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## UNIT 3 SOCIETAL INFLUENCES ON HIV/ AIDS TRANSMISSION AND PREVENTION

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### 3.0 OBJECTIVES

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This unit aims at introducing you to the social determinants of behaviour patterns and practices that facilitate HIV transmission and the societal dimensions of HIV/AIDS prevention.

After completing this unit, you will be able to:

- describe the importance of social roots of behaviours which transmit HIV;
- identify major economic, social and cultural conditions promoting HIV-transmitting behaviours; and
- identify the major points of macro-level societal interventions needed for HIV/AIDS control.

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### 3.1 INTRODUCTION

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Every individual, whether child, youth or adult or a medical professional apparently adopts a certain behaviour of his/her own free will. They are under social influences of the family, the community and the larger society (regional, national and international) of which they have been part from the time of their birth. The HIV transmitting activities are such that there is some degree of 'risky' behaviour in all societies. Some societal factors lead to increase in HIV-transmitting behaviours while others may reduce the HIV transmissions in a population. Preventing the spread of HIV can therefore be done on a large scale by strengthening the latter and countering the former. For instance in India where data shows that people engage in multiple partner sex outside marriage, prevention strategies must be targeted at making that form of behaviour safe from HIV. But just as important, or may be even more, is the task of *ensuring* that the majority do not change behaviours to adopt 'risky' practices. For both, we must understand what decides behaviour patterns; the social influences that influence their behaviour patterns and how they act.

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## 3.2 SOCIETAL INFLUENCE ON SEXUAL BEHAVIOUR PATTERNS

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We will discuss only hetero-sexual activity as it is the major mode of sexual transmission in India. However the basic point highlighted through this section is applicable to all kinds of behaviours, sexual and otherwise.

Biological differences set the male and female apart and survival of the species requires that they interact with each other for reproduction. Thus 'sex' and sexual activity are ordained by nature. The elements of pleasure and satisfaction of a natural urge are part of this biological phenomenon. However sexual behaviours are socially constructed similar to other ways of fulfilling other natural urges e.g. the variety of food patterns for satisfying the basic urge of hunger. The societal influence on sexual behaviour pattern is clearly demonstrated by data from different countries and between social groups within a country.

An analysis of Indian studies involving the youth indicates that about 20 per cent males have had sexual experience (Vishwa Deepak, 1998). In the USA it is the reverse i.e. 20-30 per cent have not been sexually active while 70-80 per cent have had sexual experience. Among university students in Bangkok this figure for the sexually experienced was about 65 per cent. Both in Indian and US studies the partners were stated to be pre-dominantly friends, relatives and acquaintances, while in the Thai context it was CSWs for about two-third of sexually active male youth.

Among adolescent girls, 5 per cent of university students seem to have had premarital sexual intercourse with a friend, relative or fiancé starting at an average age of 17 years (Rakesh, 1980, Basu, 1994; CCM –AIIMS). Most often these are limited, occasional encounters. In the USA 10 per cent of all adolescent females have teenage pregnancies outside marriage. In Sweden 58 per cent of 18 year old girls were sexually active and about half of them reported multiple partners and regular partners.

Sexual activities among Indian women with their fiancés continue into marriage and therefore remain part of the monogamous relationship of adolescent females. As a whole, sexual activity commences with marriage where the median age at 'effective marriage' is 19.6 years. With 50 per cent of females being married before this age, 17 per cent of all females aged 13-19 years have conceived and are pregnant or mothers.

These differences are epidemiologically extremely significant. Statistical epidemiological models for generating projections of the future of epidemic have used the following factors (Isham 1988, May & Anderson 1987, Schalfe 1990): (1) the average number of partners per unit time; (2) the average rate of acquiring new partners; (3) the distribution of partner change in the population and, (4) the pattern of partner choice and interaction between members of different sexual behaviour groups e.g. between those who visit CSWs and their other partners. However, any interaction between two persons is also a social phenomenon and sexual relationships are no different.

## **Reproduction and Economic Systems**

As human societies evolved, reproduction has been linked to property rights, occupation etc. and thus to production and economic systems. Institutions of family and community developed within socially determined structures. These institutions were necessary to circumscribe child bearing, childcare and human power provided by the new generation. Thus, as different production systems developed so did social structures.

