

Influence of Political and Economic Factors Increasing the Risk of HIV Transmission

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Abstract

Objective: the main objective of this study is to identify the influencing role of political and economic factors increasing the risk of Human Immune Deficiency Virus (HIV) transmission. **Methodology:** Mix research design was used to draw the data from 404 respondents of Kathmandu valley, Nepal. Simple random sampling was done to select the respondents. Statistical analysis was done for quantitative data and manual editing and analysis was done for qualitative data. Ethical approval was taken from the Nepal Health Research Counsel to conduct this research. **Result:** The primary survey data shows that around 90% respondents agreed that conflict contributes increasing the risk of HIV transmission in Nepalese context also; however, the secondary data shows the similar increasing trend of HIV in before and during the conflict situation of Nepal that varied the result with primary data. Poverty and migration are reported as the economic factors significantly associated with the risk of HIV transmission. **Conclusion:** influence of political factors found contradictory between the primary and secondary data, though it is associated with the risk of HIV transmission. The Government of Nepal has identified the agenda of HIV and AIDS as a "priority 1" program under the National Plan. Besides that, Government should work by adopting the multidimensional approach to reduce the risk of HIV transmission.

Key words: Economic, Factors, HIV, Political, Risk

Introduction

HIV infection is a global public health issue and is most prevalent in areas of the world where lack of political commitment and economic crisis is also a serious concern. Political commitment plays the vital role to address the public health issue. HIV and AIDS is one of the highly concerned public health issues of Nepal.

The history of Nepal's response against HIV and AIDS begun with the launching of first National AIDS Prevention and Control Program in 1988 (Government of Nepal, 2064/65 (2007/08)). This program was known as the Short-Term Plan for AIDS Prevention and Control, formed the basis for the First Medium Term Plan 1990-1992. This program was externally reviewed in December 1992 and on the basis of the recommendation made during the review; the Second Medium Term Plan for AIDS Prevention and Control in Nepal was formulated covering the years 1993-97 (Ramamurthy, 2005, p. 177). Last time, Nepal Government has developed next 5 years (2011-2016) National HIV and AIDS strategy to address the all dimensions of continuum of care from prevention to treatment care and support. Besides that UNAIDS has also developed the strategy 2011-2015 with Global commitments of Getting to Zero new HIV infection to address the global challenge of HIV prevalence. The UNAIDS strategy aims to advance global progress in achieving country set targets for universal access to HIV prevention, treatment, care and support and to halt and reverse the spread of HIV and contribute to the achievement of the Millennium Development goals by 2015. The UNAIDS strategy is a roadmap for the Joint Program with concrete goals marking milestones on the path to achieving UNAIDS' vision of "Zero new HIV infections, Zero discrimination, Zero AIDS -related deaths" (UNAIDS, December 2010).

On the other hand, economic status of country and individual also induce the risk behavior of individual. Poverty, unemployment and migration are mostly found associated with the risk taking behavior of individual regarding the HIV transmission. Poverty is explained as a social problem (Heald, 2010, p. 140). Poverty can be defined in absolute or relative terms. Poverty has long been recognized as an important determinant of ill health. People who are poor have worse self-reported health, higher rates of disability, and higher rates of death, disease and injury. Children from poor families have higher rates of illness, injury and death than other children (National Health Committee, June 1998, p. 24). Nepal "poverty is the root cause of the problem of AIDS" and that prostitution and migration, "two processes that expose the Nepali population to the HIV virus" (Dixit s. B., 1996, p. 50). David Seddon has suggested that environmental degradation, a byproduct of poverty, has also played a role in the spread of HIV AND AIDS in Nepal (AIDS in Nepal : Issue for consideration, 1995, p. 7).

In Nepalese context, political commitment is not strongly decelerated in the political declaration of political parties to address the social issue of HIV and AIDS. On the other hand, political instability also compelled the youth generation to migrate in abroad market in the search of job which worked as the bridge of HIV transmission from high risk group to general population.

Methodology

This study was conducted on Kathmandu valley of Nepal in 2013. Research was based on the descriptive and

exploratory research design. Simple random sampling technique was used to select the respondents. Total 404 respondents were selected from garment factory workers, brick factory workers, transport workers and health workers for the questionnaires survey and 22 people were taken for in-depth interview and 5 case studies were developed. Self-reported structured questionnaires were administered for survey and semi-structured checklist was used for in-depth interview and case study. Study was based on the structural functional theory following the pragmatic philosophy. The concurrent mixed method (qualitative and quantitative) was adopted to collect the data. Language translation and back translation of instruments, expert opinion was done to test the validity of data as well as pilot study was done among the 10% respondents of total selected sample size and Cronbach's α (alpha) was done to ensure the internal consistency and reliability of data. Cronbach's Alpha was .908 that is understood excellent reliability of data. Result was drawn from the primary data and critically discussed with the secondary data. Frequency table and Chi-square test was done for quantitative data by using the SPSS to explore the association between the two variables and manual editing, transcribing and analyzing was done for qualitative data.

