Chapter 6

SUMMARY AND CONCLUSION

HIV/AIDS is not only a health problem but it is also a developmental issue that raises economic and social causes and consequences. The pandemic impacts all aspects of development from education to human rights to economic development. This study claims that the epidemic cannot be tackled only through medical interventions. It involves a multi sectoral approach other than health. The impact of HIV/AIDS presents unprecedented challenges to policy makers, public health officials, social welfare workers, students, administrators, family, churches and others working at the community and individual levels. The tremendous impact placed on the family unit, the impact on women as partners, mothers and care givers are some of the problems that call for fresh thinking and new approaches.

HIV epidemic is a complex phenomenon in the world today. It challenges the accepted ways of understanding health and human development in the society and demands new forms of expertise and holistic responses. HIV is not only a product of human action but also a disease of disadvantage and uneven development. The present study depicts that the issue is divided and the responses to the epidemic are polarized because responses have not adopted a holistic approach. Gender discussion focuses on women and excludes men, economic calculations are separated from realities and prevention is divided from care. Given the magnitude of the pandemic and its heavy personal, social and economic cost, existing efforts to respond to HIV/AIDS must much further be developed and supported. Only through considered, concerted, co-ordinated action and only through a holistic approach, will it be possible for our society to cope with the complex and interrelated consequences of HIV/AIDS.

In view of the above statement, an attempt has been made to study and evaluate the present scenario of the pandemic of HIV/AIDS from a sociological point of view in Nagaland covering the entire eleven districts in the state of Nagaland. Primary data was collected through interviews, group discussions as well as questionnaire schedules. Intensive field studies, participant observation and interaction with the cross section of people supplemented to the analysis by providing more primary data. For this purpose, information and data were collected from 400 respondents comprising of two categories viz. 100 PLWHA and 300 general
populations. Secondary data was drawn from the journals, books, magazines, newspapers, biographies, memoirs, reports, official documents, and relevant publications, websites etc.

The thesis is presented in six chapters which speaks different inter related issues. The first chapter carries the introduction to the research study and the entire framework of this research study. It also defines AIDS supported by various theories and definition, followed by literature review based on thematic method with four sub units in the second chapter. The third chapter discusses the causes and the impact of HIV/AIDS in Naga society where sexual route was found to be one of the main routes in transmitting HIV (Refer Figure 3.1). Dimapur district takes the lead with highest HIV prevalence with a percentage of 22% (Refer Figure: 5.1).

The fourth chapter projects the Institutions like the schools and colleges, Religious organizations, Police and administration; Non Governmental Organization, Jails, Hospitals, individuals etc. who play a vital role in curbing the pandemic and are considered to be the agencies of HIV control measures. The fifth chapter evaluates the magnitude of HIV/AIDS and a district wise comparative analysis towards controlling the infection all over the state, in order to examine the level of awareness and understanding about HIV/AIDS among the people in Nagaland and the initiatives taken by the government and NGOs. The concluding chapter marks the findings, suggestions and recommendations for further research have been included.

7.1 MAJOR FINDINGS

Keeping in view, the specific objectives in our mind as stated in chapter one, we have gathered a huge amount of secondary information as well as primary data from the field of study covering the entire state of Nagaland. Data collected from the field have been carefully examined and placed them in different tables and figures. Out of the available information of both secondary and primary in nature, various results have been emerged that are placed in different chapters and on the basis of data. Following are the major findings that are found to be recordable which are indicated theme-wise as below:-

1. **Impact of HIV status on Income and Employment**

   The work force participation rate (WFPR) among the 25-34 and 35-44 years age group is higher in HIV households (Refer Table 3.5). This is represented by 34 and 36 percent among HIV households, against 11 and 20 percent respectively in non-HIV households.
Comparatively, through this study it is found that WFPR in above 45 years is higher in non HIV household. It is to be mentioned here that the employed respondents in HIV infected household here are mostly employed in nongovernmental organization. Such high proportions effectively indicate the felt need to earn more in order to meet the increasing financial burden experienced by the HIV households.

2. **Impact of HIV and AIDS on Household Consumption and Savings**

Respondents disclosed the hardships the family had to undergo nursing themselves as well as the family. They kept falling sick and contracted opportunistic infections from time to time which made them rush to hospital at least thrice a month (Refer case studies 1, 3). This implies that the epidemic is not only increasing the number of poor but also adversely impacting the disparity within the poor across HIV and non-HIV households. The burden of diseases increases as the stage of infection of PLWHA advances, causing tremendous financial burden on the family.

