A study on the relation between socio-economic characteristics and HIV/AIDS among the tribal women of Jaintia Hills, Meghalaya

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Abstract

The social fabric of a population is of utmost importance to know the scenario of HIV/AIDS in that population. This paper highlights vulnerability of women towards the disease based on their socio-economic characteristics. It is a cross-sectional study among the Jaintia tribal women of Meghalaya belonging to the reproductive and vulnerable age group (15-35years). The methods used for data collection are structured interview schedules, participant observation, focussed group discussions and in-depth interviews. The findings revealed that majority of the women are poor and uneducated and as a result, this has an impact on their role and ability to protect them from contracting the disease.

Keywords: *social fabric, HIV/AIDS, tribal Jaintia Women, Meghalaya*

Introduction

The tribal population is an integral part of India's social fabric and has the second largest concentration after the African Continent. India accounts for 84 millions of Scheduled Tribes which contributes to about 8% of India's population and they account for a quarter of the country's poorest people. Although these groups have seen considerable progress over the years and poverty among tribal groups declined by more than a third between 1983 and 2003 - nearly half the country's Scheduled Tribe population still remains in poverty, due to their low starting point.[1] A sociological study demands an extensive analysis of the characteristics of the population to be studied. The socio-economic background of an individual plays an important role in acquiring the awareness and the knowledge of the events occurring in society. It also helps in the formation of attitudes, practices and behaviour. The knowledge about the socio-economic profile of the respondents is essential to arrive at the accurate conclusion. Women have different perspective on a particular social problem. Though not wholly and solely, yet responses of the respondents can be explained on the basis of the knowledge of their socio-economic background. It is believed that socio economic condition of any woman can lessen her bargaining power for a safe and healthy physical relation that makes her vulnerable to sexual exploitation. Hence, in order to have a deeper insight into perspective of HIV/AIDS among the tribal Jaintia women of Meghalaya, an attempt has been made to analyse certain important socio-economic variables like age, community, religion, income, occupation, etc.

Methodology

The present cross-sectional study was conducted amongst tribal women of Jaintia Hills, Meghalaya, India, covering East and West Jaintia Hills districts. There are five blocks in both the districts- Thadlaskein, Laskein, Amlarem, Saipung and Khlehriet (Figure 1). For the present study, a total of 20 villages were surveyed covering all five blocks (four villages from each block were randomly selected).

Figure 1: Map of Jaintia Hills district, Meghalaya

The sample size of 308 was calculated using online sample size calculator http://www.surveysystem.com/sscalc.htm, giving prevalence estimates with 95% confidence level and within 5% confidence interval for a total number of people living with HIV (PLHIV) in Meghalaya, which is 1, 541.[2] Structured interview schedules, participant observation and in-depth interviews were used to understand the socio-economic factors related to HIV infection. Data was collected by interacting with the women and building rapport by developing mutual trust with them. This was supplemented with living in the community, participating in their activities and constantly observing what the women actually do in specific situations.

Results

The present study concentrates on the women of Jaintia Hills, Meghalaya. The total number of women (15-35 years of age) under study in East and West Jaintia Hills is 320. Information on socio-demographic profile of the women under study was procured. The data gathered throws light on the background of the respondents.

Demographic Parameters of Women

- **Geographical Distribution**

The geographical distribution of 320 women is represented in Figure 2 (a and b). The present study was conducted covering East and West Jaintia Hills district. There are five blocks in both districts- Thadlaskein, Laskein, Amlarem, Khliehriat and Saipung. From each block 50 women were interviewed except from Thadlaskien as it has a large area, so 120 women were selected from this block.

