

HIV/AIDS in Kashmir

Ishrat Batool Naik¹, Tejaswini Padikkal², Abdul Raffie Naik³

ABSTRACT

AIDS is a fatal disease described variously as modern plague, scourge, distressing disease, and insidious biological disaster. It has emerged as an unprecedented pandemic cutting across all boundaries - International, Socioeconomic, Sex, Age, and Race. When people are diagnosed with HIV/AIDS, they are seen in a negative light by the people they are close to and the society at large. These factors have a lasting impact on the mental health of the people. The present study looks at the reactions the people of Kashmir, when diagnosed as being HIV positive, have faced. 50 people getting treated at an ART Center SKIMS, Soura at Srinagar were interviewed. The responses showed both positive and negative responses to the questions they were asked. This shows that HIV/AIDS people, although face the discrimination, majority of the people diagnosed as positive, have the support of family and friends and are taken care of. However, the people also face mental health issues.

Keywords: HIV-AIDS, Social Exclusion, Kashmir

Stigmatization of the people living with HIV/AIDS (PLWHA) can pose a significant barrier to the quality of life of a person and the health of a person. Stigma is closely related to social exclusion that could be regarded as a way of describing the discriminatory responses arising out of the process of stigmatisation. One possible reason for the social exclusion of PLWHA could be the negativity associated with the disease and the lack of information associated with the spread of the disease (Fabianova, 2011). Another reason for discrimination and the stigmatization could be that people view the disease as infecting those people who deviate from the normal societal norms like homosexuals, drug users or people having multiple heterosexual partners (Habib & Rahman, 2010). The process of exclusion has been regarded as a method that has brought about in excluding the stigmatized from routine social processes.

¹ M.A, Womens Education MANUU Hyderabad

² Research Scholar Central University of Karnataka

³ M.Sc. Clinical and Counselling Psychology CUK

Reading HIV/AIDS and Exclusion in Kashmir

It has been more than two decades of time that Kashmir is living with HIV/AIDS. No matter that the first case was reported in 1986, the same year that India reported its first case, HIV has not been hovering over valley the way it does in the whole of India. Fortunately the number of HIV positive patients is still very less (Around 230 according to ART cell Srinagar Report till June 2014). One of the reason for this less number could be that people do not report the disease because of the stigma and shame that is attached with the disease. The disease has not drastically engulfed the valley, as it does as per its characteristic features and transmission. At the same time the fact cannot be overruled that Kashmir is living with this virus since 1986. Valley is suffering the way others do, but may be on smaller scale. HIV/AIDS may have least extensions in terms of Kashmir as compared to other states of the country. The question is not only what are the reasons and ways HIV AIDS spread in Kashmir, but the question why HIV could not make its avenues powerful in the valley. The main question that comes up is why is there a little number of HIV patients, even when the circumstances like illiteracy, unawareness and backwardness are in favour of transmissions and spreads? The current paper, along with the focus on the above question, will also explain the magnitude of stigma and exclusion specifically in Kashmir.

The present study is based on field study and a self-constructed questionnaire formulated on the basis of the nature of the HIV/AIDS pandemic. A well-defined section of the questionnaire is specially meant to measure the social and exclusionary aspects of the disease. Different dimensions of exclusion is separately put into course and is analysed, processed and explained by different measures like tables, charts and graphs.

Reactions of people:

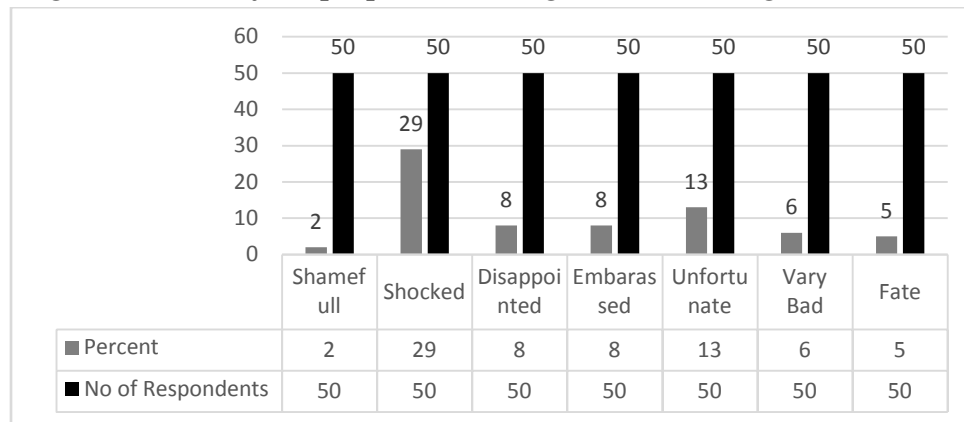
When people first hear about their HIV status, they may feel shock, anger and numbness and they usually deny that they are effected by the disease. Feelings of guilt and shame are also present. People with HIV are usually stigmatized and face a lot of other problems like being looked down upon, shunned by the society as well as the family and friends. They receive little psychological and social support and are usually left to face the disease by themselves. The positive diagnosis also has a negative effect on the marital relationship wherein, the spouse usually leaves the relationship. The stigma attached with HIV usually arises from fear and lack of information about how HIV spreads and whether or not it can be controlled. This stigma leads to people facing a lot of mental health problems like depression as well as self-induced isolation leading to disrupted social relationships, thus people may not engage in any activities with people from their families, friends and society. People also have lowered self-esteem and view themselves in a negative light. There may be denial and people may also further engage in disruptive behaviours like drinking and taking drugs. This effects the quality of life of the people and also the diagnosis, disease progression and also care and may not adhere to medication, thereby letting the disease progress. Physical abuse and denial for treatment at hospitals are other issues faced by the people.

