SOCIO - ECONOMIC BACKGROUND OF HIV/AIDS PATIENTS IN KOHIMA DISTRICT OF NAGALAND

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Abstract:-It is important to study the socio-economic background of the HIV/AIDS patients to understand and analyze how and why the virus/disease is spreading rapidly in Nagaland, as Nagaland is the 6th highest prevalent state in India, in terms of HIV/AIDs patients, though in recent years the numbers of newly affected HIV victims has fallen. It is essential to know what type/section of the society is mostly affected and also to know and understand the social environment they live in, their family background, educational status, economic lifestyle, indulgence of alcohol, involvement in the society activities, especially the church, which plays an important role among the Naga society. With the help of studies like this the government and other organizations can pay more attentions and focus on that particular section of the society for more effective results in the prevention and ending of the disease as a whole. This paper is based on primary data and survey conducted in the Kohima district of Nagaland on the HIV/ AIDS patients.

Keywords:HIV/AIDS. Socio-economic. Background. Patients and social environment.

INTRODUCTION

Acquired Immunodeficiency Syndrome (AIDS) is a disease of the human immune system caused to people infected with the Human Immunodeficiency Virus (HIV). The illness alters the immune system making the person more vulnerable to infections and disease. As time progresses susceptibility worsens for the patients. HIV is found in the body fluids of an infected person, and is passed from one person to another through unprotected sexual intercourse, contaminated blood transfusions, and hypodermic needles and from mother to child during pregnancy, delivery and breastfeeding. HIV infection can cause AIDS to develop in the later stage; however it is also possible to be infected with HIV without developing AIDS. Without treatment the HIV infection progresses and eventually develops AIDS which is the case of the majority infected by the virus.

HIV/AIDS is a global pandemic as it is an infectious disease that is spread through human populations across large regions and to the world, and is actively spreading. Genetic Research indicates that HIV originated in West-Central Africa during the late nineteenth or early twentieth century. This disease was first clinically observed in 1981 in the United State of America. As of 2012, approximately 35.3 million people have HIV worldwide with the number of new infections that year being about 2.3 million. Among the nations sub Sahara Africa are the most effected nations, followed by South East Asia with an estimated of 4 million cases from which 2.4 million cases are from India.

Among the Indian states, Nagaland which is the 16Th state, largely inhabited by the tribal population with the population of 19, 80,602 according to 2011 census is the 6th highest prevalent state in the country which has HIV infected people. In the state 0.73% of its population is infected by the virus. Initially the virus was spreading through the use of hypodermic needles especially among the drug user, however slowly people are being infected through the sexual contact, resulting from the multiple sexual partners, infidelity and through prostitution, which has increased in the state in the recent times. So the government has taken the urgent need to educate people and stop the spreading of this disease, with its department NSACS (Nagaland State AIDS control society) which is one of the biggest and most effective organizations, organized various programs and counseling to the effected people as well as an awareness programs to the rest of the society. The government has also set up various service centers all over the state for HIV testing, providing them with the necessary help required.

CONCEPTUALANALYSIS

Socio-Economic; Socio-economic refers to both the social and the economic conditions of a person or society. It is a measure of class standing, typically indicated by income, occupation, education and wealth of a person in a society. It also includes the lifestyle, behaviors, social environment and access to preventive health care services among other environmental differences.

Background; According to Oxford advance learner dictionary, background means the details of a person's family, education, experience, economic conditions etc. It further explains that the background consists of the family, social, cultural, educational and class background. Background can be one's origin in relation to ones present character or status.

HIV/AIDS; HIV is a Human Immunodeficiency Virus infection transmitted primarily through sexual intercourse, contaminated blood transfusions, hypodermic needles and from mother to child during pregnancy, delivery and breastfeeding. AIDS is a disease cause of human immune system caused by a virus HIV, this alters the human immune system making people much more vulnerable to infections and disease making it worsens as the disease progresses.

Patients; Patient is someone who is suffering, who is under medical care or treatment. A patient is any recipient of health care services because they are ill or injured and in need of treatment by a physician assistant or other health care provider.

