ILLNESS EXPERIENCE OF HIV POSITIVE MARRIED WOMEN
IN PERI-URBAN, YANGON, MYANMAR

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M.A. (HEALTH SOCIAL SCIENCE)

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ABSTRACT

The objective of this thesis was to explore the phenomena that increase the suffering of women and the tendencies of the alteration of the self in relation to the meaning of AIDS given by women. The research methodology of this study was qualitative based on in-depth interviews with 10 HIV positive married women, who live in peri-urban Yangon, Myanmar. Employing the symbolic interactionist framework, this paper argues that societal response and social labeling of AIDS make the HIV positive women suffer more, and that the labeling process derives from “epidemiologicalization” of AIDS. Findings indicate that having HIV primarily means a “bad” woman, in terms of having immoral sexual behavior for the respondents in this study. The alteration of self-concepts occurred in a changing process which can be described as consisting of six identity levels namely 1) former self; 2) Deteriorating self; 3) Isolated self; 4) Jaunty self; 5) Desperate self; and 6) Vigilant self. The tendency of alteration of the self is dynamic and multidirectional in relation to the severity of illness and the extent of discrimination perceived and/or experienced by the women. Managing strategies are mainly directed to avoiding the impact of stigma and discrimination toward HIV/AIDS. The strategies can be summarized as “self-reliant”, “self sacrificing” and the “Karma” ways of managing. Despite the negative meanings associated with HIV positive status, the women managed to reach the jaunty self by overcoming physical, psychological and economic deterioration as well as social isolation. The HIV positive women possess the jaunty self when they foresee a future where reconstruction of positive self-images seems possible; and when they receive positive reflections of self in interaction with people to whom they attach significance, in their everyday lives.

It is recommended to remove the shame factor attached to HIV/AIDS by addressing “risk group” label and irrational fears related to imminent death. The new meanings should have positive focus and take great caution not to reinforce the stigma. Counseling and testing should be built on the dynamic of the self alteration and patients’ management strategies. Voluntary premarital counseling and testing can be incorporated into the existing AIDS counseling services as a new HIV/AIDS policy guideline. Research on the forms, extent, and factors influencing discrimination should be conducted to launch effective programs for reduce or prevent discrimination.

KEY WORDS : ILLNESS EXPERIENCE/ ALTERATION OF THE SELF/ MANAGING STRATEGIES/ HIV POSITIVE MARRIED WOMEN

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