with HIV. Journal of the International AIDS Society 2015, 18(Suppl 5):20760.
2. WHO. HIV reporting: Global update on the health sector response to HIV, 2014. Geneva: World Health Organization; 2014.
3. Barreiro P, Duerr A, Beckerman K, Soriano V. Reproductive options for HIV-discordant couples. AIDS Rev. 2006;8(3):158–70.
4. Schaan MM, Taylor M, Puvimanasinghe J, Busang L, Keapoletswe K, Marlink R. Sexual and reproductive health needs of HIV-positive women in Botswana–a study of health care worker's views. AIDS Care. 2012;24(9):1120–5.
5. Interim WHO clinical staging of HIV/AIDS and HIV/AIDS case definitions for surveillance African region. WHO/HIV/2005.02. Geneva: WHO; 2005. Available at: http://www.who.int/hiv/pub/guidelines/ (accessed September 2, 2012).