Chapter IV: Population Dynamics, Communication Technology and Vulnerability to HIV/AIDS in Darjeeling Hills

Every society is dynamic and in a state of constant flux, so the components of the society vis-a-vis the population is also dynamic. This state of flux is also brought about by economic developments and the desire to achieve a certain level of comfort in life. This chapter deals with mobility, sexual behaviour and trends among the people, risk groups, the knowledge and perception of HIV/AIDS among the people and also the stigma and discrimination associated with HIV/AIDS in Darjeeling hills.

4.1 Population Mobility and HIV/AIDS

The spread of HIV/AIDS in Darjeeling hills is roughly parallel with the rapid growth of Indian economy and globalization. Rapid economic growth, largely based on the Information Technology industries, brought about economic imbalances across the nation. During this period the attraction of job opportunities and the excitement and diversity of the cities attracted many migrants from Darjeeling towards the cities. Prior to economic globalization migration from Darjeeling was restricted to joining the armed forces, migration due to marriage, migration as domestic helpers and labourers. Migration from Darjeeling gained momentum when the employment opportunities there diminished drastically. Though lack of employment avenues is definitely a push factor there was also a pull factor as the new generation has become bolder and more competitive and sees things in a global perspective. Migration from Darjeeling is taking place for a large number of reasons. There are students migrating in search of better education facilities. There are people migrating for blue collar as well as white collar jobs. Migration in search of livelihood is conducive to the spread of HIV/AIDS as there is an absence of the institutions which provide social support and monitor risk (Collins and Rau 2001). The freedom associated with being an independent working individual and the absence of parental restraints provides young workers with the opportunity to radically change their lifestyles. These lifestyles make them vulnerable to HIV/AIDS. Due to modernization
and globalization rapid economic and social changes are taking place. These have provided the medium for behavioral changes that increases vulnerability to sexually transmitted diseases and HIV/AIDS. Migration increases the likelihood of infection due to ignorance of risk, lack of awareness and lack of access to health services.

Among the migrants, peer influence also plays a salient role in undertaking risk behaviour. This risk taking behaviour has been documented among a number of groups (Imem and Suwannarat 2002). Friends who have experienced drugs, alcohol and sex are also likely to induce others in their group. One of the respondents said, “I had never had sex until I drank with a friend of mine. After drinking he asked me if I would like to have sex. When I said no, he insisted and just called a FSW and asked her to bring her friend along. I had sex for the first time.” When these migrants come home they form a bridge population for further transmission of HIV/AIDS and other STDs. Since their return coincides with major festivals at which alcohol plays an important role, risk behaviour as well as sexual transmission of the infection is high.

The residents of Darjeeling also frequently travel outside Darjeeling hills for short durations. They are likely to be exposed to infections. One of the respondents aged 27 said, “I have travelled to a lot of places like Kolkata and Kathmandu and I have had sex there. I with my friends had sex after drinking alcohol.” Another respondent, a driver by occupation said, “Whenever I travel outside I visit brothels. If there is someone to accompany, then it is more exciting. Getting girls here in Darjeeling and Sikkim is very easy but a bit expensive. However in Siliguri it is cheap.” People generally want to experience sex in new places with new girls. As a respondent said, “Going to different places and experiencing sex with different girls gives a different pleasure.”

The FSWs and the business men are one of the most mobile population. However, the business men are ignored as people tend to think that they are wealthy and form a small group and do not play any pivotal role in the dissemination of HIV/AIDS epidemic. What is not known is that they are exposed to sexual activities in all the places they visit. If they do not follow safe sex they can be a vector to all the FSWs whose services they avail as well as to their spouses. The business men are very much linked to the entertainment and sex industries. Their entertainment includes alcohol consumption and
sex. Many of their deals are made over the drinking table (Sundas 2004). One of the respondents said, "Our field is such that you have to keep your partner happy. His demands have to be fulfilled, be it alcohol or sex. Along with him you also end up drinking and having sex. Sometimes we are so drunk you do not know what you did the previous night." Another respondent said, "I am usually away from home for business. This is the time I get to have a lot of fun. Being a bachelor helps at such a time. You drink and have sex and I don't have to think about wife or kids. When I am away from home and alone my lifestyle is different." Although they stay in other places for short periods only, this group is likely to bring STI/STD and HIV/AIDS to Darjeeling.

The FSWs are also a very mobile group. As there is no brothel based sex industry in Darjeeling hills their mobility is very difficult to track. They move frequently from one place to other for short periods of time. Now mobile phones have made their business a lot easier and they have become even more accessible to their clients. As one of the FSWs said, "I am just a phone call away from my clients. Mobile phones have made it very easy to conduct business. Earlier we had to hang out at places but now we can stay at home and conduct business. Most of the clients these days ask for our number in case they require our services in the future. Our friends also have each others numbers so if there is any requirement we can just call each other. We don't have to stay in Siliguri, Gangtok or any place for days, the hotel people or our clients call us." Most of the FSWs work throughout the district and also in neighbouring Sikkim. They say that they are very busy during the tourist season when business is at its peak. One of the FSWs said, "Tourist season is very good for us. We can make a lot of money during this time of the year. During the tourist season both the locals as well the tourists use our services. During winters we travel to Siliguri and stay there."

Some of the FSWs are not just confined to travelling across the district and Sikkim, they also travel to Delhi and Kolkata. Sometimes their travel expenditures are paid by the person with whom they are travelling. They say such travels are very relaxing and do not put any pressure on them as they are assured of their income. One of the FSW said, "I like travelling with clients. All expenses are paid for and we have a lot of fun. You are not a FSW then. You don't need to worry about your daily income. But such
travel is very few and far between." One of the FSWs had at a point of time also worked in Delhi for two years. She said, "Working in Delhi was such fun. We had taken up an apartment. The money was very good; we could earn thrice as much as what we earn here. Apart from working we did not have to fear any stigmatization. There our identities were concealed. People did not know what we did. There people were not bothered about us but here many know what we do for our living. The best thing about Delhi was we could wear the kinds of clothes we liked. I liked wearing half pants and t-shirts at home and could go out wearing them."

The mobility of these FSWs is a big concern for the authorities. They may not know about their health status and may transmit the infection they are carrying to their clients.

Migration and health are intrinsically linked and a number of studies have provided ample evidence to support this. Migration is inevitably related with health problems, it is however not in and itself a risk factor. However, migration breaks down the social structures which are pertinent in generating conditions by which HIV/AIDS cannot spread easily. Migration especially under forced conditions, for example in conflict situation, or 'illegal' population movement, may lead to low status, low pay and/or isolated work and living conditions which increase vulnerability to a host of diseases. This is particularly true for women whose options are often limited to low status, low paid and/or isolated work like domestic helpers. Their low status and isolation from family and social support networks make them more vulnerable (Masanjala 2007).

People travel much more these days and 'are constantly engaging in significant sexual activities wherever they go at a time when AIDS is prevalent in society and in the process they spread the disease (Mtika 2007). Nepalis migrate to work as domestic help and as labourers in the informal sector. There are agencies that recruit and bring them to Delhi. They become vulnerable to economic and social insecurities. Economic insecurities are manifested in the form of irregularity of employment, the casual nature of jobs, low payment and difficult working conditions. The migrants also face insecurities borne out of difficulties in the social domain like health hazards, alienation in the work
place and isolation. These two insecurities are inter-related and they constitute a vicious cycle of insecurities for the migrants.

Nepali women who work as domestic helpers and labourers in other industries are exposed to both physical and sexual exploitation at the hands of the employers and the contractors. Being alone they look for companionship and intimacy. Their educational background and isolation acts as major barriers to information about STIs, HIV and AIDS and health services which renders them vulnerable (Sundas 2006).

A new trend of migration is visible among the people of Darjeeling. Recruiting agents are functioning in plenty in Darjeeling hills to take willing youth to foreign shores. Large numbers of youth are travelling to these places for jobs. The pay cheque is much higher. This gives them tremendous freedom as they do not have any familial restriction. Their only mode of enjoyment is drinking and having sex. One of the respondents who is working in Bahrain and had come for dusherra said, “It is fun there. We do not miss home as there are many of us from Darjeeling. We are given a flat and all of us stay together. Even the cook provided by the company is from Darjeeling. There is no shortage of recreational facilities. We have volleyball courts and football grounds but the best thing is beer is very cheap and girls from the whole of South and South-East Asia are available. What do you need more? Every holiday guys are out from morning till evening. It is cheaper for us to get the girls to our room than to take them outside. There is no dearth of beer in the room and we enjoy both beer and girl in the confines of our rooms.”

