Chapter VI: Advent and Spread of HIV/AIDS in Darjeeling: Discussion, Findings and Strategies

The first case of HIV/AIDS in Darjeeling was detected after the epidemic had killed millions, destroyed families, ruptured the social fabric of the society and developmental gains made over many years in many parts of the globe. Since then within 5 years the total number of cases detected was 141, a growth of 28 percent. It has become a smooth ride for the virus to spread among the people with very little and ineffective effort to control and prevent it from spreading further. The considerable under reporting of the virus and the denial among the people has further aggravated the problem. The epidemic is not just confined to the individual it infects but its impact can be felt at diverse levels. Starting from the individual it infects, its impact can be felt at the societal levels forcing change on the established norms and values of the society, denting the development gains made over the years. The impact on the government can be tremendous as it has to subsidize the medicine and other required medical facilities (Gupta et al. 2003).

The prevalence of HIV/AIDS is low in the Darjeeling hills. However, this is not an assurance that the situation will be sustained and there will be no further increase in the number of HIV/AIDS cases. The indicators are very fertile for the spread of HIV/AIDS. The virus is found among the IDUs, housewives and children. There is unfortunately a likelihood that it can spread further, before the policy makers can realize, due to the inadequate infrastructure, the social environment of stigma and discrimination, drug and substance abuse, low rate of condom use and incidences of unsafe sexual practices among the people.
6.1 Discussion

6.1.1 The PLWHA

The PLWHA belongs to the lower strata of the society with low or no levels of education attained. All the female PLWHA have been infected by their husbands through unprotected heterosexual intercourse and among men one has been infected through heterosexual intercourse and other three due to needle sharing. Majority of the women PLWHA were widows. Though they were widows and had to bear a lot of burden, they did not have any ill feeling towards their husbands. They wished they were alive and sharing their pain. All the PLWHA are dependent on the few who have disclosed their status to the public and were working towards a viable environment where all the PLWHA could disclose their status and live without stigma and discrimination. They were concerned about the lack of comprehensive treatment at the Darjeeling District Hospital. Though all the PLWHA loathed the deplorable condition of the Darjeeling District Hospital and most of the staff, they only had words of praise for one lady doctor who was constantly at their service.

The main concern for the PLWHA was not only the absence of health facilities in Darjeeling but that they have to access NBMCH for any medical support they require. The fact that they face a lot of difficulties there due to language barrier and the attitude of the health workers makes them wary of going to NMBCH. Also the cost of travel is a major concern for them. The limitation of Darjeeling district hospital to deal with the complexities of HIV/AIDS and the associated OIs was also a cause of worry for the PLWHA of Darjeeling hills.

The unavailability of ART was a reason for their apprehension about being able to lead a healthy life. Most of them related HIV/AIDS ultimately with death and sufferings. However, with the advent of ARVs this perception has changed over the period. With the advancement of medical science HIV/AIDS is no longer equated with death and sufferings by the PLWHA. The advent of ARVs and ART and the government’s effort to provide it free of cost to the needy ones and also subsidize its cost has given hope to
many. However, this hope and optimism depends largely on the state’s sustained effort to provide free or subsidized ART.

The stigma and discrimination associated with the infection has become a hurdle for many to disclose their HIV sero positive status, even to their families. In such a social milieu few are willing to disclose their sero status. There are only five PLWHA who have disclosed their HIV sero positive status publicly. The PLWHA have to face discrimination in the health care settings. However, not much discrimination has been reported at the societal level. Though this is not an indicator towards a non discriminatory environment as most of the positive individuals have not yet disclosed their status. Though their life experiences have been bitter after being infected by HIV/AIDS they did not have any ill feelings towards their possible infector.

The PLWHA felt that the community members did not have any knowledge about HIV/AIDS and that they perceived themselves to be out of the domain of the epidemic. They wished that community members would understand at the earliest that anybody can be infected by the virus. The PLWHA voiced dissatisfaction for lack of political will among the local leaders. According to them the politicians were insensitive towards them and have not even shown any sign of effort to improve their situation.

6.1.2 Population Movement

Human mobility and person to person contact increases the chances of the epidemic spreading (Komatsu and Sawada 2007). Migration from Darjeeling hills has been the result of deplorable employment opportunities. There are recruiting agencies in Darjeeling hills which is facilitating migration and also word of mouth from friends of the opportunities outside is encouraging youth who are unemployed at their places of residence to migrate. One of the respondents said, “When the youth working outside come home they encourage the others back home to migrate. At times they also arrange suitable jobs for their friends and siblings. In a situation like this, the boys at home feel useless when compared with those who have left their homes and gone out to work so they ask their friends to look for jobs. In my village there are hardly any youth these
Such migration can become a risk factor the spread of HIV/AIDS as there will be absence of social support and network.

In the absence of social support and parental supervision and restriction young migrants indulge in risk behaviours. This makes them very vulnerable and susceptible to HIV/AIDS. Peer pressure among them also encourages them to take risk. In such a situation the young people in an endeavour to experience new things in life undertake risk behaviour as a form of entertainment. Due to ignorance of risk, lack of awareness and lack of access to health services these migrants expose themselves to HIV/AIDS. People go to nearby places like Siliguri, Kolkata and Kathmandu and avail the services of commercial sex workers. Many do not practice safe sex and expose themselves to STI/STD and HIV/AIDS. When they return, the people with whom they have sexual liaison like their wives, girlfriends and also the FSWs whose services they avail are put at risk due to their exposure outside.

Migrants easily find work in the informal sector. The low pay and the insecurity of job place them in an exploitative situation. They may face both sexual and economic exploitation at the hands of their employers and their companions. Women being alone look for companionship and intimacy. Their lack of education and awareness makes them vulnerable to sexual exploitation and thereby rendering them susceptible to HIV/AIDS. Those women who migrate to foreign countries also experience sexual exploitation by the employers and acquaintances.

The business communities who travel outside the hills also indulge in sexual activities with commercial sex workers in the places they visit for their business purpose. They have reported to have practiced unsafe sex. They may get infected during such exposure. They may transmit the virus acquired during such exposure to their partners and spouses with whom they have sexual relations. They are also susceptible to the danger of being infected with HIV/AIDS as they consume alcohol in the company of sex workers. As both the client and the service provider are in an intoxicated state they are in no position to take decision to protect themselves from the dangers of unsafe sexual practices and this renders them susceptible to HIV/AIDS and STI/STDs.
The greatest risk of HIV/AIDS through mobility is posed by the movement of the FSWs. The nature of their job warrants them to be on constant move. Their exposure to multiple clients elevates the chances of them getting infected, and thereby infecting their clients. They can spread the virus far and wide within a short span of time can. Due to there low professional status and weaker bargaining position people do not pay any heed to the demands made by them for safe sex. The FSWs in such a situation for fear of losing their client seldom ask them to use condoms and this creates a conducive environment for the spread of HIV/AIDS. The risk taking irresponsible behaviour associated with movement of the people is a threat for the spread of HIV/AIDS rather than movement alone. Migration substantially increases the vulnerability of individuals to HIV infection, and also shapes the geographic distribution of the epidemic and the rate at which infection spreads. Thus, migration is both an individual risk factor as well as a structural factor driving the epidemic.