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In certain cases, however, the reactions of families can be different. They may stand with and provide positive support to the effected person. This may be true of the family, friends or a spouse who stay with them and take care of the effected. The present study looks at the reactions of family and friends when they hear that the people close to them are diagnosed as being HIV positive.

Reaction of respondents diagnosed as HIV positive

Figure 1. Showing the reaction of the people on hearing about their diagnosis

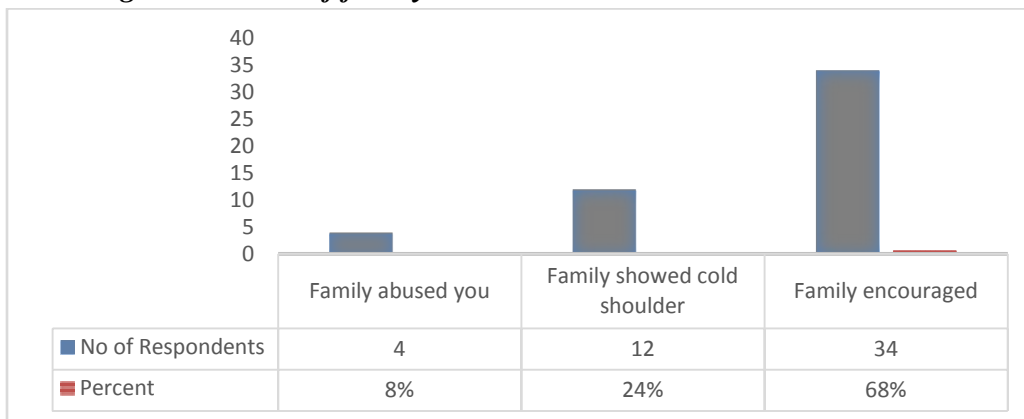


Source: ART Center SKIMS Soura Srinagar.

The above graph defines the sample size of total fifty respondents. The respondents were asked about how they felt the first instance they heard about their status of being diagnosed as HIV positive. All were questioned that how they felt at the first instance when heard of their HIV positive status. 2 out of 50 respondents said they felt ashamed when came to know of their status. The maximum 58 replied that they were shocked. 16 respondents were disappointed, 26 said it was unfortunate and 16 had felt embarrassed. 12 of total said it was very bad and 6 have advocated it to fate.

Response of family members

Figure2. Showing the reaction of family members



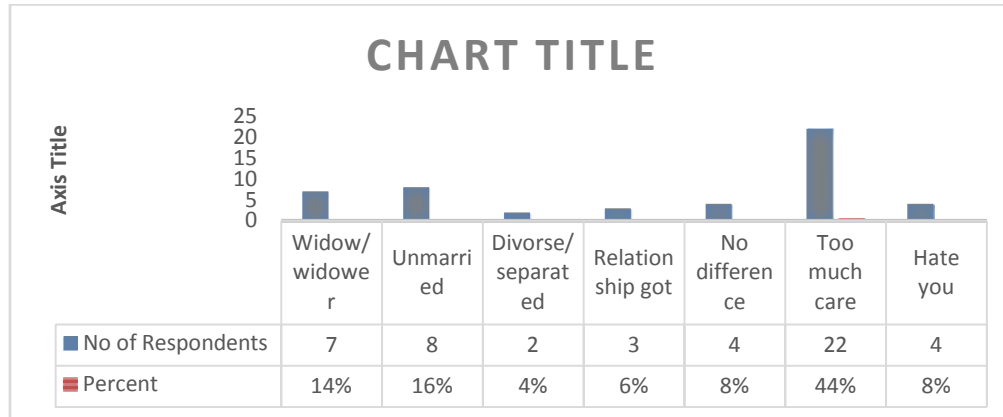
Source: ART Center SKIMS Soura Srinagar.

