

EDITORIAL

AIDS : A RAMPANT INTRUDER

प्रस्तावना : (अंक-अवधि में हिन्दी दिवस एवं विश्व एड्स दिवस के परिप्रेक्ष्य में)

एड्स (एक्वारड इम्युनोडिफेसियेन्सी सिंड्रोम) ह्यूमन इम्युनो डिफेसियेन्सी वायरस द्वारा होने वाली एक घातक बीमारी, मनुष्य के लिये मौत का फरमान, समाज के लिये तबाही, मानवता का अभिशाप, विश्व की त्रासदी एवं व्यवस्था को खतरनाक चुनौती है।

सन् 1981 में अमेरिका से प्रकाश में आया प्रथम रोगी 'मील के पत्थर' से मात्र पच्चीस वर्षों में विश्व के अधिसंख्य देशों में इस महामारी ने अपना शिकंजा कस लिया है।

संक्रमण के बाद अन्तर्प्रसार, कालान्तर में सुरक्षा तन्त्र का विनाश, फिर भिन्न-भिन्न संक्रमण, व्याधि की जटिलता से मानव शरीर का क्षरण, अन्वोगत्वा सुनिश्चित मरण।

आज विश्व में लगभग 394 लाख लोग इस व्याधि की चपेट में आ चुके हैं। लगभग 50 लाख नये लोग वर्ष 2004 में इस तबाही के शिकार हुये हैं। शनैः शनैः संक्रमण का जाल सम्पूर्ण दक्षिण पूर्व एशिया में फैल चुका है विभिन्निका का अनुमान इसी से लगाया जा सकता है, कि अब तक लगभग 71 लाख लोग इस आपदा के चपेट में आ चुके हैं।

इस आंकान्त्रा ने भारत वर्ष में भी दस्तक दे दी है, अब तक लगभग 51 लाख भारतीय नागरिकों के जहन में यह 'वायरस' प्रवेश कर चुका है। एच.आई.वी. संक्रमण की काली छाया उत्तर प्रदेश में भी पड़ चुकी है, लगभग 1000 से अधिक लोग तड़पती-बिलखती अभिशाप्त जिन्दगी जी रहे हैं केवल मौत के इन्तजार में।

बदलते आयाम, संचार दुष्प्रभाव, कलुषित मानसिकता, शैलानी संस्कृति, विपणन वर्चस्व, जीवन यापन से जूझते जन, टूटते परिवार, भटकते मानव, बिखरती जिन्दगी एवं भौतिक उत्कृष्ट त्वरित सर्व प्राप्ति की अभिलाषा आदि कारकों ने प्राचीन परम्पराओं एवं मान्यताओं के सुरक्षा किले को ढहा दिया है। सीमायें चरमरा गयी है फलतः 'ब्रम्हचर्य', 'पतिव्रता' एवं 'एकल पत्नी धारिता' चिंतन-भूमि पर एच.आई.वी. वायरस पैर पसारने में सफल हो गया है। व्याधि विरुद्ध औषधि एवं निरोधी टीका की अनुबलधता के कारण निवारण ही इस त्रासदी से वचाव का एक मात्र विकल्प अवशेष है। अतएव आसूचना, शिक्षा एवं प्रसार से समस्त मानव जाति का पुनर्जागरण कर इस विषाणु के प्रसार के रोकथाम अनुकूल जीवन शैली अपनाने हेतु आशस्वत एवं संकल्प ही है, निजात का सुनिश्चित एक मात्र हथियार।

बहुगामी व असुरक्षित यौन,

दे रहे मौत को आमन्त्रण।

लाइलाज है एड्स रोग,

'भागो' या 'भांगो' करना स्वयं नियन्त्रण।।

AN EPIDEMICS TOLL GROWS :

The HIV/AIDS epidemic represents the most serious public health problem in India. There is no denial of the enormity of the problem. The prevalence of infection in all parts of the world highlights the spread from urban to rural areas and from high risk to general population. It is estimated that as on end of year 2004, 39.4 million people were infected with the virus. Migration of labour, low literacy levels leading to low awareness, gender disparities, prevalence of sexually transmitted diseases and reproductive tract infections are some of the factors attributed to the spread of HIV/AIDS.

4.9 million (4.3 million – 6.4 million) people have acquired HIV infection only in one year of span – 2004. The global AIDS epidemic killed 3.1 million (2.8 million- 3.5 million) people in the past year.

AIDS EPIDEMIC DECEMBER 2004

Number of people living With HIV in 2004	Total	39.4 million (35.9-44.3 million)
	Adults	37.2 million (33.8-41.7 million)
	Women	17.6 million (16.3 – 19.5 million)
	Children	2.2 million (2.0 – 2.6 million)
People newly infected With HIV in 2004	Total	4.9 million (4.3 – 6.4 million)
	Adults	4.3 million (3.7 – 5.7 million)
	Children	640,000
	Under 15 years	(570,000 – 750,000)
AIDS Deaths in 2004	Total	3.1 million (2.8 – 3.5 million)
	Adults	2.6 million (2.3 – 2.9 million)
	Children under 15 years	510,000 (460,000 – 600,000)

The ranges around the estimates in this table define the boundaries within which the actual members lie, based on the available information.