6.1.3 Sexual Behaviour

In this globalized world events in one part of the world has its impact on other parts as well. The changes in the sexual behaviour of the youth in Darjeeling hills are also influenced to a large extent by socio-economic and political developments around the world. The exposure the youth have had has encouraged them to become bold in every pursuit of life, and sex does not remain an exception. The youth are experimenting with sex and do not believe in sex being a taboo. The change in attitude of the youth regarding sex and life can be sufficiently summed by what one 22 year old girl reportedly 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)

Premarital sex which was rare even a decade ago has become common. Young boys are indulging in premarital sex under peer pressure to prove their masculinity. Girls
were also seen to engage in premarital sex for the experience of sex or to satisfy the demands made by their boy friends.

It is not just premarital sex, but extra marital sex was also found to be prevalent among respondents. The reasons for this are diverse. Extra marital sex among the women is prevalent due to lack of attention by the husbands, to compensate for the low income in the family, and also to fulfill the needs generated by the emerging consumerist culture. Women's indulgence in extra marital affairs can be attributed to factors like long absence of the husband, a kind of revenge for their husband's infidelity and desire for emotional support.

Unprotected heterosexual contact with multiple partners is the most common risk factor for HIV/AIDS associated with adolescents. There was lack of knowledge regarding safe sex and condom use. In such a situation if somebody is infected recently with HIV and does not know his positive status and indulges in unsafe sex then there will be a higher rate of HIV transmission.

More than 50 percent of the male participants in the focus group discussion reported having multiple partners. The participants, especially males, in the study sample described widespread sexual and romantic networks, which were sustained by high levels of mobility and frequent movement in and outside the hills. Many married women and young girls with boyfriends have reported to be aware of their partner's other sexual relations. This placed them within higher risk of getting infected by HIV/AIDS.

Fidelity practiced by only one partner does not necessarily provide enough protection from HIV/AIDS. In a situation where there is significant proportion of the respondents are engaged in sex with multiple partners HIV/AIDS can also infect the partner who is loyal in the relationship. In a scenario where there are many concurrent partnerships in the general population, then HIV/AIDS can become a generalized epidemic.
6.1.4 Condom Use

There are numerous evidences to prove the benefits of condom use during vaginal or anal sex. Despite this people still persist in having sex without condoms. This puts them in undesired risk of many sexually transmitted infections, including HIV/AIDS and unwanted pregnancy. There are no particular groups who involve themselves in such risk, though sub groups like the FSWs and IDUs indulge more in such risk. Irrespective of the socio-economic status or educational level people indulge in unsafe sex.

The awareness among the people regarding HIV/AIDS is low which is evident from the field data. The risk of HIV/AIDS is compounded by the fact that among the people the use of condom is low and sexual promiscuity is prevalent. Condom has still not caught the imagination of the people. People are not aware of the advantages of condom and are still hold the preconceived notion that condom reduces the pleasure of sex. This inhibition among the people to use condom acts as an impediment for the control and prevention of HIV/AIDS. Condom is correlated with trust and fidelity and this also makes it difficult for the people, especially the women to discuss its usage. To a large extent condom can impede the sexual transmission of HIV/AIDS. However, its use is nominal among the respondents.

Men who use the services of sex workers will become the single-most powerful driving force in Darjeeling’s HIV/AIDS epidemics. Since most men of these men are married or have partners, significant numbers of ‘low-risk’ women who only have sex with their husbands/partners will be exposed to HIV/AIDS. Women are known to face dangers of STI/STD and HIV/AIDS within the institution of marriage but husbands do not encourage the use of condoms. Women cannot negotiate its use with their husbands as they are culturally trained to fulfill the demands made by their husbands. Culture demands women to be submissive in matters of sex so they cannot demand the use of condoms from their husbands and boyfriends. The issue of trust which is of paramount importance between couples also makes them vulnerable. Due to the trust they do not ask their husbands to use condoms while having sex. On the other hand the fear of being questioned on their fidelity by the husbands also creates impediments for the women to
ask their husbands to use condoms. Entrenched gender norms continue to constrain women’s control over their sexual and reproductive lives and thereby make condom use infrequent during premarital and extra marital sex and sex within marriage.

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. Women are less able to prevent exposure to HIV if they are uninformed and uncomfortable about seeking information, if they feel men make the decision and if they feel obliged to please men. Men may also be less able to use condom and more likely to be coercive if they believe that they are not able to control their sexual urges (Marin 1996). Marriage is an institution controlled largely by the family, though things are changing to a certain extent. Choice of a bride or groom are still made by the family members. The family has a say in the reproductive activity of the couple. The pressure to bear a child and importantly to bear a son puts women under tremendous pressure to have unprotected sex which places them in constant danger of HIV/AIDS (Clark 2004).

6.1.5 Family Life Education

One of the most controversial issues in the history of the HIV/AIDS epidemic has involved the dissemination of HIV/AIDS related information to the public. In such circumstances family life education becomes imperative for the control and prevention of HIV/AIDS in the population. Those who were in favour of family life education, argue that it will protect people from making wrong decision regarding sex. It will help youngsters to protect themselves from unwanted pregnancies, STI/STDs and HIV/AIDS. Among those who disagree with it, there exists great fear that such programmes will cause the youth to become sexually more active which may as a consequence lead to an immoral social environment (Wierson and Bright 1996). They also say that since sex has become very common among the people of the hills, family life education will even encourage those who have abstained from it.

One of the problems of starting family life education programmes is that the teachers and the programme developers are not trained to carry out family life education
programmes. The cultural values also act as an impediment to start such programmes. Even if such education is started in the Darjeeling hills the contents of the programme will be determined by the school boards and it may not be inclined to address the needs of the local community. Such programmes should target the girls as they are the most vulnerable and susceptible to HIV/AIDS. The programmes should focus on training the girls to negotiate safe sex. Other institutions implementing such programmes should also focus on girls as it is critical to target sexually active girls (FSWs and newly wedded wives) when teaching sexual negotiation skills and safe sex, as there is more likelihood that these girls will participate or will be forced to participate in unsafe sex by their husbands or their clients. The cultural practice of making the girls submissive to the demands of the boys makes it necessary for such education on sex to empower the girls to negotiate for safe sex and to reject any proposals for unsafe sex.

6.1.6 Communication Technology and HIV/AIDS

Mobile phones have revolutionized the communication technology. It has helped the world to come closer and be in touch however far one is from their near and dear ones. However, one of the results of using mobile phones is that it has helped to bring the FSWs closer to the community members. In a situation where there is no brothel for the sex workers to work from, mobiles have made it easy for the FSWs to carry out their business. The advent of mobiles has given a boost to sex industry and accessibility has increased in Darjeeling hills. Almost all the FSWs have reported conducting their business with the help of mobile phones.

From the fieldwork it is evident that the mobiles have made it very easy and convenient for the FSWs of the hills to conduct their business. They are easily contacted by their clients even if they are not in the vicinity of the clients. Earlier as some of the FSWs have narrated it was difficult for them to search for clients as they had to stay at some place and there was also the danger of being ridiculed by the disgruntled clients. But today they are safe from such ridicule in public places as they can negotiate with their prospective clients on the phone itself. The FSWs also have more time in hand as they can be contacted by their clients wherever they are. With the help of the phones they
are flying between places in short notices. They go to Siliguri only when they get calls and do not have to spent days looking for their clients as earlier.