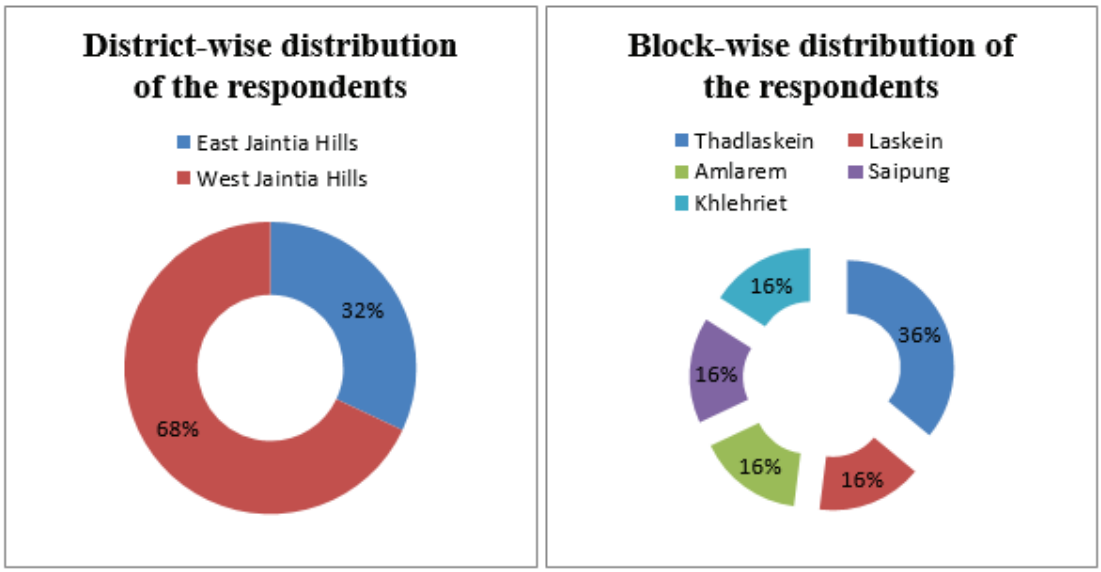

Figure 2(a) **Figure 2(b)**

Figure: Percentage distribution of respondents with respect to geographical region

Community

Community is a group of people living in the same place or having a particular characteristic in common. The major communities under study in Jaintia Hills are Pnar, Biate, Wars and Garo. In the present study, it was observed that majority of the population studied was Pnar (61%) and a small portion belonged to Biate (19%), Wars (14%) and Garo (6%).

· **Religion**

The present study reveals the religion followed by the women in the study area. Majority of the women were Christian belonging to Scheduled Tribe. Some of the Pnars belong to a religion known as Niamtre. It is the traditional religion in local usage. The word 'Niam' means 'religion' and 'tre' means 'origin'. Thus, the people who follow the original religion are called 'Niamtre'. However, over the years a number of the respondents have adopted other religions like Hinduism (16%) and Christianity (49%). At the same time, a significant number of Niamtre (35%) remains and continue the practices of associated rituals and religious practices. The traditional religion does not have any written script, it is based mostly on oral tradition. (Fig. 3)

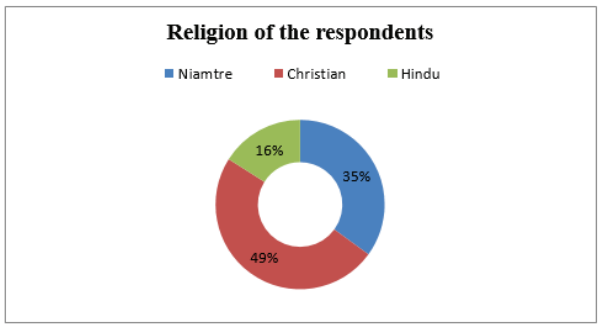

Figure 3: Percentage distribution of the religion of the respondents

· Age

Age of the respondents is one of the essential features in understanding their perspectives about the specific issue; by and large, age demonstrates the level of development of the people. The broad age group of 15-35 years has been classified into 4 age groups – 15-20 years, 21-25 years, 26-30 years and 31-35 years in order to maintain homogeneity in the age intervals. In view of high prevalence of HIV infection among the women in reproductive and sexual active group and availability of limited information on HIV particularly among the youth population, especially in women, the present study focused on the young women belonging to the age group 15-35 years. The percentage of women in the age group 15-20 years, 21-25 years, 26-30 years and 31-35 years is 16%, 22%, 25% and 37% respectively.

· **Education**

Education has been distinguished as a conventional social vaccine against contracting HIV, resulting in the more educated less likely to be infected i.e. higher education level is associated with lower level of HIV/AIDS. In the present study, the data shows that there are no respondents with secondary and higher secondary level of education. 33% of the respondents have primary education and 26% of them have middle school education.

