

A REVIEW OF THE AGENCIES OF THE CONTROL MEASURES OF HIV/AIDS IN NAGALAND

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Abstract: This article is an evaluation of the agencies of control measures towards HIV/AIDS in 'Nagaland' a North-Eastern state in the country of India. HIV/AIDS is not only a health problem but it is also a developmental issue that raises economic and social causes and consequences. The pandemic impacts all aspects of development from education to human rights to economic development. In a state like Nagaland, it has been considered necessary to look into the role of the religious organizations, the intervention by governmental as well as non-governmental organizations, institutions of learning, the family and the individuals etc. These agencies are the backbone towards the controlling of the epidemic. A critical evaluation of the HIV control machineries has been undertaken to examine their contribution towards controlling HIV/AIDS.

Keywords: HIV/AIDS, agencies, measures, religious organizations, controlling, development, Nagaland.

I. INTRODUCTION

AIDS is a global phenomenon. It is an epidemic of the modern world that affects the social, health, cultural, social, psychological, economic, religious aspects of a human life. It affects the young, the old and is gender blind. AIDS is a long, often painful and fatal disease that develops in people up to a decade or more after they have been infected by the Human Immuno Deficiency Virus (HIV). AIDS is the last stage of HIV infection. It has got no cure, no effective treatment and no vaccine for its prevention till date. The only vaccine available against AIDS today is education.

HIV stands for Human Immuno Deficiency Virus and it is responsible for causing AIDS- the Acquired Immuno Deficiency Syndrome. The origin of this disease is not known but the first case was identified in America in 1981. It was initially reported among the homosexuals and was therefore labeled the 'gay plague'. The term AIDS was coined in 1982 and its definition was revised on 1st September, 1987 by the Centre for Disease Control (CDC) "as a disability or life-threatening illness caused by the Human Immuno Deficiency Virus (HIV) characterized by HIV encephalopathy, HIV wasting syndrome or certain disease due to immuno deficiency in a person with laboratory evidences for HIV infection with or without certain other causes of immuno deficiency" (CDC 1987).¹

AIDS was first recognized as a disease in the 1980's. Since then it has spread throughout the world. AIDS brings with it a unique social history. It has been identified by the mainstream society as a behaviour-related disease that affects others.² Although the disease is no longer restricted to groups that have been traditionally marginalized in this country, the psychological reactions in society stubbornly remain resistant to catching up with reality.

When AIDS first emerged as a disease, few people could predict how the epidemic would evolve and fewer still could describe with any certainty the best ways of combating it. Now in the year 2014, it is known from experience that AIDS can devastate the whole region, knock decades of national development, widen the gulf between the rich and the poor nations and push already-stigmatized groups closer to the margins of society.

¹ Jette Nielson and Bjorn Melgaard on their paper 'The Economic and Security Dimensions of HIV/AIDS in Asia'

² Mc Dowell, Josh: The Turning Point: Facing HIV/AIDS. San Bernadino California, Here's Life Press, 1987.

II. STATEMENT OF THE PROBLEM

Taking the above discussion into account, it can be said that HIV/AIDS epidemic is a complex and multidimensional phenomenon that has become a major health and social problem in the under developed and developing countries. The epidemic emerged in the early 1980's creating unprecedented challenges to human society in various dimensions of human life. Today, the HIV continues to spread across the globe irrespective of its geographical expanse causing huge increase in mortality and morbidity among children and adults along with severe consequences socially and economically at the most.

All over the world, HIV/AIDS is causing devastation destroying communities and families and taking away hope for the future. The impacts of HIV/AIDS are numerous. In the absence of a cure, and in most cases in the absence of adequate treatment, HIV/AIDS diminishes or destroys quality of life before it takes away life itself. Its psychological, social and economic impact on life quality affects family, friends and community. It affects production as well as household incomes and expenditures; it poses major problem for health system and care practices; it diminishes the capacity of societies' to provide essential services and plan for the future; and it threatens good governance and human security.

HIV/AIDS is having a dramatic effect on the lives of the individuals, families and communities. The daily threat of stigmatization and discrimination is on rise. HIV/AIDS has become one of the dominant social problems in contemporary society. It has acted as a spotlight exposing many iniquitous conditions in society. It has infected millions of people all over the world and affected not only the individuals dependent upon them but societies and nations at large. No other epidemic has caused such damage to productive economic and social assets of countries and neutralized the fruits of decades of economic and social advancement.

The HIV/AIDS problem itself has become a vast and complete phenomenon in the world today. The present society is fragmented and has affected the system from its normal functioning. HIV/AIDS is yelling at society where physical, social, ethical, legal, economic, psychological and spiritual life is degrading day by day. It also reveals the tragic consequences of personal actions that endanger others.

There has been an alarming annual rise of new HIV cases in the North Eastern states from 5549 (new cases) in 2001 to 6460 (new cases) in 2011. The total number of HIV infected persons in the whole North East region is 63,049 cases with Manipur leading the list with 25369 cases and Sikkim recording the lowest with just 593 cases. This is just a contrast to the national trend where the overall decline rate in India is 57% recorded from 2001 to 2011.³

Nagaland, like any other North-Eastern State of India is in turmoil socially with a host of social problems cropping up. The emerging dominant social problem is the prevalence of HIV/AIDS in Nagaland. According to Sentinel Surveillance Report 2014, Nagaland is the sixth state with highest prevalence of HIV/AIDS in the country with an alarming ratio of 0.88%. Country's figure stands comparatively lower at 0.37%.⁴ HIV/AIDS epidemic is a complex and multidimensional phenomenon that has become a major health and social problem in the under developed and developing countries. The epidemic emerged in the early 1980's creating unprecedented challenges to human society in various dimensions of human life.⁵ Today, HIV continues to spread across the globe irrespective of its geographical expanse causing huge increase in mortality and morbidity among children and adults along with severe consequences socially and economically at the most.

The first HIV case in Nagaland was detected in the year 1990 by ICMR among the IDUs. It has now been 24 years since the first case was detected. According to the Strategic Information Management System (SIMS), there are 693 children infected with HIV in Nagaland and about 100 children orphaned by HIV/AIDS.

