

Knowledge and Attitude towards HIV/AIDS among the Women of Jaintia Hills, Meghalaya

MONSUMI BAROOAH[†] & ROUMI DEB[‡]

*Amity Institute of Anthropology, Amity University,
Sector 125, Noida 201303, Uttar Pradesh*
E-mail: monsumib9@gmail.com; rdev@amity.edu

KEYWORDS: Knowledge. Attitude. Women. HIV/AIDS. Jaintia Hills. Meghalaya.

ABSTRACT: HIV is a serious and non-curable disease with grave consequences. The treatment options are scarce and educational programs limited. Specific behavior patterns are associated with high risk of transmission of HIV infection; therefore, it is imperative that people should have adequate knowledge of different modes of its transmission and overall impact of the disease on personal and social health of an individual. HIV/AIDS is the leading cause of death among women of reproductive age (aged 15-44 years). In 2016, new infections among young women (aged 15-24 years) were 44% higher than men in the same age group (UNAIDS, 2017). The present study was carried out to find out the knowledge and attitude towards HIV/AIDS among the young women of Jaintia Hills, Meghalaya. Data was collected from 320 women belonging to the age-group (15-35 years). The data constituted the inputs used for the empirical analysis of the study, obtained through the administration of interview schedule. The findings show that the awareness of HIV/AIDS is high, but the negative attitude towards HIV/AIDS among the Jaintia women is a major hindrance in controlling the spread of this deadly disease. Socio-cultural misconceptions about the disease and towards people living with HIV/AIDS (PLHA) were observed to take precedence over medical facts. The study population was also found to be at risk for infection as practice of safe sex was inconsistent and poorly maintained. Accurate and reliable information on HIV/AIDS is needed for the dissemination programmes. To help mitigate misconceptions, the study identified a need for connecting local communities with reliable sources of information pertaining to HIV/AIDS and to mobilise the communities to adopt safe sex practices.

INTRODUCTION

HIV/AIDS is one of the most destructive diseases humankind has ever faced. It brings with it profound social, economic and public health consequences. It has become one of the world's most serious health and development challenges. In 2016, there were an estimated 17.8 million women living with HIV (aged 15 year and older), constituting 51% of all adults living with HIV (UNAIDS, 2017). Common risk factors of acquiring HIV infection include unprotected

sex, sharing injecting equipment, use of contaminated blood, and the risk of HIV transfer from mother to child. Young people are particularly vulnerable being responsible for more than half of all new infections worldwide. The responsibility of caring for people living with HIV is an issue that has a greater effect on women. Additionally, millions of women have been indirectly affected by the HIV/AIDS epidemic through issues such as mother-to-child transmission (MTCT) of HIV. Some of the factors that influence the transmission of HIV to women are multiple sex partners, violence against women, lack of education, injecting drugs, sharing of needles etc.

[†] Corresponding author

[‡] Professor, Additional Director

HIV prevalence in Meghalaya has shown an increase of 0.73% from 0.16% in 2015 (National AIDS Control Organization, 2017). An official from the Meghalaya AIDS Control Society (MACS) (<http://www.meghalayasacs.org/>), said that the cumulative anti-retroviral therapy (ART) data in October showed that the number of people in the state registered with HIV Care is 2,988 with 2,842 adults and 146 children. The number of people ever started with anti-retroviral therapy is 2,261, with 2,136 adults and 125 children. The data shows that the number of people in active care is 1,834, with 1,726 adults and 108 children. A representative of the Meghalaya State Network of Positive People said the only way to address the issue was to bring about a change in peoples' attitude. Most of the people living with the virus are afraid to come forward fearing they would be rejected. In 2007, people living with HIV/AIDS registered with the network were around 15-20, but in October, 2017 the number has increased to 1,500 (The Telegraph, 2017). Keeping in view the above facts, the current study was conducted with the aim to understand the level of knowledge and attitude towards HIV/AIDS among the young women (15-35 years) of Jaintia Hills, Meghalaya.