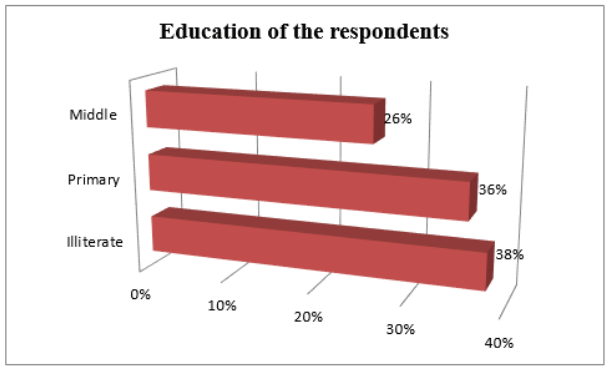

Figure 4: Percentage distribution of education of the respondents

· Occupation

Occupation is an important variable that has direct relation with HIV/AIDS. It has been established that some occupations are called high risk occupations because individuals working in them are more vulnerable to HIV e.g. female sex work, wives of truck drivers, wives of IDUs, etc. The data shows that most of the respondents are engaged in agriculture for a living (66%). Out of 320 respondents, 20% are vendors, 7% are housewives and depend on their families, 5% are health service providers working in the civil hospital, Jowai and 2% are sex workers (Figure 5).

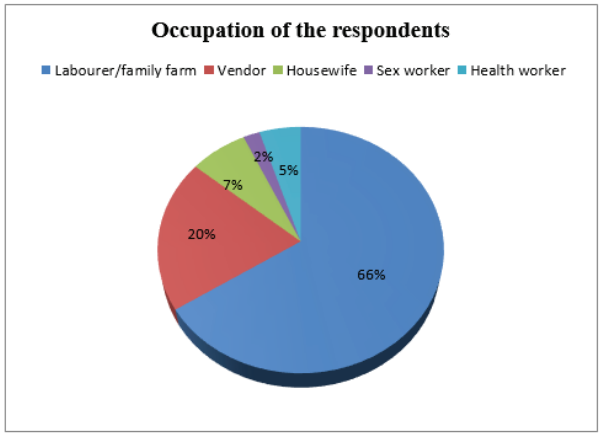

Figure 5: Percentage distribution of occupation of the respondents

- Economic status

Income of a person is an important variable to analyse the socio-economic status of a person. It enables a person to access to good education, maintain good health and provide good future to the children. Lack of income has been found to be related to poor health. The relation between HIV and income is very complex. A number of researcher reported that higher rates of infection are expected among poor. The figure 6 shows that the majority of the women under study belong to the low-income category, i.e., a monthly family income less than Rs. 5000 (n = 320; 56%). Out of the total 320 respondents, 115 respondents (36 %) belong to the category of monthly family income between Rs. 5000 – Rs. 10, 000. Another 8 % (n=320) respondent belongs to the category with a monthly family income above Rs. 10, 000.

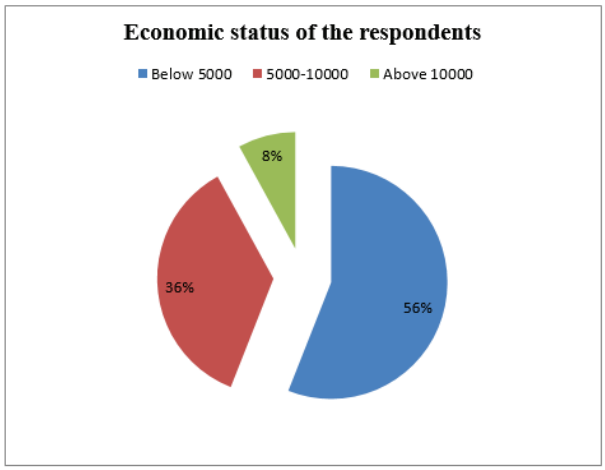

Figure 6: Percentage distribution of the economic status of the respondents

- Place of residence

Place of residence plays an important role in creating awareness regarding HIV/AIDS and with regard to treatment. The present findings show that 71% of the respondents belong to the rural areas and 29% belong to the urban areas (n=320). In the rural areas, HIV prevalence is low because of less risky sexual behaviour as compared to urban areas with availability of commercial sex, opportunities for casual sex, and less restriction with regard to sexual relationships.[3] But the virus has moved from urban to rural areas and from high risk to general population, disproportionately affecting women and the youth.[4]

- **Age at menarche**

In both social and medical perspectives, age at menarche is considered as the central event of female puberty, as it signals the possibility of fertility. And with fertility, comes the vulnerability of the respondents towards HIV/AIDS. In the present study, the age at menarche of the women varies from 12years of age to 15years of age.