This phenomenon of high HIV prevalence in Nagaland state cannot be explained by mono-casual explanation but it should be seen within the framework of social, political, economic and cultural context of the state. One of the basic reasons is easy access to drug because of drug trafficking across the international border with Myanmar and the economic interest that lies there. The supply and the demand factor of drug i.e heroin when associated with other factors gave rise to high prevalence of Injecting Drug Users (IDUs) in late 1980s and 1990s. The increased unemployment along with the changing lifestyle of the youth also exaggerates the HIV/AIDS epidemic in the state. Out of frustration, family problems,

³ Newmai News Network, June 3 2014 'North East AIDS cases show alarming trend'

⁴ Sentinel Surveillance Report 2014, Nagaland State AIDS Control Society

⁵ Thenpillil, Jose (2006) 'Socio-Cultural dimensions of the HIV/AIDS affected'

pleasure seeking, IDU as a fashion and the lack of societal control, intravenous drug use emerged as a refuge for the restless youth. Many youngsters in the state start to indulge in drug abuse, gradually changing their lifestyles. Along with this, lack of political will and social unrest lead to increase in the prevalence of IDU. In the present scenario, it is observed that the spread of HIV infection is expanding beyond the IDU to the general population. Even though there are no red light areas in the state, the phenomenon of female sex workers or commercial sex workers has increased.

The problem of the HIV/AIDS pandemic is something that cannot be neglected, as the epidemic poses a challenge for the health of society. As the infection diffuses, the epidemic continues to affect the community, family and individual in different dimensions. The first wave of impact emerged on the infected persons and their families, partners and those who take care of them. It includes the trauma of diagnosis, community reaction (acceptance, stigma and discrimination), economic and emotional impact on their families, reaction of health care workers, illness and death.

HIV is affecting the families, the youth, the children, women and the entire society. People with HIV/AIDS face stigmatization and discrimination, which fuels the epidemic. HIV is a security threat because it threatens the economic, human, societal and even the traditional notions of security. It has become an alarming situation in Naga society. Naga society, which used to be confined and bound by traditional norms and values, has now been attacked by this pandemic affecting the families, youths, gender- equality and the entire society needing proper attention.

HIV/AIDS has become one of the key social problems in the present era. There are various mechanisms in the whole of the state through which efforts are made to ensure that the growth of HIV infection is controlled. These mechanisms have a pivotal role to play regardless of how their approaches or strategies are. In achieving spontaneous control of HIV, various major agencies of HIV control measures has adopted different strategies according to how their field demands.

Some of the agencies that have been working towards controlling the pandemic are the learning institutions like the schools and colleges, religious organizations, the police and the administration; Non- governmental organization, jails, hospitals, individuals etc. While NGOs have a critical role to play in implementing various intervention programmes among the different population groups, the governmental agencies too has an overall responsibility to plan, co-ordinate, mobilize and facilitate various HIV/AIDS prevention, care and treatment activities. While ensuring the utmost efforts to access new AIDS drugs for the PLWHAs and also other intervention programmes, the government needs to aim at providing major opportunities to the HIV infected fraternity.

Experiences in global HIV pandemic portrays that HIV can be prevented if sound, rational and effective strategies are used. Therefore the role of mass media in disseminating vital informatics to the general populace about the pandemic, the role of law enforcing agencies and the role of individuals are considered to be of high importance.

III. THE ROLE OF THE RELIGIOUS ORGANISATIONS

Religious organizations are considered to be one of the important agencies to halt HIV/AIDS. At the present juncture, humans have acquired more knowledge than any other time in history. Science, medicine and education are going places never before imagined. Human have bigger jets and cruise liners, faster computers etc but when there is personal or national tragedy, people flock to religious organizations like the churches, the mandirs and the mosques for prayers and counsellings. In times of hardship and tragedy, people tend to find solace in it. The religious organization keeps people grounded by providing bedrock of faith and answers to humanity's deepest needs. With all the weight and pressures of the world, people expect answers from them that no other institution provides. People's spiritual and emotional needs are fulfilled by the religious organizations. Therefore, the religious organizations hold an important place in controlling the pandemic.

This study covered various religious organizations like the Nagaland Baptist Churches Council (NBCC), Ao Baptist Arogo Mungdang (ABAM), various churches of Nagaland, Hindu Shiv Mandir and Mosque etc in order to assess the knowledge, awareness and initiatives. Religious beliefs among the most emotional and deeply felt needs of human beings.⁶ In many cultures they come to form the most predominant influence in people's response to crisis in life. When an individual is unable to overcome a difficult situation with human effort and energy, there is always a tendency to depend on God, a supernatural power, to get relief and comfort this is especially true in cases of diseases and calamities as well.

⁶ Thenpillil, Jose (2006) 'Socio-Cultural dimensions of the HIV/AIDS affected'

In the case of fatal pandemic like HIV/AIDS, the dependence on God can be more because dependence on others will be less due to stigma and discrimination. On being asked whether the PLWHA respondents believed in the existence of God, this study found that there were 78.2% who thought that religion helped them in coping with HIV infection. The remaining 21.8 % respondents were of the opinion that they did not believe in the existence of God and did not help in coping HIV infection. This clearly shows the importance of religion and the roles of the religious organisations in the life of the PLWHAs and how it can be an important agency towards the control of the pandemic.

Table 1.1: Classification of the respondents according to religion

Religion	%
Christian Baptist	84.8%
Christian Catholic	1.9%
Hindu	3.8%
Muslim	3.8%
Others	5.7%
Total	100%

Nagaland being a Christian dominated state, most of the respondents from religious organizations was Christians with a percentage of 84.8% and 1.9 percent Catholic Christian as projected in table 4.1. The remaining comprised of the Hindu, Muslims and others. In this study we wanted to know the role of the religious organisation in the field of HIV/AIDS and their approaches towards HIV/AIDS, they stated that various seminars and awareness programmes on HIV/AIDS, counselling the people, conducting health camps, special prayer support, vocational trainings, financial support to PLWHA were given and nutritional support were also extended to the PLWHA. This shows the concern and understanding that the religious organizations have towards the PLWHA by extending help and support.

In response to whether there was a separate branch/cell to deal exclusively with the pandemic in their Church/organization/association set up, interesting answers cropped up. Table 1.2 depicts the response that they gave. While 15.1 opined that it is not necessary, a majority of the respondents with a percentage of 37.7% responded that they do have a separate cell followed by 28.3% respondents that it was under planning. These responses somehow portrays a mixed picture, while it is important to have a separate cell particularly for the HIV infected, on the other hand it may look like they are put into isolation and segregated by the religious organizations.