Another migrant said, “I was there in Dubai for 5 years. I had the most exciting time of my life. Yes we had to work very hard but the rewards were worth it. The money was very good. Every weekend we used to organize parties and there used to be a lot of girls. Girls from India, Sri Lanka and from the South-East Asian countries used to come for the party. We had a lovely time. The girls also wanted to have fun and always looked forward to booze. After boozing most of the times we had sex. However, the Indian girls some times did not want to have sex and we had to convince them that if anything went wrong, like getting pregnant, then we would marry them. If this did not work then we would serve them more alcohol. Many of the guys who were staying together with their
girlfriends never came for the parties. But most of the people going from here always joined the dussherra celebrations. This was a big occasion. We used to get holidays for a week and there was a lot of drinking and if your luck favoured also a lot of sex.”

Boys and girls are paying a lot of money to go abroad for any kind of jobs. There are a growing number of females who go as domestic help to foreign countries. There is a possibility of such domestic helpers being sexually exploited. That many of them return home before the expiry of their contracts suggests that they must have been exploited. However, these domestic helpers give other reasons for coming back. One of the respondents aged 29 said, “I missed my home and my kids very much so I wanted to come back. I knew before going that it would be tough but I had thought that I would be able to manage but once I reached there I could not stay. Though work was also not very tough but I could not stay.” Another married woman aged 30 said, “I had gone to Hong Kong thinking that I will work for two to three years and earn some money. I had seen in movies that there the people do not do much work at home but once I reached there my employers got things that were kept in their store rooms for cleaning and washing. I thought this was it and continued for some time. They started harassing me after a while. They started asking me to mop the floor twice a day. After working for 5 months I came back. It was like living in isolation. There was no one to talk and all day you were alone and could not even handle the television properly. Some days the boss used to drink and create problems at home, he used to fight with his wife and break the plates and cups. This used to create more work for me. I could not stay in such an environment, so I decided to come home.”

A young girl of 25 years who was working in Singapore at the time of the interview and had come home for vacation said, “Working in foreign countries is very difficult. There are many issues which have to be tackled in a proper manner. You cannot leave the job after a few months after paying so much of money to the agent. Language is a major hurdle for anybody going to work in foreign countries. And at times there are things which happens which your conscience does not permit but you have to ignore such things. Comments are passed at you or during parties your employer’s friends or even
the employer tries to come very close to you after getting drunk or just touch you while passing. You are helpless at such times so it is always better if you ignore them."

Joining the army is an age old tradition among the Nepalis. Official figures for people joining the army from Darjeeling hills are not available. It can be safely estimated that one third of the migrants are those joining the armed forces. As studies conducted in the army suggest a considerable prevalence of HIV/AIDS among them, it can be safely inferred that those in the army from Darjeeling hills may also be infected by HIV/AIDS. The work environment and the pressure of being far away from home and family encourages these people to engage in risky behaviour. As they have to travel to many places in India and also abroad as peace keeping forces, it exposes them to a number of vulnerable situations. As one of the respondent has said that the lure and desire for new girl in a new setting is very difficult to resist. Job related stress and pressure also forces these people to engage in risky behaviour. Alcoholism is also a major source of risky behaviour. After drinking these people to visit red light areas and use the services of the commercial sex workers. As one of the respondents said, "In the army we are deprived of many things which we would like to have. We cannot take our family with us as most of the times we are moving from one place to another. This creates a lot of pressure on us as we are stressed and when we come back after doing the duty there is no one to talk to. Friends will also be out on duty and even if they are around the problem is not solved as they are also missing their families. This actually accentuates the problem. Under such circumstances, we just start to drink. While drinking if we think about our wives then we tend to go to the CSWs. If we had our wives with us then maybe we would not be visiting these places and women. Even the girls know that we are in need of sex that is why they are always near our barracks providing us services." Another unmarried army person said, "I am young and am not yet married. I would like to have as much fun as possible before I get married. I visit a lot of CSWs as nobody knows what I am doing. I need to gather experience before I get married. If I do not know the intricacies of sex then my wife may not be happy and may start having fun with other men when I am not at home."

The tourists coming to Darjeeling are also a major threat to the spread of HIV/AIDS. There has been a sharp increase in sex tourism. Earlier it was only Darjeeling
town that was the tourist destination but now other sub divisions like Kalimpong and Kurseong have also been developed as tourist spots. Especially the tourists who are young and travelling alone are a threat to the propagation of HIV/AIDS. These young tourists come looking for sex. Even female tourists come looking for sex. As a waiter narrated, "A lady was staying in our hotel for some days. I used to go to her room to provide the things she wanted like water, food etc. She was very nice to me and spoke politely with me. One night she asked for water and I as usual went to give her water. We started talking and all of a sudden she started touching me. After some time she took out some money and gave me. It was around 600 rupees and asked me to have sex with her. I had sex with her that night. It happened till the time she left the hotel and went. On leaving she gave me quite a lot of money as tips." The nexus between the tourist, the hotel owners and the FSWs is also very evident in the hills. One of the FSWs, aged 30, said "Tourists are the best costumers. They do not bargain and there is no problem for payment. Our rates are told to them by the hotel owners. We go and visit them at the time given to us and provide them with the services. Older tourists are better as they pay you more and treat you well. They keep things quiet as they do not want anybody to know about their activity. They also give us more tips." Another FSW said, "There are many tourists who act in a weird manner. They want us to dance and sing as well. We are given extra money for these activities. They say they enjoy sex more when such activities are done."

Condom use between the tourists and the FSWs is completely absent. One of the FSWs said, "There is no condom use among us. Actually no body talks about condoms. Infact when we are contacted by the hotel they ask us not to use condom." The secretary of Hill Social Welfare Society, Kalimpong said, "Here the influx of tourist is very high. They come here to have sex and there are so many FSWs available that they do not have any problem in fulfilling their objective. Though we are trying to make the FSWs aware of HIV/AIDS they do not take it seriously and do not ask their clients to use condoms. Tourists come here from many places and you do not know whether or not they have any infection. This makes the FSWs here and their clients susceptible to STI/STD and HIV/AIDS." He further added, "After working with these FSWs and some of their clients, there is supposedly an increase of condom use. However the FSWs narrate that the
clients are reluctant to use condoms as they say it reduces the pleasure of sex. Again the major problem regarding condom use in such paid sex is that the use of alcohol is very high and under its influence they do not use condom.”

Another important group of people in fanning the spread of HIV/AIDS are the IDUs. Though they are not as mobile as the FSWs their risky behaviour accompanying this restricted mobility is a threat. Generally the IDUs move from one place to another in search of drugs. The IDUs in their desperation for a ‘fix’\(^{12}\) do not mind fixing in the den\(^{13}\) itself and do not care whether the needle they are using is sterilized or not. One IDU said, “I go to Siliguri to get ‘maal’\(^ {14}\) and as soon as I get it I do it there itself. The desperation is such that I don’t care to bother whether the needle has been used earlier or not. Generally the needles there in the den are used by numerous people like me who come to get ‘maal’. We generally go to Siliguri for ‘maal’ but if there is any news that someone from some place has got good stuff from some other place then we usually go to his place to get that stuff. We have to pay higher price when we get stuff this way. But such travel happens very less as nobody wants to sell the stuff they have got from far off places. We rely on Siliguri for ‘maal’ and only if we somehow have a lot of money then we travel to the North-East and to Kolkata. The trouble is worth taking as you can also sell the stuff at a higher price.”

Those in the government services are the ones who travel less. For them the unemployed youth gets the ‘‘maal’.’ One IDU who is also a government employee said, “There is no need for me to travel to get the stuff as the boys get it for me. I have to pay for their expenses and they do the job. They are doubly rewarded as they get to travel as well as get to ‘fix.’ They do not have to spend anything and at the same time they also keep some for their future need. However I would like to go to Siliguri and buy the stuff myself. When I have time I go and buy it myself. I go to places where good quality ‘maal’ is available. I take a long leave and go to places like Manipur and Kolkata. There are friends in these places who help. We have great times together. We ‘fix’ together and

\(^{12}\) *Fix* is the term used for injecting

\(^{13}\) *Den* is the place where they get the stuff, brown sugar and also the place where they usually do the fixing

\(^{14}\) ‘maal’ refers to the brown sugar; also the word stuff is used. ‘Sama=b’ is the word they use which has been translated into stuff
show our bonding. Sex does not become important for me and I don’t go looking for it and whenever I have had sex it is with fellow girls who also do drugs.” A female IDU said “I don’t like to go to other places to get the stuff. Only when I desperately need it do I go to other places. Whenever I go to Siliguri they give me for lower price and offer me free fixes as well. However they try to exploit me sexually as I am a girl.” A youth said, “When we travel we do not carry the ‘equipment’ individually as it is risky. We use the same ‘equipment.’ When we do the first fix we don’t sterilize the needle. Only when we use it for the second time do we think of sterilizing it, that too many are not bothered.”