MATERIALS & METHODS

A cross-sectional study was conducted among 320 Jaintia tribal women belonging to the age-group 15-35 years in east and west Jaintia Hills, Meghalaya. The data was collected from all the blocks of the district "Thadlaskein, Laskein, Amlarem, Saipung and Khliehriat. Structured interview schedules, participant observation, focus group discussions and in-depth interviews were used to understand the extent of knowledge and attitude towards HIV/AIDS among the women. Information was gathered by interacting with the women, by building rapport and developing mutual trust with them by living in the community. Data was obtained on the level of HIV/AIDS related knowledge and attitude of the respondents, as well as their sources of information on the issue.

RESULTS

The present study revealed that all the women belonged to the age-group 15-35 years of age and belonged to the Pnar, Biate, War Khasi and Garo tribes. The religions followed by these women are Christianity, Niamtre and Hinduism. Niamtre is an

indigenous religion of the Jaintia tribes. It is the original tribal religion of this community. They believe that their religion is God-given (not founded by man) and comes to this world by God's decree. The three cardinal principles dictated by God are *kamai yei hok*, *tipbru tipblai* and *tipkurtipkha*. They signify right living and practice based on right livelihood; fulfillment of duties toward fellow men to reach God; and showing respect to the members of one's father's and mother's clans. Therefore, Niamtre stresses equal weight to be given to fellow humans to attain God realisation.

It is found that majority of the women in the study population were literate (primary education-36% and middle school education- 26%) and the rest were illiterate. The occupational status of the women shows that most of the women of Jaintia Hills, Meghalaya, are engaged in agriculture for a living (66%). While the rest of them work as vendors (20%), health workers (5%), sex workers (7%) and some are housewives (2%). 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. (Table 1).

TABLE 1
Population and general household information of
the communities studied

Parameters	N	%
<i>Community</i>		
Pnar	195	61
Biate	60	19
Wars	45	14
Garo	20	6
<i>Religion</i>		
Christian	156	49
Niamtre	113	35
Hindu	51	16
<i>Age-groups (in years)</i>		
15-20	50	16
20-25	70	22
25-30	80	25
30-35	120	37
<i>Women's education</i>		
Illiterate	120	38
Primary	115	36
Middle	85	26
<i>Occupation</i>		
Labourer/ Family farm	210	66
Vendor	65	20
Sex worker	22	7
Housewife	7	2
Health worker	16	5

Knowledge of HIV/AIDS among the Jaintia Women
Case study on one of the effective sources of

Knowledge among the Jaintia women

The HIV/AIDS knowledge among the women of Jaintia Hills, Meghalaya, was assessed by taking into account questions such as, if they have heard of HIV/AIDS, source of information, ways of HIV transmission, questions related to sexual partner, knowledge and behavior related to sexual intercourse. The study revealed that the women of Jaintia Hills have heard of HIV/AIDS but had misconceptions about routes of transmission. According to the Jaintia women HIV is a deadly disease (47%) and is contagious (53%). They believe that a person with HIV eventually dies. There is no cure to it. The most effective sources of HIV/AIDS knowledge are the

X, a widowed Jaintia woman (30 year old) lives with her 3 daughters and her unmarried sister. Her sister has been diagnosed with HIV recently. The community they live in has tried to expel her sister but she supported her. She said that her husband died when her daughters were very small and her sister supported her during that phase of life. Therefore, it is her duty to look after her sister now. She said that she will get her registered for ART soon. She along with her daughters will take care. Initially, she was worried as she believed that HIV can be transmitted by touching or using shared utensils of HIV positive person. But the workers of the hospital have guided them to understand the actual ways of HIV transmission. (using shared needles, unsafe sex etc.)

Therefore, this case highlights the health service providers as one of the important sources of HIV knowledge in the study area.

health service providers (66%), womenfolk (21%), peers/ friends (8%) and media (5%). The health care workers know about the causes, transmission and treatment of the disease. The Jaintia women do not speak Hindi and English language. They understand and can speak only their native language. This makes media the least important source of HIV/AIDS knowledge in the study population.