Table 1.2 Setting up of a separate cell

Opinions of having a separate cell	%
Yes, we have	37.7%
Under planning	28.3%
Not necessary	15.1%
Difficult to put it into motion	13.2%
Never thought of	5.7%
Total	100%

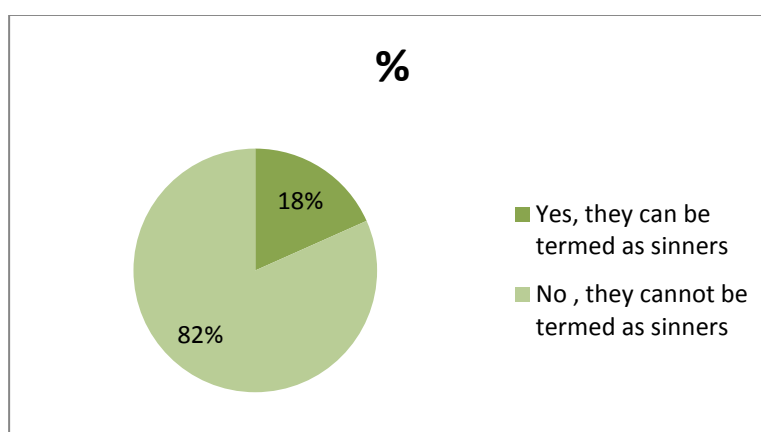


Figure 1.1: Can PLWHAs be termed as Sinners?

The figure above projects the answers given out by the respondents and it somehow shows the attitude of the religious fraternity toward the pandemic as majority of the respondents i.e 82% opined that they are not sinners and should be welcomed and should not be discriminated at any costs. In the recent years, the participation level of the PLWHAs in religious organizations is on an upward trend. The prevalence of HIV/AIDS in the state is in its 24th year and the presence of PLWHA in the society and to get them involved within the fraternity of the religious organization is quite a new experience. Through this study it was revealed that the religious organization play a vital role in moulding up an infected emotionally down HIV person. To cite an example, the Chang Baptist Church Tuensang⁷ along with the Khamnungian Baptist Church, Sangtam Baptist Church, Yimchunger Baptist Church and Ao Baptist Church take various initiatives to bring the HIV infected within their fold. They organize various programmes, seminars etc in order to see that the HIV infected people are not left out and see that they live a life as an unaffected person lives.

Prayers and other religious practices are signs of religiosity. People usually depend on the divine when there is no other way to escape from their physical ailment or any other difficulty. In order to know how far the respondents practiced their religion, questions were asked on prayer and religious practices. 72.8% of them said that they were comforted through prayer and religious rites and practices. The increased of the beliefs in prayer by the PLWHA respondents show that in the face of fatal disease, there is always a tendency to pray for God's intervention. Since there is no possible cure medically with regard to HIV/AIDS, the utter dependence of human beings on the divine protection is seen here.

In our attempts in discovering the opinion of the religious organization towards controlling the pandemic, the interviewer put a query how can bring the HIV+ community to the fold of the church/ organizations/ associations etc. In response to this, they have suggested the following:

- a) Accept and accommodate them with empathy.
- b) Religious organisations must plan and make programmes for their welfare.
- c) Shun stigmatization and discrimination.
- d) Encourage the PLWHA's to come forward without having an inferiority complex.
- e) Proper health care delivery through the organisation's initiative.
- f) Provide social support and encourage positive living.
- g) Give guidance and hope through counseling.
- h) Religious organisation should conduct seminars and programmes on HIV/AIDS
- i) Let the PLWHA participate and invite free opinions and involvements in the church
- j) Positive people are members of the religious organization as well.
- k) Opportunities and equal privileges should be given in decision making and in worship too.

The PLWHAs have specific needs which the other members might not have. They may be afraid ashamed and afraid of active participation in the organisation's activities. Therefore the study suggests that they need to go forward and extend emotional and financial support as well in order to curb the pandemic.

The churches in Nagaland has started with a programme known as 'True Love Waits', where youths are given a platform to sign a pledge to abstain from sex till one gets married. This is in a way contributing to control the menace of HIV/AIDS in society.

Out of the 400 respondents, there were 50 respondents from religious organizations who were included in this research study from all over the state. 70% of them opined that they conduct seminars, awareness and advocacy programmes on HIV/AIDS and 80% of them were found to be actively involved in providing health, economic, physical and emotional support to the infected people. Setting up of a separate cell was found discouraging as 84 % of the respondents that that setting up of a it will hamper the social life of the HIV infected and it will instead ignite the fire of stigmatization.

Though the religious organization did not deny the prevalence of stigma within the church fraternity, they were satisfied by 58% towards performing and contributing towards the control of the pandemic.

⁷ The Chang Baptist Church Tuensang plays a very important role in reaching out to the HIV population in Tuensang. The broad mindedness of the Pastor and the members of the church were noticed during the course of field work. So far no other church has taken initiatives like this church has taken.

It is found that various religious organizations are actively participating in organizing seminars, awareness programmes and advocacy programmes. In addition to this, they also organise varied charity programs in aid of the people living with HIV/AIDS and contribute financially to the uplift of the PLWHA fraternity. Through this study, it is portrayed that religious organisations are so far responsive and are taking up various steps by conducting seminars, prayers, counsellings etc.

Table 1.3: Responses of religious organisation

Response	Yes %	No %	Total %
Awareness and seminars conducted on HIV/AIDS	70%	30%	100%
Employment of any strategy for identification of HIV infected	56%	44%	100%
Involvement of the religious organisation in providing services	80%	20%	100%
Set up of any special cell	16%	84%	100%
Encouragement to the PLWHA's	76%	24%	100%
Prevalence of stigma and discrimination	90%	10%	100%
Satisfactory performance	58%	42%	100%

Table 1.4: Response of the religious organization according to level and performance

Opinion	%
Superb	13.2%
Excellent	9.4%
Effective	1.9%
Fair	56.6%
Good	9.4%
Cannot say	9.4%
Total	100%

Despite the mixed responses from all the religious organizations, on being asked how they rate the organisation's Performance/contribution level in combating the pandemic 56.6% termed it as fair and they are doing what they can do at the moment. It is to be noted that, when the news of HIV/AIDS became a public concern, the first organisational bodies to work with the pandemic were not the religious organisations. It was other secular organisation who initiated and took the responsibility to address the issue. Many religious organizations considered that involving in such activities is social and totally secular.