Nagaland; Nagaland is the 16th state of India, from north eastern part of India. The state covers an area of 16,579 km2 with a population of 1.9 million. It is a hilly mountainous state with 40 different tribes with their own separate dialects. The ancestors of the Naga were animist by tradition however with the advent of American Christian missionaries in the late 19th century the Nagas have converted into Christianity and now more than 95% of the Naga follows Christianity. With Christianity the missionaries bought along with them the education and now the state literacy rate stand at 80.11% according to 2011 census.

Primarily the people of Nagaland depends their livelihood on agriculture and animal husbandry, however in the present day people are shifting towards the tertiary sectors, both government and private

sectors for their livelihood. As a result to the exposure with other societies, many changes are taking place which benefits as well as affect the society, for example the infections of HIV/AIDS which is the major problem in the state and its in the high alarm to stop and prevent from spreading it more in the state as 0.73% of its population are infected as per the technical report, India HIV estimate 2012.

Review of literature; We Care, it is a news letter published by the Nagaland State AIDS Control Society, and published monthly giving the details of their programs conducted in the states as well as the latest statistics of the HIV/AIDS patients in the state. It gives the details of the entire service centers available in the state to reach out to every corners of the state, where they conducted the blood testing for the HIV+ and registered the new patients and provide the counseling for the need.

William N. Rom, Steven B (2007) in their book "Environmental and Occupational Medicine" the authors gave the depth and breadth on each topic of many diseases they studied including HIV/AIDS that could be used to prepare a lecture and to gain background of the disease for better understanding.

Fact sheet, UNAIDS (2013) the fact sheet provided by UNAIDS where they provide all the detailed and latest statistics on HIV/AIDS patients and the death causes by the diseases all over the world, the numbers may increased or decreased on the yearly basis.

CMIS bulletin (2006-2013) which has been published by Nagaland State AIDS control Society where the department has compiled all the statistic record for 6 yrs, like the district wise testing status, number of HIV+ tested, number of AIDS cases and death and the number of patient under the state health care service provided to the HIV patients.

PRESENT STATE OF KNOWLEDGE

No research has been done on the socio-economic background of the HIV/AIDS patients in Kohima District of Nagaland, which is the reason I have proposed to study this topic with the following objectives in mind.

OBJECTIVES OF THE STUDY

1.To know in which Age group is the disease most prevalent.
2.The family background of the respondents.
3.Social environment of the respondents.
4.Economic condition of the respondents.

RESEARCH DESIGN AND METHODOLOGY

A research design indicates a plan of action which needs to be carried out in connection for the researcher to enable him to keep track of his actions and to know that he is moving in the right direction in order to achieve his goal. The design may be a specific presentation of the various steps in the process of research. For the present research work, exploratory research design and descriptive research design is used. The main purpose of exploratory studies is that of formulating a problem for more precise investigation from an operational point of view. The major emphasis is the discovery of ideas and insight, because the investigator has little or no knowledge about the situation or problem under research.

Descriptive studies aim at portraying accurately the characteristics of a particular group or situation. The researcher observes or study then describes the result of the study. The present study is done on the socio-economic background of the HIV/AIDS patients in Kohima District of Nagaland, to know the age group and the gender of the patients, to know what type of family background they have, their educational qualification and also their economic conditionsand their social environment. And to study all these, researcher has used the scientific method that is the interview schedule method.The researcher has collected the primary data through the interview schedule method of questionnaire.

UNIVERSE OF THE STUDY

Universe in social research is that part of the project where the studies is supposed to make or being studies. In the present research the researcher has selected the HIV/AIDS patients in Kohima district of Nagaland as the universe of the study. At present there are 2254 HIV/AIDS patients registered in Kohima district, which is the 0.11 % of the total HIV/AIDS registered in the state of Nagaland as 19, 80,602 are the registered HIV+ patients in Nagaland.

SELECTION OF STUDY UNIT

Sample is a part representing the larger unit; it is a method in which some of the few units are selected from the universe. So for the present study the researcher has used the random sampling method for the selection of the study unit. Thus, 50 respondents are the sample for the present study.