- **Marital Status**

The Jaintias have a unique marriage system. A Jaintia house belongs to a woman and after marriage she stays in her house to be visited by her husband only at night time and this practice continues to remain so long the marriage bond exists. This system is called “Visit Marriage”. The mother has total control of her sons so much so that they belong to her even after their marriage. In the present study, it was noticed that in Jowai among the Niamtres, some of them still follow the traditional ‘night visit’ system, that is, the husbands stayed and ate in their mother’s house while they were sleeping in their wives’ house at night. However, the husbands were found not to share any of their earnings with their wives. The traditional night visit system of marriage was more frequent among the Hindus in Nartiang. It was observed that majority of the Hindus and the Niamtres, both in rural as well as in urban areas followed the night visit system of marriage.

The present study revealed that out of 320 Jaintia women, 19.7 percent married more than once. Higher percentage of women was found to get married more than once in the rural areas (26.2 percent) as compared to that of the urban area (13.0 percent). In the rural areas the percentage of women married more than once

was found to be the highest among the Niamtres (30.2 percent), followed by the Christians (24.4 percent) and the lowest among the Hindus (23.7 percent). However, there was a woman belonging to Hindu religion who was found to get married even seven times. The percentage of women getting married for four times was also found to be the highest among the Hindus. In the urban area women married more than once was found to be higher among the Niamtres (15.5 percent) as compared to that of the Christians (11.2 percent). The various reasons for women marrying more than once were (i) widowhood, (ii) divorce/separation. The reasons for divorce or separation were (a) the husband was drunkard, (b) no child from previous husband/s, (c) no female child from previous husband/s, (d) women fallen in love with another person, (e) husband not helping financially.

The focused group discussions (FGDs) carried out at community/village levels showed that poverty was the most important factor that had an impact on HIV/AIDS infection among the women of Jaintia Hills. Many of the poor young women in the study area were found to having multiple sexual partners as this was the only means of earning a livelihood and maintaining the family. In these situations they become vulnerable to HIV/AIDS not only because they had multiple sex partners but also because they were unable to bargain for safe sex with their partner. Some of the girls were being forced to have multiple sex partners in exchange for money by stepfather/stepmother. Some were sexually abused (more than one time) and then they started having multiple sex partners. There were no Antiretroviral treatment (ART) centre in Jaintia Hills, so, the patients need to go for the treatment to the Shillong Civil Hospital or NEIGRIHMS. The poor had less access to health care and therefore, most of the HIV cases remain unregistered at ART centre and untreated, resulting in further spread of infection. The perceived HIV/AIDS-related problems included malicious spread of HIV/AIDS by some infected people.

Discussion

Worldwide the large proportions of all new HIV infections occur in people under age 35 years. There are approximately four million young women aged 15 to 35 living with HIV globally.[5] The multiple transitions (i.e., biological, psychological) and developmental tasks (e.g., establishing identity) in this period of lifespan of young adults could be the reason for increased risk for HIV.[6] Similarly, in the present study it was found that females belonging to the age group 15-35 years are more likely to be infected with the disease. In a study in Sub-Saharan Africa, it was reported that young women aged 15-24 years have HIV rates higher than their male peers and they acquire HIV infection 5-7 years earlier than their male peers.[7] This gender inequality among HIV prevalence has been reported from the beginning of the HIV epidemic, and partly correlated with biological differences and social inequalities.[8] Their limited access to education and employment status force them to accept situations that put them at risk for contracting sexual infectious diseases especially HIV/AIDS. Other parameters known for contributing to the increased risk of HIV infection includes lack of knowledge and in the present study it can be indicated by rural locality, where young women are not much exposed to larger social networks which may not have led to greater exposure towards the information about sexual health and HIV prevention services, thereby increasing the HIV risk. Previous studies also show that people in rural areas are more susceptible to be affected with HIV.[9] Although, statistically non-significant but most of the women were illiterate or low educated in the study. These findings are consistent with other studies that higher educated women are more knowledgeable yet there is still knowledge deficiencies among the females located in rural areas, however, sometimes the knowledge is not reflected in the sexual behaviors of educated women.[10, 11] Another study also highlighted high level of ignorance about important preventive measure in the sexually active young population in rural areas.[12] A number of socio-economic problems and inequality to health care access are other factors that contribute to the infection among women. Several studies indicate that gaps exist between HIV knowledge and practices regardless of gender, place of residence, education level and socioeconomic status.[15, 16]

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Conflict of Interest: Nil

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