It is not just the FSWs who have benefitted from the use of phones but also the clients. At any point of time they can get in touch with the FSWs. It is easier for their clients to look for FSWs and as Darjeeling is a small place where anonymity is a rarity, the confidentiality of the client 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.

6.1.7 Alcohol and HIV/AIDS

The nexus between substance abuse and spread of HIV/AIDS is an established fact. Substance abuse often leads to loss of self control which leads to deviant behaviour which are associated with high risk behaviours like multiple partners, and unprotected sex that places them at risk of contracting HIV/AIDS. The thought of sexual pleasure overrides the norms of safe sex in the intoxicated state. The young person due to their age and under the intoxication of alcohol practice unsafe sexual behaviours and thereby put themselves under tremendous danger of being infected by HIV/AIDS.

Alcohol consumption is widely found to correlate negatively with individual’s condom use. This correlation could result from a proximate effect whereby drinking alcohol before having sex reduces the inclination to use a condom by lowering risk aversion. Individuals who drink frequently are more predisposed than those who do not to take risk. Thus, the correlation between drinking and condom use may stem from their joint association with risk taking orientation (Gerber and Berman 2008). The belief that consumption of alcohol also enhances the duration of sexual intercourse forces many to drink before sex and thereby reduce the odds of condom use and expose people to HIV/AIDS.

Alcohol consumption while it encourages risk behaviours also delays the health seeking behaviour among the people who consume it. Many of the alcoholics perceive their health problems to arise from their addiction and thus find remedy to their problems
in abstaining from alcohol for a short period of time (Sundas 2004). In such a situation they may be diagnosed late for the virus and thus may be harmful for them.

6.1.8 FSWs and HIV/AIDS

To make an estimate regarding the number of FSWs in Darjeeling hills is difficult as they have been able to conceal their identity from the larger society. However, it is important to note that the sex works in Darjeeling are characterized by high degree of mobility. The FSWs are powerless in the power relation vis-à-vis their clients due to their low social as well as economic status. This renders them helpless in negotiating safe sex practices. They are also taken for granted by their clients as the FSWs are willing to do anything for monetary gains. This makes them open to sexual coercion, which further makes them vulnerable to HIV/AIDS.

The incidences of STD/STI among the FSWs are high and needs to be addressed to prevent the transmission of HIV. There is a danger of HIV being transmitted to one another as STI/STD is a recognized co-factor in the transmission of the HIV/AIDS. Among the 19 FSWs in the sample 11 have reported to being infected by some form of STD at certain point of time in their life.

The role of the sex trade is crucial in the spread of HIV/AIDS in Darjeeling hills. In Darjeeling, men who use the services of FSWs is far greater than IDUs and other at-risk groups, so this group of men are probably the most important ‘determinant’ of future rates of HIV. A high proportion of men in Darjeeling use the services of FSWs. The market for the FSWs is huge and such client turnover can become a major factor in the spread of HIV. Low levels of condom use during paid sex contribute to increasing HIV infection. Programmes for increasing use of condoms with sex workers will do more than any other intervention to control HIV infections in Darjeeling.

6.1.9 IDUs and HIV/AIDS

IDUs have been among the groups most affected by HIV/AIDS since the epidemic began. Sharing syringes is a very efficient way to transmit blood-borne viruses
such as HIV, which can spread rapidly through the IDU population. The sharing of needles is thought to be more potent than sexual intercourse in the transmission of HIV (www.avert.org). There are numerous instances of high drug-related HIV sero-prevalence in the Darjeeling hills. Considering the extent of the drug abuse driven nature of the HIV epidemic in Darjeeling, there is a paucity of responses to drug demand reduction.

The sharing of contaminated needles and syringes among the IDUs of Darjeeling is the most potent cause for the spread of HIV/AIDS among them. The entire sample has reported sharing needles with their friends or fellow IDUs at the time of doing drugs.

Infected IDUs can introduce the virus into the sex trade in two ways: as buyers and as sellers (female drug injectors). Female injectors are known to sell sex for drugs and significantly less likely to use condoms. This will lead to a very fast growth and spread of HIV/AIDS. The presence of multiple partners of the IDUs and the irresponsible sexual behaviour is a cause of concern for every authority engaged in the control and prevention of HIV/AIDS. They have reported to have used the services of the FSWs and not to have used condoms. This combination of the IDUs and the FSWs is very potent in the spread of HIV/AIDS. The personal perception of the IDUs about their life also adds to the danger of the spread of HIV/AIDS as they do not consider themselves to be productive and useful to the society and thus continue with their deviant lifestyles. Though IDUs have more knowledge about HIV/AIDS among the at-risk population their relation with the society vis-a-vis the status they are ascribed has to an extent been responsible for their irresponsible behaviour.

6.1.10 Bisexuals and HIV/AIDS

The use of alcohol and drugs and the absence of condom use among them is the greatest threat their behaviour poses for them. Because of their hidden nature it is very difficult to educate them regarding safe sex practices. Being close knit they have multiple partners among themselves and this along with the fact that they do not use condom exposes them to the risk of HIV/AIDS infection. Since their number is small and they are seen as deviants they are ridiculed by the society so the bonding within the group is very
strong which makes it difficult for them to refuse sexual advances made by others. They predominantly prefer men over women for sex but due to taboo on same sex and societal pressure they also have sex with women to disguise their orientation. This places the women at risk of contracting HIV/AIDS.

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

Even after decades of awareness campaign the awareness and knowledge about HIV/AIDS among is dismal and the lower and is directly proportional to education (Thimothy and Rajan 2004) and the many youth who are vulnerable to it are not well aware of sexuality, sexual health and HIV/AIDS as their sources of information are incorrect and unreliable (Acharya 2008). The people of Darjeeling hills were not well aware of HIV/AIDS. Only a few knew all the modes of transmission and some even reported that kissing can transmit the virus. Misconception regarding HIV/AIDS was found among some of the respondents and accurate knowledge about it was also missing. In addition to misconceptions about HIV transmission, many adults also hold misconceptions about HIV prevention and treatment. Almost every respondent had heard about HIV/AIDS. However, knowledge of many was limited to just the word ‘HIV/AIDS’. Only 12 respondents knew all the four modes of transmission. There were however 67 respondents who knew at least one mode of transmission.

The backbone of HIV/AIDS control and prevention VCCTC was known to even fewer respondents. Out of the 199 respondents who were asked whether they had heard about VCCTC in the district an overwhelming 136 respondents denied having heard about the VCCTC. There were only 10 respondents who had ever visited the VCCTC. Only 1.5 per cent women had visited the VCCTC.

The respondents were not aware that HIV/AIDS is a consequence of many structural factors and it is determined by the socio-economic and political condition of the people. They thought that it was solely a medical issue. However many respondents were aware that there is no cure for the infection but were not aware that there were
medicines to prolong the life of the PLWHA. Regarding the concept of ‘ABC’, respondents were not aware of it. Only 21 respondents reported to have heard about it but they did not know what it stood for and what message it conveyed to the public.

6.1.12 Stigma and Discrimination in the Darjeeling hills

The greatest impediment to prevent the spread of HIV/AIDS is the stigma and discrimination associated with it. Stigma and discrimination also hinders providing adequate care, support and treatment. Stigma and discrimination associated with HIV/AIDS is universal, occurring in every region of the world. They are triggered by many forces, including lack of correct understanding of the disease, lack of treatment and the fact that it is incurable.