3. **Impact of HIV and AIDS on children and education**

Orphans are on the rise in the state of Nagaland. Stigmatization by peer groups and classmates is clearly visible through the case studies conducted (Refer Case study 2). On the education front, Children Living with HIV/AIDS (CLHA) has been supported financially and nutritionally by various NGOs, Governmental agencies and the religious organizations.

4. **Stigma, discrimination and coping mechanism**

It is observed that fearing discrimination, around 28 percent men and 36 percent women have not disclosed their HIV-positive status in the community and as high as 75 percent have not disclosed the same in their workplace. The issue of stigma and discrimination remain at large. There have been reports of refusal to conduct funeral, refusal of treatment in Dimapur and transfer of a government employee from one district to another because of his HIV status. Discrimination even in workplace is prevalent.

The prevalence of stigma and discrimination is highly visible through out the state. Therefore, PLHAs (People Living with HIV/AIDS) are terribly afraid to come out of their
cocoon and feels scared to reveal their HIV status too. They were much reluctant even to fill up the questionnaire mainly because of the fear of stigma and rejection. Though after much assurance by the researcher, they agreed to fill up the required information. Refusal to disclose HIV status is found to be one of the most critical issue facilitating the spread of HIV/AIDS in Naga Society.

5. **Impact on women**

The impact on HIV/AIDS on women is particularly acute. Women are often economically, culturally and socially disadvantaged and lack of equal access of treatment, financial support and education. In a number of cases, women are mistakenly perceived as the main transmitter of sexually transmitted diseases. Together with the traditional beliefs about sex, blood and transmission of other diseases, these beliefs provide a basis for the further stigma of women within the context of HIV/AIDS.

HIV positive women are treated differently from men in many cases. Men are likely to be ‘excused’ for their behaviour that resulted in their infection whereas women are not. In some cases, the husbands who infected them abandon women living with HIV/AIDS. Rejection by wider family members is also common. Women, whose husband has died from the infection, have been blamed for their deaths.

6. **Impact on families**

In some cases families are headed by only men or only women in the absence of a gender and families are starting to be constituted of mixed kin and blood. Single parent families are becoming more common as well. Families are headed by grandparents, in the absence of parental figures. The illness and resulting death of fathers, mothers, children and siblings changes the very structure of this primary building block and is further exacerbated by the additional financial constraints placed on the family.

7. **HIV/AIDS as a human security threat**

HIV/AIDS destroys human security both at an individual and at the collective level because it causes suffering and threat. It kills people at an extremely productive and reproductive age and creates demographic problems within the country.
8. **HIV/AIDS: A threat to societal security**

   Society’s time honored security, time tested institution and the well being of its members is jeopardized by the pandemic. People disengage from their societies and AIDS orphans take to criminal activities. A social institution like marriage is losing its shape, its sanctity and form due to HIV/AIDS that leads to social instability and chaos.

9. **Route of maximum transmission of HIV in Nagaland**

   The chief route of HIV transmission is via sexual activity. Pre marital and extra marital affairs pave the way for high risk behaviours in transmitting HIV. Alcohol and other drugs used to cope with the pressures of life further increases the chance of unprotected sexual contacts (Refer Table 3.1). Dimapur records the highest number of HIV prevalence rate. Majority of them have been infected through sexual route (Refer Table 3.3).

10. **Social factors responsible for the spread of HIV**

    This study shows migration, lack of proper sex education, influence of modern media, modern lifestyle, increased pre-marital amongst youth and extra marital affairs among married couples, alcohol consumption, fear of stigma and discrimination as some of the factors solely responsible for the growth of HIV infection in Naga society (Chapter 3).

11. **Role of religious organizations**

    Religious organizations are considered to be one of the important agencies to halt HIV/AIDS in Naga society. They are so far responsive and are taking up various initiatives by conducting seminars, prayers and counsellings (Chapter 4).

12. **Role of law enforcing agencies**

    This study reveals that law enforcing agencies like the police, village councils and the ward councils are putting a check at places where people hang out and resort to anti-social and immoral activities which put the young people with high risk behaviour.

