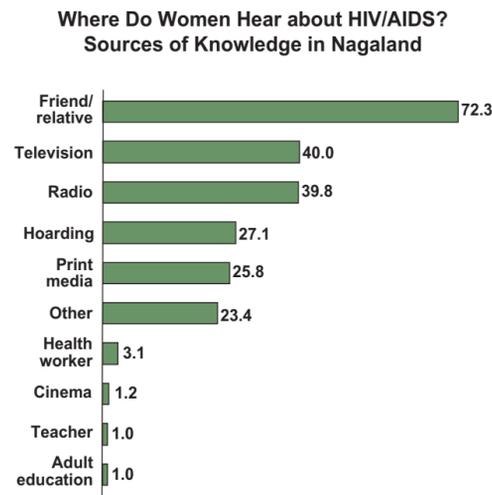


### People Need HIV/AIDS Information

For people to take steps to avoid HIV/AIDS, they must first hear of it. In Nagaland, the most likely source of HIV/AIDS knowledge is from a friend or relative. The percentage obtaining information from media such as television and radio is far lower than in other states, pointing to the difficulty of reaching people in this area of the country. Only 3.1 percent of ever-married women had heard of the disease from a health worker.



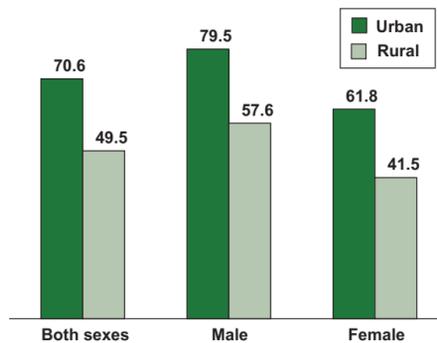
National Family Health Survey, 1998-99 (survey of ever-married women, ages 15-49)

Further, while one's becoming aware of HIV is a useful and desirable first step, interpersonal communication is vital for understanding the nature of the illness. Such education is woefully lacking, with 82.6 percent of residents having had no such counseling in five Northeastern states, including Nagaland.

**Accurate knowledge, testing and counseling are three main weapons in the struggle against HIV/AIDS...**

Awareness of the use of the condom as a means to prevent HIV/AIDS was far from universal. In the rural areas, only 57.6 percent of men and 41.5 percent of women were aware of its value.

Percent Knowing that Consistent Condom Use Can Prevent HIV/AIDS, Five Northeastern States\*, 2001



Behavioural Surveillance Survey 2001 National AIDS Control Organisation

\*Arunachal Pradesh, Meghalaya, Mizoram, Nagaland and Tripura

Overall, in these states, 28 percent of survey respondents said that they believed testing for HIV infection was possible in their area. However, the percentage who knew of a place to be tested was a shocking zero percent – no respondent could identify a testing place. Testing for HIV is not only in the individual's own self-interest, but would act as a strong deterrent to its spread.

### What must be done?

- The stigma associated with people living with HIV/AIDS must be ended. Women and orphans are cast from families, children from their school and workers from their workplace. Ignorance breeds needless fear.
- Confidential testing centres must be made operational in every district. HIV/AIDS must be fought at the grass-roots level.
- Women are a vital target for information and testing, lest they be left defenceless. It is also important to reach drug users and their partners.
- HIV/AIDS information — and counseling — must be universal. Everyone should know the truth about HIV/AIDS.
- People must learn that a single, uninfected partner is the best defence.
- Those who do engage in risky behaviour must learn the value of a high quality condom and how to obtain one.
- Treatment for people living with HIV/AIDS, including antiretroviral drugs, should be provided free of charge, given that the expense is beyond the reach of many.
- The importance of *quickly* educating youth is a key element in the campaign.

**All the danger signs are there. Knowledge of the disease itself is low, the knowledge of preventive measures is far short of what is necessary and counseling is unavailable to many. HIV/AIDS has come to Nagaland and is now a genuine epidemic.**

This series of factsheets on the six hard-hit HIV/AIDS states (Andhra Pradesh, Karnataka, Maharashtra, Manipur, Nagaland and Tamil Nadu) are available in English and the respective state language and are free of charge to individuals and organisations. For additional copies, please contact the Population Foundation of India at the address below.