Among the hunter-gatherers of food who lived as wandering 'tribes' with shared production and shared child wealth, the 'community' was the central social structure. As the society evolved and became more stable the economic systems changed. As more stable agriculture, artisan and trading based economic systems, property and the joint family were more important.

Modern industrialisation and its economic systems de-link human labour from 'production'. Labour is treated as a commodity and leads to commoditisation of labour. Labour is alienated from the produce and the value of number of hands within the family decreased. The available human labour exceeded demand for it. Child-bearing lost its value in such societies. Social mechanisms for regulating sexual relationships changed accordingly. They are less rigid in the first situation as compared to the second. In the third they again become weaker than in the second as sexuality is de-linked from fertility.

### **Social Norms**

Structuring of society also resulted in defining differing roles for men and women in spheres other than reproduction and assigning a lower status to the women. Stereotype images of desirable 'masculine' and 'feminine' characteristics were created. Sexual urges of males were considered legitimate and natural. Sexual urges of the females were considered passive and therefore to be only objects for satisfaction of male desires. Sexual behaviour of one person impinges physically, mentally and emotionally upon the other who is involved. As both are part of a social setting, it affects the families and communities of which they are members. Therefore, for the well-being of all members certain institutions with set codes and rules are developed by societies. The institutions of marriage and family are supposed to safeguard the interests of the woman in a sexual relationship. It ensures that she is not left bearing the burden of bringing up of the children while the husband moves to relationships with other women. The superior social status of men, however, converts the institutions into a means of control over women more than over the men. The rules are most stringently applied for the women while men's relationships with more than one woman are more easily condoned, whether in institutionalised forms as multiple wives or as extra-marital relationships. Interaction between two persons is affected by power relations between the two individuals e.g. between man and woman, prostitute and client, employer and employee and between the social groups they come from (caste, class, rate.)

### **Cultural and Religious Influence**

Cultures reflect the social striving for the well-being of all. Social values, ethics and norms are adopted as checks to the unrestrained exercise of power by the powerful. However, they can also serve to maintain the unequal power equations in society.

Religion represents social values and provides ways of putting them into practice. All religions promote social responsibility and self-restraint. They are therefore conducive to enhancing levels of responsible sexual behaviours. According to Berelson and Steiner (1964) in the United States, the more devout people, both men and women but especially the latter, begin sexual activities at a later age and engage in them less frequently and more conservatively. Kinsey et al. (1948) in their study of sexual activity found that people who did practice religion had more conservative sexual activity than people who did not practice religion. Thus, religion can play an important role in preventing risky sexual behaviour and strengthening socially responsible behaviours. However, misuse of religion's power in society e.g. by reinforcing social hierarchies such as of men over women, or by stigmatizing HIV positive persons as sinful is negative influence that religion can have control of HIV transmission.

Marriage, family and community are also structures that bind the individual to a collective good. They may curb some individual freedoms even while they create conditions for pursuing commonly accepted goals and a certain level of sustenance for all members. Marriage provides security to the woman, it also tends to reinforce her inferior social status thereby leaving her open to the whims and fancies of her husband, forced to abide by his decisions and desires. As the varied forms of social structuring across the world and in Indian society itself show, despite the same biological core, forms of marriage and family are not nature's creation but culturally developed.

Members of a society 'naturally' imbibe the social values and forms of behaviour as they grow and interact with others within their society. **Socialization** is the process whereby the infant gradually becomes a self-aware, knowledgeable person, skilled in the ways of the culture into which she or he is born. While this process of cultural learning is much more intense in infancy and childhood, it continues throughout life. It changes with the individual's biology and social roles, from child to adolescent, adolescent to adult and from adult to old age.

As societal conditions change or the individual migrates to a different social context, re-socialisation can occur especially under conditions of stress. Re-socialisation, people's personality, values and outlook are never simply 'fixed', but alter in relation to their experiences throughout the life-cycle. In some conditions, adult individuals may experience re-socialisation, marked by the disruption of previously accepted values and patterns of behaviour, followed by the adoption of radically different ones.

The groups or social contexts within which significant processes of socialisation occur have been called agencies of socialisation.

### **Socialising Agencies**

In all cultures, the family is the main socialising agency of the child during infancy. But at later stages of an individual's life, many other socializing agencies come into play.

