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Emergence and Social Stigmatization of HIV/AIDS in Kashmir Valley

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ABSTRACT

The study was done to enlighten on the emergence and social stigmatization of HIV/AIDS in Kashmir valley. The simple size of the study was taken as 50 through the purposive random sampling. The aim of the study was to know the mode of transmission of HIV infection. Since the HIV prevalence is considerable low in Kashmir as compared to other states of India and the factors responsible for such low prevalence to HIV/AIDS are not known, but definitely this is being attributed to strong socio-religious factors prevalent in Kashmir society. The primary goal of this study is to find out the emergence of HIV/AIDS in Kashmir, gender difference, material status, age, locality, social stigma and discrimination experienced by these respondents in Kashmir valley. Majority of HIV positive patients belonged to males. Results also show that HIV infected persons in Kashmir valley are non-locals. Transmission of infection was through sexual contact in 80 % followed by homosexual transmission in 2 %. Vertical transmission and blood transfusion accounted in 2% cases each. One of the reason may be happen due to lack of proper knowledge about the disease. So Government departments and institutions, Non-Government Organizations and counseling centers should spread awareness about the disease with rejuvenated zeal.

Keywords: *HIV-AIDS, Kashmir, Emergence*

AIDS is an acronym of *"acquired immune deficiency syndrome''* which is a fatal disease described variously as modern plague, modern scourge, devastating disease, insidious microbiological bomb. It has emerged as an unprecedented pandemic cutting across all boundaries international, socio-economic, age, race and gender. AIDS emerged as one of the most important public health issues of late twentieth and early twenty first centuries and is now one of the leading causes of global morbidity and mortality (Wallace, 2014). AIDS is also considered a socio-cultural issue because when this epidemic emerged in 1981, it was perceived

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as a deadly disease that was transmissible from person to person, as well as closely associated with historically disenfranchised groups and culturally and historically taboos and issues such as sexual orientation, drug use, unethical sex, prostitution, commercial sex workers etc.

The combination of these factors led to societal hostility from community and other immediate social groups as well as slow response by state, federal, and country governments. Although both knowledge of HIV/AIDS and government response has increased across the time in almost all societies now, but the stigma and hostility still persists more than 30 years later (Tomaszewski, 2012).

Srinagar is the largest city of the J&K state (Jammu and Kashmir) with population crossing over one million has been placed in low prevalence state, but still it is at a high risk due to presence of more than five lakh security personnel, tourists, religious pilgrimages and migrant population coming for work from other parts of the country. The specific objective of this study is to find out clinical profile as well as the demographic and epidemiological characteristics of attendees whose samples were seropositive for HIV/Aids.

The history of HIV/AIDS is short one, and the origins of HIV are disputed yet since it was first reported just over thirty years ago, it has became one of the leading cause of death throughout the world. In 1986, the first known case of HIV was diagnosed by Dr. Suniti Solmon amongst female sex workers in Chennai. At that time foreigners in India were travelling in and out of the country. It is thought that these foreigners were the ones responsible for the first infections in the country. Although the prevalence of HIV in Kashmir is very less as compared to most of the Indian states, the first case of HIV in Kashmir was identified in the same year (1986) as in India. It was a German returned business man who had got the virus somewhere outside India and died in the same year. Since then there have been many cases; some unidentified and asymptomatic, but the total registrations have not even crossed 230 as yet.

Jammu and Kashmir state AIDS Prevention and Control Society (JKSACS) implements National AIDS control program since 1999 as per National pattern mainly with the help of health and medical education department, and other Govt. departments, Non-Government organizations, community based organizations and civil society for controlling and preventing the spread of HIV/AIDS in the state.

AIDS Prevention and Control Society (ACS), Jammu and Kashmir has 3492 people living with HIV. Jammu division has highest number of HIV positive with 90% of these cases, while Kashmir with only 13% of HIV positive cases detected so far. This puts the total number of HIV positive cases in Kashmir division at 452 in 2011-12 (International AIDS Society, 2010: 45).

Jammu and Kashmir and HIV/AIDS

J&K has unique geographical and socio-economic characteristics that have made the state vulnerable in respect to the spread of HIV/AIDS. Some of the important factors which are contributing to spread of HIV/AIDS are**:**

1. J&K being a tourist place, visitors from all over the world visit J&K especially Kashmir valley.
2. High concentration of Indian security forces, they keep getting transferred from one state to another state like Karnataka, Maharashtra, Tamil Nadu and other southern states to Jammu and Kashmir , can bring the HIV infection from those high prevalence states.
3. Migrant laborers who come from different states such as U.P Bihar, Nepal, west Bengal etc to Kashmir, bring HIV.
4. Long distance truck drivers and their helpers are considered as a vulnerable bridge for HIV transmission in the Kashmir valley.

METHODOLOGY:

Aim. The current study tries to highlight the emergence and stigma related to HIV/AIDS patients and the main causal factors which are responsible for spreading HIV/AIDS in the Kashmir valley.

Objectives:

The study has been done on the objectives mentioned below:

1. To study the historical background and emergence of HIV/AIDS in Kashmir valley.
2. To study the main variables responsible for HIV/AIDS in the Kashmir valley.
3. To study the distribution of people living with HIV/AIDS in terms of gender.
4. To study the distribution of people living with HIV/AIDS in terms of local and non local.
5. To study the distribution of people living with HIV/AIDS in terms of age.
6. To study the distribution of people living with HIV/AIDS in terms of marital status.
7. To study the mode of HIV/AIDS transmission (local Kashmir).