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The graph displays some interesting facts related to strength of stigma in terms of Kashmir. It shows quite well that 68 % of respondents say that they have been encouraged and taken care of since they were tested positive. 24 % said that some of the family members started to show a cold shoulder as they are afraid of what will happen if they come into contact with a person diagnosed as being HIV positive. The very least 8 % of the people replied in affirmative when asked if they were abused sometimes being HIV positive.

Effect on marital relationship

Figure3. Showing the reaction of the Spouse

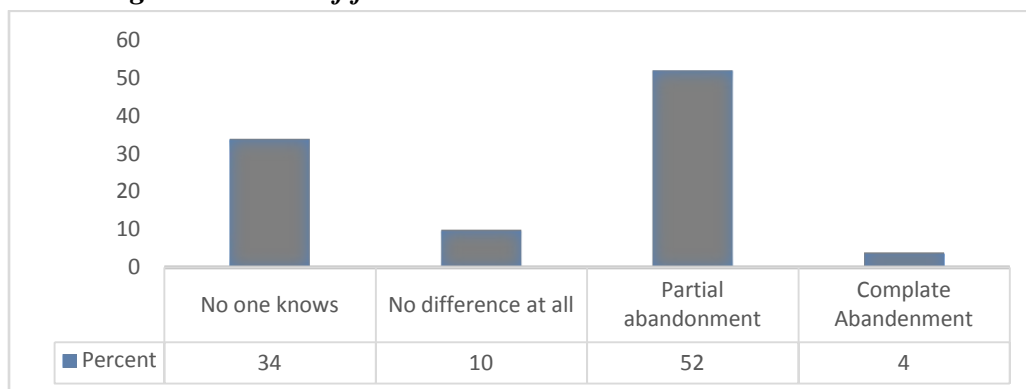


Source: ART Center SKIMS Soura Srinagar.

The graph clearly defines the reaction of spouse when getting to know the HIV status of his/her spouse. 14% of respondents are already widow are widower and 16% of all are unmarried. The remaining 70 % have many different things to say. The majority of 44% says that their spouses started to take much care of them. Although 8% says their husband/wife started to dislike him/her and the same percentage says that there was no difference in relationship at all. Six percent says that relationship got deteriorated and four % people's marriages saw the drastic outcome in the form of divorce or separation.

Reaction of friends

Figure 4. Showing the reaction of friends



Source: ART Center SKIMS Soura Srinagar.

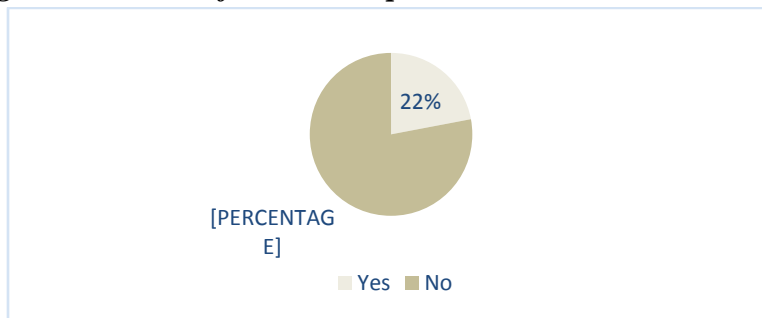
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The above graph shows the identification of the fact of stigma which is attached to HIV and AIDS. The close friends may get detached after their friend has been declared HIV positive. 42 % of the respondents experienced the partial abandonment from their close mates and friends. The major reason for this may be the fear of transmission of HIV. The friends will continue to love and take care of their HIV positive friends but at the same time they keep themselves at back foot when need to come closer. The ten % say that was not a prominent change in such relationships as in before and after. A very less % say that they experienced complete abandonment from their friends. There is one more important thing to identify here that thirty % of HIV positive persons are still hiding their HIV status to their close and intimate friends.

The bar charts show a much expected numbers as most of the people in Kashmir believe that people diagnosed as HIV positive are just like others who suffer other diseases like diabetes, blood pressure, cancer etc. but this can be somewhat on humanitarian grounds. Most of the people seem to have no complaints with the HIV positive persons but they surly seem to part from such people as well taking their own health statuses in to considerations. Some of the respondents say the people take this epidemic otherwise and incorrect. They seemingly put a bad tag on it and hence People living with HIV/AIDS do suffer by the same. Only a small number of people say that people, on knowing their status, make bitter faces and show resentment towards them. Here it is further to note that most of respondents have kept their health status a secret even from the close relatives. Such people mostly experience self-stigma.