#### **The Family**

Children pick up ways of behaviour characteristic of their parents or others in their neighbourhood or community. Varying patterns of child rearing and discipline,

together with contrasting values and expectations, are found in different societies. Parents are able (in varying degrees) to enforce codes of conduct upon their children.

### **Schools**

Schooling is a formal process: there is a definite curriculum of subjects studied. Yet schools are agencies of socialization in more subtle respects too. Alongside the formal curriculum there is what some sociologists have called *a children curriculum conditioning and children's learning*. The social stereotype images of male and female roles and their relationships are often communicated through the textbooks and the different behaviour codes for boy and girl students.

### **Peer Group Relationships**

Another socializing agency is the peer group. Peer groups are friendship groups of similar age. In peer groups a child discovers a different context of interaction, within which rules of conduct can be tested out and explored.

Peer relationships often remain important throughout a person's life. Particularly in areas in which there is not much mobility, individuals may be members of the same informal clique, or keep the same groups of friends, for most or all of their lives. Even where they do not, peer relations are likely to have a significant impact beyond childhood and adolescence.

### **Mass Media**

There are few societies in current times, which remain completely untouched by the mass media. A vast amount of research work has been carried out trying to analyze the influence of particular television programmes, or types of programmes, on the attitudes of children and adults. Most of this research is not conclusive. It is still not agreed, for example, how far the portrayal of violence promotes aggressive behaviour among children. But it cannot be doubted that the media profoundly influence people's attitudes and outlooks. They convey a whole variety of information that individuals would not otherwise acquire. Newspapers, books, radio, television, films, recorded music and popular magazines bring people into close contact with experiences of which they would otherwise have little awareness.

### **Socialisation and Individual Freedom**

The cultural settings in which people are born and come to maturity influence their behaviour. It might appear that they are robbed of any individuality or free will. They might seem to be merely stamped into pre-set moulds which society has prepared for them. But such a view is fundamentally mistaken.

The fact that from birth to death we are involved in interaction with others certainly conditions personalities, the values we hold, and the behaviour in which, we engage. Yet socialisation is also at the origin of our very individuality, a sense of self-identity, and the capacity for independent thoughts and action. This point is easily illustrated by the example of learning language. None of us invented the language we learn as a child, and we are all constrained by fixed rules of linguistic usage. At the same time, however, understanding a language is one of the basic

factors making possible our self-awareness and creativity.

### The Contemporary Context

With this broad understanding of how human behaviour is shaped, let us examine what societal phenomena in the present times are leading to behaviours, which can transit HIV at a high rate. As we have seen, socio-economic and cultural factors play an important role in shaping the material, social and psychological basis of behaviours.

#### Check Your Progress I

**Note:** Use the space provided for your answer.

1) Describe briefly any two socialising agencies for a child.

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### 3.3 IMPACT OF SHIFT IN TRADITIONAL ECONOMY

In the market-oriented industrialised west a high level of material prosperity based on alienated production systems and impoverishment of other populations of the globe has led to a high consumption individualism-oriented economy and life-style. The accompanying increases in sexual behaviour patterns and intravenous drug abuse creates conditions conducive for HIV transmission on a large scale.

In the third world conditions of poverty is a significant factor in HIV transmission. Studies from many parts of the world are showing that the problem of HIV/AIDS is exacerbated by lopsided developmental policies, which have brought abrupt changes in traditional socio-economic structure of the societies. These abrupt changes have actually ingested the traditional economies mostly based on natural resources, which have provided the base for other societal factors. For instance, in Thailand, in the name of faster economic growth of the country, the rich forest resource was exploited for wood-export. Due to rapid deforestation, a large part of the population, which was living in rural areas, had lost its source of economic support. Many of these people's livelihoods were based on forest produce and agriculture. Deforestation has led to change in the weather cycle as well as soil erosion, which damaged agriculture. At the same time the advent of consumerism and invasion of various status symbols has added fuel to the fire. Young people started migrating towards urban centers, where they were forced to work in low paid jobs due to their low level of education. Since their aspirations were high,

males entered the more lucrative drug industry while women resorted to the sex trade. Young women find the sex trade, as barmaids, masseurs, dancer's etc. one of the best available options with less competition and more money. Remittances in various forms made by these women of their homes in rural areas turns more and more girls to urban areas and to prostitution (Usher, 1993).