But today, no doubt the religious organizations too are initiating to confront directly to the issue. Through the interviews conducted it can be seen that they are serious about doing something about HIV/AIDS and not just preaching but actually moving forward to stop the pandemic. At the present juncture, it can be seen in Nagaland that the religious organizations has realized that HIV/AIDS had become a crisis and they have co operated with other social organizations, relief agencies and various NGOs to eradicate the pandemic.

No matter how hard the other social organization and the NGOs work towards controlling HIV/AIDS, without the help of the religious organizations it is not at all possible to succeed. They are the only one that can bring about unique perspectives and solutions to the problem. The obstacles in achieving an AIDS free generation and the benefits of this achievement for humanity make constructive involvement of the religious institutions crucial. The mixed response of religious organizations is something that should be pondered upon.

While interacting with one of the religious leader from Muslim community, he opined that they are using the Islamic principles to educate adherents about this pandemic. Muslim leaders promote values such as abstinence and fidelity with a view to HIV prevention.

HIV/AIDS is often a source of deep social stigma, dissuading those infected from seeking help. While religious leaders are unusually well placed to provide followers with guidance about the pandemic, they have in many cases contributed to the epidemic by denying the importance of condoms in HIV prevention and contributing to the stigma that AIDS patient already confront. For instance, the Vatican refuses to endorse 'the use of condoms in HIV prevention' programmes. At the present juncture, there is a need to change the perception of the entire religious organisation. Society demands for a broadminded vision to reach the general masses.

IV. ROLE OF JAILS AS ONE OF THE CONTROL MEASURES

Jails in the modern context do not only serve as a deterrent against crimes and the purpose of punishing the anti-social elements but also rehabilitate the inmates so that they become contributing members of society upon their release. It serves as a corrective institution. Jails try to re-socialize and train the inmates in becoming law abiding citizens. The services provided and the approach of the jails towards the pandemic was examined in all the eleven jails of Nagaland.

This activity somehow proves that even the jails are concerned about the welfare of PLWHA and also in educating and giving awareness to the inmates, thereby contributing in putting a halt of the HIV/AIDS epidemic.

Table 1.5: Jailors response indicating awareness on HIV/AIDS

Response	Yes %	No %	Total %
Extend of co-ordination with the NGOs and Medical agency	81.81 %	18.18 %	100 %
Observation of stigma and discrimination within the jail premises	72.72 %	27.27 %	100 %
Is complete isolation of the HIV infected person the best solution?	45.45 %	54.54 %	100 %
Conducts awareness and seminars	90.90 %	09.09 %	100 %
Are there difficulties faced in dealing with HIV infected people?	72.7 %	27.27 %	100 %
Effective Performance in combating the pandemic	54.5 %	45.45 %	100 %

Table 1.5 indicates the frequency of the jailors towards the pandemic. 81.8% of the jails responded that their co-ordination with the NGOs and medical agency regarding the epidemic was satisfactory and good. It was found that a doctor visited the jail once a month for check up and health treatments particularly for the jail inmates, followed by referrals to hospitals and ICTC. The jails were found to have a close linkage with NGOs working in this field and opined that time to time, awareness and advocacy programmes were organized for the jail inmates.

The study reveals that the identification of the HIV infected is of much difficulty. The prevalence of stigma and discrimination within the jail set up especially when an inmate is found to be HIV positive. 72.7% of the respondents were of the view that stigma prevails. Though it was found that there is no restriction on their access to jail programmes, one thing that portrays the stigmatization is the isolation and segregation of HIV positive by their own inmates and also informing everyone about his/her HIV positive status. Apart from that the absence of unfair labour practices, denial of rights to participate in group work etc was unnoticeable. In spite of it all, 54.5 opined that complete isolation of the infected is not the solution. Therefore in order to combat all these social stigmatization, the jails organize awareness and advocacy programmes within the jail premises. The jails are found to be effectively performing in combating the pandemic.

Since the first cases of AIDS came to public attention in 1981, the virus has claimed over 25 million lives worldwide.⁸ One of the foremost public health challenges is preventing HIV transmission and providing care to the infected people. Religious organizations could potentially be a key player in HIV/AIDS prevention as they occupy an important social and cultural position.

V. THE INTERVENTION BY THE GOVERNMENT AND NON-GOVERNMENTAL ORGANISATIONS

Realising the alarming situation of the pandemic, the central government and the individual state governments have launched various HIV prevention programmes to reduce high risk sex and there is evidence that in some states these programmes results in safer behaviour. The Nagaland government has adopted various policies, as demonstrated in frameworks, guidelines and monitoring and evaluation (M & E) plans⁹ that focus on the prevention of HIV infection, the

⁸ M.theatlantic.com/archive/religions

⁹ M & E bulletin, NSACS 2013

provision of treatment, care and support to People Living with HIV/AIDS (PLWHA) and the mitigation of the social and economic consequences of high levels of morbidity and mortality. The government has set up a separate cell to deal with cases related to HIV/AIDS known as Nagaland State AIDS Control Society (NSACS) under the Directorate of Family and Health Welfare funded by National AIDS Control Organisation (NACO).

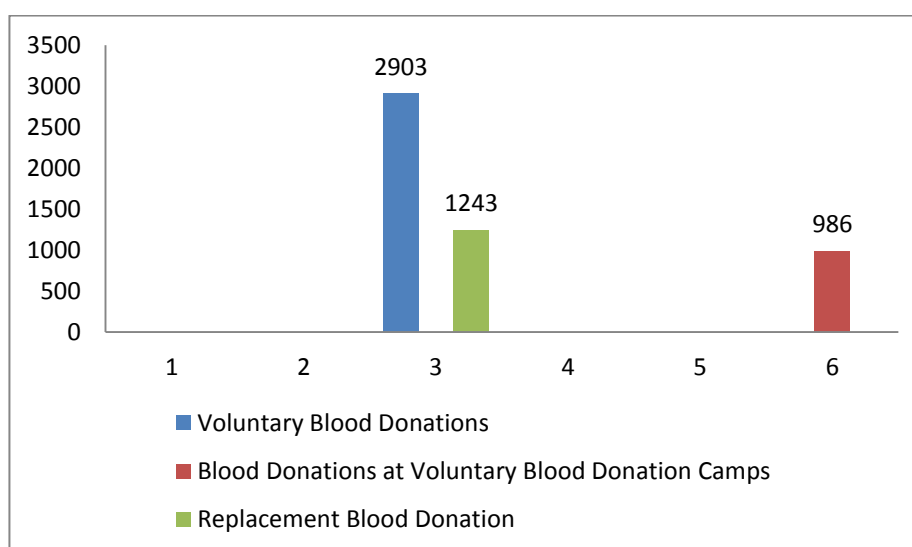
The National AIDS Control Organisation (NACO) established in 1992, is a division of India's Ministry of Health and Family Welfare that provides leadership to HIV/AIDS control programme in India through 35 HIV/AIDS Prevention and Control Societies and is "the nodal organization for formulation of policy and implementation of programs for prevention and control of HIV/AIDS in India."¹⁰

