AIDS / HIV PREVENTIVE MECHANISM FOR TRIBAL WOMEN IN 'CULTURAL AND ECO TOURISM' IN INDIA

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Abstract: Tribal communities are vulnerable to get exploited for economic and cultural tourism as their distinct socio cultural and anthropological values. Tribal communities are always been distinct with their unique culture, traditions, believe and practices. They are known for their unique practices with respect to sexuality and sexual behavior. Due to poor health infrastructure, ignorance and illiteracy, these groups are often suffering from various problems such as health and exploitation respectively. The Author presented the study to gauge the knowledge, attitudes, practices; reasons for exploitation and the risk factors associated 'Cultural cum Eco tourism' with specific reference to the spread of HIV/AIDS and STDs among these communities. Tribes around hill resorts or eco- tourism areas are anthropologically distinct with unique cultures, traditions and practices. Socio - economic Transformation and rapid growth of this population has led to dramatic changes in their habitat and value systems. Due to tourists flow to these areas and a poor health infrastructure, high levels of poverty and ignorance, these communities are highly vulnerable to various health problems, especially, communicable diseases including HIV/AIDS. It is essential and crucial to have appropriate development controls to Eco-Tourism and conservation of ecological integrity of the habitat, and vernacular practises with socio economic growth of tribes along with awareness programmes of conservation and practices of good health.

The statistics indicates that approximately 8% of the population lives within rural tribal communities in India, which are collectively referred to as 'Tribes'. These communities are geographically distinct in nature; with each tribe having its own unique customs, traditions, beliefs and practices. In rural Indian communities indices of reproductive health are typically very poor: maternal mortality rate is about 230 per 100,000 live births and 61.2% of the women suffer from at least one gynaecologic pathology. Because tribal groups have existed on the fringe of Indian society, they may still be unaware or indifferent to the potential health threats from HIV/AIDS and the ignorance with low economic status lead to agent's exploitation in tourism intensive areas .This paper deals the tribal women empowerment with specific reference to education, awareness of GoI programmes and policies to enable the tribes for not vulnerable to exploitation and tourism induced sexual diseases.

Keywords: *AIDS /HIV, Eco tourism, vernacular practices, empowerment, habitat, and polices*

Introduction: Human Immuno Deficiency Virus (HIV) and its consequence, Acquired Immune Deficiency Syndrome (AIDS) certainly count among the least tractable epidemiological disasters facing today's world. It is the worst and deadliest disease that humankind has ever experienced. The epidemic is not homogeneous and requires well informed, prioritized and effective responses. HIV is a virus that attacks the body's immune system making it unable to fight infections. The National Institutes for Health (NIH) defines AIDS as "the most serious stage of HIV infection that results from the destruction of the infected person's immune system" (Johan son, 2007 It was observed that most patients have the fear of being abandoned from their family if they reveal their HIV status. The economic problems are the major issue, because managing money for the long-term treatment is difficult for those who can hardly afford for their sustenance. So it is essential and crucial to understand its vulnerability, exploitation and social economic conditions so as to work out with lateral thinking and unlearning of earlier methods and models adopted for an appropriate direction for social vaccination for tribal areas.

Gray Areas: India has a population of one billion, around half of whom are adults in the sexually active age group. The first AIDS case in India was detected in 1986 and since then HIV infection has been reported in all states and union territories. The spread of HIV in India has been uneven. Although much of India has a low rate of infection, certain places have been more affected than others. HIV epidemics are more severe in the southern half of the country and the far north-east. As per NACO (National AIDS Control Organization Report 2008 – GoI) the highest estimated adult HIV prevalence is found in Manipur (1.40%), followed by Andhra Pradesh (0.90%), Mizoram (0.81%), Nagaland (0.78%), Karnataka (0.63%) and Maharashtra (0.55%).In the southern states, HIV is primarily spread through heterosexual contact. Infections in the north-east are mainly found amongst injecting drug users (IDUs) and sex workers. Unless otherwise stated, the data on this page has been taken from a 2008 report by the Indian government's AIDS organization – NACO (National AIDS Control Organization - GoI).

Table:1 Estimated number of people living with HIV/AIDS, 2009	
People living with HIV/AIDS	2.39 million
Adult (15 years or above) HIV prevalence	0.31%

Previously it was thought that around 5 million people were living with HIV in India - more than in any other

country. Better data, including the results of a national household survey conducted in 2005-2006, led to a major revision of the prevalence estimate in July 2007. It is now thought that around 2.39 million people in India are living with HIV. Of these, an estimated 39% are female and 3.5% are children. Back-calculation suggests that HIV prevalence in India may have declined slightly in recent years, though the epidemic is still growing in tribal regions, particularly in regions of tourism and eco-tourism.