Around 72% of the Jaintia women knew the primary modes of HIV/AIDS transmission via unsafe

sex and sharing infected needles. Despite possessing knowledge about the disease, it was marred with misconceptions as significant number of Jaintia women incorrectly thought that the disease could also be transmitted by shaking hands (2%), hugging (3%), kissing (4%), sharing clothes (8%), sharing eating utensils (3%) and mosquito bites(8%). Similarly, the actual ways to protect from HIV/AIDS among the Jaintia women (72%) were safe sex and not using shared needles. But misconceptions like not being in touch with HIV positive person (20%) and doing good deeds (8%) to prevent the disease was also present in the study population. All the women are aware that HIV testing is available in the community. The women believed that all women infected with HIV/AIDS will give birth to infected babies. According to 30% of the women, people infected with the disease quickly show serious signs of being infected such as weight loss, abdominal pain, loss of complexion etc. They know that having sex with more than one partner can increase the chances of getting HIV/AIDS. The existence of female condoms is not known by the women under study. The Jaintia women know that women are more vulnerable as compared to the men.

Attitude towards HIV/AIDS among the Jaintia Women

The attitude towards HIV/AIDS of 57% women in the community was found to be negative. They would not like to continue friendship with HIV

Case study on negative attitude of the Jaintia women towards HIV/AIDS

A 15yr old woman (Z) lives with her family members. They used to do farming for a living. She was mentally unstable after she lost her sister a year back. During one of her visit to the CHC for health check up, she was diagnosed with HIV and pregnancy. Her brother accompanied her to the CHC. The confidentiality of her HIV status was ruined by her brother. She was then expelled from the community. As she was mentally unstable, she could not deal with the situation. Thereafter, she committed suicide (informed by one of the CHC worker).

The present case portrays negative attitude of the Jaintia community towards HIV/AIDS and how it is leading to death (suicide).

positive persons. According to these women, anyone infected with HIV should be expelled from the community and they should be ashamed of themselves. However, less than half of the women showed positive attitudes on issues such as: buying items from a HIV positive shopkeeper, food seller or taking care of any HIV positive relative or friend.

DISCUSSION

Knowledge and attitudes studies of HIV/AIDS are very useful tools to understand the interventions required in the community. The present study revealed limited overall knowledge on HIV/AIDS, misconceptions about modes of transmission of HIV/AIDS and negative attitudes towards PLHA among the young women of Jaintia Hills, Meghalaya.

In the current study, it was found that all the women (100%) have heard of HIV/AIDS which is similar to the findings of Farid and Choudhary (2003) amongst the Pakistani women where 95% women have heard the term in contrast a study by Wong *et al.* (2008) revealed that 4.3% Malaysian young women had never heard of HIV/AIDS. In the present study, it is found that the major source of HIV/AIDS information is the health service providers (66%) and the womenfolk (21%) which is contradicting the findings of Haroun *et al.* (2016), television (79%), followed by newspaper and friends/relatives (25%) among the United Arab Emirates women. There is lack of knowledge on modes of transmission and prevention of HIV/AIDS in the community under study. Similar findings were reported from Nigeria wherein study participants' knowledge on HIV/AIDS transmission and prevention was poor (Kalasagar *et al.*, 2006). Other studies conducted in Turkey and Sub-Saharan Africa also pointed out a lack of proper transmission and prevention knowledge of the disease among their study participants (Hartwig, 2006). There are many misconceptions regarding the disease persisting among the young women in the present study such as shaking hands (2%), hugging (3%), kissing (4%), sharing clothes (8%), sharing eating utensils (3%) and mosquito bites (8%). Another study also reported prevalence of such misunderstanding among family members of people living with HIV (Bhagavathula *et al.*, 2015). The women under study (30%) were familiar with HIV/AIDS related