13. **Role of Non- governmental organizations and civil bodies**

    This study shows that many organizations, civil bodies and association are working hard towards the complete eradication and prevention of HIV/AIDS. It was also observed during the
field work that the NGOs particularly those working in the field of HIV/AIDS are hesitant and unwilling to supplement the exact statistics and figure enrolled under their organization of the HIV+ as well as to give out their activities report, for reasons best known to them.

14. **Role of the government**

There are many service centers under NSACS in Nagaland to provide treatment services, supported by NACO. It is seen that the government is spending lots of money on awareness programmes and other related programmes. But most of it are concentrated in the rural areas only.

15. **HIV/AIDS is a silent killer**

The epidemic progresses incrementally and silently, but in the end its impact is cumulative and is likely to be severe. Just as the causes of HIV/AIDS are complex so are the responses. There is no single policy prescription that will change the outcome of the epidemic. This study clearly reveals that HIV/AIDS affects people from all walks of life irrespective of tribe, gender, sex, age, occupation etc.


HIV/AIDS epidemic manifest itself both as a specific health problem and a pervasive human one. Even a mild HIV/AIDS impact in the state could have adverse implication for the population of the state viz individuals and households and the society as a whole.

17. **HIV/AIDS is a flexible social problem**

It is not possible to ascribe trends specifically to HIV/AIDS. It keeps changing even after numerous awareness and sensitization programs organized and supported by State AIDS Control Society, churches and various other organizations. In fact it is the ignorance, poverty and stigma prevalent in the society that boost to the epidemic.

18. **Role of educational institutions.**

Through this study it is seen that there is no particular subject or the inclusion of education of HIV/AIDS in school curriculum in Nagaland though seminars and awareness are conducted from time to time to impart education on the pandemic of HIV/AIDS.
19. Role of mass media

Mass media is seen as playing an important role in disseminating information regarding HIV/IDS in Nagaland. Print media like the newspapers eg. Nagaland Post, Morung Express, Eastern Mirror, Tir Yimyim, Ao Milen, Capi etc. play a vital role in passing information and knowledge to all sections of Naga society. These newspapers are found to be a key player in disseminating awareness on the pandemic and has served a great purpose to all the eleven districts in the state. For instance Tir Yimyim one of the leading Ao newspaper in local language, reaches out to the people even to those who are not well versed in English. Radio and television also takes the lead in imparting awareness to one and all. All India Radio Kohima and All India Radio Mokokchung put on air programmes regarding HIV/AIDS in English, Nagamese and all the local dialects thus reaching the people even at the grassroot level. Local channels all over Nagaland too broadcast educational programmes that is in many ways effective in penetrating through the general populace. The display of hoardings and banners in public places, road sides’ etc. providing awareness on HIV/AIDS seems to play a big role in reaching out to the people in society.

20. Role of family

As per this study, the contribution level of the family in controlling this pandemic is not satisfactory. Family, being the basic institution in grooming up a person’s life and as one of the agents of social control, has a great responsibility towards controlling the pandemic.

21. People’s response

Most of the general respondents view the prevention and control of HIV/AIDS as the sole responsibility of the health services only.

22. Education and awareness

Education and awareness are seen as the only two means to put a check on HIV growth. Once a person is infected, there is no cure to HIV. Therefore, various NGO’s, associations, churches and the government are spreading awareness in their best possible ways though more efforts are needed in order to reach each and every corner of Nagaland.
7.2 Suggestions, Recommendations and Conclusion

In a traditional society like Nagaland, it can be seen that in order to find a solution to a problem, it has to start from the individual itself and within the family set up and then the community and the state. HIV/AIDS is preventable, but it has to start from within every individual. Family is considered as one of the basic institution for socialization of a child. Therefore parents and guardians should also be encouraged to educate their wards on HIV/AIDS.

Through this study, it was felt that there is a growing need to open up more orphanages for children infected with the pandemic. The HIV/AIDS pandemic poses major threats to the socio-economic and psychological welfare of the HIV affected and infected children. Fortunate orphans are taken up by their ageing grandparent who struggles to feed their grandchildren but not all the children are lucky enough and are automatically placed under the care of their immediate relatives or in other families as helpers in order to earn a living and to sustain in life.

