A Comprehensive Approach to the Prevention Care and Control of

HIV / AIDS

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Introduction

Over the past twenty years, HIV/AIDS has emerged as one of the biggest killer diseases of humankind. The disease has crossed the 40 million mark (2003) of those infected, leaving millions dead. This disease has not only devastated the lives of those infected but also their families, communities and the economies of many countries. While those infected with the HIV virus are the most vulnerable, even the family members who are not infected become vulnerable. There is a need for the entire community to be fully aware of the epidemiology of this disease starting from its cause, means of spread, its manifestations, proactive care and its prevention.

This booklet is an attempt to provide full comprehensive knowledge on HIV/AIDS and the surrounding issues, so that it will help people take steps to strengthen themselves and their communities to fight and prevent this disease.

At present, there are two major approaches to HIV/AIDS control. One very successful approach has been the targeted intervention approach focusing on high-risk groups. This approach has been very popular in India and around the world. In the past fifteen years of HIV/AIDS control, the anticipated results have not been fully met and there is a need to present another potentially more effective but difficult comprehensive approach to HIV/AIDS control.

There is clear indication that if India is to control HIV/AIDS then a program suitable to India has to be planned, taking into account its own history, culture and the potential for change. It is also becoming clear that a pure medical or epidemiological model is inadequate to handle this problem. Therefore, this booklet takes a very strong culture-specific approach with the firm belief that if people are fully informed on every facet of the disease and surrounding issues, then people will make correct informed choices. This booklet has been designed and presented to be a tool for health and development workers for organising HIV/AIDS control programs and for empowering the general community.

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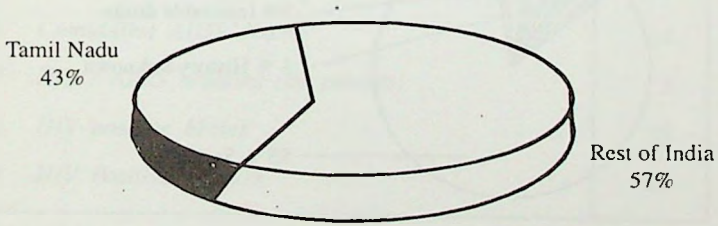
The History of HIV/AIDS

In 1981, a team of doctors in the US was finding many patients with failed immune systems. This failure of the immune system was named **'Acquired Immune Deficiency Syndrome'** or **AIDS** for short. Further research found that AIDS is caused by a virus called the **'Human Immunodeficiency Virus'** or **HIV** for short. AIDS is now found all over the world with epidemic rates in Africa and Asia. The first HIV infection in India was identified in 1986 in Chennai, and diagnosed at the Virology Centre of the Christian Medical College (CMC) of Vellore. The incidence of HIV/AIDS in India is now estimated at 0.7% of the adult population or 3.97 million adults. According to a study by the 'AIDS Prevention And Control' (APAC) organisation the prevalence of HIV in Tamil Nadu is 1.8% or 450 000 people.[3]

The National AIDS Control Organisation (NACO) reports that 57,781 people are living with AIDS (where the disease has past the infection and asymptomatic stages) in India with 24,667 of those people living in Tamil Nadu. That equates to 42.7% of people with AIDS living in Tamil Nadu. This is shown in figure 1.

Figure 1 **AIDS Cases in India and Tamil Nadu**



In figure 2 the sexwise breakup of is HIV/AIDS shown the disease is most among males.

AIDS Cases among Males and Females in India

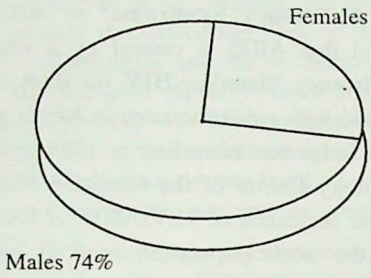
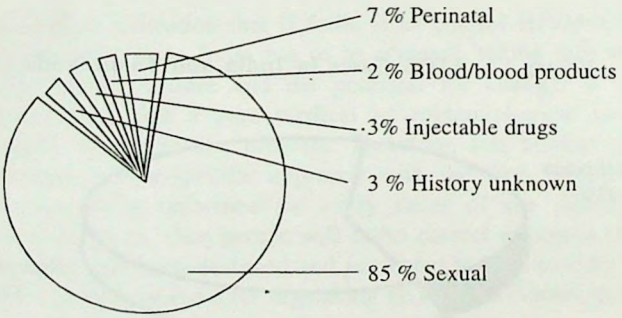


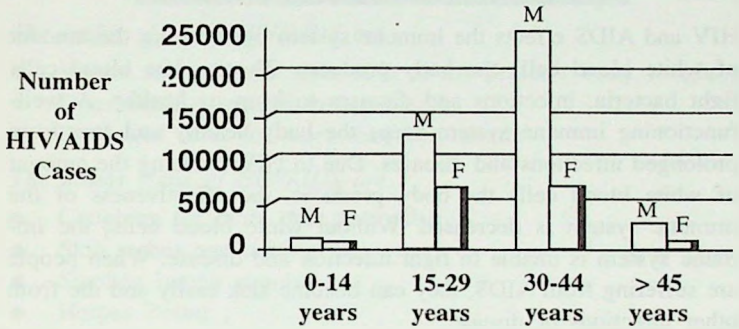
Figure 3 Presents the modes of HIV/AIDS transmission. The sexual mode is the most common far outstripping the other known modes.