SOUTH & SOUTH EAST ASIA (AIDS EPIDEMIC 2004)

Adult & children	7.1 million
Living with HIV	(4.4 – 10.6 million)
Adult & children	890,000
Newly infected with HIV	(480,000 – 2.0 million)
Adult prevalence (%)	0.6 (0.4 – 0.9)
Adults & child deaths	490,000
Due to AIDS	(300,000 – 750,000)
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India -	5.1 million (2.5-8.5 million) people were living with HIV in India in 2003

The number of people living with HIV has been rising in every region, compared with two year ago, with the steepest increase occurring in East Asia and in the Eastern Europe & Central Asia. The number of people living with HIV in East Asia by almost 50% between 2002 to 2004, an increase that is attributable largely to China's swiftly growing epidemic. In Eastern Europe & Central Asia, those were 40 % more people living with HIV in 2004 than 2002. Accounting for much of the trend is Ukraine's resurgent epidemic and the ever-growing number of people living with HIV in the Russian Federation. Sub Saharan Africa remains by far the worst- affected region with 25.4 million (23.4 million – 28.4 million) people living with HIV at the end of 2004, compared to 24.4 million (22.5 million- 27.3 million) in 2002.

HIV prevalence in the caribbean is the second highest in the world, exceeding 2% in five countries and AIDS has become the leading cause of death among adult aged 15-44 years in the region. Yest growing number of Caribbean countries are showing that the epidemic does yeild to appropriate and resolute responses.

The AIDS epidemic is affecting women and girls increasing numbers. Globally just under half of all people living with HIV are female. In most regions an increasing proportion of people living with HIV are women and girls

and that proportion is continuing to grow. Violence against women is a worldwide scourge and a massive human rights and public health challenge. It also increases women's vulnerability to HIV infection. Violence against women refers to a range of behaviors including sexual violence (rape and forced sex), physical assault, emotioned abuse (prohibiting a women from seeing family and friends), ongoing pelittlement, humiliation or intimidation and economic restrictions (preventing a women from working or confiscating her earnings).

The imbalances of power experience within relationship mirror wider, Societal inequalities that limit women autonomy and opportunities, which makes strong strides in expanding education opportunities, Disturbing in their own right, downward trends in education also hold implications for the epidemic's growth. Education is a key defense against spread of HIV Zambia experienced lower level of HIV infection among better educated people (UNICEF, 2003), while in Kenya research has linked higher education levels with increased AIDS awareness & knowledge, higher rates of condom use & greater communication on HIV prevention among partners.

India's epidemics are more diverse than any country of Asia. Latest estimates show that 5.1 million (2.5-8.5 million) people were living with HIV in India by 2003. Serious epidemics are underway in several states. In Tamil Nadu, HIV prevalence of 50% has been found among sex workers, while in each of Andhra Pradesh, Karnataka, Maharastra & Nagaland, HIV prevalence has Crossed the 1% mark among pregnant women. In Manipur an epidemic driven by infecting drug use has been in full swing for more than a decade and has aquired a firm presence in the wider population. (UNAIDS/ WHO, 2003). HIV prevalence measured at antenatal clinics in the Manipur cities of Imphal and Churachand has risen from below 1% to over 5%, with many of the women testing positive appearing to be the sex partners of male drug injectors. Several factors look set to sustain Manipur's epidemic, including large proportion (about 20%) of female sex workers who inject drugs and the young ages of many injectors (MAP-2003).

India does boast some significant prevention successes, such as the drop in unprotected casual sex reported in the Southern state of Tamil Nadu in 1996, 14% of truck drivers reported recent unprotected sex with a sex workers (AIDS prevention and control project, 2003).

As elsewhere in the region, the role of sex between men in India's epidemics remains poorly understood. What is clear that a considerable number of men in India do have sex with others men. In a household based survey in a low income areas of Chennai, (India) 6% of men reported sex with other men. These men were over eight times more likely to be infected with HIV than other men and 60% more likely to be infected with other sexually transmitted infections, while high proportion of these men (57%) reporting sex with other males were married (NACO-2002).

HIV prevalence is rising sharply in several places where it stayed low for many years, these rises are most dramatic among people whose behaviors carry a high risk of exposure to HIV drug research has revealed ample opportunistic for wider HIV transmission. The epidemic will assume diverse patterns. Risk behavior among injecting drug users in India rises is very common. A recent survey in three cities found 88% of the injectors had used non sterile needles or syringes, were found very high level of positive for HIV infection.

With 8.2 million (5.4 million – 11.8 million) people already living with HIV in Asia, treatment care an support need to more estimated 170,000 people who need antiretroviral treatment. A few countries are taking up that challenge. India has pledged free treatment in several states to the patients of HIV/ AIDS, contributes heavy tolls which will be increased upward secular way in coming years. Ultimately, this heavy toll on AIDS treatment will be affordable and sustainable, only when HIV transmission & prevention will be effective, and only then global spread

of AIDS can be halted.

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