4.2 Sexual Behaviour and HIV/AIDS

The changes in the world around have had an effect on the socio-psychological behaviour among the youth in Darjeeling. The traditional values are fading at a rapid pace. Young girls are more willing to seek equality in every pursuit of life, including sexual pleasure, which was not considered important by their counterparts of the earlier generation. Due to modernization sex is no more a taboo. Premarital sex among the girls is common. There is a clear change in the attitude of young people towards virginity. Earlier most of the sexual encounters before marriage were either incestuous or abusive or both but today much of premarital sex is consensual. According to a sociologist, “There has been a definite change in the attitude to sex. Earlier when I spoke to girls about sex, they were embarrassed and perceived it as a taboo. Now they are more open and liberal at the attitudinal and behavioral level. Fewer urban bred, well-schooled girls condemn premarital and extramarital sex.”

(www.darjeelingtimes.com)

Casual sex has become very common among the youth. Casual liaison, binge drinking and sex go hand in hand. One of the respondents aged 18 said, “I was invited by my friend to his birthday party. Most of the guys and girls there were boyfriends and girlfriends. I was alone and was introduced to a girl who was also alone. We started to talk and after some time started to drink beer. We both got drunk. I don’t know what happened and we started to kiss and after that we just had sex.”

Due to the casual and

15 Equipment is the word used for the syringe and the needle.
experimental nature of sex these boys and girls are being exposed to multiple partners at a very tender age. They are not aware of the dangers of such sexual liaison. A 22 year old woman said, "I feel sick every time I read one of the cover articles about all the diseases you can get from sex. I am just starting my life, I want to enjoy relationships. Someday I want to get married and have kids. It scares me to think that I could get some disease that will affect my body in the future, but that doesn’t mean I am supposed to be suspicious of every new man I meet." (www.darjeelingtimes.com, 2007). The eagerness to prove their masculinity among young men also introduce themselves to sexual activities (Mahalik 2007) which to an extent is also guided by the cultural demands of many societies. Respondents above the age of 40 generally thought that the sexual situation has changed drastically as compared to their times and that the sexual practices were more liberal among the younger people.

Multiple partners among the sample population is very much evident. Some had multiple partners before marriage but now were faithful to their wives. Some of the women reported having multiple partners because they were enticed by the attractive, expensive consumer goods that were available for exchange, revenge for a husband’s infidelity or impotency. Tawfik and Watkins (2007) also talks about these factors being pertinent in driving women towards multiple partners. There are a high number of people reporting having multiple partners at a certain point of time. Among the male respondent’s in the community members category there are 100 out of the 112 reporting having had sex with multiple partners. Out of the 42 female in the same category 25 reported having had multiple partners. Out of the 17 married women 9 reported having sex with multiple partners. Many of them said they had relations with multiple partners as their husbands were not at home and were outside their hometowns. This really poses a danger for the spread of HIV/AIDS. One married women aged 31 said, "As my husband is not here I have had sex with a number of men in the past. He is still working in a foreign country and at times when there are moments of anxiousness and nervousness I call a friend, have some drink and just have sex. It makes me feel better." Most studies on HIV/AIDS have only reported the danger posed by the husbands who go out in search of livelihood and indulge in risk behaviour but here a new trend is evident when the wives who were left behind at home are indulging in sex with multiple partners. All the
bisexual also reports the existence of multiple partners among them. Among the IDUs as well, multiple partners is evident. A doctor of Darjeeling District hospital said, "The IDUs have multiple partners. They do not act responsibly as well. They have wives at home and have a fellow companion as their partner outside marriage. Even after counseling they don't try to understand that they are the most vulnerable and susceptible to HIV/AIDS. Most of the IDUs in Shanker Foundation who are married have infected their wives and may be many more outside marriage."

<table>
<thead>
<tr>
<th>Type</th>
<th>Premarital</th>
<th>Extramarital</th>
<th>Sex with FSWs</th>
<th>Multiple partner</th>
<th>Sex while Travelling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>98</td>
<td>36</td>
<td>74</td>
<td>100</td>
<td>74</td>
</tr>
<tr>
<td>Female</td>
<td>38</td>
<td>9</td>
<td>0</td>
<td>25</td>
<td>16</td>
</tr>
<tr>
<td>Total</td>
<td>136</td>
<td>45</td>
<td>74</td>
<td>125</td>
<td>90</td>
</tr>
<tr>
<td>Percent</td>
<td>68.34</td>
<td>22.61</td>
<td>37.18</td>
<td>62.81</td>
<td>45.22</td>
</tr>
</tbody>
</table>

Source: Field Data

From the table above (Table 4.1) it is evident that a large number of respondents were engaged in premarital and extra marital sex. The percentage of both male and female indulging in premarital and extra marital sex is high and accounts for 68.34 and 22.61 per cent respectively. 62.81 per cent have reported having multiple partners at the time of interview. Between the age of 15 and 20 years there are rapid physical and emotional changes where parents cease to be the frame of reference and peer influence is at the utmost. At the same time, with the uninhibited lifestyles displayed on satellite television and in movies these adolescents indulge in youthful fantasies. Casual and experimental sex among the young people is very much evident in Darjeeling hills.

The number of people falling under this age group who have had sexual exposure was quite high. Out of the 30 in this age group 12 have reported having sexual experience. However, most of them have reported a single exposure to sexual experience. Most of them are buying sex in Siliguri. One of the respondents aged 19 said, "I wanted
to experience how it feels to have sex so when I was in Siliguri I went to Khalpara\textsuperscript{16} and had sex there.

Table 4.2: Respondents’ Conversation about Sex

<table>
<thead>
<tr>
<th>Gender</th>
<th>Talk About Sex</th>
<th>With Friends</th>
<th>With Wife/Husband</th>
<th>Talk About Wife/Husband/GF/ BF\textsuperscript{17}</th>
<th>Talk About Girls/Boys</th>
<th>Talk About HIV/AIDS</th>
<th>Talk About Condom Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>95</td>
<td>95</td>
<td>24</td>
<td>14/15</td>
<td>90</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>%</td>
<td>47.73</td>
<td>47.73</td>
<td>12.06</td>
<td>7.03/17.58</td>
<td>45.22</td>
<td>4.02</td>
<td>4.52</td>
</tr>
<tr>
<td>Female</td>
<td>45</td>
<td>45</td>
<td>5</td>
<td>18/20</td>
<td>18</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>%</td>
<td>22.61</td>
<td>22.61</td>
<td>2.51</td>
<td>9.04/10.05</td>
<td>9.04</td>
<td>2.51</td>
<td>1.50</td>
</tr>
</tbody>
</table>

Source: Field Data

From the above table it is clear that a higher percentage (47.73\%) of the male respondents speak about sex than the female respondents. The percentage of the respondents speaking about sex with their spouse is also higher for the male than the female. Though sex is still a taboo among the people but the influence of changing time is evident from the above table as people are speaking about it and importantly females are also willing to talk about sex.

There are a high percentage of male respondents who talk about girls they have had sex with their friends. All the respondents who have reported to have talked about sex have reported talking about it with their friends and 45.22 percent of the male respondents have reported to speak about girls with whom they have had sex. There is a high percent of single male respondents speaking about the last sexual act they had and whether or not they enjoyed it. Apart from this they also discuss the girl with whom they had sex with. This tendency among the males puts the identity of the girl in danger as the male discloses all the information of the girl and all share the phone numbers if the girl has given them. This act makes the girl vulnerable to coercion and blackmail from other boys as they may also want sexual favours from the girl. However, there is a lesser percent of respondents who speak about their partners in sexual conversation. There are only

\textsuperscript{16} Khalpara is the locality in Siliguri where the brothel is located.  
\textsuperscript{17} GF means Girl Friend, BF means Boy Friend in the local conversation
14 married respondents who speak about their wives when they talk about sex while there are only 35 single male respondents who speak about their girl friends. There is a high per cent of married female respondents who speak about their husbands while conversing about sex. 81.81 per cent among the married female respondents speak about their husbands while having conversation on sex. Their discussion about their husband revolves around the latter's promiscuity and infidelity. Only 9.04 per cent of the female respondents spoke about other boys while conversing about sex. There is a negligible per cent of both the male (4.02%) and female (2.51%) respondents who speak about HIV/AIDS while discussing sex and even fewer discuss condoms among the female (1.50) respondents. Condom is discussed only as a means to prevent pregnancy and not as a protection against STI/STD and HIV/AIDS. The 4.52 per cent of male respondents who discuss about condoms also saw it mainly as a means to prevent any kind of unwanted pregnancy. The low percentage of both the male and female respondents talking about their partners while speaking about sex with their friends reflects that sex among the partners is still considered a private affair.

