

## EDITORIAL

### AWARENESS : THE MAJOR PREVENTIVE TOOLS AGAINST AIDS

AIDS might have started as a bush fire but is now spreading across the world like a forest conflagration that we are finding difficult to extinguish. In a matter of decades the HIV has reached a high level with about 40.3 million affected globally. The year 2005 alone saw an addition of 5 millions with over all estimated adult population below one percent. According WHO and UNAIDS estimates, despite improved access to anti-Retroviral treatment and the care in many region of the world, the acquired immune deficiency syndrome (AIDS) claimed 3.1 million lives in the year 2005, more than a million of them are children.

The AIDS epidemic in India is marked by heterogeneity. The epidemic shift from high risk population to bridge population (Clients of Sex workers, STD patients and partners of drug Users) and then to general population. There is timelag of 2-3 years between the shift from one group to another. Currently, the estimated HIV INFECTION RATE among adult population between 15-19 years of age is 0.7%

Although the levels of prevalence appear to have stabilised in TAMIL NADU, Andhra Pradesh, Karnataka and Maharashtra, it is still increasing among high risk population groups in several other states. This is on account of poor awareness, unsafe behaviour and lackness in health care system.

The WHO/UNAID reported features of the AIDS epidemics in few region of the country. The prevalence of HIV observed over one (1) percent in pregnant women in favour of the industrialised western and southern states, as Maharashtra, Karnataka, Andhra Pradesh and

Tamil Nadu along with Manipur and Nagaland, transmitted mainly through unprotected Sex in the South and Maharashtra. In the Northern States transmission reported through the use of infected needles used during drugs induction. The prevalence of the injecting drug users in Manipur State increased rapidly from 2-3 percent in 1989 to over 50 percent in 1991 and has been estimated to be above 75% at present. They are primarily young males, using drugs for five years. A study among women also done in Manipur in 1997 revealed a high HIV prevalence of 57% percent among drug Users compared to 20 percent among non-drug users.

The commercial Sex is important causative factors in the spread of HIV, is certainly a matter of worry for those related of the national AIDS control programme. Commercial sex (along with drug abuse in Nagaland and Tamil Nadu) serve as a Major driver of the epidemic in most parts of the Country. Surveillance in 2003 found that 14 percent of commercial Sex workers in Karnataka and 19 percent in Andhra Pradesh were infected with the HIV.

A recent estimates indicate that 26 percent of Sex workers in Mysore (Karnataka) were HIV positive is not surprising give the fact, that just 14% of the women used condoms with clients and 91 percent never used Condoms with their regular partners.

In Kalkatas Sonagachhi red light Area has curbed the spread of HIV, the use of protective measures by the Sex Workers. The



study reported the condom Use of 85% at Sonagachhi reduced the prevalence of HIV infection below 4 percent. But in contrast in Mumbai (Maharashtra) the use of Condom was not effective. The National AIDS control Organisation data suggest that in Mumbai the HIV prevalence rate among sex workers could be as high as 52 percent.

During the beginning of the African epidemic, Uganda faced a severe crisis in the almost 30 percent of the adult Population infected with HIV/AIDS in 1980 and 1990, Uganda responded through a mix of rationalist and creative policy approaches and after a decade of intervention a decline in HIV prevalence was noted. Similarly with limited resources the national programme for preventing mother to child HIV transmission in Thailand was successful due to focusing attention on counselling, communication, training and monitoring in the programme and behavioural intervention comprising of consistent condom use, reducing alcohol consumption and brothel patronage improving sexual negotiation and condom skills among conscripts in the Royal Thai Army for 15 months substantially reduced the risk of incident STI and HIV.

The undermining factor HIV stigma and the resulting actual or feared discrimination have proven to be perhaps the most difficult obstacles to effective HIV prevention, Stigma and discrimination simultaneously reduce the effectiveness of efforts to control the global epidemic and create an ideal climate for its further growth.

HIV Stigma stems from fear as well as association of AIDS with Sex, disease and death

and with behaviours that may be illegal, forbidden or taboo such as pre and extramarital Sex, Sex Work, Sex between men and injecting drug use, Stigma also stems from lack of awareness and knowledge about HIV. Such Stigma can fuel the urge to make scapegoats and blame and punish, certain people and groups. Fear of Stigma can also dissuade people living with HIV from playing a vital front role in HIV prevention. Stigma prompts people to act in ways that directly harm others. Stigma prevents many people from negotiating safer sex, taking on HIV test, disclosing their status to their partners or seeking treatment even when prevention services are made available.

A large number of women in India are affected with no risk behaviour of their own. Community gender norms have a sanction for domestic violence that interferes while adopting and negotiating HIV preventive behaviour by women that may increase their risk of HIV acquisition. It is therefore important to be sensitive about the gender related issues while designing strategies and intervention for AIDS prevention. Young women are often detected as HIV infected during their first pregnancy, majority of them within the first two years of marriage. Due to social and family pressures girls agree to early and timely marriages, because delayed wedding among girls carries social stigma and young males often aware of their risk behaviour and possibly also of their HIV related counselling services are still not readily available. Systematic efforts to eliminate stigma should be continued through awareness and establishment of voluntary counselling and testing (VCT) centers at district level are expected to play a major role in this direction.



The National AIDS control Programme (NACP) I and II have not taken as any where. The NACP 1 was launched in 1992, a control programme founded by the world Bank. The Programme ended in 1997, NACP II began in 1999 is in the last leg, and NACP III would be lunched in June 2006 and would focus on the rural areas where the incidence of HIV reported about 59 percent against 41 percent in the urban area. In NACP III would be more centralised and district level programmes would be organised to strenghten HIV prevention, control and care activities.

Though like many other developing countries, the main barrier to effective control of AIDS are reported to be insufficient resourcess, illiteracy and Stigma, there is a need to assess if the prevention and control efforts are directed to the right populations and if appropriate programmes are in place are working optimally. AIDS is less of Medical problem but more of Social cultural, and developmental problem. Short term strategies like aggressive case detection and mangement of STD's, condom promotion, blood safety and drug deaddiction programmes might yield quick results. However they should be effectively complemented by multi disciplinary approach and long term strategies for HIV prevention and control.

The world have served for HIV/AIDS had mankind invented vaccine that could save, humanity from the scourage of AIDS. While speaking Christian Medical College, (CMC), Vellore in Tamil Nadu on 1st December of 2005, the AIDS Day, Hon'ble President Dr. A.P.J. Abdul Kalam asked the CMC to develop a Vaccine for HIV/AIDS. in the absence of vaccine, education

and awareness are the only weapons available with us to prevent AIDS. To Prevent AIDS is to spread awareness about safe Sex, abstinence, sticking to one partner or the use of Condoms for the other partners.

There is increasing political will and commitment to HIV prevention and control efforts in india. A recently constituted National parliamentary Forum has stressed support for additional HIV prevention Programmes including a large School based adolescent education programme and a national compaign to raise awareness about STD's and treatments<sup>5</sup>.

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