There are evidences of the existence of stigma and discrimination in Darjeeling hills. However, the frequency and intensity of this is much lower than in many parts of the country as most of the PLWHA have still not disclosed their HIV sero positive status. HIV/AIDS related stigma and discrimination undermine Darjeeling’s responses to the epidemic, preventing people from using a range of important services. Discrimination against PLWHA affects their access to employment, education and importantly health. Strong prejudice against PLWHA has been found in health services. Furthermore, those groups that are most at risk of HIV/AIDS infection are already discriminated against, stigmatized and marginalized.

Discrimination at the familial level has also been reported. At this level the women are the victims. There has been an instance where the in-laws have chased away their daughter-in-law after their son died of AIDS. The fact that many of the PLWHA have not disclosed their positive status to their family also suggests that there is the fear of being discriminated by the family. Even in the employment sector there has been discrimination for the PLWHA.

There is a high degree of acceptance among the high risk group for those infected by the virus. Among the high risk group the IDUs showed greater acceptance followed by the bisexuals and the FSWs respectively. This can be due to the fact that they perceive
themselves to be at risk and some of their friends and colleagues might already have been infected by the virus. Though 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 in the family 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.

HIV/AIDS related stigma poses a problem for all in the society thereby, imposing severe hardships on the people who are its targets and it ultimately interferes with treatment and prevention of HIV infection. Emphasis on the eradication of HIV/AIDS related stigma would enable in creating a social climate conducive to a rational, effective and compassionate response to the epidemic.

6.1.13 Experiences of PLWHA and the Care Givers

All the PLWHA were acutely aware of the thought that came to their mind when asked to get tested for HIV/AIDS. They were initially offended by even the mere suggestion to get tested. Respondents though they had heard about HIV/AIDS they themselves never perceived it as something that would affect or infect them.

The males who actively pursued sharing of needle or had sex with multiple partners never seem to have been aware of the dangers of HIV/AIDS. This lack of awareness created a sense of invulnerability. So when they tested positive for HIV/AIDS its understandable that it must have been a moment of utter shock and disbelief. The first thought for most of the respondents was to think that the test results were incorrect or that the hospital staff had mixed up their blood sample for someone else’s. As their only knowledge of HIV/AIDS was that it was an incurable disease leading to quick death, they were overcome with the feeling of utter desperation. Many were suicidal and worried
about their parents and families as to how they would cope up once the PLWHA were
gone. The PLWHA were guilt ridden for what they perceived as having brought about
untold misery to their loved ones. Strangely none of the PLWHA showed any anger or
animosity towards their infectors. The wives seem to have forgiven their husbands, most
of who had died. The IDUs too felt no anger as they realized now that there was no
awareness about HIV/AIDS. They by and large felt that there must be many more cases
among other IDUs who have not got themselves tested. Once they tested positive, they
were advised by the doctors not to disclose their HIV sero positive status. The doctors
probably feared that the PLWHA would face discrimination and stigma which would
only aggravate matters. The PLWHA too don’t want to go public with their positive
status. As a result only 5 PLWHA have come out in the open. By and large the rest
remain hidden from what they see as a hostile society. As they face discrimination and ill
behaviour at the hospital itself, their fear is justified. When health officials who are
supposed to be in the knowhow about the disease exhibit prejudices, one can only gauge
what the response of the lesser informed public can be. The PLWHA do not only go
through emotional trauma but also suffer from financial constraints. Lack of proper
medical facilities at their place of residence meant they have to travel longer distances to
avail health facilities.

The care givers also wanted to keep the identity of their wards a secret. They
feared stigma and discrimination against the entire family. For most of the care givers the
topmost priority was to increase the life span of their loved ones. But many were also
concerned about higher economic costs of looking after a PLWHA especially after the
onset of full blown AIDS.

6.1.14 Institutional Response to HIV/AIDS in the Darjeeling hills

After the onset of HIV/AIDS the international community came forward to
challenge the virus which has been termed as the greatest killer in human history.
International agencies such as the UN, WHO, UNICEF etc have worked in their own way
to stop the epidemic from doing further damage to the human society. Likewise the
national governments, globally have also contributed towards the prevention and control
of the virus. The Indian government responded to the threat of HIV/AIDS by constituting NACO and implementing the national programme to control and prevent the virus.

Even after the concerted efforts by the Indian government the virus has entered different regions and has moved away from the identified risk population to the community members. Darjeeling has lately experienced the impact of the virus. There have been institutional responses to control and prevent the virus from affecting more people but it has not been sufficient. At the forefront has been Shanker Foundation. It tries to address the concerns of the positive people with its limited financial as well as human resources. The foundation has been reaching out to other people with HIV/AIDS with very little means of support. The challenge of constant care and support to the increasing number of people living with the disease is a daunting task for the foundation. There is a lack of technical help and the positive members themselves have to work in addressing these issues which it considers to be pressing and important. Among the many issues it is the social stigma and discrimination that they face which is considered the most daunting.

Shanker Foundation, like the population it serves often finds itself in a position of vulnerability. It is most vulnerable to the withdrawal of support from the DACC and other institutions that have been offering them help and support till now. While it has achieved a strong profile in its field and can count on help from the many well wishers, the overall tolerance and support for its work is volatile.

The single most important strength of Shanker Foundation has been its ability to improve the quality of life of its members. However, there are other indicators that show success of a different kind. An important indictor has been the Foundation's ability to attract volunteers who do not have a direct stake in HIV/AIDS. For instance, in addition to the PLWHA and their relatives, the Foundation has attracted the participation of a number of volunteers who are not HIV sero positive and have no family members living with the virus.
Other than Shanker Foundation there are many NGOs working in the field of HIV/AIDS. They are supporting the PLWHA and also disseminating knowledge of HIV/AIDS to the public. However, the dissemination of knowledge has to be more vigorous as there are still many who have not heard of it or have inaccurate knowledge. There are many NGOs working in Darjeeling hills in the area of HIV/AIDS education, control and prevention but the models of these programmes are drawn from NACO, which draws heavily from the western model of HIV/AIDS prevention and control and lack utterly the much required understanding the local dynamics of the epidemic. The strategies employed by these NGOs are also based on the guidelines and recommendations of NACO. The result is an emphasis on awareness building and portrays HIV/AIDS as an infectious and a fatal disease associated with the deviants such as the intravenous drug users and commercial sex workers. The awareness building campaign, led by various NGOs have been fairly successful at promoting this association with HIV/AIDS in the Darjeeling hills. Such an association has in fact, lead many to believe that they are safe from HIV infection.

The lack of research and theoretical framework has made it very difficult for the NGOs to achieve desired results. Apart from this there is no data collected by the individual NGO of the population they are working with. Even the minimal data collected by some of the NGOs are not shared with others. Though all the NGOs are linked with the DACC and Shanker Foundation, this link is tenuous. There is a lack of proper coordination among the NGOs. Increased collaboration could facilitate the development of a common language to describe approaches so that practitioners can better understand one another’s work. Although some networking does occur through the DACC, the experience in conducting this study has shown that the networking among the different organizations could be significantly improved. Through discussions conducted during the course of the study, it was established that various NGOs were not familiar with the work of other organizations. In spite of this, there are glimpses of efforts being made to improve on networking among the different organizations.
DACC is the only funding agency for the NGOs working in the Darjeeling hills and also acts as a bridge between the NGOs, the community and the government and is under tremendous pressure to perform. However, the government has failed to understand this which is reflected by the fact that the DACC is understaffed. Because of the lack of staff the DACC has not been able to generate commitment and sense of urgency among the people and the disbursement of funds to the NGOs has also been slow. This has in turn had a negative impact on the functioning of the NGOs immensely.

