

Stigma still the major barrier for an effective HIV/AIDS response

By Shyamala Ashok, India

After a great trauma and toil in loosing one of our committed peer educators for sex workers and most of all a young friend of ours with the HIV status, a member of the women's positive network in Pondicherry, I have tried to illustrate the case for an analysis as below.

Chitra (her real name after all why follow ethics when she is no more with us?) aged around 21 years, having known her while she was just around 18 years old, as a sex worker, trafficked and HIV positive. Her death was a tragedy while she committed suicide at our community care center on 2nd of May 2005.

She struggled to survive and she did not want herself to be introduced as an HIV positive person, at the hospital. She continued to be a sex worker, without using condoms since she was angry with the society for having given her the HIV positive status, while she was innocent.

She was forced to be moved out of her family only to become a sex worker, due to her unhappy relationships and turmoil within her family. She had therefore no skills while she ran away from her family. In the mean time even after her death, her photo appeared in the daily news papers for having to claim her dead body, while there was no one so as expected.

She was admitted in a reputed institute for saving her life soon after she consumed the poison, how ever they refused to put her on to the ventilator since she was HIV positive. The law enforcers treated SFDRT same as they would treat any other suicide case. An analysis of the above case study brought out the following trauma to be questioned:" * The stigma among the sex workers themselves that she was HIV positive, while among her known mates no one was shocked and sad about her death. Therefore being an HIV positive person is worse than being known to be a sex worker?

- Why is that a premier institute and a health center, where she was admitted could not give a ventilator since she had an infectious disease? Should they not have a provision of accessing a separate ventilator in case they do have infectious diseases?
- Why were they not able to follow the universal precautions (who questions this) and why was SFDRT penalized by words since it was not immediately told that the patient brought for an emergency treatment was HIV positive? Why was there still a different treatment since Chitra was HIV positive right from the time she was given a stomach wash up to the time her body was taken to the mortuary?

I would like to restate to you that our nurses from our community care center did up the cleaning after the stomach wash and our staff took the body to the mortuary. Everyone at the hospital was scared to touch the body.

- Why did the law enforcers make use of our senior staff to go up and down the forensic department even after having taken the due money they say for the favors done according to them of course?

- Why was a reputed organization working for the cause of HIV/AIDS was made to pay the law enforcers? Could they not recognize that we were also a service provider unpaid unlike they being paid service providers? It is going to be very easy to say why pay but the local situation at that time ... we had no support and we were then going through the trauma of having to save her and to loose her at the sane time. We were made to launch the FIR till the next morning around 3 am.
- To whom would we share our trauma unable to tell anyone about Chitra's death on one hand, feeling guilty that we were unable to help her at all levels even while she was alive and dead?

While she wanted an alternate work, SFDRT was not in a position to do so, even while she finally joined as a staff at our center we were not able to cater to her emotional needs since HIV could affect the brain while the latter turns to AIDS rapidly, could not save her while she really did not want to die.

One has to realize there are several Chitras with SFDRT(Society for Development, Research & Training) ... we do want comments for further improvement and skills to face such situations. Remember this request is after contacting PLWA organizations and NGO hospitals to shift Chitra to Chennai for a ventilator, dealing with the police towards a smooth FIR and other formalities from the mortuary to the cremation.

Keeping it lie low not knowing how SFDRT as an organization would be treated since it happened within our center.

Regards

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