TOOLS AND TECHNIQUES OF DATA COLLECTION

Data are facts, figure and other relevant materials, past and present serving as a bases for the study and analysis. The sources of data can be classified into primary and secondary source, primary source are the data collected by the researcher directly from the field and respondents. Secondary source are those readily available compendia and already compiled statistical statements and reports whose data can be used by the researcher for the further studies.The present study is based on primary as well as secondary source of data, primary data has been collected through interview schedule, and the question covers all the important aspects like their gender, age, family background, economic conditions and their social circles and environment of the respondents. Different websites, books and monthly newsletters form the secondary source of data of data collection for the present study.

CLASSIFICATION, TABULATION, ANALYSIS AND INTERPRETATION OF DATA.

The data collected needs to be organized and it required a proper processing because it may contains errors which makes the data unreliable. And for these errors corrective steps are to be taken. This can be done by means of editing, and the secrecy of the information supplied by the respondents had to be maintained and so the editing should be done by coding and decoding process. This process is called processing which refers to recasting and dealing with the data making ready for analysis.

After editing the data is to be put into some definite form because raw data is a most jumbled form with which one cannot use to render this complex unintelligible mass of data into some significant and understandable form. Data are usually put into the columns and raw and may undergo technical process in the statistical analysis of data. And this is called tabulation of data.

In the present study both the primary and secondary data was processed according to the above stated steps so that the data becomes ready to be analyzed and interpreted for finding of the research study.

Lastly the data obtained through both the primary and secondary sources are analyzed and interpreted in a scientific manner and conclusions were drawn regarding the study.

SOCIAL PROFILE OF THE RESPONDENTS

The social environment plays a very important role in the lives of an individual, the type of family, the peer groups, schools and colleges and the religious institutions are the most important agents of socializing the individual. So, to know the individual who are into the use of substance abuse, alcohol, depression or even infected by the HIV/AIDS, it is important to study their social background in order to bring the solution and spread the awareness to that section of society.

AGE AND SEX WISE DISTRIBUTION OF THE RESPONDENTS

sex	Age group in years			Total (%)
	15-25 (%)	25-35 (%)	35 & above (%)	
Male	2 (4%)	10 (20%)	4 (8%)	16 (32%)
Female	4 (8%)	21 (42%)	9 (18%)	34 (68%)
Total (%)	6 (12%)	31 (62%)	13 (26%)	50 (100%)

As shown in the above table that 32% of the respondents are male and 68% are female, and most of them are between the age group of 25 to 35 years which consist of 62% of the total respondents. Age groups belonging to 35 years and above are the second highest numbers who are infected by HIV+ and they consist of 26% of the present study and lastly the least number of respondents belong to the age group of 15-25 years, which is 12%. As a result, we can see that most of the HIV+ infected people belong to the age group of 25-35 years which is the prime age of life where they are mostly active in their career and also they just started to settle down with their spouse to start a family.

EDUCATIONAL STATUS OF THE RESPONDENTS

Sex	Educational status			Total (%)
	Under class 10	Under graduates	Graduate & above	
Male (%)	4 (8%)	9 (18%)	3 (6%)	16 (32%)
Female (%)	9 (18%)	17 (34%)	8 (16%)	34 (68%)
Total (%)	13 (26%)	26 (52%)	11 (22%)	50 (100%)

In the present study most of the respondents are under graduate, as we can see from the above table that 52% of the respondents are under graduate, 26 % are under class 10 and some of them are illiterate, they can't read or write their name. And lastly 22% are graduates and even post graduates. As a result we can see that HIV/AIDS are mostly infected by the high school and college drop outs, as their total percentage is 78% of the total number of respondents. Graduation and above degree holders consist only 22% of the total number of respondents who are infected by HIV/AIDS.

MARITAL STATUS OF THE RESPONDENTS

Marriage is a social union or legal contract between people that creates kinship, it is an institution in which interpersonal relationship usually intimate and sexual, are acknowledged and for the procreation of children.

Sex	Marital status			Total (%)
	Unmarried	married	Divorced	
Male (%)	2 (4%)	11 (22%)	3 (6%)	16 (32%)
Female (%)	3 (6%)	26 (52%)	5 (10%)	34 (68%)
Total (%)	5 (10%)	37 (74%)	8 (16%)	50 (100%)

Most of the respondents are married as it is shown in the above table, both male and female which consists of 74% of the total number of the respondents are married. Among the respondents 16% are divorced or living apart from their spouse and lastly 10% of the respondents are unmarried. The study shows that HIV/AIDS is mostly affected among the married people.