symptoms such as weight loss, abdominal pain, loss of appetite and complexion. There is a feeling of apprehension that once a person has AIDS, overall physical appearance deteriorates. While it is likely that PLHA will lose complexion, weight and could die prematurely, this fear is misplaced as timely medical intervention could help PLHA to live longer without losing their aesthetic appeal. Therefore, there is a need to properly disseminate correct information on this as such perception contributes to the overall misconception of HIV/AIDS. The prevalence and seriousness of HIV/AIDS could be seen from the fact that a majority of Jaintia women have known at least one PLHA either from their immediate locality, neighbourhood or at least have known someone that had died of AIDS. As information about PLHA status gets mostly circulated through local gossip, there is a tendency to spice up with the narrator's imagination without scientific basis. However, unless a conducive environment for PLHA is created to bring positive attitude and behavioural change, efforts to fight HIV/AIDS may not bring the desired outcome. It is recommended that proper education and awareness on HIV/AIDS is imparted to the community. There is an urgent need to improve mass media through which correct information on the disease could be regularly disseminated to the public throughout the year.

CONCLUSION

From the study, we can conclude that false notions of HIV/AIDS have taken precedence over medical facts leading to negative attitudes towards the disease among the women of Jaintia Hills, Meghalaya. The inconsistencies observed between knowledge on HIV/AIDS transmission and prevention with negative attitudes was a result of such misconceptions impacting community more than the scientific truth. To reduce the misconceptions, Government and intervention programs should be more active to increase the level of knowledge and improve the attitude towards HIV/AIDS.

REFERENCES CITED

- Bhagavathula, A. S., D. K. Bandari, A. A. Elnour, A. Ahmad, M. U. Khan, M. Baraka, F. Hamad and A. Shehab 2015. A cross sectional study: The knowledge, attitude, perception, misconception and views (Kapmv) of adult family members

- of people living with human immune virus-HIV acquired immune deficiency syndrome-AIDS (PLWHA). *Springer Plus*, 4(1): doi: 10.1186/s40064-015-1541-2.
- Farid, R. and A. Choudhry 2003. Knowledge about AIDS/HIV infection among female college students. *Journal of the College of Physicians and Surgeons Pakistan*, 13(3): 7-135.
- Haroun, D., O. El Saleh, L. Wood, R. Mechli, N. Al Marzouqi, and S. Anouti 2016. Assessing knowledge of, and attitudes to HIV/AIDS among women in the United Arab Emirates. *peer-reviewed open access scientific journal*, 11(2): 22-47.
- Hartwig, C. D. 2006. Church leaders confronting HIV/AIDS and stigma: A case study from Tanzania. *Journal of Community & Applied Social Psychology*, 2006: 492-497.
- Kalasar et al. 2008. AIDS awareness in an Indian metropolitan slum dweller: A KAP (knowledge, attitude, practice) study. *Indian J. Dent. Res.*, 2006 Apr-Jun., 17(2): 66-69.
- National AIDS Control Organization 2017. *The HIV Sentinel Surveillance, 2012-2013: A Technical Brief*. National AIDS Control Organization, Ministry of Health and Family Welfare, Government of India: New Delhi.
- National AIDS Control Organization (NACO) 2015. Department of AIDS Control, Ministry of Health & Family Welfare, *Annual Report, 2015*. (<http://www.naco.gov.in/sites/default/files/India%20HIV%20Estimations%202015.pdf>)
- National AIDS Control Organization (NACO) 2015. Ministry of Health and Family Welfare, Government of India, New Delhi. *Awareness Raising, 2015* (naco.gov.in/awareness-raising)
- The Telegraph 2017. *The Telegraph, Shillong*, 02/12. Shillong: Meghalaya.
- UNAIDS 2017. *UNAIDS Report on the Global AIDS Update. Joint United Nations Programme on HIV/AIDS, 2017*. UNAIDS: Geneva.
- Wong et al. 2008. HIV/AIDS-related knowledge among Malaysian young adults: Findings from a nationwide survey. *Jun. 24;10(6)*: doi: 10.1186/1758-2652-10-6-148.