Figure 3 Modes of Transmission of HIV/AIDS



In Figure 4 the age wise prevalence of the disease is shown. The 30-44 years age group has the largest proportion and it is followed by the 15-29 years age group.

Figure 4 Age and Sex Prevalence of HIV/AIDS



1.	*Total blood samples screened in clinic*	*473*
2.	*HIV Positive*	*64* (13.5)
3.	*Total Antenatal women screened*	*942*
4.	*HIV Positive*	*5* (0.53)
5.	*Cumulative HIV+ diagonised for K.V. Kuppam*	*64*
6.	*Cumulative AIDS deaths*	*23*
7.	*HIV / AIDS orphans (no parents)*	*3*
8.	*HIV positive Males*	*38*
9.	*HIV Positive females*	*22*

Understanding HIV/AIDS

The **Human Immunodeficiency Virus (HIV)** is the virus that causes **Acquired Immune Deficiency Syndrome (AIDS).** It is a disease that affects people all over the world, including India and Tamil Nadu.

HIV and AIDS effects the immune system by reducing the amount of white blood cells the body produces. These white blood cells fight bacteria, infections and diseases to keep us healthy. A well-functioning immune system keeps the body healthy and free from prolonged infections and diseases. Due to HIV reducing the amount of white blood cells the body produces, the effectiveness of the immune system is decreased. Without white blood cells, the immune system is unable to fight infection and disease. When people are suffering from AIDS, they can become sick easily and die from other infections or disease.

STAGES OF HIV/AIDS

1. The first stage is infection:
   This is when someone becomes infected with HIV. About 50% of people may suffer a small reaction to the infection that will be like a cold or flu. Aside from this, there are no immediate signs or symptoms to indicate that someone has become infected. The first stage can last from 6 months to 5 years before the second stage begins.

2. The second stage is called the asymptomatic stage:
   During this stage there are no symptoms but the HIV virus is multiplying and destroying the immune system and the person's immune CD4 cells. The person will feel and look healthy.

3. The third stage is called the latent stage:
   During this stage, minor signs and symptoms of HIV/AIDS will begin to appear. In cases where the person is treated properly and they lead a healthy life, they may recover and go back to the asymptomatic stage. This does not mean that HIV/AIDS is being cured, as the person will still develop this stage and the next stage in the future.

4. The fourth stage is full-blown AIDS:
   Within 6 to 12 months of the symptoms appearing, the disease becomes advanced and the person becomes severely ill. It is during this stage when opportunistic illnesses take hold and the person dies.

SIGNS AND SYMPTOMS OF HIV/AIDS[9]

*The **major** signs of HIV/AIDS are :*

- Weight loss of more than 10% of the person's body weight ;
- Diarrhoea for more than one month;
- Prolonged fever for more than one month.

*The **minor** signs of HIV/AIDS are :*

- Coughing for more than a month ;
- Skin rashes and itching ;
- Swollen lymph glands ;
- Herpes Zoster ;
- Fungal infections in the mouth.

Other possible symptoms can include:

- Speech impairment;
- Memory loss;
- Changes in vision;
- Changes in intellectual abilities;
- Muscle and joint pains.

If someone is suffering from 2 major symptoms and 1 minor symptom, then they should consult their local doctor for a blood test, to check for HIV.

Because the person living with HIV/AIDS has a weaker immune system, many diseases and infections take the opportunity to attack the person's body. These are called **Opportunistic Infections**. The diseases and infections often occur in the last stage of AIDS, and the person dies from the opportunistic diseases or infections. Some examples are: ● tuberculosis; ● pneumonia; ● cancers; ● prolonged gastrointestinal infections and ● prolonged fungal infections in the mouth, digestive tract and skin.

DIAGNOSIS OF HIV OR AIDS

A blood test is needed to test for HIV or AIDS. If someone has been at risk, for example shared unclean needles with an infected person or had unprotected sex with a commercial sex worker, then they need to get a blood test to check for HIV and STDs. For HIV to be detected there is a period of three months before the test can detect any evidence for HIV. This is called the **window period**. After being at risk, it is best to wait three months before being tested or the person can be tested and have another test in three months. Being safe is better than being unsure. It is advisable to consult with a doctor.