Universe of study:

For the current study Kashmir valley has been chosen as study area. Kashmir is the summer capital of Jammu and Kashmir State which consists of 10 districts namely Anantnag, Baramulla, Badgam, Bandipora, Kulgam, Kupwara, Pulwama, Shopian, Ganderbal and Srinagar. Kashmir division had population of 53, 50, 811 as per the census report 2011.The religious composition was 97.16% of Muslims and 2.84% Hindus, Sikhs, Buddhists and others.

Sample of the Study:

Kashmir division has a very less number of HIV/AIDS patients which is around 230 only including those who expired, but the numbers of patients who came to visit ART(Antiretroviral therapy) cell Srinagar on regular basis are around 90 local Kashmiris excluding non Kashmiris. So the sample size was itself described and sought out. Due to some communication gaps a

sample size has been minimized to 50 HIV positive persons from both the rural and urban areas of Kashmir were selected randomly for the study.

For the present study the researchers used exploratory research design to draw the relevant inferences. In addition to it Purposive Random Sampling Technique was employed to gather the data from primary respondents. Though the universe for this study was whole Kashmir division but the study was conducted in an ART centre in Sheri Kashmir Institute of Medical Sciences Srinagar (Kashmir) during the year 2014.A semi-structured pre-tested interview schedule was administrated to the these respondents to gather the information, knowledge about means of transmission of the infection, modes of prevention, attitudes towards them from general community for being HIV positive and social stigma.

Data collection:

The data for the current study was carried out by employing the interview schedule and observation as methodological tools. Further, the primary data was supplemented with the secondary data compiled from the books, articles, HIV/AIDS related pamphlets, etc.

The collected information from the field as well as the secondary source has been put into the subject matter in the form of data tables, graphs ,charts, numbers and words .Data has been assessed, analyzed ,tabulated graphed and interpreted systematically with relevant methodology.

RESULTS AND DISCUSSIONS:

Table No. 1: Shows distribution of people living with HIV/AIDS in terms of gender.

Gender	No. of participants	Percentage
Male	31	62
Female	18	36
Transgender	1	2
Total	50	100

Source: ART Centre SKIMS Soura Srinagar June 2014

The above table shows the maximum number of male infections which is about 62 percent and only 18 percent female infections with a negligible 1percent of transgender.

Table No. 2: Shows the distribution of people living with HIV/AIDS in terms of local and non local.

Residence	No. of participants	Percentage
Local	19	38
Non-local	31	62
Total	50	100

Source: ART Centre SKIMS Soura Srinagar June 2014

The above table shows the maximum number of Non-local are infected which is about 62 percent while as locals account for 38percent.

Table No. 3: Shows the distribution of people living with HIV/AIDS in terms of age

Age group (in years)	No. of participants	Percentage
1-10	1	2
11-20	6	12
21-30	20	40
31-40	4	8
41-50	7	14
51-60	11	22
61-70	1	2
Total	50	100

Source: ART Centre SKIMS Soura Srinagar June 2014

The above table shows that the maximum numbers of people having HIV/AIDS are in between 21-30 years of age group i.e. 40 percent and minimum numbers of people having HIV/AIDS are in 1-10 years and 61-70 years of age groups i.e. 2 percent.

Table No.4: Shows the distribution of people living with HIV/AIDS in terms of marital status

Marital status	No. of participants	Percentage
Married	33	66
Unmarried	10	20
Widow/Widower	7	14
Total	50	100

Source: ART Centre SKIMS Soura Srinagar June 2014

The above table shows that the maximum numbers of people having HIV/AIDS are married while as minimum number of people falls in widow/widower category.

Table No.5: Mode of transmission of HIV among people living with HIV/AIDS distribution

Acronyms	Mode of Transmission	Percentage
HS	Heterosexuals	80
MSM	Male sex Male	1
MTC	Mother to child	2
IDU	Intravenous drug users	3
US	Unprotected sex	5
BT	Blood transfusion	2
UK	Unknown	7

Source: ART Centre SKIMS Soura Srinagar June 2014

The above table shows that 80 percent people having HIV/AIDS are heterosexuals while as 5 percent people agree that they have sex without any protection especially condoms and 3 percent people suffers it by intravenous drug and only 2 percent have it through blood transfusion and mother to child by breast feeding. Only 1 percent agrees that it is due to same sex (male to male sex).

The following points are responsible for spreading the HIV/AIDS in Kashmir valley:

1. Kashmir being a tourist place attracts millions of tourists from different parts of world which may be one of the main reasons for transmitting HIV/AIDS in the valley.
2. Another reason is that Kashmir is one of the leading fruit importing and exporting state, it is transported through trucks so truck drivers are also prone to this disease.
3. As for as females are concerned different surveys reveals that it security forces who forcefully rape at the time of cordon.
4. It has been observed that maximum numbers of case of HIV/AIDS were found in the 21-30 years age group as this is the sexually attractive age and very crucial stage.

CONCLUSION:

From the above discussion we can conclude that AIDS although a deadly disease, has not gone out of proportion in Kashmir. The limited number of cases reported so far is predominantly found among non locals. But that does not mean we should be complacent in tackling the disease given the fact that it could spread like fire in the forest. It would be appropriate to mention that AIDS in Kashmir is primarily spread through truck drivers, non- native laborers, and Security forces i.e. non-local sources. So such a mechanism should be developed which would effectively curtail import of HIV/AIDS into the state. Different but an important thing about HIV/AIDS in Kashmir, is that it is considered a taboo. People do not want to talk about it. Even those who are close to infected people- relatives and friends are looked down upon. All these things happen due to lack of proper knowledge about the disease. Government departments and institutions, Non Government Organizations and counseling centers should spread awareness about the disease with rejuvenated zeal.

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