Nagaland is one of the highest HIV prevalent states in the country. Keeping this in mind the Nagaland State AIDS Control Society has been trying to prevent further transmission of the virus and works in bringing down to 'Zero New HIV Infection'. In order to ensure quality data, a series of refresher training of the employees, monitoring and evaluation visits to all the Non Governmental Organisations, hospitals etc are regularly carried out across the state.

Under NSACS, there is the District AIDS Prevention Control Unit (DAPCU) and the staff headed by the District Programme Officer (DPO) visits all the service centres where facilities are extended for the HIV infected as well as the hospitals where tests are done and also the Non Governmental Organisations who works towards creating awareness to all section of people.

There are many service centres in Nagaland supported by NACO.¹¹ There are 56 Integrated Counseling and Testing Centres (ICTC), 10 Mobile ICTC, 45 FICTC- Public Health Centres, 1 Public Private Practitioners, 4 PPTCT, 53 NGO (Targeted Intervention), 12 District Suraksha RTI/STI Clinics and 52 TI NGO STI clinics, 48 FICTCs, 8 Blood Banks, 5 ARTCs, 1 ART+, 8 LACs: ARTC Dimapur, Mokokchung, Tuensang, Kiphire, Zunheboto, ART+ Kohima, LAC: District Hospital Wokha, District Hospital Phek, District Hospital Mon, District Hospital Longleng, LAC- CHC: Noklak and Tuli, LAC-Police Referral Hospital, Chumukedima, LAC-CHC Jalukie and 13 OST Centres. It is found that there are STI (Sexually Transmitted Infection) service delivery in all the eleven districts in Nagaland. National Rural Health Mission (NRHM) also helps in providing kits for testing. It is seen that focus has been emphasized on ICTC referrals, linkages and partner management.

There are 8 blood banks across the state viz Dimapur, Kohima, Mokokchung, Mon, Phek, Tuensang, Wokha and Zunheboto.



Source: M & E bulletin, NSACS 2013

Figure 1.2: Status of blood collected in blood banks across the state

¹⁰ www.nagaland.sacs.com

¹¹ M & E bulletin, NSACS 2013

Figure 1.2 indicates the achievements of the blood banks. The number of voluntary blood donations counts upto 2903. The increased number is seen as the result of intensive campaign to promote awareness on voluntary blood donation among the younger population and the general public. The involvement of the Red Ribbon Clubs (RRC), National Cadet Corps (NCC), National Service Scheme (NSS) and Red Cross Society is found to be the contributing factor in increasing the voluntary collection. The formation of Voluntary Blood Donors Associations across the state shows positive trend in promoting and maintaining the momentum of increased blood donations.

Some of the activities of the NSACS in disseminating information and education are the broadcasting of awareness programmes in television and radio, advertisements, formation of Red Ribbon Clubs¹² to reach out to the young students. (RRCs) have been formed in schools and colleges to encourage peer to peer messaging on HIV prevention, and a safe space for young people to seek clarifications on their doubts and myths surrounding HIV/AIDS and also organises Adult Education programmes (AEP). Various events like MMC music campaign, awareness through sports, MMC festival campaigns etc. NSACS Music for Zero or NSACS ZERO¹³ campaign is organized aiming at spreading awareness of HIV and AIDS especially among the youth of Nagaland through the medium of music. The key components of the campaign are awareness through music, sports and festivals, maintaining that the inclusion of sports in the MMC is made with the view to reach out to the youth, particularly of the remote areas.

It was found that some of the main streaming activities of the NSACS are Consultation with the Legislature Forum on AIDS, Inter-Departmental Co-ordination meeting, Advocacy with Rickshaw and Cart Pullers, Advocacy and Sensitization with Media, Advocacy with Students Union and Tribal Organisations, Training of Village/ Block Development Officer, Home Department, Jail, Training for PLWHAs, State Grievance Redressal and training for Counselors and Out Reach Workers of Drop in Centres all over Nagaland.

In reference to this, some of the initiatives that the government can do as agencies of control towards the pandemic can be suggested as follows:-

- a) Making and enforcing laws regarding the eradication of unlawful practices that encourage the spread of HIV and AIDS.
- b) Developing public recreational centres to encourage healthy socialization. Currently most of the young people socialize in lounges and bars and other risky places that encourage anti-social behaviour such as crime, alcoholism, prostitution, drug abuse and so on. These practices often increase the risk of contracting HIV and AIDS.
- c) In Nagaland, efforts should be done towards reduction of unemployment
- d) Educating and involving the whole population in participatory programmes for prevention and care.

OST Centre Services:

Nagaland is the only state in India to have OST centres in all the districts. Opioid Substitution Therapy involves replacing the client's primary drug of use with a medically safe drug in a safer mode of administration under medical supervision. OST programmes was earlier implemented by the NGOs and later the Government of India took over the programme. In Nagaland, OST has been rolled out in the government facility through district hospitals, Community Health Centres (CHC) and Primary Health Centre (PHC).

NSACS also administers Nevirapine coverage to the HIV infected mother on live deliveries and to the babies' right after delivery. Nevirapine is an anti-HIV drug that reduces the amount of virus in the body. It slows down damage to the immune system and prevent the occurrence of AIDS defining illnesses. HIV infected pregnant mothers are encouraged to opt for this for herself as well as for her new born baby so that the virus is not transmitted to the baby.

VI. ROLE OF NON-GOVERNMENTAL ORGANISATIONS

In this study, Non-Governmental Organisations would include any of the organizations and associations or groups that are formed by public in fighting the pandemic of HIV/AIDS. For the last two decades, various organizations have been working tirelessly to create awareness among the people, particularly to the Naga youth.