If someone does not feel comfortable visiting their regular doctor, they can have the test at CMC or RUHSA. There are doctors who know about HIV/AIDS and can help counsel people through the process. CMC and RUHSA provide private and confidential pre and post test counselling for people who feel that they may have been at risk. The test results are not shared with the person's family.

Laboratory Tests available for HIV/AIDS

1. Rapid blood test - Presumptive test
2. ELISA test - Presumptive test
3. Western Blot - Confirmatory test
4. CD4 cell count
5. Viral load count

The HIV/AIDS Diagnostic Test at CMC and RUHSA

The CMC Hospital and RUHSA Hospital use a rigorous HIV/AIDS testing procedure. A two-testing process is used to ensure that positive diagnoses are correct so that people are not misinformed. The procedure is:

1. A blood sample is taken from the person and a Rapid test is done either at RUHSA or CMC
    a. If the result is negative, the person is not diagnosed with HIV but still receives post-test counselling.

b. If the result is positive, the person is told of the result and another blood sample is taken for further testing.

2. The second blood sample is tested at CMC only.
   If the result is negative, a confirmation test is conducted sometimes before informing the person of their negative status. Post-test counselling is still conducted to help the person choose a safer lifestyle.
   If the result is positive, the person is diagnosed with HIV. Post-test counselling is conducted with plans for future follow-up and counselling.

To assess what stage of HIV/AIDS the person is, an immune CD4 cell count is conducted. The more advanced HIV is, the lower the immune CD4 cell count will be, as it is these cells that the virus attacks and destroys.

SPREAD OF HIV/AIDS

HIV is considered a delicate virus, this means that it does not survive outside of people's bodies like other viruses and can be easily killed by heat. For HIV to be passed on from one person to another there needs to be an exchange of blood or an exchange of body fluids from having sex with an infected person.

HIV/AIDS can be transmitted through :

- Unprotected sex with an infected person*,
- Sharing unsterilised needles, razors and sharps with an infected person,
- Untested blood transfusions and organ transplants that are infected with HIV and
- An infected pregnant woman passing it on to her unborn child**.

* Unprotected sex refers to sex without the use of a condom.
** The chance of unborn children being infected with HIV from their mother is approximately 33%. Before beginning a family, it is important to carefully consider the possible consequences. It is important to realise that the child may not have a normal life and will be lucky to reach the age of 5, if infected with HIV. Having children

to hide the infection of HIV/AIDS will not work if the child becomes infected. Women infected with HIV, will need to discuss with a doctor about breastfeeding as it is another form of spreading HIV but breast milk also contains vital nutrients for newborn babies.

There are four principles of HIV transmission:[7]

1) The virus must **EXIT** the body. HIV can exit a person's body through the exchange of blood and from having unprotected sex.

2) HIV must then **SURVIVE** the conditions it is in. It does not survive outside of the human body, unless it is in moisture.

3) The virus must then **ENTER** the blood stream of another person. It can enter another person's blood stream via tiny cuts, wounds or sores on the person's body.

4) There must be a **SUFFICIENT** quantity of the virus to infect the person.

Due to the need for a sufficient quantity of the virus to infect another person, HIV/AIDS cannot be spread through touch, hugging or sharing clothes.

For example, if Apu has HIV he can pass it on to Anjali through his blood being exposed to an open cut on her arm or leg; but he cannot pass it on to her through hugging.

HIV/AIDS does <u>not</u> spread through:

- <u>Hugging, shaking someone's hand or touching.</u> There is no exchange of blood or bodily fluids with these activities, so the virus cannot be transmitted.
- <u>Sneezing or coughing.</u> There is no exchange of blood from coughing or sneezing, so HIV will not spread.
- <u>Sharing clothes, beds, food, toilets, cups or plates.</u> There is no exchange of blood here, so the virus will not spread.
- <u>Mosquito bites or flies.</u> Unlike Malaria, HIV is killed by mosquito's stomach acid and subsequently cannot be passed onto

humans. Also, animals and insects do not carry the human strain of HIV and cannot pass it on.

- Kissing someone. Kissing from mouth to cheek cannot pass on HIV. Mouth to mouth kissing does not pass on the virus unless there are cuts and/or mouth ulcers where the virus can move from one person's blood system to another. The chance of this is small but it is best only to kiss when there are no sores or cuts.

If an infected person has an open sore or cut, HIV may spread if the open cut or sore comes into contact with another person's open cut or sore. The chances of this are small, but to be safe, it is important to keep all open cuts and sores covered with sterile bandages. To keep safe from infection, sterilise all sharp objects by boiling them in water for ten minutes before using them again.

COST OF HIV/AIDS ON THE COMMUNITY?

