

Prevalence of HIV/AIDS amongst the Tangkhul Naga Tribe of Northeast India (August, 2016)

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Abstract- No society or community can escape the threat of HIV/AIDS. Manipur is one of the highest leading states of HIV/AIDS prevalence in India. The Tangkhul Naga society living in the hilly terrain of Ukhul district Manipur, has the record of being the highest HIV/AIDS prevalence rate among the districts in the state. Many factors attribute to the increasing rate of HIV among this tribal society. The paper seeks to throw light on the current scenario of HIV prevalence in the district and draw relevance from the estimated data presented by the concern agencies with the prevailing scenario among the Tangkhul Nagas. The present study suggest mass screening as vital necessity along with intervention in a large scale among the general mass in order to bring out accurate data about HIV/AIDS prevalence in the district .

Index Terms- HIV/AIDS, Tangkhul Naga, Prevalence, FSW, IDUs

I. INTRODUCTION

The phenomena of HIV/AIDS in the country have been one of the country's utmost concerns requiring the country to bring about measures curbing the dreadful menace. Infact, it is not merely seen as health problem but also seen as a challenge for development as a whole. There have been several estimates, data and information about the prevalence of HIV/AIDS in the country, among the states in the country; Manipur is also enlisted in the highest leading states of HIV/AIDS prevalence. According to the most recent report of NACO, India HIV Estimates of 2015, Manipur has shown the highest estimated adult HIV prevalence with 1.15%. The state with a valley capital is surrounded by five (5) hill districts inhabited by tribal population accounting of 35% of the total state population and the rural tribal communities are an emerging high-risk group for HIV/AIDS.

In this paper, HIV/AIDS is explored with special reference to the Tangkhul Naga tribal community inhabiting the hilly terrain of Ukhul district. It must be noted that the data available on the prevalence of HIV/AIDS is insufficient and thus remain obscure. This applies true even for the whole northeastern region which suffers from inaccurate and insufficient data. The paper explores the relevance of the data as provided by the concerned agencies with the present scenario of the Tangkhul Naga tribe and the nature of prevalence among them and then compares the status of the tribal people with the mainland people inhabiting the otherwise more privileged part of the state.

II. LITERARY FRAMEWORK AND METHODS

The first HIV positive case in Manipur was reported in February 1990 from the blood samples of October 1989 among a cluster of Injecting Drug Users (IDUs). The State AIDS Policy was adopted by the State Government on 3rd October, 1996 and thereby becoming the first state to have a state AIDS Policy. Manipur is one of the six high prevalence states in India with HIV prevalence rate among pregnant women attending ANC being 1.4% (Sentinel Surveillance 2006). Manipur with hardly 0.2% of India's population is contributing nearly 8% of India's total HIV positive cases. More and more interior and hill areas are affected and yet to be covered. (MSACS)

The state's geographical nature of close proximity with international borders and easy access to drugs transit route attributed the cause of increasing drug users in the state which also gave rise to prevalence in HIV/AIDS infection. Several factors such as unemployment rate combined with highly westernized lifestyle, pleasure seeking, general frustration, family problems, lack of societal control had given rise to people engaging in drug use which exaggerated the HIV/AIDS epidemic in the state. Moreover Injecting Drug User (IDU) as fashion allowed intravenous drug use to emerge as a refuge for the restless youth. Along with this, poor health services, lack of political will and social unrest led to increase in the prevalence of IDU (Irengbam, 2005).

Sex workers are disproportionately at higher risk for acquiring or transmitting HIV due to increased risk sex such as unprotected anal and vagina sex, multiple partners and frequency of partners. Sex workers also experience barriers to accessing services because their behavior are criminalized and stigmatized making them marginalized and hard to reach (USAID, 2013).

Sex workers alone are not at the risk of acquiring but also transmitting to the general mass through the profession they are undertaking. The clients of sex workers also act as a bridge population; transmitting HIV between sex workers and the general population. (Avert).

Sex workers often share common factors, regardless of their background that can make vulnerable to HIV transmission. In some cases, sex workers have no access to condoms or are not aware of their importance. In other cases, sex workers are simply powerless to negotiate safer sex. Clients may refuse to pay for sex if they have to use a condom and use intimidation or violence to force unprotected sex. They may also offer more money for unprotected sex – a proposal that can be hard to refuse.

As the HIV/AIDS epidemic in Manipur has penetrated into the general population from the Injecting Drug Users through sexual route, the situation among the women and children has

become alarming day by day. The infection has now spread to the female sexual partners of IDUs and their children. We are now beginning to see waves and waves of HIV epidemic among women and children. Similarly, the prevalence rate among pregnant women has been on the higher side, 0.8% in 1994, 1.32% in 1997, 2.70% in 1999, 1.34% in 2003, 1.67% in 2004, 1.3% in 2005 and 1.4% in 2006. The trend is not stabilized (MSACS).