A similar phenomenon was also reported from Ghana in Africa. In 1960, the Ghanaian government took up a project to develop Akosombo hydroelectric dam. Under this multipurpose project, one of the largest man-made lakes, the Volta Lake, was created in the Agomanya area. With the beginning of the project around 80,000 people in the area, predominantly agriculturists were displaced. Since these people had lost their traditional livelihood and societal structure, males started working as labourers in the project and some as fisherman. Females, who were till now supporting the home economy helping in agricultural works, had no employment, but their homes were still in need of support. These women started taking jobs in hotels, bars and clubs, from where they were inducted into the sex trade.

With the end of construction work after five years, a major workforce went back. The local males and females of the area again lost their livelihood. Subsequently the males of the community migrated to other areas in search of employment as unskilled labourers. The females took their business to other cities and also to other countries. Because of the poor economic conditions the next generation of this migrant population remained in similar conditions. Moreover, because of patriarchal inheritance in this society, a child who does not know his or her father has no chance of ever inheriting. There were few opportunities for economic survival for the many illegitimate children born during the construction boom. The situation was especially difficult for the first cohort of girls born to young women who were just learning to survive by selling sex to construction workers. Today, the HIV prevalence among birth cohorts of pregnant women in Agomanya is highest. Many of them are the daughters of construction workers for whom there were no other economic choices but to follow their mother into sex trade (Decosas, 1996).

In case of males, however, the situation is not very difficult. Reducing employment opportunities in rural areas due to the degradation of traditional resources and natural calamities are equally responsible for male migration, which again contribute effectively in increased HIV prevalence. For instance, populations in West Africa are highly mobile. Fishermen follow the Southern coast from Cameroon to Liberia in pursuit of the seasonal migration of fish stocks; traders ply the coastal routes from Senegal to Nigeria; and farmers of the Sahel migrate to the plantations in the coastal countries to survive the dry season.

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### **3.4 HIV AND SOCIO-ECONOMIC SITUATION IN INDIA**

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During the past six decades urbanization in India has increased (the urban population has become about 30 per cent in 2001). This growth in urban population is because agriculture has become non-profitable for middle and low class farmers. Continuous loss in agriculture and increasing debt on these middle and low class farmers in Uttar Pradesh, Punjab and Andhra Pradesh are extreme examples

to show the problems faced by the farmers. To overcome such problems most of these people are migrating to urban centres in search of employment in various industries. In urban centres these people live in slums. Poor income does not allow them to visit their families frequently. To satisfy their sexual urge these people may go in for illegitimate and paid sex. Further, the women in rural areas remain dependent on their male partners for financial support, decreasing the women's ability to negotiate for sex when the men return, the fostering the spread of HIV from cities to rural areas. Women who remain in rural areas for protracted periods without their male partners may also take other partners, increasing their HIV risk (Lurie et al, 1995). Overall, socio-economic conditions are not only making commercial sex widely available but also generating clients for it. In this way, the socio-economic conditions are playing a major role in spreading HIV infection.

### **Impact to Structural Adjustment Programmes**

During the period of Structural Adjustment Programmes (SAP) of the World Bank (WB) and the International Monetary Fund (IMF) have exacerbated the pre-existing socio-economic circumstances. Under this programme, developing countries were forced to enter into agreement to meet specified macro-economic targets—first with the IMF and later with the WB, if they needed loan. The measures taken under SAP, seek to stimulate the growth of the private and export sectors in developing countries, thus making their economy competitive on the international market. From the internationalized perspectives, they enhance the security of loans, benefiting international lenders and others involved in trade with developing countries (Lurie et al, 1995).

The major impact of SAP on the socio-economic conditions includes: (i) declining sustainability of the rural subsistence economy due to the shift to the large scale export agriculture, logging and mining which displaces rural subsistence produces, (ii) rural to urban migration, and (iii) increasing poverty and the widening gap between poor and rich. The first and second impacts are closely interrelated and discussed. So far as the third is concerned, it generates pressures for sheer survival of the poorest and creates aspirations in others for being like the higher sections even while their own conditions do not allow it.

### **Cultural Context**

With change, social values and priorities are in a state of flux: traditional structures being questioned and reformulated. Breaking of coercive authoritarian attitudes, such as the power of parents, religious dogma or community patriarchs over the individual has released creative potential and empowered some of the traditionally powerless, making them less vulnerable. On the other hand, the influence of the processes of globalization on the reformulation of our cultures is promoting changes, which weaken us against the onslaught of the menace of HIV. As economic structures change drastically under structural adjustment programmes, market driven competitiveness and insecurities increase, material pursuits become singular priority and individualism prevails.