As mentioned earlier apart from DACC there is no involvement of other agencies including the two giant players- the tea industry and the railways. The people of Darjeeling are serving both these sectors since its inception. In return they have not shown any commitment towards the HIV/AIDS menace in Darjeeling hills. The DACC must pressure them to engage in the ongoing battle against HIV/AIDS.

The NGOs also report that as the DACC is the sole funding agency it tends to fund only programmes which have been carried out elsewhere and which it sees as safe. This method has not borne any fruit s is seen in the prejudices and half baked knowledge about HIV/AIDS among the community members.

In the Darjeeling hills there is a real danger that the prospect of an epidemic will attract individuals and organizations whose interest will lie solely on the resources that are now being increasingly made available to the NGOs for work on HIV/AIDS related issues and will not serve the interest of those who are directly and indirectly affected by the disease. There are NGOs which are discarding their earlier programmes and are working with a certain high risk group which they think will provide them more funds and that they can therefore work for a longer period of time rather than scaling up their existing programme.

The educational, political and medical institutions are not very engaged in the control and prevention of HIV/AIDS. Many of the schools do not have any programmes building awareness of HIV/AIDS among its students. Though the School AIDS
Education Programme is now being implemented across India by the Department of Education in collaboration with and supported by the SACS (NACO) the schools, both secondary and higher secondary, have not yet implemented this programme in their curriculum.

In Darjeeling apart from MANAS Bangla there are no other institutions which focus on MSM. The communication tools of these organizations only focus on the transmission of HIV/AIDS through heterosexual mode thereby shifting the overall focus from the dangers posed by anal and oral sex, which are common among the highly vulnerable group such as the homosexuals. The language of the campaigns in Darjeeling is also not clear and ambiguous phrases are used such as safe sex, sexual intercourse and sexual contact and fail to impart the correct information to the lay man. They shy away from using appropriate terms such as semen, vaginal fluids, oral and anal sex etc which would give a clearer picture of HIV/AIDS and its modes of transmission. The programmes addressing HIV/AIDS issues among MSM and bisexuals are left largely to MANAS Bangla. Therefore each and every organization working in the area of HIV/AIDS must reach out to the MSM and address the needs of this group.

The political leaders are at a vantage point for disseminating information on HIV/AIDS as their reach is broader and wider than many NGOs. The Political parties are not showing any inclination to involve themselves with issues related to HIV/AIDS. They largely view it as a health issue which the health department should be concerned with. The frequent bandhs which are being called in the renewed demand for Gorkhaland is hampering the PLWHA’s accessibility to the much needed medical facilities.

The VCCTC was started in Eden hospital on the 1st of April 2002. Various behavioral change communication initiatives were undertaken targeting those who indulge in high risk behaviour. Testing, counseling, prevention of parent to child transmission and post prophylaxis is provided here. However for CD4 cell counting and ART the PLWHA have to go to NBMCH, Siliguri. The VCCTC is located at the basement of the hospital so its visibility is low. Also the PLWHA reported that the health
staff showed insensitivity and did not respect the need of the PLWHA for confidentiality. Apart from this VCCTC there are no other testing centers in the study area which spreads over 1421.54 sq.kms. Coupled with economic deprivation and poor roads the health of the PLWHA remains grave. It is important to note that a VCCTC opened at Kurseong had to be closed as the hospital could not provide it with any space to function.

Overall the response to HIV/AIDS in the Darjeeling hills has not been very productive if one looks at the very low levels of awareness regarding the disease. The involvement of 'samajs,' which has a much larger reach than the NGOs is absent. In an endeavour to concentrate on the prevention of HIV/AIDS most of the NGOs and other institutions have overlooked the basic forms of dissemination of information like the IEC material which are more attractive and also provides privacy to the individuals who read them to learn about HIV/AIDS.

For example HIV/AIDS related posters in English and Nepali were not seen anywhere. There were no posters and festoons regarding the transmission, risk factors, symptoms of HIV/AIDS and the myths regarding HIV/AIDS. The only one at Kurseong hospital was covered with moss. Brochures and informational materials were not frequently distributed by the NGOs in the Darjeeling hills.

All the institutions in the Darjeeling hills have to come together to prevent and control the further onslaught of HIV/AIDS. It also becomes mandatory for them to engage the PLWHA in the formation and implementation of the programmes. The NGOs should also look for the mandate of the community in their work and should also focus their work on the rural population who has been ignored till now. The NGOs are not working independently on the issue of stigma and discrimination which is one of the most salient barriers to the control and prevention of HIV/AIDS. There is not much effective response to the HIV/AIDS related stigma and discrimination in the Darjeeling hills. For

1 Samajs are community based organizations and in the Darjeeling hills it is caste based. All the families belonging to a caste has to become a member of its samaj.
this the NGOs have to work simultaneously on several fronts, like awareness building, sensitization and capacity building of the PLWHA as well as other vulnerable groups.

6.2. Findings

6.2.1 Knowledge of HIV/AIDS

HIV/AIDS has been found to be associated with a large number of socio-economic factors which are central to the smooth functioning of our daily life. However, the widely held view is that it is a medical issue and people from Darjeeling hills do not take into account the associated socio-economic variables into consideration. For them it is merely a medical issue. 66.33 per cent people reported it to be a medical issue.

Complete and correct knowledge about HIV/AIDS is considered to be the first and foremost requisite to save oneself against this fatal disease. Only a few respondents knew all the four modes of transmission. All the respondents knew that HIV/AIDS is transmitted from human to human but only 12 (6.03%) respondents (excluding the PLWHA) knew all the 4 major routes of transmission. A total of 13 respondents have reported that HIV spreads through kissing. Women lack knowledge of the modes of transmission of HIV/AIDS.

The concept of ‘ABC’ which has been the backbone for the prevention and control of the epidemic worldwide is still not known by many in the hills. The total number of people who have heard about this concept is 21. Among these 21, only 4 are female and none of the females who fall in the risk category have reported to have known about ‘ABC.’

That there is a VCCTC in Darjeeling is known to only 31.65 per cent of the respondents. The percentage of people unaware of the presence of VCCTC in the district is very high at 68.33. Along with the low level of awareness the people also have many misconceptions regarding HIV/AIDS. Apart from the community members even the level of understanding and awareness among the health care personnel is low, incorrect and
incomplete. Some of the staff did not know of breast feeding to be a mode of transmission.

6.2.2 Sexual Behaviour and Safe Sex Practices

Sexual behaviour has gone a sea change over the years. The myth about sex has been broken and it no longer holds to its sacrosanct nature. It has been experienced, experimented and debated. The people of the hills due to the heterogenetic and orthogenetic changes taking place in the society have started to change their perspectives regarding sex. These changes in the attitude of the people regarding sex, especially among the youth, has led to increase in casual premarital sex. This has become a danger for the further acceleration in the rate of HIV transmission among the people of the hills as, though casual sex is on the rise, safe sex practices are non existent.