The NGOs and the government alone cannot find any break through therefore in order to bring change, all members and organizations of the society should work hand in hand. The focus groups should be changed from the high risk groups to all the general populace because every person is at risk. There should be an increased Concentration on the general population both in the rural and the urban areas. It should be ensured that there is strategic use and smooth flow of external donor funds and the Government and the NGOs need to spend the funds wisely towards the control of the pandemic.

More sensible sentinel surveillance programmes which include rural areas, private health sectors etc should be done, so that people know where they stand. The surveillance data should be made available to the general masses so that they are aware of how the pandemic is affecting their own society.

There is an immense importance of sex education and HIV/AIDS education in primary, middle, high school, higher secondary, college and in master’s level too. As education is considered as the only available weapon available today to halt the pandemic, importance should be given in this field.
All religions ought to talk openly about issues relating to HIV/AIDS. HIV/AIDS information should be communicated through religious bodies extensively. Extensive counseling, prayers and organizing programmes and seminars on HIV/AIDS should be one of the priorities that all the religious organizations need to take up.

The mass media represents the most readily available and potentially most economical means of imparting information about HIV/AIDS. Along with other forms of communication, the mass media effectively raise public awareness and concern about HIV/AIDS. Considering the mass media to play an important role in disseminating information regarding HIV/AIDS in Nagaland, more emphasis should be given.

Stigma and discrimination is caused by lack of understanding of HIV, how it is spread, lack of access to treatment, irresponsible media coverage of the epidemic, the fact that AIDS has no cure, and already existing prejudices related to sexuality, disease, drug use, and death. Therefore it is highly suggested that stigma against HIV/AIDS victims should be eliminated, if not than it can help stem the tide of the “epidemic.”

One major observation is the rampant entry of young boys and girls in the various lounges and bars in Nagaland. Therefore it is suggested that age bar be made a compulsory initiative so as to prevent young people from engaging in high risk behaviour.

PLWHA’s should come together and share their thoughts, ideas, problems and reason out together to explore possible solutions. These meetings will usually help people deal with their HIV status; help people disclose their status to their families and generate family support.

The prevention and control of HIV/AIDS should not be seen as the sole responsibility of the health services. Commitment and action is required at all levels including individual, family, health personnel, media etc.
**Recommendations**

HIV/AIDS has become the greatest threat to society’s survival. Concerning the sexual route of transmission as the root cause, School systems should make programs available that will enable and encourage young people to stay away from high risk behaviours that ultimately leads to HIV. School health councils that include representatives from the schools, the NGOs and the government can facilitate the development of a broad base of community expertise and input. It has been found that in our state, except for the programmes held from time to time on HIV/AIDS, there is no such set up.

The development of school district policies on HIV/AIDS education can be an important first step in developing a successful HIV/AIDS educational program. Sex education should be imparted and it should be added in the curriculum. Imparting sex education with proper guidance will instill the knowledge of the pandemic and will try to keep themselves away from the menace and its implications. Incorporation of life skills in schools and colleges is a basic necessity. Since society is still very apprehensive of talking about sex; there is need for young people to have adequate information about going into pre-marital sex. There should be promotion of better understanding of sex and sexuality. A better understanding needs to be promoted in the community about gender relations, sex and sexuality through dialogue, discussion and other participatory methods. Parents need to be counseled through family life education programmes and other life building skills to handle better and address risk reduction in their young children.

A comprehensive and culturally sensitive prevention programme linked with primary health care, counseling and social services, trainings, seminars and programmes that facilitate community participation should be devised.

It is highly recommended that a close coordination between the NGOs and the government should be established to bring about effective results in the fight against this pandemic. In addition to this, there should be timely evaluation of the activities, the levels of implementation and close supervision of the service providers in order to make the programmes more successful. The government should also see that all the necessary infrastructure are in place, be it in hospitals, care centres and schools.
Mass media sources such as television programmes, radio, newspapers and magazines, advertisements in hoardings and banners are identified as the channels for HIV information. Enhancing the content and the penetration of HIV/AIDS campaigns within various channels of the media can be an important strategy in disseminating more HIV knowledge and reducing HIV related discrimination.

HIV/AIDS growth should be checked especially in districts like Dimapur, Kohima, Tuensang etc. where the prevalence rate is much higher than the other districts. Education and awareness should be given out reaching out even to the core. House to house campaign should be adopted.

**LIMITATIONS OF THE STUDY**

Some of the limitations of this study are:-

1. Due to the vast area of study, there were time constraints to cover up the entire study field. It consumed a lot of time exclusively for field work purposes and to effectively get hold of accurate data.