Occupation of the respondents

Occupation	Frequency		Total (%)
	Male (%)	Female (%)	
Unemployed	0 (%)	15 (30%)	15 (15%)
Self employed	7(14%)	9 (18%)	16 (32%)
Govt employed	9(18%)	10 (20%)	19 (38%)
Total (%)	16 (32%)	34 (68%)	50 (100%)

In the present study among the male respondents none of them are unemployed, however among the female respondents 15 of them are unemployed and that consist of 30% of the total number of respondents. This unemployed respondents are mostly housewife and without any day job. 7 male respondents which consist of 14% of the total respondents are self employed, they are mostly taxi and other commercial vehicles like bus and trucks drivers and conductors, and also those laborers who does the manual work and earn their livelihood on daily basis. Among the female respondents 18% of them are self employed, mostly owning a shop, and also into the business of making the local rice beer. Among the respondents 32% of them are government employed, 9 male and 10 female respondents are professionally into government sector.

Size of the respondent's family

Family members	Frequency		Total (%)
	Male (%)	Female (%)	
3-5	6 (12%)	14 (28%)	18 (36%)
6-8	9 (18%)	18 (36%)	27 (54%)
9 & above	1 (2%)	2 (4%)	3 (6%)
Total (%)	16 (32%)	34 (68%)	50 (100%)

Nagas usually have a big family, so we can see that most of the respondents are from a family where they have 6 to 8 family members including the father and mother of the family, and 36% of the respondents are from a family where they have a family members of 3 to 5 people and lastly 6% of the respondents have a family members of 9 people and above. The study shows that most of the respondents are from a family with more 3 siblings.

Respondent consumption of alcohol

Responds	Frequency		Total (%)
	Male (%)	Female (%)	
Yes	16 (32%)	27 (54%)	43 (86%)
No	NA	7 (14%)	7 (14%)
Total (%)	16 (32%)	34 (68%)	50 (100%)

As we can see all the male respondents consume alcohol, whether on a daily basis or occasionally, and also among the female respondents 27 use alcohol, same with the male respondents they too use alcohol on daily basis or occasionally. And lastly only 7 female respondents do not use alcohol. But majority of the respondents use alcohol.

Use of drugs

Responds	Frequency		Total (%)
	Male	Female	
Yes	3 (6%)	NA	3 (6%)
No	13 (26%)	34 (68%)	47 (94%)
Total (%)	16 (32%)	34 (68%)	50 (100%)

The above table shows the respondents indulgence into the use of drugs, as we can see only 3 male respondents' use drugs occasionally and the rest of the respondents that is 94% does not use. None of the female respondents use drugs; they have never used it in their lives.

Importance of religion in the respondent's life

Religion is referred to as a system of beliefs, practices and values concerned with the sacred. It is related to supernatural entities and power which are considered as the ultimate concern of all mundane existence among human groups.

Responds	Frequency		Total (%)
	Male (%)	Female (%)	
Very important	10 (20%)	25 (50%)	35 (70%)
Important	4 (8%)	9 (18%)	13 (26%)
Not much	2 (4%)	1 (2%)	3 (6%)
Not at all	NA	NA	NA
Total (%)	16 (32%)	34 (68%)	50 (100%)

The above table shows that 70% of the respondents find the religion very important in their live. The entire respondent follows Christianity, 26 % of the respondents find religion important in their life and 6% of the respondents find religion not that important in their life, though they still believe in the existence of God they are not devoted.

Respondent's involvement in the church

More than 95% of the Naga are Christians and church plays a very important role in the state, and also it is one of the most important agents in socializing the individual, second to a family which is the base of all human society. Hence it is important to know how active a respondent is in the church activities, as it teaches all the good social values to an individual.