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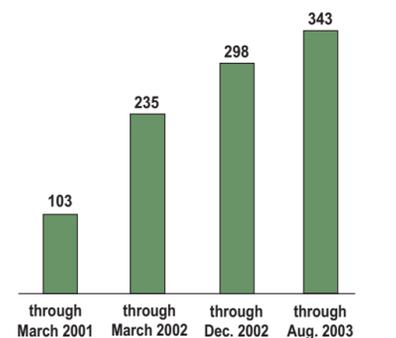
## Nagaland

## HIV/AIDS in India The Hard-hit States



**Nagaland detected its first AIDS case in 1994. It is now one of the states with the highest HIV/AIDS prevalence in India. Although the prevalence of infection among intravenous drug users has been a major concern, the disease has now spread to the general population. Rising numbers of pregnant women, whose sexual behaviour is not believed to be risky, are testing positive for HIV. But this spread of HIV can be prevented. Reaching drug users who share needles with accurate information on how to avoid the disease is a major concern in the state. Accurate information on how to avoid the always-fatal disease — and the elimination of the stigma against its victims — can help the state stem the tide of the epidemic.**

Reported Cases of AIDS, Nagaland

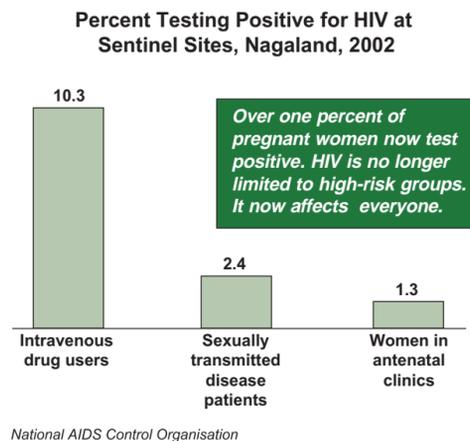


National AIDS Control Organisation

### How Far Has AIDS Spread?

Officially reported cases of AIDS from hospitals and clinics across the state are only a small fraction of the total. However, their rise from 103 in 2001 to 343 through August 2003 shows that the disease is rapidly gaining ground. Of those 343 cases, 45 were added in the first eight months of 2003 alone.

Among adults, males are infected 3:1 compared to females, but the number of infected females is rising. About 90 percent of the total reported AIDS cases are in the age group 15-44.



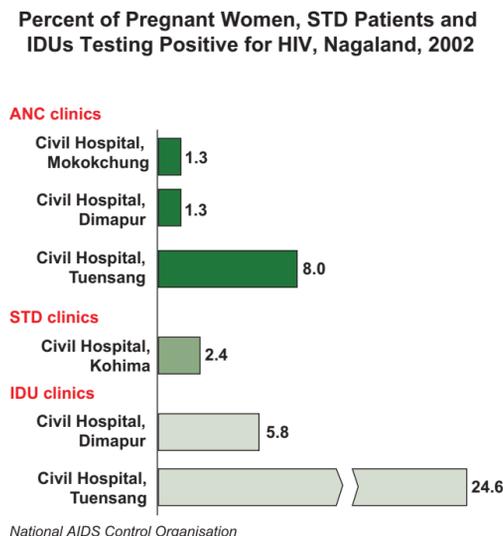
**Of the 49 high prevalence HIV/AIDS districts in India, three are in Nagaland...**

### Measuring the Spread

In order to measure the extent of HIV infection, testing is conducted at "sentinel sites" among high and low-risk groups. High-risk groups are patients at intravenous drug user (IDU) clinics and patients at sexually transmitted disease (STD) clinics. Women treated in antenatal clinics (ANCs) are the low-risk group.

The HIV/AIDS epidemic in Nagaland is now categorized as high prevalence, with five percent or more of high-risk groups testing positive and one percent or more of women in antenatal clinics testing positive.

The risk of HIV through sex with an IDU is closely related to the frequency of needle sharing among drug users. Among IDUs, the prevalence of HIV infection is high, with rates up to 24.6 percent having been recorded in 2002. Unlike other states, many infections in Nagaland result from infected syringes and needles and through blood transfusion or blood products.



**A true AIDS epidemic is not a future possibility for Nagaland. It is a present reality...**

### Bridge Groups

The high rate of HIV infection among women in antenatal clinics indicates that the disease is being carried to the general population by a "bridge" group. Husbands are a bridge that carries HIV from high-risk groups, such as sex workers and their clients, to their spouses.

Tragically, pregnant women can pass the infection to their unborn child or, after birth, by breastfeeding, an otherwise recommended practice.

Among pregnant women, the high rates of infection for those with higher education shows that even these groups have been unable to protect themselves from infection.