Eco- Tourism: India is a major destination of tribal tourism in the world for its rich tribal population , by and large a good number of cultural freaks head to explore the culture and economic life of the tribes and their existance incredible India. The Major states such as Orrissa, Chhatisgarh, Madya Pradesh,the seven Noth eastern states along with Sikkim and the union Territories of Pondicherry, Lakshadweep, and Andaman and Nicobar Islands etc.,. The concept of eco-tourism is to expose you to the amazingly beautiful nature rich regions of India but at the same time help to conserve the virginal beauty of the green-carpeted hills, fresh lakes and rivers, pristine beaches and wildernesses that are home to a wide variety of fauna and exotic flora. Eco-tourism aims to involve the local inhabitants in conserving the natural resources and encourages the locals to act as guides to show you around during your luxury Eco-Tourism tours. Identify the local flowers and figure out the names of the various trees and other vegetation that cover a particular tourist destination. The population in around of these ecotourism areas benefitted with socio economic up gradation such as employment and multiplier economy.

Gray areas: According to Sankaranarayan the tribal communities are always been distinct with their unique culture, traditions , believes and practices. Over the years, due to contact with the outside world, great amount of acculturation is taking place among them leading to rapid changes in their socio economic and value systems. Due to poor health infrastructure, ignorance and illiteracy, these groups are often suffering from various health problems . Benefits of the developments activities often reach them very lately and their awareness is presumebably low in health related matters. They are known for their unique practices with respect to sexuality and sexual behaviour. In the context of the rapid spread of HIV/ AIDS infection in India, it is very essential to understand the knowledge regarding various aspects of HIV/ AIDS among the tribal people of India.

The Indian context: Situational Analysis: NACO 2008, GoI report has emphasised that , in India, experts point out that there is no one single epidemic. Instead there are numerous sub-epidemics which are localized in nature reflecting the diverse socio-cultural reality of the country. Some significant structural and socio-economic factors serve to exacerbate the existing vulnerabilities to HIV infection especially to ecotourism areas:

- High poverty levels, with more than 35 percent of the population living below the poverty line;
- skewed gender relations
- Large scale migration
- Low levels of literacy
- Unsafe mobility
- Lack of awareness
- Cultural myths, misconceptions, silence and resulting stigma regarding sex, sexuality and HIV
- Commercial sex and unprotected sex with multiple concurrent partners
- Male resistance to condom use
- High prevalence of sexually transmitted infections
- Low status of women, resulting in inability to negotiate safer sex
- Women's limited control over and access to economic resources

Since the detection of the first case in Chennai in 1985, the epidemic has spread to all parts of the country from urban to rural areas, infecting the most marginalized especially the poor women associated with tourist areas, and has moved out to general population from High Risk Groups. Among the high risk groups, the infection rate is as high as 7.23 percent among Injecting Drug Users (IDUs), while it is 7.41 percent and 5.06 percent among Men who have Sex with Men (MSM) and Female Sex Workers (FSWs), respectively.

Inclusiveness and Strengthen the position of Tribal women:

- Support business opportunities for tribal women in general, particularly those most at risk populations, widows and women living with HIV and AIDS.
- Promote female-owned business in supply chains and in public-private dialogue.
- Provide technical assistance and training to community and industry networks on enhancing participation of women, especially those at-risk, widows and infected women in the workforce.
- Develop financial literacy programs tailored to age, gender, marital status and context.
- Strengthen provision of support services such as crèches and day care centers as well as redressal systems that promote an enabling environment for women at work.
- Facilitate access of appropriate government programs for women's empowerment. Build capacities of the community to monitor implementation of the programs.

Conclusion: To effectively address the intersection between HIV/AIDS and gender and sexuality requires that interventions should, at the very least, not reinforce damaging gender and sexual stereotypes. Many of our past and, unfortunately, some of our current efforts, have fostered a predatory, violent, irresponsible image of male sexuality and portrayed women as powerless victims or as repositories of infection. It is painful to acknowledge the feelings associated with seeing patients suffer and die, so the professional becomes more

hardened and expresses less sensitivity and sympathy for the needs of the next patient , hence it is essential and crucial to bring adequate awareness and empowerment is required in eco sensitive areas explored for tourism. From the study it has been projected that the following ten distinct areas to be focused as it is essential and crucial for empowerment of women victims of HIV/AIDS. 1. Information; 2.Education; 3.Adopting skills; 4.Access to services; 5. Technical knowhow; 6.Economic resources; 7. Social vaccination; 8. Involvement or opportunity to have a voice in decision-making at all levels. 9. Employment; and 10. Besides , it is essential to have accesses to Health care centers. Especially ecotourism areas dominated by the tribals, traditional means of entertainment, covering music and street-plays, have to be employed to tackle issues, such as reproductive health and responsible sexual behavior.

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