Responds	Frequency		Total (%)
	Male (%)	Female (%)	
Daily	NA	NA	NA
Frequently	5 (10%)	16 (32%)	21 (42%)
Occasionally	6 (12%)	13 (26%)	19 (38%)
Rarely	2 (4%)	5 (10%)	7 (14%)
Never	3 (6%)	NA	3 (6%)
Total (%)	16 (32%)	34 (68%)	50 (100%)

In the present study none of the respondent involves in church activities daily. However 5 male and 16 female respondents which comprised of 42% of the total respondents attend the church or any of its activities frequently. 38% of the respondents, 6 male and 13 female respondents involves with the church activities occasionally. And 14% of the respondents which consist of 2 male and 5 female respondents rarely attend the church or its activities and lastly 3 male respondents never attend any activities of the church, and there is no female respondent who has never involves with the church activities. So we can see that all the respondents attend the church and its activities in their life though it is not on a daily basis.

Economic profile of the respondents

A person's economic profile is based on the amount of wealth they have, family's income and assets or relating to the practical necessities of life.

Monthly income of the respondents

Income	Frequency		Total (%)
	Male (%)	Female (%)	
10,000 & below	2(4%)	9 (18%)	13(22%)
10,000 to 20,000	7(14%)	12(24%)	19 (38%)
20,000 to 30,000	5(10%)	10(20%)	15 (30%)
30,000 & above	2 (4%)	3 (6%)	5 (10%)
Total (%)	16 (32%)	34 (68%)	50 (100%)

As it is shown in the above table that 22% of the respondents have the income of 10,000 and below, 38% of the respondents have the income of 10,000 to 20,000 that consist the largest number of respondents. 30% of the respondents have the income of 20,000 to 30,000, they belong to the second largest number of respondents and lastly 10% of the respondents have the income of 30,000 and above. Majority of the respondents belong to the middle class income group.

Is your monthly income sufficient for your family?

Responds	Frequency		Total (%)
	Male (%)	Female (%)	
Yes	11 (22%)	25 (50%)	36 (72%)
No	5(10%)	14 (28%)	19 (38%)
Total (%)	16 (32%)	34 (68%)	50 (100%)

The above table shows that 72% of the respondents find their monthly income is sufficient for them; they can manage their medical bill, food, clothes and education for the whole family. However 38% of the respondents have the financial problem because the income they get is not sufficient to provide all the necessary items for the family.

How much do you get to save in a month?

Amount	Frequency		Total
	Male (%)	Female (%)	
Less than 5,000	14 (28%)	29 (58%)	43 (86%)
5000 to 10,000	2 (4%)	5 (10%)	7 (14%)
10,000 & above	NA	NA	NA
Total (%)	16 (32%)	34 (68%)	50 (100%)

As we can see from the given table that none of the respondent is able to save more 10,000 a month, however 7 of them save 5000 to 10,000 from their monthly income and most of the respondents that is 86% of the total respondents save less than 5,000 in a month, and in this group some of the respondents could not even manage for the month.

CONCLUSION AND FINDINGS

The present study consists of 50 respondents who are infected by HIV/AIDS, out of which 16(32%) are male and 34(68%) are female. Most of these respondents belong to the age group of 25 to 35 years;and they constitute 62% of the total number of respondents. 26% of the respondents belong to the age group of 35 and above and lastly 12% of the respondents are below 25 years of age. As a result we can see that HIV/AIDS effected people are mostly between the ages group of 25 to 35 years. Among the respondents 52% of the respondents are undergraduates, 26% of the respondents are under matriculate and the least number of respondents is 22% and they are graduate or above. Most of the respondents who are under graduates and under matriculates are drop-outs from their respective schools and colleges. Some of the respondents are illiterate, and cannot even read or write their name, however majority of them are literate.

74% of the respondents are married and living with their spouses, 16% of the respondents are divorced and the least number of respondents are single and not married. Thus, it concluded that more of the married people are infected by HIV/AIDS rather than the unmarried. If considered and relate these peoples employment status then most of the infected are government employees, out of which the most infected people are policemen and drivers. After which the second most infected are self-employed, which again consist of 32% who are into business owning a shop or other small business, taxi drivers and other commercial vehicle drivers. The least numbers of HIV/AIDS infected people are unemployed, of which mostly are housewives, whose husbands are infected with the virus. They constitute 30% of the total number of respondents of 50.