Ukhrul is one of the hotspot districts in the state with 4.06% of prevalence rate in the year 2005-06. The district headquarter of Ukhrul town was also once notorious for the high rate of Injecting Drug Users (IDUs) after Churachandpur. HIV positive case among these Injecting drug users thus had been very high. During the 1990s there were 20,000 – 40,000 drug addicts in the state with sharing of needles and syringes. As a result 80% of the Injecting drug users became HIV infected. In the case of Ukhrul district, the rate of drug addicts were 15 in 1982-83, 242 in 1987, 3137 in 1992-93, 3500-4000 in 1996-97 a report showed in First Reported survey of Drug Abuse in Ukhrul District: A glance of the TangkhulMayarNgala Long (ASK Felix).

The paper is based on a fieldwork conducted in Ukhrul district in 2015 with the aim of analyzing the status of HIV/AIDS among the Tangkhul community (for a research project). For conducting fieldwork the following methodologies were employed

- i) **Interview:** Both structured and unstructured as well as scheduled interview was conducted depending on the needs of the situation among (a) the tribal people to ascertain the concept, awareness, social stigma (if any) source of the infection, availability of testing or medicine, government schemes, NGOs etc. (b) Interview was also taken among the government and NGOs offices to identify the programs, policies, implementation and effectiveness among the ST.
- ii) **Questionnaire:** A questionnaire which contains both open ended and close ended was administered to various organizations working for HIV among the people and also to the upcoming youth and teenagers within the age group of 15 to 30 who forms a vulnerable group.
- iii) **Focus Group Discussion (FGD's):** This method was used to cross-check the information and group opinions and awareness of both tribal people and policy-program implementers.
- iv) **Observation:** This method helps in verifying the behaviors of the people as well as the basic necessities available in the office for the information provided.
- v) **Life History and Case Study:** This method was used primarily to traced the history, root cause of infection, prevalence among the Tangkhul, awareness and the events of programs organized by the implementers to authenticate the information obtained

- vi) **Mechanical Aid:** Photography was used after taking due permissions from the concerns agencies and respondents to record the proceeding of the event and authenticate the research work (help the analysis of the information).

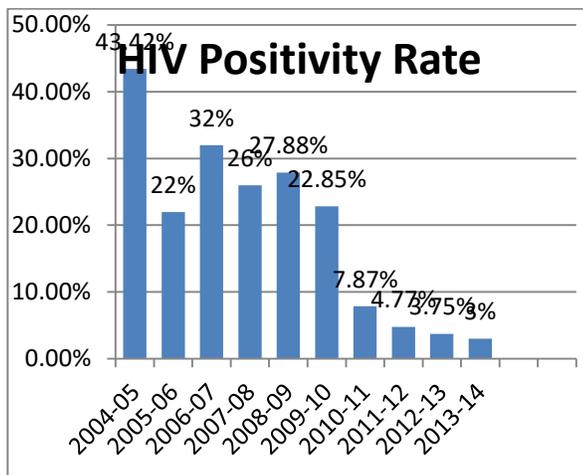
III. DISCUSSION AND FINDINGS

Ukhrul district is one of the districts in Manipur where drug users are concentrated in large numbers; this is true as is evident from the fact that there is high prevalence of HIV positive rate in the district level. In the district, the IDUs (Injecting Drug Users) reached its peak in the 90s where the rate was 3500 to 4000 in 1996-97 (ASK Felix). With numbers of awareness campaigns initiated during NACP I and NACP II, these drug users became aware of the ill effects of sharing needles amongst themselves. However, the infection of HIV had not stopped there, but had taken new routes of infection and had spread to the general population through their sexual partners, spouses and children. The root cause of HIV thus did not remain confined to the IDUs alone but has spread to the general mass, and has now reached to different corners of the district.

Ukhrul district was one of the first districts in the state to get ART Centre in the district headquarter in 2005, after the establishment of ART Centre in Manipur in 2004 when ART Centre was introduced in all the high prevalence states. The Prevalence rate in 2004-2005 in the district was significantly high with 43.42%. The rate among the pregnant women in the same year was very high with 4.06 percent putting Manipur state in one of the highest prevalence states in the country.

In this scenario, efforts of the NACO and MACS in taking up efficient measures has manage to bring down the prevalence rate has come down to the level of 3% in the district, which is all the same very high and needs consistent effort and commitment to solve this gigantic task.