¹² Red Ribbon Club is a movement by the Government of India in educational institutions through which student's makes awareness of AIDS. Through RRC, youths are encouraged to learn about safe and healthy life cycles. And enable them to become change agents in HIV/AIDS programmes.

¹³ 'NSACS ZERO' is an initiative of the Red Ribbon super star campaign aiming at spreading awareness of HIV and AIDS

A number of individuals; functionaries as well as employees from different NGOs from all over the state were interviewed. They are the Family Planning Association of India (FPAI) Kohima, Bethesda Youth Welfare Centre (BYWC) Dimapur and Wokha, North Eastern Drug/HIV training Centre (NEDHIV) Dimapur, Kripa Foundation Kohima, Kekhrie Foundation Kohima, Kohima Network of Positive People (KNP+), Care Counselling Centre Mokokchung, Mokokchung Network of Positive People (MNP+), Tribal Farmers Association Peren, Shansham Organisation Mon, Yingli Mission Society Longleng, Integrated Development Society Tuensang, International Border Area People's Welfare Association Kiphire, Eureka Life Foundation Phek and Akimbo Society Zunheboto. These NGOs provides various treatments and referrals to ICTC, educational awareness, counseling and guidance's. This study reveals that HIV/AIDS prevalence rate has been stabilized to some certain extent and the credit generally goes to the NGOs for initiating safe sex education and condom promotion. Some of the positive impact that is found working effectively is:

- a) The message of safe sex and proliferation of condoms have reached almost every part of the state. In the earlier days talking about sex was like taboo. But in the present society it is found that people talk about sex freely, thereby talking about safe sex is not a thing to be ashamed of.
- b) A person within the reach of media has greatly benefited. Awareness education spread out through media is found to be very effective in reaching out to the people especially in rural areas.
- c) People are now more aware of the pandemic and almost every citizen has some basic idea on what HIV is.
- d) Distribution of anti retroviral and condom has helped many people from all walks of life. ART has really helped PLWHA's in sustaining a healthy life and the distribution of condoms is beneficial.
- e) Many infected person are still hiding their HIV status because of the shame and social isolation attached to it

Despite the efforts undertaken by the various NGOs, the problem of HIV/AIDS is still at large. Some of the limitations that were observed are:-

- a) Although safe sex education awareness has been made, the fact about AIDS has not reached the uneducated public still. The elusiveness of a cure.
- b) Drug regimens can manage the disease but not remove it.
- c) Use of condoms has not proven 100% safe for the spread of this disease
- d) It concerns itself only with physical aspect; there is no question as to whether sex is right or wrong.

NGO TI Coverage and Services

Under NSACS, Targeted Interventions (TI) are designed to prevent the transmission of HIV infection among high risk population. The risk of transmission is greater among certain groups or network of individuals due to exposure of higher number of sexual partners or sharing of injecting equipments. It is found that these groups of individuals expose to higher risk in acquiring or transmitting the disease. Therefore, they are called 'Core High Risk Groups'. The core high risk groups are the Injecting Drug Users, Female Sex Workers, and MSM. (Source: NACO)

The core activities of the TI are:-

1. Behaviour change
2. Access to STI services provided by NGOs or through linkages with other related services
3. Monitoring access and utilization of condoms
4. Ownership building and
5. Ensuring an enabling environment

All together there are 53 TIs in place. The TIs are spread across all over the 11 districts of Nagaland. Various NGOs have expanded great effort to get their message out but despite the efforts, HIV still continues to grow. The message of safer sex and the proliferation of condoms could not stamp out AIDS. After all, although condom is said to be effective in reducing the spread of HIV when used properly, it is a fact that condom cannot be trusted 100% to keep a person safe from AIDS. So also, since their message concern itself only with physical aspects, their message of safe sex can only lend itself to minimizing risk instead of eliminating risk.

The government is spending lots of money on awareness and various other related programmes through the NGOs. But most of the awareness programmes are concentrated in the towns. Here, we can cite the example of Pangsha where the prevalence rate of HIV is quite high in comparison with the towns. Pangsha, a rural area under Tuensang district still lacks far behind because the governmental facilities and awareness programmes is not reaching them. For convenience sake, even the voluntary organizations have taken urban areas for conducting awareness programmes. There are NGOs who concentrate their efforts on giving awareness to risk groups who are prone to get HIV infection like truck drivers etc. this concept is now being criticized by the general populace because there are no risk groups but only risk behaviours. The whole societies have to be educated with regard to HIV/AIDS

VII. SCHOOLS AND THE INSTITUTIONS OF LEARNING

Education aims to bring up a person in becoming a good and a responsible citizen through which he/she can contribute towards the uplift of the society. Since the first cases of Acquired Immuno Deficiency Syndrome (AIDS) were reported in the United States in 1981, the human immunodeficiency virus (HIV) that causes AIDS and other HIV-related diseases has precipitated an epidemic unprecedented in modern history. Because the virus is transmitted almost exclusively by behavior that individuals can modify, educational programs to influence relevant behavior can be effective in preventing the spread of HIV.¹⁴ It is stated in the first chapter that the only weapon to fight against the pandemic of HIV/AIDS is education. So schools and other institutions of learning can hold a very important place in the life of an individual as well as in society.

Family is considered as one of the basic institution for socialization of a child. But it is the school from where he learns all the basics of life for his/her future. The curriculum is planned out in such a way so as to impart knowledge and skills to face life's challenges in a complex society. It is found that though there is no particular subject regarding HIV/AIDS in the curriculum in Nagaland. This study portrays that the schools held seminars and awareness programmes on HIV/AIDS at least once a year so as to impart education on the pandemic of HIV/AIDS. Schools and other institutions of learning are and always will be the main and the central institution in shaping individuals and communities.

HIV/AIDS has become the greatest threat to society's survival. The development of school district policies on AIDS education can be an important first step in developing an AIDS education program.

In each community, representatives of the school board, parents, school administrators and faculty, school health services, local medical societies, the local health department, students, minority groups, religious organizations, and other relevant organizations can be involved in developing policies for school health education to prevent the spread of AIDS.

The process of policy development can enable these representatives to resolve various perspectives and opinions, to establish a commitment for implementing and maintaining AIDS education programs, and to establish standards for AIDS education program activities and materials.