4.3 Condom Use and HIV/AIDS

Condom is a proven barrier against HIV/AIDS. However, its use is not widespread among the people of Darjeeling. Young people significantly experience risky sexual activity within marriage and also in premarital sexual relationships. The absence of timely and suitable care and knowledge adversely affects their reproductive health outcomes including HIV/AIDS (Santhya et al. 2007). There are only 24 respondents who have reported using condoms in the sample. Among the community members only 21 respondents reported using condom, while none of the FSWs and the IDUs reported using condom. Out of the 9 bisexuals in the sample only 3 reported condom use (Table 4.3). Though people have multiple partners and are using the services of FSWs the use of condom is minimal. Men are seen as making decisions regarding condom usage. One respondent aged 28 said, “Only when my husband thinks that we need to take some precautions for the prevention against pregnancy does he use a condom. Otherwise we never use it.”
Table 4.3: Number of Respondents Reporting Condom Use

<table>
<thead>
<tr>
<th>Category</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Members</td>
<td>19</td>
<td>2</td>
<td>21</td>
</tr>
<tr>
<td>IDUs</td>
<td>nil</td>
<td>nil</td>
<td>0</td>
</tr>
<tr>
<td>FSWs</td>
<td>......</td>
<td>nil</td>
<td>0</td>
</tr>
<tr>
<td>Bisexuals</td>
<td>3</td>
<td>......</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>22</td>
<td>2</td>
<td>24</td>
</tr>
</tbody>
</table>

Source: Field Data

Though the majority of women practice sexual fidelity within marriage the husband’s irresponsible behaviour is a constant threat for them as they lack the decision making power and cannot always insist men to use a condom. It becomes very difficult for the women to avoid taking risk within marriage and otherwise because they have less bargaining power (Panos 1990). Some women fear that if they insist upon condom use or even ask their partners to use a condom, they will endanger their relationship which gives them social status, emotional as well as financial support. Prevention and control of HIV/AIDS efforts still rely on the 3 concepts of ‘Abstinence’, ‘Being Faithful’ and ‘Condom use’. Unfortunately, these concepts are not known to the majority of the people. Only 21 respondents were aware of this concept. Only 14 out of the 154 community members knew about it and among the IDUs there was a comparatively higher per cent who did not know about this concept. Among the IDUs there were only 4 male who knew about the ABC concept. None of the FSWs knew about this concept and among the bisexuals only 3 out of the 9 in the sample knew about the ABC concept (Table 4.4).

Table 4.4: The Respondents’ Awareness about the ABC Concept

<table>
<thead>
<tr>
<th>Category</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
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<td>14</td>
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</tr>
<tr>
<td>Bisexuals</td>
<td>3</td>
<td>......</td>
<td>3</td>
</tr>
<tr>
<td>FSWs</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>17</td>
<td>4</td>
<td>21</td>
</tr>
</tbody>
</table>

Source: Field Data

Females do not make decisions regarding condom use and therefore the rate reporting its use among them is low. One of the female respondents said, “I don’t know much about condom but sometimes I ask my husband to use so that I don’t get pregnant but he does not listen and I have to do as he desires.” The use of condom among the
married couples is very rare. The question of love, trust and faithfulness plays a salient role in the decision making process. Condom may also symbolize extramarital relationship, sexual activity and so may be difficult to maintain or to introduce them into a long term relationship. Issues associated with fidelity and trust of both male and female surface here (Manderson et al, 2005). One of the respondents working with a national daily, Telegraph said, “Though I understand the benefits of condom use I cannot talk to my wife about its advantages and make her understand. I cannot talk to her about condoms as she starts to question me on whether I trust her or not. She says she knows when she will and when she will not conceive. Though there are advertisements on television about condoms it is still beyond the comprehension of many girls and wives here. I think they are culturally conditioned to think that there should be no use of condom between a husband and a wife.” Another man of 28 years said, “Why should I use a condom with my own wife, it is not needed. Condom only acts as a barrier to the trust and loyalty developed between a husband and a wife.”

Married women constitute a group with distinct risk of HIV/AIDS and face a host of obstacles in making informed decisions in protecting themselves from infections. Many studies conducted among HIV positive women conclude that considerable number of women were found to be infected only due to their exposure to sex with their spouse (NACO 2006). The narratives of HIV positive women reiterate and substantiate the link of marriage and the risk of HIV infection. A PLWHA said, “I was infected by my husband. He was a driver and used to come home late and at times he was away for days. He was ill once and even after days of treatment from the doctor at my place he was not recovering so we took him to Darjeeling district hospital. After days of medication he was advised to get himself tested for HIV. He was found to be positive. I was also advised by the doctors to do the test. I also got myself tested. To my horror I was found to be positive. I felt like killing him for giving me this but what to do, he also may have not known that this would happen to him and so much of trouble would befall on the family.”

Another HIV sero positive woman said, “My husband was married earlier and his wife was dead when he married me. I was pregnant and had gone for getting some tests done. I was told by the doctors to get HIV tested. They knew that my husband was positive so I
was asked to do the test. I was found to be positive so I aborted the baby. Even my in-laws knew about their son's status and did not tell me about it. I wish he had been honest with me, I would not be living with this burden and by now would have had babies as well. I was just found to be positive in the month of March." A nurse in Kurseong hospital said, "Recently we had a case where a woman was brought with recurring fever and constant weight loss. So after initial treatment, when her condition did not improve, she was asked to get tested for HIV in Darjeeling. We found out that she was positive. We called her husband to learn about his wife's life history. It was found that he did not think that his wife could have got the infection from him. During the course of the investigation it was found that he had been living in Delhi for the past 4-5 years and had visited the red light area a number of times. We also asked her husband to get himself tested and he was also found to be positive."

The premarital and extra marital sexual experience of men and women are different. For the majority of women sexual activities mostly take place within marriage but most men (98) have experienced premarital and extramarital sex. Condom use is also rare. Few women who have reported having premarital sex had sex with their regular partners on their insistence that they would marry them. While a majority of men have reported having sex with multiple partners and FSWs. Such behaviour suggests that men may already have a sexually transmitted infection or may be HIV positive which could have been transmitted to their wives or their partners.

There is a probability of HIV/AIDS transmission at a brisk rate in places and communities where there is a prevalence of multiple sexual partners, premarital and extra marital sexual relations and the availability of prostitutes (Ford and Koetsawang 1991). In Darjeeling the presence of these factors and the absence of an effective health delivery system, provides a fertile ground for the rapid transmission of HIV/AIDS. The fact that significant proportion of young people are increasingly engaged in premarital sex indicates the erosion of traditional norms and values, which have acted as deterrent to deviant behaviour, considered risky for the spread of HIV/AIDS.

The closure of tea gardens, lack of employment opportunities, and the impact of modernization and globalization, and a high degree of consumerism, fostered by
conspicuous opulence and lavish malls and departmental stores easily tempts girls to sell sex and make some extra income. The project officer of HSWS, Kalimpong said, “It is very difficult to convince the FSWs to leave this occupation and take up an alternative profession as they are accustomed to a relatively high income.”

The pattern of condom use in Darjeeling cannot be ascertained because the records of condom sale are not maintained. The predominant sellers of condoms are the chemists and there are no condom vending machines. Conversation with the chemists brought out the fact that there are very few buyers of condoms and those few who come to buy still hesitate to ask for one. The socialization process and the cultural norms and values make sex a taboo. In such a situation people do not learn the advantages of condom use and consequently do not use them. Moreover, people’s knowledge about condom is limited to it being a pregnancy control device. Female condom, which empowers women, is still unknown and many have not even heard about it. Women are also in a disadvantageous position as most of the sexual activities are initiated by the men and they have negligible bargaining power therefore they cannot negotiate on the use of condoms. Even the belief that condom use is associated with promiscuity impedes women from using it or asking their partners to use one.

4.4 Family Life Education and HIV/AIDS

In the hills there are no institutions providing family life education and the need for this was felt by most of the respondents. Among the male respondents 95 were in favour of family life education in schools while only 45 of the female respondents were in favour of it. Though the number of respondents in favour of family life education was high they were apprehensive about the negative impact it could have on the young school going children. As one of the respondents said, “Sex (family life) education in schools is good but it has to be noted that things are changing very fast here. Young boys and girls are indulging in sex without having proper knowledge and if they are taught about it in school their curiosity might heighten and there will be more of them indulging in it. Even the culture and tradition has to be respected when we start to impart sex education in schools.” Guidance to the young pupil is the most important thing in the process of imparting family life education but this was a major problem and many of the
respondents said that the absence of qualified teachers would have a negative impact on the students and lead them in the wrong direction.