The largest section of the respondents i.e. 54% belong to a family of 6 to 8 members, after which the second highest bracket is 36%, who have a family member of 3 to 5. Lastly the least number of respondents belong to a family consisting of 9 members or more. As we can see that majority of the respondents belongs to a large family where they have a members of 5 people and more. Among the respondents 86% are into consumption of alcohol. This number is evenly matched by both genders, and the consumption is usually done on a daily basis where only a few drink occasionally. The result of this study shows that most of the HIV/AIDS infected people are in use of alcohol. Alcohol is not the only main stay, 6% of the respondents are also regular users of drugs.

As most of the Nagas are Christian, church plays a very important role in an individual's life as well as in the society. In the present study 80% of the respondents find religion very important in their lives, 14% of the respondents finds it important and for the rest 6% of these 50 respondents religion is not a big part of their life. So, it is clear that all the respondents believe in the existence of God and find religion important in their life. Apart from this going to church and its activities are an important social aspect of the Naga people, 42% of the respondents go to church and get involve in church activities frequently, 38% of them do that occasionally and 14% of the respondent rarely go to church or participates in its activities. And lastly 6% of the respondents never attend church or its functions though they believe in God and find religion an important aspect in their life.

Another important aspect of this study is the economic condition of these people. The respondents of the present study are mostly from a low income family. The largest number of respondents belong to the income group of rupees 10,000 to 20,000 per month, this constitutes of 38% of the total number of respondents. After this the second largest bracket is for the people having a family income of rupees 20,000

to 30,000 per month, which is 30% of the respondents. Third most significant number is 22%, and they belong to the income group of rupees 10,000 and below. And lastly the least of the lot is 10% who have the income of rupees 30,000 and above in a month. With this income 72% of the respondents provide sufficiently for the maintenance of their families, e.g. for medicine, clothes, food and education for the children. However 38% of the respondents do not find their income sufficient to provide for their families, most of the time they are short of money to even buy food for the family to keep them healthy. This income is also less for the children to attend a private schools where better education is provided. So from this study we found out that though the income is sufficient for some respondents to maintain their family, there are some who cannot afford for the maintenance of their families. Another factor which needs to be considered is, these respondent savings. None of the respondents and their family save an amount more than rupees 10,000 in a month. 14% of the respondents saves rupees 5,000 to 10,000 a month and lastly 86% of the respondents saves less than 5,000 in a month, out of this most of them do not have any savings as their monthly income is already insufficient for their family.

LIMITATIONS AND RECOMMENDATIONS

The main problem in the present study is the shortage of the sample size, as the HIV/AIDS patients do not want to reveal themselves to others, and thus refuse to meet for the interview which was the main sources of primary data collection. And also the study has been done only on socio-economic background of the HIV/AIDS patients, so a further study can be done on the social and economic effects on the HIV+ infected and AIDS people and their social stigma.

REFERENCE

1.Ackoff, R.L (1960). Design of social research.
2.Ahuja, Ram (2001). Research methods. Rawat publication, New Delhi
3.Elwin, Virrier (1961). Nagaland. Saraswaty press Ltd. Calcutta
4."Fact sheet". UNAIDS.org. 2013, retrieved December 4, 2013.
5."Fact sheet". UNAIDS 2011 pg 20-30
6.Goode and Halt (1986). Methods in social research. Mac GrawHillbook, C.F.
7.Kallings, LO (2008). "The first post-modern pandemic: 25 years of HIV/AIDS". Journal of internal medicine 263 (3): 218-43
8.Markowitz, edited by William N. Rom. Associates editor, steven B (2007). " Environmental and occupational medicine 4th edition". Philadelphia: Wolterskluwer/ Lippincott Williams & Wilkins. P. 745
9.Mandell, Bennett and Dolan (2010) chapter 169
10.Nagaland (1994) Nagaland Board of School Education
11.Singh, S.K (2003). Social survey research and statistics. Prakash Kendra, Sitapur Road, Lucknow
12.Sharp, PM, Hahn, BH (September 2011). "Origin of HIV and the AIDS pandemic. Cold spring harbor perspective in medicine".
13.UNAIDS, WHO (December 2007). "2007 AIDS epidemic updates(pdf) retrieved December 3, 2008
14.We care: News letter by Nagaland State Aids Control Society vol. 1 issue 2 -5
15.En.wikipedia.org/wiki/patient
16.En.wikipedia.org/wiki/HIV/AIDS
17.http://www.boundless.com/sociology/defination/socio-economic-status