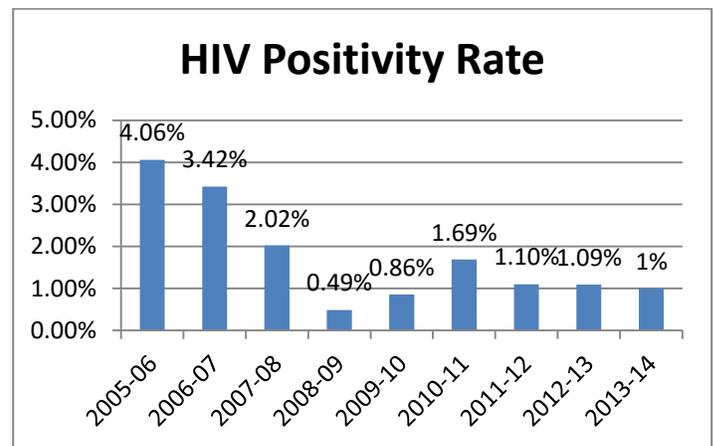
According to the data provided by the District AIDS Prevention and Control Unit, which serves as the monitoring unit where report collection and submission of the district as a whole are done, 1492 person in the district are registered with HIV/AIDS in the district. A graph and table representing data is given below about the rate of HIV/AIDS prevalence in the district from the year 2004 to 2015 among the general clients as well as that of Antenatal care section from 2005 to 2014.



(Fig.1. General Client of HIV Prevalence rate from March 2004 to March 2014)

Table.1. HIV Prevalence Rate in General from March 2004 – March 2014

Year	HIV Positivity Rate (per 100%)
2004 – 2005	43.42%
2005-2006	22%
2006- 2007	32%
2007 - 2008	26%
2008 - 2009	27.88%
2009 - 2010	22.85%
2010 - 2011	7.87%
2011 - 2012	4. 77%
2012 - 2013	3. 75%
2013 - 2014	3%



(Fig.2. Ante Natal Care (ANC) HIV Prevalence Rate from April 2005 – March 2014)

Table. 2. ANC HIV Prevalence Rate from April 2005 – March 2014

Year	Positivity Rate
2005- 2006	4.06%
2006 – 2007	3.42%
2007 – 2008	2.02%
2008 – 2009	0.49%
2009 – 2010	0.86%
2010 – 2011	1.69%
2011 – 2012	1.10%
2012 – 2013	1.09%
2013 - 2014	1%

There is no doubt regarding high rate of HIV prevalence in the district, however obtaining accurate data becomes a difficult task with the general attitude of people smear in fear and prejudice against the disease. Adding to this is the lack of proper information and positive attitude towards the disease. All these hamper the general mass to go for HIV blood screening like they would for any other disease. Blood testing and availing of ART treatment are all carried out in secrecy; anybody who visits an ART Centre is looked upon with suspicion. Many of those registered are reported to be of late diagnosis which is indicative of the fact that people had not known about their HIV positive status until they fall seriously ill. Moreover, it also indicates the possibility of such many cases in the district, of individuals ignorant of their HIV positive status.

In an interview with Volunteers and members of concern NGOs engaged in the cause of HIV have said that many HIV infected people are in possession of more than one status of being HIV positive. Out of shock and disbelief to be HIV positive, they go for second and third blood screening in various other hospitals changing their names and address, hoping to get a different result, however only adding up to the already high rate of prevalence. A person whose blood sample had been detected to be HIV positive in the district hospital will go down to the valley capital hospitals like JNIMS, RIMS etc. just to get a change in the result. However, with no change in result, it only adds on to the cumulative data which is already high. This is one

of the main reasons why accurate data cannot be maintained and acquired among the tribal community.

The concerned volunteers also have had encounters of HIV positive people denying to have undergone test even when they have the possession of the green card which is required for them in availing ART drugs from the ART Centre and hospitals. This suggests, the general apprehension surrounding the idea of HIV/AIDS which prevents patients to avail the required medical interventions on time. Hence, making them more vulnerable.

High Risk Groups in the District: Female Sex workers and Injecting Drug Users

Injecting Drug Users and Female Sex Workers are the main vulnerable and targeted high risk groups in the district. The district has been recently introduced with an OST (Oral Suspension Therapy) Centre at the District hospital in the month of February 2015 under MACS with an aim to strengthen the OST programme in the state. While this is the case with IDUs, another high Risk group Female Sex Workers, (FSW) poses a serious problem in the district. In a tribal conservative and Christian society like Ukhrul, flesh trade amongst the women is a strictly prohibited occupation and no one dares to profess such a job in open. Society denounce such profession and anyone caught would be either given punishment in front of the whole public or are either chased out from their particular place of residents. The existence of female sex workers amongst this tribal society thus prevails in a manner hideous from the general mass as such profession is abhorred by the tribal community. The city red lights profession stands far apart from the status of sex workers as here in the tribal society.