Reaching health centers and difficulties thereof

Figure 5. Showing discrimination faced in Hospitals.



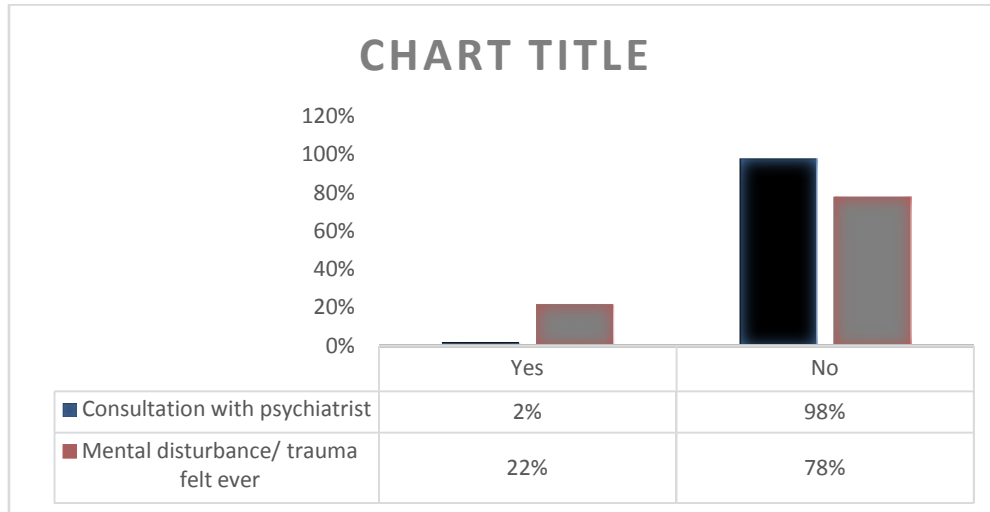
Source: ART Center SKIMS Soura Srinagar.

The pie chart shows that the intensity of care and treatment by the medical faculty. 78 % of the respondents admit that they do not face any complications from the medical faculty while availing the medical facilities. About 22 % somehow where not happy with the facilities for the reason they are supposed to visit the ART center Srinagar each month to get a month's long medication course. There are some very poor who cannot afford even the bus fare. For such reasons they seemed unhappy with the medical administration and government policies. The medical staff along with the patients feel the necessity for more ART centers in Kashmir.

Impact of disease (HIV/AIDS) on mental state

HIV seems to have an impact on human beings. The disease alters the course of life of people by creating uncertainty, disturbance, imbalance and chaos to life. During the interview, people stated that they felt broken and started crying. As most of the Kashmiris are Muslims and are believers and god-fearing, they said that they spend most of the time remembering God and in prayers repenting their ill-doings. Most of the people also stated that the disease felt like a ‘death-sentence’.

Figure 6. Showing HIV/AIDS and mental condition



Source: ART Center SKIMS Soura Srinagar.

The respondents were asked two questions. One was if the patient felt any kind of mental disturbance or trauma of any sort. Seventy eight percent of respondents replied in the affirmative and twenty two percent of them replied in the negative. This shows that HIV has an impact on the mental condition of the person. The second question asked was whether they had consulted a psychiatrist ever. Only two percent of the people said yes and the rest ninety eight percent of people said no for this question. This shows that people do not feel the need to go to a psychiatrist or are unaware about the benefit of going to a psychiatrist.

CONCLUSION

Kashmir sees the inflow of thousands of armed forces and labourers coming from different regions and diverse backgrounds as well as there is an increasing movement of Kashmiris to other areas of India where they might indulge in high risk behaviour (Mir, Sofi, Ahmad, Dar, Ahmad & Siddeque, 2010). During late eighties the HIV/AIDS pandemic saw its way in to Kashmir. There are still many ways through which the disease spreads. For example intravenous Drug Users (IDU), and Unprotected Sex (US) have been the major factors for the transmission of HIV in the valley. Further the majority of the people views the epidemic as a disease of people who do not follow the norms of the society. Many people refuse to get treated as the diagnosis is associated with shame and disgust and the people are unaware about the spread of the disease.

HIV/AIDS is a one name to sufferings, stigma, hatred, ostracism, discrimination, exclusion and more. It has become a universal phenomenon and results in an enormous human suffering and deaths. It is no more an exaggeration that people fear of HIV/AIDS death less than its social implications. Its reach and effect cuts across all dimensions of society causing instability to human security.

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