Findings from the fieldwork data revealed that at the time of the first sexual intercourse none of the respondents perceived themselves to be at risk of HIV. For most of them pregnancy and not sexually transmitted infections were of primary concern. The analysis of the context of the first sexual intercourse reveals that young people in general and male youth in particularly, were highly motivated to have sex because of the social and cultural expectations to prove their manhood, to identify with their peers and to satisfy their sexual needs or curiosity. Therefore, the motivations for the first sexual experience seemed to override any concerns of HIV risk.

The study finds that the youth in the hills have a very early sexual debut and premarital and extra marital sex among both the male and female informants is relatively common. 68.34 percent respondents reported having premarital sex and 22.61 percent respondents reported extra marital sex. The percentage of respondents reporting multiple partners was 62.81. 45.22 percent of the respondents were sexually active while travelling. It can be deciphered that they use the services of the CSWs when travelling and this can translate into a very quick transmission of HIV among the people. This practice of indulging in sex while travelling is not confined to the males alone but even the female respondents have reported to have engaged themselves in sexual activities...
while being away from home. 16 female respondents have reported to have engaged themselves in sex while travelling and this translate into 7.61 percent. In the 15-20 age group, 12 out of the 30 have reported to have had had sexual exposure. Many of them have reported to have had sex in Siliguri with CSWs. This is a disturbing trend as their eagerness to experience sex may prohibit them from practicing safe sex and thereby exposing them to the dangers of HIV/AIDS.

The practice of safe sex and the use of condoms is relatively low among the respondents. Among the community members only 21 respondents reported using condom, while none of the FSWs and the IDUs reported using condom. Only 2 women have reported using condom. Out of the 9 bisexuals in the sample only 3 reported condom use. There are only 24 respondents who have reported using condom. Though people have multiple partners and are using the services of FSWs the use of condom is minimal. 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 discussing 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 female respondents did not have any control over the issue of condom use even within marriage and this poses a danger as many male respondents have reported to indulged in extra marital sex, used the services of FSWs and CSWs. The female respondents did not see themselves being in a position to negotiate safe sex.

Multiple partners among the sample population are very much evident and this is a great concern in the hills of Darjeeling. As men and women have multiple partners in addition to their husbands, wives and partners, long term parallel sexual partnership will be a very important dimension in the spread of HIV/AIDS in the hills of Darjeeling. It has been recognized that the men who migrate are a risk to the community as they are exposed to the virus when engaged in sexual relations with CSWs when their wives are not around. However, in the hills it is evident that the wives are also engaging in sexual relations with other people when their husbands are not around and may act as a vector to pass on the virus to their husbands.
6.2.3 Stigma and Discrimination

Across the world, the global pandemic of HIV/AIDS has shown itself capable of triggering responses of compassion, solidarity and support, bringing out the best in the people, their families and communities. But the disease is also associated with stigma and discrimination, as individuals affected or believed to be affected by HIV have been rejected by their families, their loved ones and their communities. This rejection holds true in every part of the globe. All over the world, ignorance, lack of knowledge, fear and denial have engendered serious and often tragic consequences, denying PLWHAs access to treatments, services and support, as well as making it hard for prevention work to take place.

As in other parts of the world stigma and discrimination was found to be prevalent in the hills of Darjeeling. The PLWHAs in the sample reported to have been discriminated at some point of time. Discrimination has been reported from the hospital, at the familial level and while giving employment. This discriminating attitude of the people has stopped the PLWHAs from disclosing their positive status. The lowest rate of discrimination was found within the risk groups.

The health care staff also feared discrimination for the PLWHAs and encouraged them not to disclose their sero status. Consequently the PLWHAs did not disclose their status and reported that it gave them a sense of great relief and strength.

6.2.4 Intravenous Drug Users

Only as late as 2002 the first case of HIV/AIDS was confirmed in the hills of Darjeeling. There were many youth who had started using drugs out of peer pressure, desperation and lack of other creative avenues. The drug users and especially the IDUs were and are an isolated group who share needles and syringes in their isolated dens. Most of them do not know that HIV could be transmitted through blood and sharing of needles.
Today there are almost 1200 drug abusers registered with the Red Cross Society alone and the hidden population of the drug dependents can still be very high. The sexual behaviour of the IDUs in the hills of Darjeeling is also irresponsible as one of the doctors have narrated. Among the IDUs the presence of multiple sexual partners is also common. The IDUs though inducted in some of the awareness programmes behave in irresponsible manner when they are intoxicated. This irresponsible behaviour is a cause of worry among many who work to control and prevent the spread of HIV/AIDS in the hills of Darjeeling. More importantly the IDUs do not perceive themselves to be of any use to the society. This forces them to be irresponsible and care much for their welfare of the self and the other, which becomes dangerous for the prevention and control of HIV/AIDS.

6.2.6 People Living with HIV/AIDS

All the PLWHA were either infected heterosexually or by sharing of needles. All the married women PLWHA were infected by their husbands and one single PLWHA was infected by her boyfriend. The widows were being looked after by members of their family of origin or natal.

The PLWHA felt that others will see them as immoral people and so will shun them. Some of the PLWHA married or single had aspirations of raising a family but the disease has created doom and hopelessness as all of them knew that regardless of the ART available there was no permanent cure for the infection.

The female PLWHA did not have any ill feelings against the person who infected them. At times of depression and desperation they thought about their partners and wished that they were alive. The widows wished their husbands were alive for the social support they would provide at times of need. They in tune with the tradition revered the departed souls and had no ill feelings towards them, though they knew that they were infected by them.

The burden of the disease was perpetually being faced by the women as they were left to look after the children after the death of their husbands. There were 6 widows (31.6%) among the 19 ever married female members of Shanker Foundation. This is
relatively a high figure in the initial stages of the epidemic. The burden of the disease is severe for them as they are not educated and also do not have any formal vocational training to secure a livelihood.

6.2.7 Flying Sex Workers

The FSWs are a constant threat to the spread of the HIV/AIDS as they are not just confined to the hills but work in other places as well. Their low bargaining power vis-a-vis the costumers and the use of alcohol makes it difficult for them to negotiate safe sexual practices. They along with their clients do not use condoms. The level of awareness regarding HIV/AIDS among them also acted as an obstacle for them to insist on condom use. Their reach which is much larger than those CSWs stationed at brothels so also poses a greater threat for the spread of HIV/AIDS in the hills.

6.2.8 Responses

The early response to HIV/AIDS in the hills of Darjeeling was the establishment of the VCCTC. However, the VCCTC was only set up at the district hospital and this has restricted the reach of VCCTC to a large extent. The people especially of the rural area have not been able to utilize the facilities provided by the VCCTC. The VCCTC has shrugged off its responsibility and sends all those who are found to be positive to Shanker Foundation for further counseling, care, treatment and support.

The other lines of response are the NGOs which are linked to the DACc and Shanker Foundation. However, the collaboration between them is very weak. They only fulfill their professional needs rather than collaborate and work for the emancipation and betterment of the PLWHA. The programmes carried by the NGOs are high risk group centric and the need to sensitize the community members is not understood by the programme implementers. The programmes are targeted interventions and the community members are left out. The NGOs have not made any effort to engage the railways and tea gardens in the fight against the infection. Further the tea gardens and the railways have not voluntarily come forward to confront the disease.