Results and Discussion

In study, total 404 respondents participated, by sex, 29.46 percent were females and rests were males. Among them, 57% respondents were married and rest was unmarried. As per ethnicity 53.2% of respondents were Janjati (ethnic group) followed by 30.44% Chhetri and Brahmin, 11.38% Dalit and 5% Muslim/Yadav were participated in research. The mean age of the respondents was 27.31 years and Std. Deviation was 7.614, which ranges from 15 years to 49 years. As data of education level of respondents shows that majority (25.50%) of respondents had primary level of education followed by 27.48% respondents from the Higher secondary level and above, 21.29% from lower secondary level, 13.12% from secondary level, 7.92% from literate and 4.7% were illiterate respondents.

Nepal faced political instability and internal conflict around 10 years (from 1997/98 to 2006/07) which made disturbance in development and changes of each sectors. People compelled to leave their hometown and migrated within or out of country in the search of security and job. Indirectly, such conflicting situation also made people vulnerable for HIV transmission. During the survey, respondents' perception was collected about the role of conflict to increase the risk of HIV transmission in Nepal (Table 1).

Responses		Occupation of respondents				Total	Pearson Chi-Square
		Health workers	Garment Factory workers	Transport workers	Brick factory workers		
Strongly Agree	% within the total respondents	21.4%	19.9%	28.9%	29.9%	100.0%	Asymp. Sig. (2-sided) = .010 (S)
	% within Occupation of respondents	42.6%	39.6%	57.4%	59.4%	49.8%	
Agree	% within the total respondents	29.6%	25.8%	22.0%	22.6%	100.0%	
	% within Occupation of respondents	46.5%	40.6%	34.7%	35.6%	39.4%	
Neutral	% within the total respondents	22.6%	45.2%	25.8%	6.5%	100.0%	
	% within Occupation of respondents	6.9%	13.9%	7.9%	2.0%	7.7%	
Disagree	% within the total respondents	50.0%	33.3%	0%	16.7%	100.0%	
	% within Occupation of respondents	3.0%	2.0%	0%	1.0%	1.5%	
Strongly Disagree	% within the total respondents	14.3%	57.1%	0%	28.6%	100.0%	
	% within Occupation of respondents	1.0%	4.0%	0%	2.0%	1.7%	
Total	% within the total respondents	25.0%	25.0%	25.0%	25.0%	100%	
	% within Occupation of respondents	100%	100%	100%	100%	100%	

Sources: Field survey, 2013

Various previous researchers have mentioned that during the conflict period; people become more vulnerable for HIV transmission. According to the Kalipeni, 'Countries experiencing political and/or economic instability have been more vulnerable to the spread of diseases such as HIV/AIDS' (2000, p. 966). Similarly, Dixon also mentioned that when Law, order and system is disturbed and terrorist and armed forces come in road, then health related program and message dissemination remains totally stopped which promote the spread of HIV (AIDS

and You, 2002, pp. 21-22). Regarding the sex-business during the conflict, Mr. Brummer said that Soldiers are living in a stressful environment, separated from their family, while civilians might get exposed to sexual violence and have to survive in situations of extreme poverty, which may force them to sell sex to survive (so-called survival sex) (Labour Migration and HIV/AIDS in Southern Africa, November 2002, p. 6).

On the basis of previous finding; researcher had asked the question to respondents regarding the association between conflict and risk of HIV and AIDS in the context of Nepal during the survey. The primary data shows that 49.8% respondents reported 'strongly agree' followed by 39.4% respondents reported 'agree'. Besides that only 1.5% reported 'disagree' followed by 1.7% reported 'strongly disagree'. 7.7% respondents found in neutral response.

The finding shows the similarity with the previous literature. The primary survey data shows that around 90% respondents agreed that conflict contributes increasing the risk of HIV transmission in Nepalese context also.

There was significant association ($p=.010$; it is less than .05, $df = 12$) found on the perception of respondents on conflict as an associated factors with increasing the risk of HIV and AIDS.

Study of Secondary data

Besides the above primary data, Researcher has compared the secondary date of HIV infection between pre, during and post conflict between armed force of Nepal and the Communist Party of Nepal-Maoist (CPN-M) to measure that whether there is any association or not between the conflict and risk of HIV transmission.