The respondents who were against family life education were of the opinion that it would make it impossible to control the young generation. The impact of westernization and modernization was already felt by many and reported that young people were coming home late and in intoxicated states. They thought that if family life education was imparted in schools then the students would make wrong use of it. One of the respondents said, “There is already so much of casual sex being heard about, among the school and college going people that if sex education is given to them then there will be more sex among the students as they want to know about what is being taught in school.”

4.5 Communication Technology and Spread of HIV/AIDS in Darjeeling Hills

India has witnessed a tremendous growth in communication technology. The reach of mobile phones has been unparalleled in the history of telecom industry. The world is coming closer due to the rise in the number of people using mobile phones and other technological advancement. Today everybody has become accessible and as a consequence the risk of HIV/AIDS spreading far and wide has also grown simultaneously. Today in Darjeeling almost everybody uses a mobile phone.

Darjeeling does not have a brothel based sex industry, so it was always a difficult proposition for those seeking the services of FSWs. Even the FSWs themselves had to encounter a lot of problems while seeking out their clients. Now that the mobile phones are in use the relational dynamics between the client and the service provider has changed dramatically. Today the relationship between a client and FSWs thrives on mobile phones and the contacts they make. Earlier when there were no mobile phones the FSWs had to wait for their clients at certain places but now they were available all the time because they could be contacted anytime. Their business hours have also increased significantly. Out of the 74 respondents who have reported using the services of FSWs, 69 have reported using their mobiles to avail the services of FSWs. All the 19 FSWs in the sample
reported the use of mobile phones in conducting their business. All of them reported contact being made on their mobiles by their clients. A 25 year old FSW said, “Two years earlier I always had to come to the town to look for my clients. Lot of time was wasted waiting for the clients but today I can go about performing any other chores and stay at home and at the same time am also connected with my clients. They can just call me if they want my services.” A 30 year old FSWs vividly expressed the benefits that have been made by the advent of mobile phones in their business. She said, “Today the girls who are in this business are lucky. They do not have to face the difficulty of finding clients as we did some years back. We used to stay in a hotel and look for clients. All the time we were concerned about others finding out about what we were doing. Today these girls just speak on the phone casually and without the knowledge of others around them while fixing appointments.” Another FSW said, “Earlier we had to go to Siliguri and on occasions spent days without any work if our luck did not favour us but today we just rush to Siliguri when we get calls from the clients themselves or from the hotel. This way we save money as well as time.” Mobiles have also provided security to the FSWs. A 30 years old FSW said, “As most of the business is done over the phone we can also ignore those clients who have not behaved properly with us. Earlier all the negotiations were done face to face with the clients so we could not avoid those with whom we were not comfortable. But today we can just make an excuse and avoid them or ask them to come to places where we are comfortable.” Another FSW said, “The only problem we face and have to be careful about are the police raids but due to phones we are always alerted by our contacts.” The scope of their business has also expanded with the use of mobiles. A 26 year old FSW said, “Earlier not everybody used to come to us but nowadays as people don’t have to speak directly with us many people are using our services. Well-to-do people as well as college students call us to find if we are available? Especially the respected people of the society want to maintain secrecy so they just give us the time and place on the phone and we go there.” Another 25 year old FSW said, “Before we had mobile phones we were confined to a place but now we are more mobile. These days we get calls much in advance and also from far off places. This helps us fix everything accordingly. This way we do not lose out on time and business.” Mobiles have become the backbone of this business in Darjeeling hills. One FSW said, “Today it would be
impossible to do business without mobiles. Your business depends upon how much contact you have with your clients.”

It is not just the FSWs who are benefitting from the use of mobile phones but also those who seek their services. The clients are the ones who make the most of this technological advancement. One of the respondents said, “Sex has become very easy these days in the hills. There are many who are into this business and mobiles have made it very easy to track them. If you have a number of one of them then you can use the services of the whole gang. If the one you call is not available then she herself makes arrangement for you as they would not want to lose out on the clients.” Another respondent said, “If you have the contact number of a FSW then you can call her wherever you are.” Another respondent said, “The use of mobile phones has made it very easy for the FSWs to work without any impediment. Earlier when they were working their reach was limited and they worked discreetly. But today they are just a phone call away. Everybody seems to be happy and nobody is complaining.” One respondent who is married said, “Mobile phones have made our life easy. Our work is such that you reach home late. You can be anywhere and with anybody and if you do not want your family members to know your whereabouts you just have to give a call and tell them that you are with your friends and at this place then they do not bother you. You can have fun.”

Mobile phones have also played a salient role in shaping the sexual role in other relations. As modernization has redefined the sexual orientation of the youth, mobile phones have played an important role. Mobile phones have become a status symbol so many young people want the best of the available phones. Those who cannot afford the best are selling themselves for it. There are both men and women who are taking advantage of this situation. A doctor in Darjeeling said, “These days consumerism plays an important role in the kind of life you lead. Young people are engaging themselves in casual sex just to get the things they require. These days it seems that the item on the top of the list is mobile phones. There are many who would like to exploit this situation. They have lot of money and can afford to spend on sex. Even the girls are happy to provide services to this richer clientele as they are paid more and it is also safer as most of their clients have families and want to keep things as quiet as possible. They are in grave
danger of being infected by HIV/AIDS, as they have multiple partners and their partners are not just confined to one place. However, we cannot do much to bring about changes in their lifestyles as they would like to hide their behaviour and project themselves differently.” Another respondent said, “Speaking with your girlfriend for a long period develops an intimate relationship. It is not easy here to spend lot of time with your boyfriend or girlfriend. As you talk over the phone no one will bother you and a sense of intimacy develops between you and your girlfriend. Once this intimacy is developed there is no barrier to sex. Phones have brought all those in love very close and in touch for 24 hours.”

4.6 Alcohol Consumption and HIV/AIDS

Alcohol consumption among the people of Darjeeling is culturally prescribed. A very high percentage of the people in Darjeeling hills consume alcohol. The relation between alcohol consumption and health is very adverse in Darjeeling hills. This dire consequence is further accentuated when there is high risk sexual behaviour under the influence of alcohol. The nexus between substance abuse and spread of HIV/AIDS is now a well established fact. Substance abuse with its mood altering effect leads to deviant behaviour and lifestyles with greater possibilities of relations with multiple partners due to loss of self-control and unsafe sex.

The NIH Office of AIDS Research has identified alcohol use, abuse, and dependence as an important factor in the spread of HIV. Individuals who abuse alcohol are more likely to become infected and to infect others. Accordingly, the NIH Fiscal Year 2004 Plan for HIV-Related Research states:

"High priority is being given to research to understand the phenomenon of addiction itself, as well as the complex interaction of alcohol use, drug use, and poor impulse control, and to develop effective interventions from that knowledge base" (http://www.niaaa.nih.gov)

People who abuse alcohol are more likely to engage in high risk behaviours like multiple partners and unprotected sex that places them at risk of contracting HIV/AIDS.
Heavy drinkers are found to be more likely to have unsafe sex as defined by casual associations, non use of condoms and sex with someone known to have had many partners. In addition, there is a lesser likelihood of condom use among men who frequently combine alcohol and sex. Lower use of condom is also associated with young age and people (Manderson et al. 2005). Alcohol consumption no more remains the symbol of masculinity as there has been a growing number of women who consume it. Earlier there were only older women drinking alcohol and in the confines of their home but due to the changing times and profiles of the women, young girls are also drinking alcohol in bars and hotels. These places have become the hub of sexual activities as it is easier to find potential partners.

Alcohol consumption before sex is directly proportional to risky sex practices. The use of alcohol before sex has been reported by all the category of the sample population. The at risk group such as FSWs and bisexual have also reported alcohol abuse. The entire FSWs in the sample reported consuming alcohol with their clients. Almost 50 per cent of the bisexuals reported consuming alcohol before sex. 105 men among the community members have reported consuming alcohol before sex. Among the married women who have had extra marital sex only 3 reported drinking alcohol before sex. The prevalence of alcohol consumption before sex among the respondents indicates that the existence of safe sexual practices is miniscule.

The sexual behaviour among those who drink before sex has been reported to be unprotected. One of the FSWs said, "We are here to earn money and if our clients wants us to drink with them I do not have any problem with it. If we keep our clients happy they will also keep us happy." Another FSW said, "I do not know what I am doing when drunk." Another respondent said, "Alcohol consumption gives you a high and knocks you out of your senses. In such a situation you don’t remember anything apart from having sex." Further a respondent said, "You spend so much money on the girls to enjoy so why would I use a condom and spoil the fun."