Consumerism and high consumption life-styles become the aspiration of a greater section of the population than ever before. Values of collective responsibility, of austerity, of self-restraint in consumption and in pleasure seeking, lose their place as social ideals. Sexual behaviour becomes one of the sources of expression of



individuality and pleasure seeking. The responsibility associated with a sexual relationship is de-emphasised, especially with notions of individual freedom and loosening of family and community constraints.

The mass media is playing a major role in bringing about culture changes. Commercial advertising is entirely devoted to establishing consumerism and plays upon the individual weaknesses and fantasies. Glorification of the powerful macho-male image and his sexual pursuits creates a negative role model. The images of 'being modern' are also projected through sexier dresses and freer attitudes toward sexual relationships.

The desires thus generated and promoted are not possible to be fulfilled through socially legitimate relationships, given the family structure and the constraints on conjugal life created by male migration or by over-crowded housing. This kind of culture change can only increase the sexual exploitation of women. Increasing sexual harassment and assaults on women and even the girl child are one outcome. A stark illustration of sexual exploitation of women is provided by the spate of new magazines that came into the market.

Thus, for HIV/AIDS prevention with a long-term and sustainable perspective, we need to create an environment conducive to continuation of the norm of sexual activity within marriage. Even while developing economic security will be crucial for this. Social and cultural dimensions also need to be addressed. Strengthening of social values, of self-control and respect for social institutions are important dimensions. Evolving gender relationships based on mutual respect and sharing is the second.

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### **3.5 ROLE OF MEDICAL SYSTEM IN PROMOTING HIV TRANSMISSION**

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The medical systems influence extent of spread of HIV in several ways. It can *decrease the spread* by diagnosing HIV positives early, providing them supportive services and counselling in a manner that decreases their suffering and social stigma, as well as ensure behaviour that does not transmit HIV. On the other hand *it promotes spread* by:

- i) Transfusing blood and blood products that have not been screened for HIV.
- ii) The medical system prescribes blood transfusion generating a demand for human blood which is not fulfilled by voluntary or replacement donation. This creates the need for 'professional' blood donation. Economic disparity generates the 'supply' by forcing people to resort to selling their own blood.
- iii) A significant proportion of the blood transfusion is unnecessary and meaningless.
- iv) Medical equipment such as needles and syringes can transmit HIV if used without the generally applicable, routine anti-sepsis procedures. A simple sterilization procedure practiced by the health care provider at the point of use is the surest way to safety but is often not practiced because of a negligent attitude, overcrowding in health care institutions and lack of adequate facilities and equipment.
- v) The grossly unnecessary over-use of injections by practitioners is well known.

- v) Stigmatization of HIV positive patients and instances of doctors' refusal to treat them has been a very negative influence for HIV spread. It leads to hiding of HIV status from the treating doctor, thus increasing chances of spread from patient to patient.

Such behaviours in the medical system that promote HIV transmission are again not just issues of an individual doctor or health care provider. Many factors influence it at several levels.

'Professionalisation' is, like socialisation, the process whereby a layperson becomes a member of a profession. Medical education includes not just the content of medical science but also imbibing attitudes, work culture and ethics non-practice of professional ethics in general contributes to all the medical behaviours, which promote HIV transmission. This turn is a result of several factors.

Social conditions and professionalisation must inculcate social responsibility and ethical practice. Individual providers must have moral strength to withstand the negative pressures of the societal trend but most are swept along with the tide. The tide, therefore, needs to be turned.

### Check Your Progress II

**Note:** Use the space provided for your answers.

- 1) How does the medical system extend the spread of HIV through negligence?

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## 3.6 LET US SUM UP

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This unit has focused upon the role of societal factors in influencing sexual behaviour patterns and the practices of health care providers. Similar factors and analysis can be extended to other behaviours, e.g. intra-venous drug abuse. Economic and cultural factors contribute to shaping of behaviour patterns in a society. Individuals retain their right to be different but are even then moulded by the societal environment in general and their own conditions in particular.

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## 3.7 SUGGESTED READINGS

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