Many communities in other countries already have school health councils that include representatives from the aforementioned groups. Such councils facilitate the development of a broad base of community expertise and input, and they enhance. It has been found that in our state, except for the programmes held from time to time on HIV/AIDS, there is no such set up in the state of Nagaland.

Concerning the sexual route of transmission as the root cause, incorporation of life skills in schools and colleges is a basic necessity. Since society is still very apprehensive of talking about sex; there is need for young people to have adequate information about going into pre-marital sex. There should be promotion of better understanding of sex and sexuality. A better understanding needs to be promoted in the community about gender relations, sex and sexuality through dialogue, discussion and other participatory methods. Parents need to be counseled through family life education programmes and other life building skills to handle better and address risk reduction in their young children. Well implemented and appropriate school based plans and effective strategies to teach young people about how to avoid HIV infection should be incorporated.¹⁵

¹⁴ www.cdc.gov/mmwr/preview/mmwrhtml/00001751.htm

¹⁵ Mann, Jonathan, Gruskin S, Grodin MA and Annas GJ (1999) 'Health and Human rights'

School systems should make programs available that will enable and encourage young people who have not engaged in sexual intercourse and who have not used illicit drugs to continue to:

- a) Abstain from sex until they are ready to establish a mutually monogamous relationship within the context of marriage
- b) Refrain from using or injecting illicit drugs.
- c) For young people who have engaged in sexual intercourse or who have injected illicit drugs, school programs should enable and encourage them to stop engaging in sexual intercourse until they are ready to establish a mutually monogamous relationship within the context of marriage
- d) Despite all efforts, some young people may remain unwilling to adopt behavior that would virtually eliminate their risk of becoming infected. Therefore, school systems, in consultation with parents and health officials, should provide AIDS education programs that address preventive types of behavior that should be practiced by persons with an increased risk of acquiring HIV infection.

According to some of the respondents, they opined that sex education should be imparted and it should be added in the curriculum. Imparting life skills and sex education with proper guidance will instill the knowledge of the pandemic and will try to keep themselves away from the menace and its implications. Though there is continuous growth in the population rate, the increased literacy rates in Nagaland (refer) reflects the understanding of the people in how important the role of education is, in informing, communicating and educating the general masses.

VIII. ROLE OF MASS MEDIA

The mass media represents the most readily available and potentially most economical means of imparting information about HIV/AIDS. Along with other forms of communication, the mass media effectively raise public awareness and concern about HIV/AIDS. However mass media have to adopt a responsible attitude in reporting, avoiding inaccuracies and distortions that may generate misconceptions about the pandemic.

Mass media plays an important role in disseminating information regarding HIV/AIDS in Nagaland. Print media like the newspapers eg. Nagaland Post, Morung Express, Eastern Mirror, Tir Yimiyim, Ao Milen, Capi etc. play a vital role in passing information and knowledge to all sections of Naga society. These newspapers are found to be a key player in disseminating awareness on the pandemic and has served a great purpose to all the eleven districts in the state. For instance Tir Yimiyim one of the leading Ao newspaper in local language, reaches out to the people even to those who are not well versed in English. Radio and television also takes the lead in imparting awareness to one and all. All India Radio Kohima and All India Radio Mokochung put on air programmes regarding HIV/AIDS in English, Nagamese and all the local dialects thus reaching the people even at the grassroot level. Local channels all over Nagaland too broadcast educational programmes that is in many ways effective in penetrating through the general populace too.

The fifth edition of NACO's multi-media campaign (MMC) to promote awareness, education and support on the issue of HIV and AIDS across the North East states of India was held from October 2013 till February 2014. The main component of the campaign 'NSACS Music for Zero' kick started from Mon District on 1 October 2013 and culminated on 28 October 2014 at Dimapur. NSACS Music for Zero or NSACS ZERO campaign aimed at spreading awareness of HIV and AIDS among the youth of Nagaland through the medium of music.

The key components of the campaign were awareness through music, sports and festivals. Maintaining that the inclusion of sports in the MMC is made with the view to reach out to the youth, particularly of the remote areas, this component of awareness was he also held at Pungro of Kiphiri district, Satakha under Zunheboto district and one village under Wokha district as per NACO priority location list. NSACS gave "piggyback" on various other prominent festivals and celebrations and participate as part of awareness through festivals. This shows the extensive use of mass media on the part of the government in giving out the knowledge of HIV/AIDS to all the people especially to the youth fraternity.

Mass media need to be careful not to sensationalize news about AIDS, which can cause undue panic. Doordarshan once had to withdraw its education programme following widespread complaints that the AIDS campaign is bringing obscenity into drawing rooms. It is very important for the mass media to adopt standard terminology while talking or writing about

HIV/AIDS. This should be aimed at overcoming the problems that are related to using terms and references that are discriminatory and seems to pass judgments on people with HIV/AIDS. Standard terminology will also give a sense of perspective to media personnel while dealing with issues relating to HIV/AIDS and help the media refrain from sensationalizing or over reacting.

Some of the programmes and advertisements are frightening. For example 'AIDS KILLS', such unimaginative programmes will only instigate negative ideas about this infection and can cause undue fear. This can further lead to discrimination of the infected people as well as fear about the infection. Both these attitudes are detrimental to society. If people with HIV/AIDS are discriminated, there is a danger that those who are tested positive will not like to reveal their status to others. This can indirectly help the spread of HIV infection. If people do not have a clear notion about the transmission of HIV, then those infected with this virus will be unnecessarily discriminated. Mere dissemination of the message is not enough. It has to be done in a systematic way so that the society is benefited from that and change the behavioural patterns that help the transmission of this infection.

Another point to be taken into consideration is whether any evaluation is done about the awareness programmes that are conducted at different levels. Only if such evaluations are done at various levels, the method and manner of the dissemination of the programmes can be improved upon. This will help policy makers to design different programmes at various levels as well as separate target groups. The government through the help of social scientist has to find out target groups who need more awareness with regard to the transmission and spread of this infection and emanate such knowledge. They will have to identify geographically or other vulnerable groups who fall into the category of people with risk behaviours. This can help to reduce the spread of sero-positivity in the Naga society. .