A male respondent said, "Drinking alcohol before sex gives me a sense of relief. There is no ill feeling of cheating on your wife. It diminishes all the inhibition of having sex with other people, and also gives me an excuse for this deviant behaviour." Another
respondent said, \textit{"I drink to have sex. If I don’t drink then I can not have sex, it gives me that extra drive."}

Alcohol consumption among the FSWs is prevalent as they have to cope with the pressure of providing services to many clients. Adolescent youth are also consuming alcohol as they are hesitant about the casual sexual encounters. A 20 year old youth said, \textit{"I had never experienced sex so to get over the fear I drank before having sex."} Sex and alcohol consumption is intrinsically linked in Darjeeling hills and as there are a large number of people involved in its consumption there is a constant threat of the spread of HIV/AIDS.

\subsection*{4.7 Flying Sex Workers and HIV/AIDS}

As there is no brothel in Darjeeling hills it is very difficult to identify those who are engaged in this trade. Their identity remains hidden and it is difficult to make correct estimates about their numbers. This difficulty further arises as there are many who do not work on a regular basis. Their business is characterized by their mobility. Whether these FSWs work permanently or intermittently they are mobile and their reach is far and wide. Their mobility and reach is a great cause of concern for controlling and preventing the spread of HIV/AIDS.

The FSWs are very vulnerable to HIV/AIDS. The pace of transmission of HIV/AIDS involves a host of factors, but the most important issues are condom use, safe sex practices and the reproductive health of the FSWs and their clientele base. The generally held belief that condoms are a barrier to pleasurable sex also hinders many to use condom (Manderson et al. 2005; Nag 2001). The FSWs also have no or very little control over their clients and cannot force them to use condoms because they are powerless economically and otherwise. None of the FSWs in the sample reported having used a condom or having discussed HIV/AIDS with their clients. As the use of alcohol is also very much prevalent among the FSWs and their clients, any kind of inhibition regarding HIV/AIDS is also reduced under the intoxication of alcohol which also acts as an impediment to condom use. Further the presence of STD is a recognized co-factor in the transmission of HIV/AIDS and among the 19 FSWs there were 11 FSWs who had at
certain point of time suffered from STD. Among the 154 respondents from the community members there were 36 who have reported to have suffered from some form of STD at certain interval of time. Out of these 36 respondents there were 12 female and 24 male who have reported to have suffered from some form of STD. Among the 9 bisexuals there were 4 respondents who have reported to have suffered from some form of STD at a certain point of time. Among the 17 IDUs in the sample there were 5 who have reported to have suffered from STD. Excluding the PLWHA there were 56 respondents who reported to have suffered from some form of STD and this translate into 28.14 per cent. This indicates that the FSWs and the other sub groups do not have safe sex and regular medical check ups. Their ill health will further facilitate the spread and transmission of HIV/AIDS.

The FSWs in Darjeeling hills cater to the majority of local clients. However, there is a broad clientele base for the FSWs even among the tourists. As Darjeeling is a tourist destination, there is a large influx of both domestic and international tourists. It is therefore, highly possible that both of them may infect each other and their respective families and clients. The high mobility of both the local clients and the FSWs themselves may transmit the virus to others and thereby create a vicious cycle. In particular, whereby the FSWs and their clients keep close relations with their homes and villages there is a potential for accelerating the spread of HIV/AIDS to newer places and population.

4.8 Intravenous Drug Users and HIV/AIDS

Among the intravenous drug users, HIV infection is transmitted primarily through contaminated injecting equipment, specifically needles and syringes. Drug paraphernalia is frequently shared by one or more individuals at the time drugs are injected. Those who may or may not themselves be IDUs but are sexual partners or wives of HIV infected IDUs are also at the risk of HIV/AIDS infection from them (Rhodes and Malotte 1996).

The first case of HIV in Darjeeling was found among the IDUs. Except for the Red Cross and the Kripa Foundation there are no agencies which have any records about the IDUs. These organizations are only able to document the records of those IDUs who come there for registering for NSEP or OST and rehabilitation. The availability and
accessibility of drugs has been a major factor for the increase in the number of drug users in Darjeeling. Drug use is not tolerated in the hills. However, the prescribed socio-cultural use of alcohol is also responsible for fostering a large number of youth into drugs. Historically drugs and injecting drugs was unknown to the people of Darjeeling hills. With the rise in socio-economic condition of the people during the late 1980s and early 1990s, corresponding with the Gorkhaland agitation, the use of drugs also grew in Darjeeling hills.

Post Gorkhaland agitation has seen a significant rise in the smuggling of drugs into Darjeeling hills from the plains and the north eastern states. Both the consumption and selling of drugs can be attributed to unemployment. As employment generation has been negligible most drug addicts have themselves has taken up this job to supplement their expenditure. Also high unemployment rates have led to increased levels of frustration among the educated and qualified youth. As a consequence many are taking drugs. Among the 17 IDUs in the sample there are 13 who have completed bachelor degree and 1 who has completed master degree.

Drug addiction has a social aspect to it, it is seldom done alone. The IDUs inject in the presence of their friends. They are also initiated into it under peer pressure. The rapid increase in the rate of HIV transmission among the IDUs is because of the sharing of needles and syringes amongst them (Ford and Koetsawang 1991) in Darjeeling. The entire sample has reported sharing needles with their friends at the time of doing drugs.

There is a greater societal concern of HIV/AIDS being transmitted via the FSWs. The combination of these two groups is very potent for the spread of HIV/AIDS. Both these sub groups have risky behaviours. The disinhibiting effect of some drugs results for many IDUs in increased sexual desires and enjoyment and may cause them to engage in unprotected sexual acts (Rhodes and Malotte 1996). The IDUs in the sample have reported using the services of FSWs and the presence of multiple partners in their life. All the IDUs in the sample have reported having sex without using condoms and all the male IDUs have reported having sex with FSWs and commercial sex workers outside their place of residence. As one of the female doctor of Darjeeling District Hospital said, "Most of the IDUs have sex partners and they act very irresponsibly even though they
are inducted in awareness programmes. When they are not intoxicated they are good but when they are intoxicated or need the money to buy drugs they act in an irresponsible manner. The female IDUs do not mind selling sex to do drugs.” A practice common among women, is to finance their crack habit by routinely exchanging sex for drugs with multiple partners, usually without using condoms (Ibid). The IDUs have also reported to have shared needles with other drug addicts and had sex with the commercial sex workers when they have gone out to Siliguri or other places to buy drugs. This poses a greater threat for the IDUs of the hills. As many of the IDUs are married they pose a greater danger to their family being infected by HIV/AIDS. The IDUs also consider themselves to be useless and so do not come for treatment and just carry on with their lifestyles. As the same doctor said, “These IDUs do not consider themselves to be useful and insists on leading their lifestyles and do not come for any help. They think their life is over as they are found to be positive. One person, who was a drug addict, was found to be HIV sero positive. Even after counseling he did not think his life was worth living and carried on with his behaviour. Finally he was found dead at the Siliguri bus terminal. He died of overdose.”

4.9 Bisexuals and HIV/AIDS

The risk of becoming infected with HIV increases in direct proportion to the number of receptive and anal intercourse partners. Men who reduce such practice significantly also reduce the chances of getting HIV infection (Kingsley et al. 1987). This sub group is the most difficult to locate among all the other sub groups as their number is less in comparison to the other sub groups. Due to cultural practices people look down upon them. As a consequence they are hidden and do not want to disclose their identity. They are also a very vulnerable group as they do not want to mix with others and are confined within their groups. One bisexual said, “I had to drop out of school because of peer pressure. Though there is a drop-in center for people like me, people jeer at us when they see us gathering there.” The isolation of the bisexuals acquires greater poignancy in the context of HIV/AIDS. Their plight is further intensifies by the Section 377 of the Indian Penal Code which states, “Whosoever has casual intercourse voluntarily against the order of the nature with man, woman, or animal shall be punished with imprisonment
for life, of imprisonment for a term which may extend to 10 years, and shall be liable to fine."

Among the 9 bisexuals 4 have reported to have suffered from STD and only 3 of them have reported using condoms. Within them they have multiple partners and the prevalence of alcohol use while having sex is very high. This sub group is restrained from practicing safe sex in general and using condom in particular because of alcohol and drugs abuse among such populations (Wanigaratne et al. 2005). All the 9 bisexuals in the sample have reported having had sex with multiple partners. The use of services of FSWs is also very high. 8 of them have reported using the services of FSWs. They not only use the services of FSWs but also serve other bisexuals and MSM. They go to Siliguri to serve those who need their services. Their sexual orientation puts them at a higher risk of being infected by HIV/AIDS. As 4 of the bisexuals in the sample are married they can infect their wives at home. An official of Manas Bangla, Darjeeling said, "It is very difficult to bring them into our fold as they are few in number and do not want to disclose their identity. They are the most at-risk group here as they are not aware of the dangers of unprotected sex and do not seek treatment when they are affected by STDs. Not only these they have multiple partners, they use the services of FSWs and also provide services to clients. They do not want to come out in the open even after being counseled by peer educators." Another official of Manas Bangla said, "There is a high incidence of STIs among the bisexuals in Darjeeling as they are not open to the use of condoms and lubricants. Every month we receive 5-6 cases of STI among them though there are very few who visit us. Even after telling them about the advantages of condoms and lubricants they are reluctant to use them." The first official further said, "As the number of MSM infected with HIV/AIDS, in the whole of West Bengal is the highest in Siliguri those who go there for sex is in greater danger of being infected by HIV/AIDS. If they get infected there they may in turn infect others here."