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The governmental and nongovernmental organization have directed efforts to improve policies and programmes to meet the needs for sexual health information and services of the young people and thereby reduce the incidence of HIV/AIDS. However, the progress to reduce their sexual risks has been slow and these efforts have not had any significant consequences in the lives of the people. Knowledge about the sexual behaviours of the people and the factors influencing these behaviours in Darjeeling hills is unreliable and lack of data has prevented attainment of a deeper understanding of the determinants of safer sexual practices which is necessary for the development of effective interventions.

6.3 Strategies for Confronting HIV/AIDS in Darjeeling

The hills of Darjeeling saw a quick response to the HIV/AIDS epidemic and the DACC was established for its control and prevention. As it has become evident that the epidemic is not just a bio-medical problem there is a dire need to confront the disease in a more holistic manner. The reasons for the spread of the disease in different parts of the country are diverse so planners need to implement programmes that keep local differences in mind. To effectively control and prevent the virus from further spreading in the region there is a need to put in place a locally viable programme and strategies which are conducive to the local environment and is culturally acceptable.

For any major programme to be successfully introduced and sustained, participation of all sections of the society is a must. This is especially true when one is dealing with a disease like HIV/AIDS. Compartmentalized efforts like the targeted interventions, lectures in schools, flyers and posters pasted at certain points will not bear much result. As HIV/AIDS is a result of a combination of social, economic, political and medical factors all these aspects have to be borne in mind. HIV/AIDS also involves personal issues like sexual habits and preferences so to target these various issues a sensitive, holistic model has to be created. Figure 6.2 below gives the diagrammatical description of the strategy that could be implemented in Darjeeling hills for effective control and prevention of HIV/AIDS epidemic.
Fig 6.2: Depiction of Model Strategy to Control and Prevent HIV/AIDS in Darjeeling Hills

NACO + WBSAC&PS

TRAIN

NGO STAFF

HEALTH STAFF OF
(SCs, PHCs, TEA GARDEN CLINICs)

LOCAL ADMINISTRATION
(Police, SDO, BDO etc)

Train Community Members
(School Teachers, Panchayat Members, Samaj Members, Clubs Etc)

Dissemination of Information on HIV/AIDS

Free Condom and Lubricant Distribution

BecomeS Sensitive towards Risk Groups

Work with Different Groups of People
Like Students, Men, Women, Youth Labours, Migrants Etc

Dissemination of Information through
Posters, Banners, Festoons, Flyers etc at
Public Places, Offices, Banks, Schools, Colleges, Factories etc

Awareness Generation among different groups of people

RISK FACTORS

MODES OF TRANSMISSION

“ABC” CONCEPT
As NACO and WBSAC&PS are the nodal agencies at the national and the state level their participation is also needed to provide training and expertise to the NGO staff, other health service providers and the local administrators. Health service providers from the grass root level have to be inducted in this. After the training the responsibility of the NGO activists is to train the community members like the school teachers, panchayat members, members of caste samaj, members of clubs etc through seminars and workshops. These people once they are adequately trained can in turn disseminate information to the community members at large including factory workers, labourers, migrant labourers and at-risk groups to generate HIV/AIDS and sexual health awareness. They can also control the unwanted rise in drug abuse and alcohol consumption. A vigorous campaign in which all the community members are involved is required to sustain it. When certain members who enjoy respect in the society like, teachers, sarpanchs and medical staff are employed then the impact will be much stronger, as we tend to trust people we know more. As Darjeeling district comprises of small towns and villages where families have lived together for generations, there is a strong bond which exists. This bond and also the fact that small places do not afford the anonymity of cities will help in effectively controlling risk behaviour. The community members should carry out door to door campaign and hold meetings where safe sex practices, STD/STI, HIV/AIDS, issues related to migration are discussed. The community members should themselves be taught to show greater tolerance to MSM and IDUs.

The health staff at various levels should be given correct information regarding HIV/AIDS. The fact that discrimination towards PLWHA from the health staff has been reported is largely due to the latter’s misconceptions regarding the disease. Condoms and lubricants should be freely available, even in the small dispensaries of tea gardens. The existing governmental health infrastructure should be made the main component in this campaign against HIV/AIDS. NGOs are there to complement the health infrastructure and things cannot be otherwise. The health department cannot just be concerned with diagnosis and supplying medicines. The HIV/AIDS programmes are independent of the health care infrastructure, with separate funding and the involvement of NGOs for implementation. But many components of the programmes have to be implemented
through the public health system and there should be equal involvement of the health system in formulating and implementing the programmes and policies. The health sector personnel should be given the task of disseminating information on HIV/AIDS and sexual health through the use of posters, flyers, banners and festoons at important public places, offices, banks, schools, club houses and hotels.

Regarding the administration, the police, BDOs, SDOs should all be sensitized about the issue of HIV/AIDS. As and when they come across IDUs, MSM, FSWs and alcoholics the police should send them to the NGOs or community groups who can teach these high risk groups aspects of leading a healthier life. The local administration should provide logistic help to other parties. There should be interdependence and coordination among these groups.

To control the spread of HIV/AIDS in hills an effective strategy at the district level must be built to control and prevent it. Under the tripartite agreement between the central government, state government and the GNLF, the DGHC was formed. The Health department came under its purview. DGHC due to many reasons has been ineffective in developing a proper health infrastructure in the region. Now the advent of HIV/AIDS is infecting and affecting a large number of the population, the state government cannot afford to leave the onus of providing adequate health facility to a non-functioning DGHC alone.

The state government must render all possible help required for controlling and preventing the spread of HIV/AIDS and also make the concerned authorities accountable. The state government should monitor the functioning of DACC. As the DACC functions under the aegis of DGHC, the state government has to pressurize the member secretary of the DACC to become proactive and not confine himself to just signing the cheques. DACC has to undertake capacity building measures for its staff as they are responsible for formulating and implementing programmes on HIV/AIDS in the hills. The DACC has to advocate for making the NBMCH accountable for all the difficulties faced by the PLWHA from the hills while visiting it. DACC must focus in formulating programmes which address the needs of the local population and should not just implement policies and programmes formulated by NACO or WBSAC&PS. It should involve Shanker
Foundation and other NGOs in formulating programmes. As it is the bridge between the people and the elected representatives of DGHC, it needs to be active to convince them about the importance of their participation and thereby develop a political will against HIV/AIDS. DACC should not be constrained by the bureaucratic protocols and should be as transparent as possible. It has to make its reports accessible to all. They should encourage researches and researchers and should not let the protocols be a barrier to such collaborations.

NGOs are a powerful weapon in the fight against HIV/AIDS. They have to be well versed with the developments taking in the field of HIV/AIDS in Darjeeling as well as outside. They should document information regarding the epidemic in a more professional manner and share information amongst themselves. Their existing programmes must be upgraded instead of changing them in anticipation of greater fund from the funding agencies. As was evident in the course of the fieldwork the manpower in many of the NGOs were not qualified to carry out the task in hand. Therefore the NGOs should make every possible effort to impart different trainings to their staff whenever possible and also focus on capacity building of their staff.

NGOs in Darjeeling hills were found to be more urban area centric. Focus needs to be given to rural areas as well where information on HIV/AIDS is abysmally low. Informing such deprived areas in time can help a lot. More importantly many from the tea gardens are migrating and due to their low educational level and lack of information do not know the intricacies of HIV/AIDS and thus become vulnerable. They should undertake interdisciplinary studies on their own to understand the local dynamics of the epidemic. NGOs should share the findings of such studies amongst themselves so that it becomes easier for all to tackle the epidemic. They should network and collaborate with each other in understanding the issues of social development, gender equity and social exclusion, which can help them formulate programmes to fight stigma and discrimination.