IX. POLICE AS HIV/AIDS CONTROL AGENCY

The police forces apart from maintaining law and order often have to deal with social issues. Dimapur police especially interact frequently with group with increased vulnerability to HIV/AIDS such as Commercial Sex Workers (CSW), Intravenous Drug Users (IDU). The assistance of the police with the NGOs will not only control HIV but will also contribute to many other social programmes. The role of law enforcement in HIV prevention and a sharp shift in the mindset of the police is needed.

We wanted to know whether is any kind of stigma and discrimination related to HIV/AIDS prevalent within their working arena and it was disclosed that informing everyone about his/her status is very much prevalent. But apart from that, isolation from the group, refusal of basic necessities, unfair punishment/detention, isolation and segregation of HIV+ detainees and inmates etc was not found

On being asked whether condom demonstration is a necessity among the jawans, the respondents opined that it is a very important thing and it should be demonstrated from time to time. Organising awareness programmes and Seminars on HIV/AIDS and STI within the police department was found to be one of the steps taken in combating the problem of HIV/AIDS.

In order to examine whether any FIR been reported and filed by any person when hospital employees or emergency medical workers refused to care for a person with HIV infection or AIDS, two police stations responded positively. It was found that regarding such cases, two FIRs were filed: one in Kohima Police Station and the other in Dimapur police station.

Police support in combating the pandemic is of utmost importance. Formalizing the role of police in community support will enhance relations with the police, helping the police to be accessible and provoke proactive support to agencies working on HIV prevention among most at risk populations.

X. THE FAMILY

There is a paradigm shift from the traditional Naga society to a modern complex technological culture. People migrate from rural to urban set up and exposes themselves to popular culture. It is seen that the members of the urban families abandon their age old cultural values and gets adapted to the new popular culture. The children are left free on their own exposing themselves to immoral activities and anti social works. Therefore a great responsibility lies on the parents and the family as one of the agents in combating the pandemic.

The family is on the front line in preventing HIV transmission, providing education and reinforcing risk reducing HIV-related behaviors for those living with HIV. The family is also the de facto caretaker for those living with HIV. Effective treatments for HIV and related opportunistic infections have resulted in HIV being viewed more as a chronic illness. Health care and mental health service providers are being challenged by the need for comprehensive family-based programs because multiple family members can be at risk and already infected.

In recent years, researchers and health professionals have increasingly recognized the importance of the family in health promotion and disease prevention. National Institute of Mental Health (NIMH) has adopted the definition of a family as a “network of mutual commitment.”

Families experiencing high exposure to HIV come from a broad range of cultural groups and social contexts. Family networks include foster parents, extended family members, and non blood members who function as relatives. A family can be a single sero positive mother who lives with her children. A family can be a grandparent taking care of grandchildren because their parents have died of AIDS. A family can be a mixed sero status couple—either two men, two women or a man and a woman—who have close friends who assume multiple familial roles. A family can be a couple who are both sero positive, who are deciding whether to have a child or not. A family can be a close network of individuals in recovery or a stable social network of injection drug users who use drugs together and fulfill both instrumental and social support roles associated with extended family members. These varied familial configurations and contexts require a thoughtful reconsideration of how we organize and deliver HIV/AIDS prevention and care.

Table 1.6: Routes of HIV transmission and its interventions

Routes of Transmission	Interventions
Sexual route: Unprotected sexual contact with an infected person	<ul style="list-style-type: none"> a. Safer and protected sex by using condoms b. Avoid pre marital and extra marital relationship c. Awareness education d. Media campaigns e. Peer education and small group counseling f. Comprehensive sex education in regular course curriculum
Sharing of contaminated syringes and needles	<ul style="list-style-type: none"> a. Do not share drug injecting equipment b. Awareness education c. Needle and syringe exchange programmes
Pre-natal with infected mother to child transmission, through the birth process and breast-feeding	<ul style="list-style-type: none"> a. Anti Retroviral therapy b. HIV infected mother need not breast feed the baby c. Awareness education
Through transfusion of infected blood (unscreened blood)	<ul style="list-style-type: none"> a. Proper screening of all blood supplies in health care centres b. Reducing the number of unnecessary transfusion

Table 1.6 projected above shows the routes of HIV transmission and portrays how each route can be reduced or intervened to eliminate the risk factors. One of the key interventions is promoting widespread awareness of HIV. Media campaigns and education in schools, religious organizations etc are considered to be the best one to reach the masses.

Another essential part of a prevention programme is HIV counseling and testing. People living with HIV are less likely to transmit the virus to others if they know they are infected and if they have received counseling about safer behaviour in particular, a pregnant woman who has HIV will not be able to benefit from interventions to protect her child unless her infection is diagnosed. Those who discover, they are uninfected can also benefit by receiving counseling.

Needle exchange programmes are a necessary part of HIV in any community that contains injecting drug users. These programmes distribute clean needles and safely dispose the used ones. An HIV infected mother need to talk with the health provider and start taking Anti Retroviral therapy and should not breast feed the baby. A course of retroviral drugs given to the HIV infected mother can greatly reduce the chances of the child getting infected. Proper screening of all blood supplies in health care centre and reducing the number of unnecessary transfusion can be an efficient step towards stopping HIV

A comprehensive intervention plans as stated in table 1.6 requires strong political leadership which means politicians and leaders in all sectors need to speak out openly about HIV/AIDS and not shy away from issues like sex and sexuality. An effective response to HIV requires the involvement from all the sectors of society.

HIV epidemics thrive on stigma and discrimination related to people living with HIV and to marginalized groups such as commercial sex workers. Protecting and promoting human rights should be an essential part of any comprehensive prevention strategy. This includes legislating against the many forms of stigma and discrimination that increases vulnerability.

The presence of HIV/AIDS has jeopardized the time honoured structures, time tested institutions and the well being of the members of society. It has profound effects on individuals and the society. There is no magic bullet to kill this epidemic. Just as the causes of HIV/AIDS are complex so are the responses. To change the outcome of the epidemic, there needs to be some policy prescription by the state government too. HIV/AIDS is a long wave event and requires consistent policy responses. It is essential to develop both short term and long term strategic responses. Working on both is critical to a successful outcome that needs careful studies and intervention.

Despite the gloomy situation, the various agencies are striving hard towards their goal to create an AIDS free zone. In the absence of these agencies, the magnitude of HIV/AIDS and its implications would have been higher. It would have been a tragedy, had the above mentioned agencies not worked for the cause. Though the approaches of all the agencies are different in dealing with the pandemic, all the agencies' sole purpose is to curb the pandemic which will go a long way.