4.10 Knowledge and Perception of HIV/AIDS among the People of Darjeeling Hills

Having heard about HIV/AIDS does not necessarily reflect the person's knowledge about the infection or the virus. Most people know that HIV/AIDS can be
transmitted from one human being to another. However, they lack in precise understanding of how this transmission takes place. Even myth and misunderstanding surrounds the modes of transmission of the virus (Ramasubban and Rishyasringn 2005). All the respondents in the sample have reported to have heard about HIV/AIDS from some source. However, their knowledge about it can at the best be said to be poor and confusing. Among the 199 respondents (excluding the PLWHA) only 12 respondents knew all the 4 modes of HIV/AIDS transmission and they all belonged to the community members’ sub group. 32.66 percent of respondents knew about three modes of transmission and 8.54 percent did not know any mode of transmission of HIV/AIDS (Table 4.5). None of the FSWs, the IDUs and the bisexuals knew all the 4 modes of transmission. There were 13 respondents who have reported other mode of transmission such as kissing.

Table 4.5: Showing the respondents’ knowledge of modes of Transmissions

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<th>Type</th>
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<td>M 0 F 0</td>
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<td>M 27 F 11</td>
<td>M 31 F 36</td>
<td>M 14 F 3</td>
<td>199</td>
<td></td>
</tr>
<tr>
<td>Percentage</td>
<td>4.02</td>
<td>2.01</td>
<td>27.64</td>
<td>13.57</td>
<td>15.58</td>
<td>18.09</td>
<td>7.03</td>
</tr>
</tbody>
</table>

Source: Field Data

From the table above it is clear that the number of respondents who knew all the 4 primary modes of transmission is very less and comprises only 6.03% and those knowing only three modes of transmission comprises of 32.66%. The corresponding figure for those who know only two or one mode of transmission is 19.09% and 33.66%

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18 Here in the table PLWHA are not included as all of them knew the modes of transmission as it was also taken for granted that they would know it even if they did not know before being infected by HIV.
respectively. Sex was the known primary mode of transmission for those who reported to have known only one mode of HIV/AIDS transmission. Those who did not know any of the primary modes of transmission are 8.53%. The table suggests that the women are less aware than men with regards to the knowledge of all modes of transmission. However, the number of female respondents who know only one mode of transmission is higher than the male respondents. Although the number of respondents associating HIV/AIDS with sexual activity is very high, the prevalence of premarital and extra marital sex among the respondents, the absence of condom use and the utilization of FSW’s services for gratifying their sexual desires makes them very vulnerable and susceptible to HIV/AIDS. Moreover, the percentage of men who did not know any route of transmission of the virus is higher than the women and this is an issue of concern as they are the ones who are primarily engaged in risk behaviours. These factors make the whole region very conducive for the spread of HIV/AIDS.

VCCTC is the backbone for the control and prevention of HIV/AIDS. They also provide other services like counselling to all the people who would like to know about HIV/AIDS and would also like to get themselves tested. However, very few people knew about the presence VCCTC in Darjeeling District Hospital. Only 31.65 per cent of respondents barring the PLWHA, had heard about the VCCTC. 68.33 per cent of respondents did not know about the VCCTC being there in the district. However, the percentage of the respondents having visited the VCCTC was very low at 5.01. Among all the 199 respondents (excluding the PLWHA) only 1.50 per cent of female had ever visited the VCCTC (Table 4.6)
Table 4.6: Number of Respondents Who Know About VCCTC

<table>
<thead>
<tr>
<th>Type</th>
<th>Heard About VCCTC</th>
<th>Know About VCCTC in the District</th>
<th>Not heard about VCCTC</th>
<th>Have Visited VCCTC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Community Members</td>
<td>37</td>
<td>10</td>
<td>37</td>
<td>10</td>
</tr>
<tr>
<td>FSWs</td>
<td>0</td>
<td>6</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>IDUs</td>
<td>6</td>
<td>1</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Bisexuals</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>46</td>
<td>17</td>
<td>46</td>
<td>17</td>
</tr>
<tr>
<td>Percentage</td>
<td>23.11</td>
<td>8.54</td>
<td>23.11</td>
<td>8.54</td>
</tr>
</tbody>
</table>

Source: Field Data

VCCTC which is a salient feature of HIV/AIDS control and prevention is known to very less number of respondents. The number of respondents who have heard about VCCTC is very small as compared to those who have not heard about it. The number of female respondents among them is even less. Among the respondents who reported having heard about the VCCTC none were able to say since when the VCCTC had been functional in the district. Only 14 respondents among the 49 interviewed in Darjeeling reported having heard about VCCTC and its presence in the district although the VCCTC is situated in Darjeeling town itself. Among the 199 respondents only 10 have reported ever visiting the VCCTC and among them 3 are female. None of the FSWs have ever visited the VCCTC which shows their lack of awareness and also their unwillingness to use the services of the VCCTC. Only one among the bisexuals has reported ever visiting the VCCTC. The lack of knowledge of the VCCTC among the community members as well as the high risk groups threatens Darjeeling hills with the spread of HIV/AIDS.

The awareness regarding the prevention of HIV/AIDS among the people is even lower compared than the knowledge of HIV/AIDS itself. Most of the people have not
heard about the concept of ‘ABC,’ which is fundamental to the prevention of HIV/AIDS. This concept has been accepted the world over to fight the further spread of HIV/AIDS epidemic. However, the knowledge about it is absent among the respondents and only 21 respondents have reported to have heard about it. However, they did not know what it meant. Some thought the abbreviation, meant “Always Be Careful.”

The people of Darjeeling hills think that HIV/AIDS is not related with the socio-economic or the political condition of the area and that it is completely a medical problem. The number of respondents who said that HIV/AIDS was a medical issue was an overwhelming 134 and comprised of 67.33 per cent of the sample. The majority among the vulnerable sub groups also said that HIV/AIDS was a medical issue. Among the FSWs 10 out of the 19 said it was a medical issue while the corresponding figure for the IDUs and the bisexuals were 11 and 9 respectively. 100 per cent of the bisexuals said HIV/AIDS was a medical issue while 64.70 percent of the IDUs reported it to be a medical issue. 19.09 per cent among the 199 respondents reported being confused whether HIV/AIDS is a medical or socio-economic issue. This reflects the ignorance of the people regarding this dreadful infection (Table 4.7).

Table 4.7: Respondents’ Views about HIV/AIDS as Medical or Socio-Economic Issue

<table>
<thead>
<tr>
<th>Type</th>
<th>Medical</th>
<th>Both M and SE*</th>
<th>Don't Know</th>
<th>Total</th>
<th>% Medical</th>
<th>% Both</th>
<th>% Being Confused</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community members</td>
<td>104</td>
<td>24</td>
<td>26</td>
<td>154</td>
<td>52.26</td>
<td>12.06</td>
<td>13.06</td>
</tr>
<tr>
<td>FSWS</td>
<td>10</td>
<td>2</td>
<td>7</td>
<td>19</td>
<td>5.02</td>
<td>1.01</td>
<td>3.51</td>
</tr>
<tr>
<td>IDUs</td>
<td>11</td>
<td>1</td>
<td>5</td>
<td>17</td>
<td>5.52</td>
<td>0.50</td>
<td>2.51</td>
</tr>
<tr>
<td>Bisexuals</td>
<td>9</td>
<td>0</td>
<td>0</td>
<td>9</td>
<td>4.52</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>134</td>
<td>27</td>
<td>38</td>
<td>199</td>
<td>67.33</td>
<td>13.56</td>
<td>19.09</td>
</tr>
</tbody>
</table>

Source: Field Data

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19 PLWHA are not included in this
*M= Medical, SE= Socio Economic
The respondents were universal in declaring that the health infrastructure was not sufficient enough to control the infection and there is a need for more trained and compassionate doctors in the hospitals of the three subdivisions. A male respondent, age 24, from Kurseong said, "For most of the illness we are immediately referred to the NBMCH and most of the time there is no medicine or staff in the hospital. So how can these people provide care to those infected by HIV/AIDS?"