Pre-Conflict Situation of HIV and AIDS			
Year	Estimated number of PLHIV	Increasing No. of PLHIV	Increasing trend of PLHIV in %
1991	24000	-	-
1992	28000	4000	16.67
1993	32000	4000	14.29
1994	36000	4000	12.50
1995	40000	4000	11.11
During Conflict Situation of HIV and AIDS			
1996	44000	4000	10.0
1997	48000	4000	9.1
1998	52000	4000	8.3
1999	55000	3000	5.8
2000	58000	3000	5.5
2001	60000	2000	3.4
2002	62000	2000	3.3
2003	63000	1000	1.6
2004	64000	1000	1.6
2005	64000	0	0.0
2006	64000	0	0.0
Post-Conflict Situation of HIV and AIDS			
2007	64000	0	0.0
2008	64000	0	0.0
2009	64000	0	0.0
2010	63528	-472	-0.7
2011	55600	-7928	-12.5

Data Sources:(UNAIDS, 2001; UNAIDS, 2011, p. 21; Donovan, 31 August 2010; GOVERNMENT OF NEPAL MINISTRY OF HEALTH AND POPULATION, 2012, p. iv)

The secondary data shows that trend of HIV infection was increasing in decreasing rate from the 1991 to 2004. It is seen that increasing rate was 16.67% from 1991 to 1992 which came in 1.6% from 2003 to 2004. Post conflict situation is seen in continue decreasing trend. The above data shows some variation with the primary response of respondents. The secondary data was divided into 3 stages; pre-conflict, during conflict and post-conflict. If we compare the data between during conflict and post-conflict then it shows the similarity with primary data and with other previous literature because in post-conflict, estimated no. of HIV positive was decreased. But when we compare the data with pre-conflict stage then it is found that during the pre-conflict also after identifying the HIV virus in Nepal, the trend of estimated no. of HIV positive was increasing. So, in Nepalese context,

practically (on the basis of secondary data of estimated no. of PLHIV) conflict is not significantly associated with increasing the risk of HIV transmission.

Association between Poverty and risk of HIV and AIDS

In this research, poverty was taken as one of the independent variables based on various previous literatures, as identified that poverty was positively associated with HIV infection. The primary survey data shows here that 32.5% respondents were strongly agreed followed by 35.5% were agreed regarding the association between the poverty and risk of HIV and AIDS. Besides that, 16.4% respondents disagree and 9.7% strongly disagree (Table 3).

Similar types of response found in in-depth interview with 37 years HIV positive woman from the Brahmin community; permanent resident of Rupandehi district of Nepal also said, "*Poverty and lack of awareness* made me vulnerable. I am infected from my husband through the sex."

Responses		Occupation of respondents				Total	Pearson Chi-Square
		Health workers	Garment Factory workers	Transport workers	Brick factory workers		
Strongly Agree	% within the total respondents	22.1%	27.5%	5.3%	45.0%	100%	Asymp. Sig. (2-sided) = .000 (S)
	% within Occupation of respondents	28.7%	36%	6.9%	58.4%	32.5%	
Agree	% within the total respondents	21.7%	22.4%	39.9%	16.1%	100%	
	% within Occupation of respondents	30.7%	32%	56.4%	22.8%	35.5%	
Neutral	% within the total respondents	29.2%	29.2%	37.5%	4.2%	100%	
	% within Occupation of respondents	6.9%	7.0%	8.9%	1.0%	6%	
Disagree	% within the total respondents	39.4%	15.2%	31.8%	13.6%	100%	
	% within Occupation of respondents	25.7%	10%	20.8%	8.9%	16.4%	
Strongly Disagree	% within the total respondents	20.5%	38.5%	17.9%	23.1%	100%	
	% within Occupation of respondents	7.9%	15%	6.9%	8.9%	9.7%	
Total	% within the total respondents	25.1%	24.8%	25.1%	25.1%	100%	
	% within Occupation of respondents	100%	100%	100%	100%	100%	

Sources: Field survey, 2013

Majority of the respondents agreed that there is association between the poverty and risk of HIV transmission. The finding can be compared with the previous study also which shows the similar result. As previous result reported that 'the connection between individual wealth and HIV/AIDS has long been of interest to researchers and policy makers. In the early stages of the epidemic in sub-Saharan Africa, economic status was positively associated with HIV infection (UNAIDS 1998; Hargreaves et al. 2002; Lyons 2003). A key explanation for this relationship was that wealthier men could attract and afford multiple sexual partners—particularly commercial sex workers, who were believed to be the main sources of infection—and therefore faced greater risk of acquiring the disease (Cleland, Ali, and Capo-Chichi 1999). Through their engagement in commercial sex relationships, wealthy men helped channel HIV infection into the general population' (luke, 2012, p. 377).