The occurrence of flesh trade has taken an upward trend within the district. One of the main reasons for those involve in such activities is poverty. Most of the women involved are either widowed wives of those who had died of drug addiction or HIV or some young girls in a desperate need to improve their living standard. These widowed wives, for the fear of getting rejected from their own family and village community they continue to remain in the town instead of going back to their own village and finding ways and means to live and provide for their children. Several factors heighten sex workers vulnerability to HIV. Many sex workers are migrants and otherwise mobile within nation states and are thus difficult to reach via standard outreach and health services. They face cultural, social, legal, and linguistic obstacles to access services and information. Equally important, many women in sex work experience violence on the streets, on the job or in their personal lives, which increases their vulnerability to HIV and other health concerns (WHO). Unlike urban areas and cities where sex workers are visibly indulging at large, sex workers in district like Ukhrul cannot be identified easily for which programmes like targeted intervention for this high risk groups become inconvenient and challenging.

Sex work may vary in the degree to which it is more or less “formal” or organized, and in the degrees to which it is distinct from other social and sexual relationships and types of sexual economic exchange (UNAIDS). While in the capital city there have been reports of commercial sex workers operating their business and organization amongst themselves to fight for their rights. As reported in one of the local newspapers that these women operate their business in filthy places of Paona bazaar and North AOC areas, which are considered a hotbed of

prostitution. As reported according to the findings of one organization in the Imphal city the number of sex workers in Imphal area is increasing and most of the girls and women are compelled by circumstances and not by choice to take up this profession. According to them, they did not choose to be sex workers, but circumstances prompted them to join the flesh trade. They also cited against women, trafficking, looking for livelihood and to bring up children. These women come to Imphal from various districts and from Imphal itself too and do the business by taking shelter in shady hotels and bars (Merinews, 2008).

While such occupations are now openly practiced in the capital city such is not the case with the tribal society of the Tangkhuls. The sex workers in the city form themselves an organization to fight with the existing stigma and discrimination and fighting for their rights. The number of HIV infection prevailing among them could be ascertain to some extent while such is not the case with sex workers among the tribal society who otherwise operate in secrecy and would not even come forward for availing health service. This makes the sex workers in tribal area more venerable to HIV/AIDS epidemic.

Another alarming situation is the coming of human trafficking among the Tangkhuls while human trafficking also forms a vulnerable group to HIV infection. One study conducted among trafficked people in Mumbai brothels in India found that almost a quarter of trafficked girls and women were living with HIV (Avert). Large numbers of trafficked people are forced into selling sex every year. Even in countries where HIV prevalence is low, trafficked people who are forced to sell are still vulnerable to HIV infection because they struggle access to condoms, cannot negotiate condom use and are often subjected to violence (Avert).

In recent times, among the Tangkhul Naga tribal society there has been incidences of trafficking teenage girls to other states on the pretext of giving better quality of living and promising education while they were sexually abused and tortured. An instance could be that of twenty children rescued from a children home in Jaipur. The reports said, nine of the 13 girls have been found suffering from leucorrhoea, a vaginal discharge typically seen among sex workers and girls and women with poor hygiene (Indian Express, 2013).

IV. CONCLUSION

India on the whole country level is reportedly seen to have made improvements and progress in the fight against HIV/AIDS. Yet Manipur still ranks the top in the prevalence of infection amongst adult and there is an urgent need to curb this issue on grass root level by involving all the areas of the state, civil society and various agencies to work hand in hand against the stigma, problem and prevent the growth of this disease and empower those who are affected.

The Tangkhul's with less awareness level still live with prejudice and stigma against HIV/AIDS which acts as a huge barrier in availing medical services as well as hampers proper administration of measures and implementations programs. In such sensitive scenario, acquiring the accurate rate of HIV prevalence becomes impossible. People do not come forward for blood screening, and HIV/AIDS infection is still kept in hush

hush manner, stigma and discrimination existing alongside poor availability of medical services, all of these contribute to the culmination of obscure data. So, people need to be sensitized and well informed about HIV/AIDS.

In tribal communities approach towards such stigmatized issue has to be sensibly handled. Socio-cultural structure has to be taken into consideration. Unless approach of reaching out is not rationalized there can no radical change from the existing system.

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