Some of the public sector enterprises such as Steel Authority of India (SAIL), Indian Railways and Employees State Insurance Scheme (ESIS) have associated with NACO in controlling the disease through various ways. NGOs in the hills have to encourage the railways as well as the tea industry to collaborate with them to control and
prevent the spread of HIV/AIDS. Tea companies under the corporate responsibility can be asked to supply ARV drugs required for HIV/AIDS affected poor people in the tea gardens.

NGOs play a vital role in changing the risk behaviour of the risk groups. They have to encourage the members of the risk groups to come forward and gather information on the epidemic. They have to provide the support these groups require and gain their confidence so that they can work with them more effectively and efficiently. After gaining their confidence they should work towards sensitizing them about the risk involved in their behaviours. NGOs have to impart knowledge about STI/STD and HIV/AIDS to them so that they become aware of the risk they are taking and can also consciously try to change their behaviour patterns. As most of the FSWs have at some point of time been infected with STIs they have to make aware that STIs and STDs are recognized factors of HIV/AIDS. Free condoms should be made available to the FSWs and they must be encouraged to use them. NGOs also have to make arrangements for medical support to the risk groups as they may be reluctant to visit the health service providers. The NGOs should try to create an incentive structure that will assure an adequate level of participation by the members of the target population.

The hospitals and the health service providers have to support the NGOs in this regard. The district health department should collaborate with the NGOs in building awareness through campaigns on sexual health for both men and women, addressing the problems of RTI/STI and its linkage with HIV/AIDS. In doing so they should also encourage the people to use condoms. They have to undertake STI/STD, HIV/AIDS surveillance among the risk groups and migrant labourers who come to Darjeeling hills. The treatment seeking behaviour of the risk groups should be encouraged. Community members and bridge population like the drivers have to be encouraged to participate in the awareness building campaigns and prevention programmes. The focus of the prevention programmes should be the use of condoms as it is a recognized barrier against HIV/AIDS. To successfully encourage condom use among the people regardless of sub group, gender or risk category there has to be a high level of social support in improving the negotiating power and skill of the female partners. As there are many who migrate to
other places, NGOs should collaborate with the recruiting agencies which send people out to impart knowledge about safe sex, condom uses, RTI/STI/STD and HIV/AIDS.

The health authorities as well as the NGOs in collaboration with educational, religious institutions have to undertake studies to understand the sexual behaviours of the people. This will in turn help them formulate and implement policies and programmes which will encourage people to change their sexual behaviour and practices. This will also help the NGOs in identifying the gaps of the programmes they are implementing at the moment. The successful design and implementation of such programmes will ultimately improve the welfare of the youth. The foundation of such programmes must be accurate information about their sexual and risk taking behaviour and the unyielding understanding of the underlying dynamics.

IDUs are the most infected group in the hills. They must be encouraged to seek medical as well as psycho-social help. NGOs should work towards educating the parents of the IDUs regarding their conditions. Parents should be taught that the IDUs require medical intervention as well as social support. IDUs should not be frowned upon rather they should be encouraged to participate in the NSEP and OST programmes. IDUs should also be made aware of their irresponsible sexual behaviour and encouraged to use condoms. They should be encouraged to feel a part of the society and that they are equally responsible for the functioning of the society.

Over the counter sale of drugs is very common in the hills. It is very important for the NGOs to convince the chemists not to sale drugs without prescriptions from doctors. Strong police action have to undertaken against these defaulters. The NGOs should also conduct orientation programmes with the chemists and make them realize the contribution they can make to eradicate drug addiction by not selling drugs to people who come without prescription.

The police department should also be sensitized regarding the sensitivity of drug addicts and addiction. They should be encouraged to tackle this problem in a more humanitarian way rather than enforcing the law and arresting them. There should be collaborations between the police department and the NGOs, especially the IRCS so that if the police come across any drug dependent person they refer them to IRCS for NSEP.
or OST. Recreational facilities should be made available for the youth as they have high energy level which needs to be properly channelized. In the absence of such facilities many youth are indulging in drug abuse due to boredom.

The involvement of samajs in the control and prevention of HIV/AIDS in the hills should be made mandatory by the concerned authorities. The samajs exercise so much social control over its members that they can make a lot of difference by their participation as they have direct contact with the members. The decisions taken are by and large binding upon the members, so they can have immediate impact on the prevention and control of HIV/AIDS. The participation of the samajs in HIV/AIDS prevention and control programmes also means the participation of larger number of people whether directly or indirectly.

There is not much effective response to the HIV/AIDS related stigma and discrimination in the hills of Darjeeling. For this the NGOs, government institutions, media all have to work simultaneously on several fronts, like awareness building, sensitization and capacity building of the PLWHA as well as other vulnerable groups. The involvement and the participation of the samajs can also reduce the stigma and discrimination against the PLWHA. The involvement of samajs means the involvement of the community members so once they are involved stigma and discrimination can be brought down.

Dissemination of information has been the backbone of raising awareness among the community members. Every tool and technique should be experimented to disseminate information regarding HIV/AIDS in the hills. Public display of banners, posters and festoon are the primary mode to disseminate information to the public. Not much effort was evident on the part of the authorities to inform the community members through this mode. Therefore it becomes imperative to display such information at public places and places where there is likelihood of people gathering. The letters and information should be very visible, graphic and attractively written. The language used should be very simple and easy to comprehend. Care should be taken that such banners and posters should not be obstructed by anything.
Another important means of disseminating information about HIV/AIDS in the hills is the involvement of clubs, especially the football clubs. As the people in the hills are football lovers, clubs can be utilized to disseminate information about HIV/AIDS. Pamphlets can be distributed before the match starts and even the clubs can be asked to organize awareness campaigns for their supporters.

Educational institutions are known to make the future citizens of a country. Their responsibility lies in producing well groomed and well informed citizens. However, today the most important information for everybody has inevitably been the information on HIV/AIDS. These institutions have to impart information on HIV/AIDS to their students. The participation of the educational institutions in the hills was found to be lax. Therefore they must be involved in the dissemination of knowledge about HIV/AIDS. They should not leave it up to the NGOs to come to the schools and provide information on HIV/AIDS to the students.

Educational institutions should be encouraged to encourage their wards to gain knowledge about sexual health and teachers should be trained to impart such knowledge to their pupils in a scientific and interesting manner. They should also encourage parents to participate in such activities as the involvement of the parents will enhance the effectiveness of such endeavours. Schools and colleges should take the onus of encouraging parents to talk about sex and HIV/AIDS with their children. They should also make a conscious effort to implement standardized educational programmes on HIV/AIDS.

As most of the people in the hills use mobile phones it can be used to disseminate knowledge about HIV/AIDS. Mobile service providers should be encouraged to disseminate knowledge about HIV/AIDS. Messages related to HIV/AIDS awareness should be sent across population on regular basis and not just once every year, on 'World's AIDS Day.' The NGOs working with the vulnerable groups can also make use of mobiles to encourage them to use condoms and at times of difficulties provide the help they need. When the FSWs are with their clients, NGOs can with the collaboration of the FSWs disseminate information on the benefits of condom use.