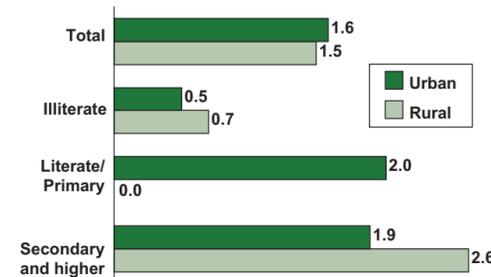
### Added Risk with IDUs

Injecting drug users (IDUs) who share needles pose a particular problem in Nagaland. Among IDUs, HIV prevalence rose to over 10 percent in 2002. The drug users, in turn, transmit HIV to their sex partners.

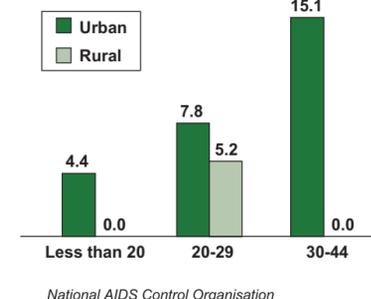
HIV infection in Nagaland is a more significant problem in urban areas, according to sentinel site data. This situation suggests that an intensified campaign in urban areas to spread HIV awareness and knowledge could greatly assist the fight against the disease in the state. Encouraging IDUs to be tested for infection should be a priority. Many IDUs are unaware that they have contracted the disease.

**"Bridge" groups, such as husbands who use the services of sex workers, infect their wives with HIV who then pass the disease to their babies. The epidemic is complete...**

Percent of Pregnant Women Testing Positive for HIV, by Education, Nagaland, 2001



Percent of IDUs Testing Positive for HIV in Urban and Rural Areas by Age Group, Nagaland, 2001



### Stigma: An Ally of AIDS

**The fight against AIDS will fail if its stigma cannot be overcome. The fear of being stigmatized for simply being tested for the infection allows AIDS to spread undetected from person to person...**

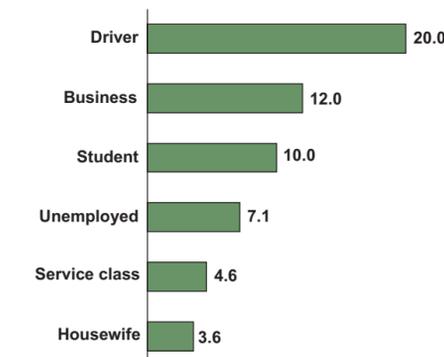
### HIV Moves through Society

The occupation of patients at STD clinics who tested positive for HIV illustrates how the disease spreads, especially in the initial stages. Those with frequent contact with many customers or clients are more likely to contract the disease and then spread it to others.

Among those treated at STD clinics, drivers have the highest prevalence of HIV in Nagaland. Drivers who travel distances to many different locations bring the infection with them, often to areas where the disease has not yet begun.

A telling statistic is the high prevalence of HIV discovered among housewives at 3.6 percent. This high rate of infection is another signal of the expansion of HIV into the general public.

Percent Testing Positive for HIV at STD Sites by Occupation, Nagaland, 2001

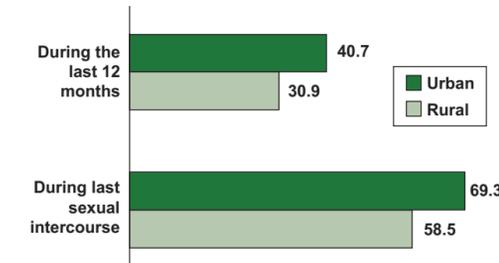


**The best defence against HIV/AIDS is a single, uninfected partner...**

### Condom Use Short of Goal

The best defence against HIV is a *single, uninfected partner*. When one's behaviour is risky, the primary defence is a high quality condom. The Behavioural Surveillance Survey 2001, conducted by the National AIDS Control Organisation (NACO), showed that the level of condom use during risky sexual behaviour is inadequate in five Northeastern states\*. In urban areas, only 40.7 percent of survey respondents used a condom consistently with non-regular sex partners. In the rural areas, this figure was 31 percent. This is a critical issue in that relatively high use of the condom is not enough. HIV will spread steadily with *anything short of 100 percent use*.

Consistent Condom Use with Non-regular Sex Partners, in Five Northeastern States\*, 2001 (percent)



\*Arunachal Pradesh, Meghalaya, Mizoram, Nagaland and Tripura

**Only 100 percent use of the condom with commercial sex workers can prevent the spread of HIV/AIDS. Nagaland is far short of this goal...**

\*Separate data for Nagaland are not available in the Behavioural Surveillance Survey 2001.