There was significant association ($p=.000$; it is less than .05, $df = 12$) found on the perception between respondents on poverty as an associated factors with increasing the risk of HIV and AIDS.

Association between 'Migration and risk of HIV and AIDS'

Migration problem is high in developing countries that support to increase the risk of HIV transmission. In the Nepalese context; migrant population stands as a bridge population to transmit the HIV from most at risk population to general population. In this research also, respondents were asked about the association between the migration and risk of HIV transmission. In face-to-face interview with 29 years old Mr. Kiran (name chaged), permanent resident of Bardiya district of Nepal shared his life experiences that *"my peers were very alcoholic and used to take smoking from the very beginning. Due to such environment, I could not pass class ten also. Then I went various cities of India and Nepal in the search of job in hotels and garment factories. Unfortunately, one day I had unsafe sexual intercourse with one woman who was suspected as HIV infected then I felt myself in risk of HIV transmission."*

Similarly, survey data shows here that 57.3% respondents strongly agreed followed by 22.8% respondents agree. Against this data, 5.7% and 4.7% respondents respectively disagree and strongly disagree in above-mentioned question. Around 9.4% respondents were found to reply in neutral response. There was association ($p=.017$; it is less than .05, $df = 12$) found between migration as an associated factors with increasing the risk of HIV and AIDS and occupation of respondents (Table 4).

Responses		Occupation of respondents				Total	Pearson Chi-Square
		Health workers	Garment Factory workers	Transport workers	Brick factory workers		
Strongly Agree	% within the total respondents	25.1%	22.1%	25.5%	27.3%	100.0%	Asymp. Sig. (2-sided) = .017 (S)
	% within Occupation of respondents	57.4%	51.0%	58.4%	62.4%	57.3%	
Agree	% within the total respondents	25.0%	22.8%	21.7%	30.4%	100.0%	
	% within Occupation of respondents	22.8%	21.0%	19.8%	27.7%	22.8%	
Neutral	% within the total respondents	28.9%	39.5%	15.8%	15.8%	100.0%	
	% within Occupation of respondents	10.9%	15.0%	5.9%	5.9%	9.4%	
Disagree	% within the total respondents	34.8%	17.4%	34.8%	13.0%	100.0%	
	% within Occupation of respondents	7.9%	4.0%	7.9%	3.0%	5.7%	
Strongly Disagree	% within the total respondents	5.3%	47.4%	42.1%	5.3%	100.0%	
	% within Occupation of respondents	1.0%	9.0%	7.9%	1.0%	4.7%	
Total	% within the total respondents	25.1%	24.8%	25.1%	25.1%	100.0%	
	% within Occupation of respondents	100.0%	100.0%	100.0%	100.0%	100.0%	

Sources: Field survey, 2013

Various national and international previous literatures also show that migration is one causative factor to spread the HIV and AIDS. Bummer has mentioned that 'migrants – and mobile populations in general – have played a significant role in the initial spread of HIV in the southern African region' (November 2002, p. 7). Similarly, in the context of Nepal, Beine has also mentioned that 'migration has been a factor identified as contributing to the spread of HIV and AIDS in Nepal. It is believed that many migrant laborers are bringing the HIV virus home with them when they return to Nepal' (Ensnared by AIDS: Cultural Context of HIV/AIDS in Nepal, 2003, p. 79). A study was conducted to analyze the association between the proportion of recent in-migrants and HIV prevalence for men and women in urban areas, using 60 data points from 28 sub-Saharan African countries between 1987 and 2005. We found a strong association between recent in-migration and HIV prevalence

for women (Pearson $R^2 = 57\%$, $P < 0.001$) and men ($R^2 = 24\%$, $P = 0.016$), taking the earliest data point for each country. For women, the association was also strong within east/southern Africa ($R^2 = 50\%$, $P = 0.003$). For both genders, the association was strongest between 1985 and 1994, slightly weaker between 1995 and 1999, and nonexistent as from 2000. The overall association for both men and women was not confounded by the developmental indicators GNI per capita, income inequalities, or adult literacy (Hélène A. C. M. Voeten, 2010).

Conclusion

The study reported that there was significant association found between the conflict situation and increasing no. of people living with HIV (PLHIV). However, based on secondary data of estimated no. of PLHIV, practically conflict is not significantly associated with increasing the risk of HIV transmission in Nepalese context. On the other hand, poverty and migration had significant association found with risk of HIV transmission at .05% significant level. Government of Nepal should launch the multidimensional approach to address the issues of HIV and AIDS from the structural-functional perspective addressing the political as well as economic factors.

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