Only 11 respondents have reported that the health infrastructure is developed enough to tackle HIV/AIDS in Darjeeling. The respondents were also of the opinion that there were not enough trained doctors for the control of HIV/AIDS. 177 respondents knew that HIV/AIDS was not a curable disease and 12 reported not to have known whether it was curable or not. The number of respondents reporting that there was medicine to control the progress of HIV to AIDS in a person was only 17 among the 199 respondents.

The females generally lacked knowledge about HIV/AIDS and safe sex. Cultural practices and beliefs have also acted as an impediment for them to garner knowledge about sexual practices and HIV/AIDS. As 192 respondents have reported sexual intercourse to be one of the modes of transmission it becomes imperative for them to understand and know about safe sex as the majority of the respondents do not use condoms while having sex. The knowledge of the concept of ABC which is the foundation for the prevention of HIV/AIDS is also very limited among the respondents. Among the respondents excluding the PLWHA only 27 have reported to have heard about the concept. The lack of knowledge of condom use and the concept of ABC has a direct implication on HIV/AIDS and also on women. It is very much essential that they are made aware of these things.

Those who lack awareness as well as those who are aware of the risk of unprotected sex, do not always perceive themselves to be at risk to HIV/AIDS. There are only 76 respondents among the community members who perceive themselves to be vulnerable to HIV/AIDS. Among the 19 FSWs, 18 of them have reported to being vulnerable to HIV/AIDS. Though the rate of those reporting vulnerability to HIV/AIDS among the FSWs is high they do not have the knowledge to protect themselves from it.
The general lack of awareness among them will also have an impact of HIV/AIDS transmission among the population.

Even among the health care staff the knowledge about HIV/AIDS were found to be incorrect or incomplete. It is of concern that 2 among the 8 health care staff were not aware that HIV could be transmitted through breast feeding. In the rural areas the health care staff requires more training regarding the ways by which HIV can be transmitted.

Most respondents perceive HIV/AIDS to be a major problem of life. Many say that it would ultimately bring death to the person suffering from it. Relating HIV/AIDS to death many thought that it was better to live a fun filled life than to die without enjoying the many pleasures it has to offer. Such hedonistic attitudes will further add fuel to fire.

5.10.1 Knowledge and Awareness of HIV/AIDS: A Case Study

Ravi is 26 years old from Kurseong and has completed school level education. He has been working in Kolkata for the past 4 years. He had not heard about HIV/AIDS till recently. As he is alone in Kolkata he at times feels very lonely. One day after drinking, he thought about having sex and went to Sonagachi, a red light area in Kolkata. After roaming in the area for a while he finally found a CSW with whom he could have sex. He was asked by the CSW to use a condom. At first he refused to use but due to the insistence of the CSW he finally agreed to use one. After having sex they found out that the condom had broken and seeing this, the CSW went out hurriedly and washed herself. Seeing this he was very nervous and thought something was wrong. The first thing that came to his mind was maybe she must have got pregnant. He came home and was nervous. It was very torturous, as he used to think that she may come and ask to marry him. Gradually the thought passed over and he was fine.

Once he was roaming and came across a group of people who were talking about HIV/AIDS and came to know that there were many CSWs in Sonagachi who were infected by it. Since then he was very anxious that he may be infected by it and maybe that girl ran to wash because she was infected already. He could not sleep or eat properly since then. He spoke with many of his friends and finally decided to get himself tested. He got tested in Kolkata and was found HIV sero negative. He was relieved. Now he is in
Mumbai. He has that fear and avoids making the same mistake. However, lately he has been having a lot of pain in the lower part of the elbow. He thinks the test was wrongly done and he needs to get himself tested again.

4.11 Stigma and Discrimination in Darjeeling Hills

Though there is no literature on discrimination, stigma and denial in Darjeeling there are evidences that these aspects of HIV/AIDS are very much prevalent in the hills as well. All the PLWHA in the sample have testified to being discriminated at certain point of time. Since they have not disclosed their positive status they report facing minimum discrimination at the hands of the community members. However they report discrimination in the hospital settings. They report being ill treated by the nursing staff and who look offended when PLWHA visit the hospital. One female PLWHA said, "Going to the hospital is a problem for me. The nurses there shout without reasons and try to stay as far away as possible from me. Her constant shouting draws unnecessary attention. She does not realize that her act may disclose my status to the others around. At times they don't even give medicine in my hand." Another PLWHA said, "These nurses and doctors are said to be second only to God but if you see the way they behave with us you will start to hate them. Especially the nurses are very rude to us. Last time I had gone to the hospital as a new entrant here in Shanker Foundation are required to do some tests. She just did not want me to touch her. I was just trying to tell her that touching does not transfer the virus she complained that I misbehaved with her."

Discrimination is also reported at the familial and the community level though the degree is not very high. Those facing discrimination at these levels are women, as is evident in the rest of the country. A male doctor of Kalimpong Sub Divisional Hospital said, "Incidence of discrimination is evident here. In Lava village a girl was chased out of the home by her in-laws. The husband died of HIV/AIDS and she was blamed for transmitting the virus to the husband. The husband was actually working in Mumbai and was infected there. The in-laws now say that their daughter in-law has gone to her natal home and is not returning on her own and they have nothing to do with it. However, it was the in-laws who have chased her away as the villagers were witness to the whole
incidence.” A PLWHA staying in Glen Foundation, Kalimpong said, “After my husband died I was also diagnosed to be HIV sero positive. When my family came to know about it they stopped talking with me. I was isolated within the family. My condition was deteriorating and I was very ill when my chema sashu\textsuperscript{20} came to my rescue. She along with her husband took me to their place. They took care of me but it became economically very difficult for them, as I had to take ARVs soon after. I was brought here with the help of members of Shanker Foundation. They come to visit me even though they are far away but no one from my own family visits me, not even my kids.”

The fact that most of the PLWHA in Darjeeling have not disclosed their positive status to their family also suggests that there may be some form of discrimination within the family and outside the family. A PLWHA said, “I do not want to disclose my positive status to my family as they will be ashamed of me and my behaviour. Though I am sure my mother will understand it I am not sure about my father. What will I do if they ask me to leave the house?” They also do not want to disclose their status as they fear stigmatization and rejection. This fear also contributes indirectly to their isolation.

In the employment sector as well their have been reports of discrimination. The local daily Himalaya Darpan dated 25\textsuperscript{th} November 2006 reported how a person was debarred from getting a job in place of his mother as he was HIV positive. The person was found to be positive when the sample of the blood donated by him was tested. This also highlights the fact that the issue of confidentiality is not taken care of by the health officials.

Discrimination against the person infected by HIV/AIDS is also rooted in the low level of awareness and knowledge of the disease. A respondent said, “It is always good to keep a positive person away from the community as the disease is very contagious like T.B. and can spread very fast if they are allowed to stay within the community.” Only 14.07 percent of the male respondents wanted to sit with a PLWHA.

\textsuperscript{20} Chema sahu is the younger sister of mother -in-law
The lowest discriminating tendency is evident among the high risk groups of the IDUs (64.70%), followed by the bisexuals (44.44%) and the FSWs (36.84%). This tendency among the community members is mere 12.33 per cent (Table 4.8). This high degree of acceptance shown by the high risk groups can be due to the fact that their friends and colleagues might have been infected by HIV/AIDS and they themselves might think that they are also vulnerable due to their high risk behaviour.

The percentage of respondents who wanted to care for the PLWHA is 14.03. There were 22 respondents among the community members, 9 among the FSWs, 13 among the IDUs and 4 among the bisexuals who wanted to care for a PLWHA and comprised of 24.12 per cent. There were as many as 127 among the community members, 9 among the FSWs, 6 among the IDUs and 4 among the bisexuals who thought that restricting the movement of the positive people was necessary so that they would not infect others. The high number of IDUs willing to care for those suffering from HIV/AIDS may be because of the fact that they are aware that they are vulnerable and that many of the PLWHA at present are erstwhile IDUs.
Stigma and discrimination towards PLWHA may result in individuals denying they are HIV-positive and becoming less engaged in preventive behaviors and less likely to seek medical treatment. When sufferers attempt to receive medical treatment, they may experience a lack of commitment and even mistreatment by health professionals. Social segregation, increase in emotional anguish and loss of social support and network among the PLWHA are few important consequences of stigma and discrimination (FHI 2004). Stigma and discrimination may also deter individuals from seeking voluntarily testing for their HIV status.

The situation in the hills is ripe for the spread of HIV/AIDS in an emphatic way. The risk groups and their behaviours, the risk behaviours among the population and also the use of mobile phones indicate that HIV/AIDS can spread in the hills like wild fire. The level of understanding and awareness regarding HIV/AIDS among all the people of the hills is negligible and this can be fatal for the people of this area in confronting the disease. There is a lot of work required for generating awareness among the people and the work which has been done with regard to the epidemic by the different governmental institutions, NGOs, families and community in Darjeeling hills will be discussed in the next chapter.