2. The sensitivity of the problem posed as a hurdle especially during the period of field work. The feeling of inferiority complex of almost all the PLWHA respondents made it difficult for the researcher to interact freely with them. Though after repeated meetings, the researcher and the respondents felt comfortable and was able to built rapport, thereby extracting the important information’s needed to the fullest.

3. Many a times the researcher faced non-cooperation from the respondents. Most of them gave their hectic time schedules as the reason while some did not want to spend time in interviewing. Often there were loss of questionnaires too and it had to be given again for the respondent to fill up the details.

4. In some organizations, they were reluctant to furnish the details. Though they maintained the organizations records, they were hesitant and unwilling to supplement the exact statistics and figure enrolled under their organization of the HIV+ as well as to give out their activities report, because of their protocol as well as their fear of leakage of the organizational data.
5. While interacting with the PLWHA respondents, the fear of stigma and discrimination was seen and felt. There were so many questions like ‘What if’ that kept them disturbed.

**NEED FOR FURTHER RESEARCH**

The problem of HIV/AIDS as dynamic in character, there is a need for continued research on HIV/AIDS not only at the international, national and state level but also at the local and the grass root level as well. Therefore some of the areas where further research can be implemented are:

a) There is a growing need for inter disciplinary approach towards the study of the problem of HIV/AIDS. More systematic and qualitative research should be initiated. A series of study can be initiated through environmental approach religious approach, mass media, government intervention etc.

b) The analysis of the social and cultural context of early initiation into sex life, high risk behaviour and sexual abuse and exploitation in the state..

As stated earlier, the first identification of HIV in India was found in the industrial city of Chennai. It can be said that urbanization has been the major contributing factor in the spread of HIV within the country which has reached the state of Nagaland by and by. The occupants of large slums are stripped off their basic necessities of life like shelter, clean water, sanitation, health and safe environment. The life of people in such horrendous living condition increases peoples’ need for companionship, sexual satisfaction, drugs and alcohol. The HIV epidemic widens and deepens poverty by its serious economic impact on individuals, households and different sectors.

HIV/AIDS is becoming more of a global crisis everyday. Perhaps, nowhere is the need for reproductive health services more urgent than in the fight against it. With the growth in population, HIV continues to still spread in Nagaland unevenly in different districts. The present study has proved that the problem of HIV is hampering the societal growth. It has in fact affected the individuals, the family, the relatives and the society in general. This study projects that Naga society is still traditional in its attitude towards the HIV infected population. Stigma
and discrimination should be eliminated because everyone has the right to be protected from discrimination of any kind related to HIV/AIDS status.

Humanity is locked in a millennia-old battle to the death of diseases. The 2014 outbreak of Ebola reminds us that as our society gets crowded with more population and travel gets easier, the risks in the various disease outbreak even grow higher. The Spanish flu of 1918, carried around the world by soldiers bound or returning from the butchery of Europe’s battlefields, killed between 50 and 100 million people—many more than the people who died in the first world war itself, and maybe more than the people who have died in any war. Therefore, for the future, every person needs to be alert and prepared because problems like HIV and Ebola is likely to bring immense devastation to the human species.

New knowledge and new ways of applying existing knowledge about the virus and its spread is crucial. The greatest impact is likely to come from combining just three aspects: better knowledge and awareness; a better understanding of the plight of the HIV infected people; and putting an end to the stigma and discrimination leashed out to the PLWHAs. It is said that education is the only vaccine available against AIDS since date.

Social research on HIV/AIDS is of critical importance to the design of effective intervention for prevention as well as to their evaluation. Prevention of HIV through behavioral change is and will be for the foreseeable future, the only way to stop its spread. HIV/AIDS poses as a threat to younger generation which requires the utmost attention of the administrators, students, family, educationist, social scientist, social workers, churches as well as we as individuals. The impact of HIV/AIDS presents unprecedented challenges to policy makers, public health officials, social welfare workers and others working at the international, national, community and individual levels.

Given the magnitude of the pandemic and its heavy personal, social and economic cost, existing efforts to respond to HIV/AIDS must be developed and supported. Only through considered, concerted and coordinated action will it be possible for the Naga society to cope with the complex and inter related consequences of HIV/AIDS.