HIV/AIDS has a great impact on the community. It affects the health and social services, India's economic growth, and the health of children.

As the incidence of HIV/AIDS increases, medical costs for treating people also increases. This is because more doctors, nurses and hospitals are needed to meet the increasing number of infected people. Current medications for people living with HIV/AIDS are also very costly, compared to other medications. The demand for social services in supporting people with HIV/AIDS and preventing further spread increases, subsequently increases the cost to society.

As people become sick, they are unable to work and contribute to the nation's economic growth. With epidemic rates of HIV/AIDS, a large proportion of India's labour force is unable to work. This slows economic growth, increasing levels of poverty in the country. More importantly and directly, people are unable to provide for their families, increasing their personal circumstances of poverty.

With high incidence of HIV/AIDS in young adults, more and more children are being born infected with the HIV virus. This prevents

their bodies from fully developing a strong immune system to fight off disease and infection. Unfortunately, this results in children dying within 1 to 5 years of being born. During this short life, they are very sick often and require a lot of medical care.

The greatest impact HIV/AIDS has been in the community however, where there is the loss of family and community members.[5]

Case Study: The difference between HIV/AIDS and STDs.

A young man is experiencing pain while urinating and has lower abdominal pain. He has engaged in risky sexual behaviour with his girlfriend and has used IV drugs. He visits a doctor at RUHSA concerned that he has HIV/AIDS. He is tested for HIV/AIDS and STDs. It is found that he has STDs but not HIV/AIDS.

The doctor at CMC counsels the young man before the HIV/AIDS test to assess what risk he has been exposed to. After the test, despite the negative result, the doctor continues to counsel the young man about HIV/AIDS and STDs. The doctor informs the young man of how HIV/AIDS spreads, how it is transmitted, that there is no cure and the differences between STDs and HIV/AIDS.

Despite HIV/AIDS being an STD because it can be transmitted sexually, the biggest difference between HIV/AIDS and other STDs are the symptoms. HIV/AIDS have signs and symptoms that are not based around the genitals. Also, STDs are curable while HIV/AIDS is not. Many people who are beginning to learn about HIV/AIDS and STDs often find this confusing. When being tested for STDs, it is advisable to be tested for HIV/AIDS at the same time.

A part of the counselling process also involves giving attention to the young man's behaviours that put him at risk of HIV/AIDS. After giving full information about HIV/AIDS and STDs, the young man chooses to change his behaviours to reduce his and his girlfriend's, risk of HIV/AIDS. He also encourages his girlfriend to see a doctor to be tested for STDs and HIV/AIDS.

Treatment and HIV / AIDS Care

Currently there is no cure for HIV/AIDS but there is some treatment available. From December 1, 2003 the government has decided to make AIDS drugs available for free according to pre-determined criteria. There are many operational issues that need to be solved before the drugs are freely available. However, this provides a new hope.

Medications are not the only way to treat HIV/AIDS. Promoting optimum health and fitness will help the person keep their immune system strong. This involves eating healthy and nutritious food and exercising regularly. Keeping warm in the cooler months to ward off colds and infections will also help strengthen the immune system. A list of drugs available and how they work is briefly described.

This list is given only for information on the drugs available for treatment. As there are serious side effects as well as to prevent all drugs must be taken only under the direction and supervision of competent physician. All doctors are not trained adequately to prescribe this medicines.

DRUGS AVAILABLE FOR HIV/AIDS

Highly Active Anti-Restoviral Therapy (HAART) has revolutionised HIV treatment, bringing hope to millions of sufferers. It has resulted in a profound decline in the number of deaths due to AIDS in the Western World. In USA in recent years the number of AIDS deaths has decreased by 70%. The benefits of HAART have been linked with decreased rates of AIDS opportunistic infections. There are three main classes of drugs :

1. Protease Inhibitors (PI)
2. Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTI)
3. Nucleoside Reverse Transcriptase Inhibitorss (NRTI)

They mainly work by affecting the action of key enzymes the HIV virus needs to reproduce, thereby preventing HIV from multiplying. They are used in what is called combination therapy; therapeutic guidelines recommend combinations of three or four anti-HIV drugs as treatment for HIV. Prescribed combinations of the different drugs taken regularly usually leads to a profound decrease in HIV viral load and a substantial increase in CD4 T-cell count.

N.B. The information listed here is based on anti-HIV drug use in the developed world, and may not translate to other environments. This section is intended only to provide information on the various groups of drugs available and the mechanism of action. Anti-retrovoral therapy is not a cure for HIV/AIDS. All drugs must be taken only under medical supervision.

Protease Inhibitors

Protease inhibitor drugs work by blocking a key protease enzyme that HIV needs to reproduce. This results in defective HIV particles that are unable to infect new cells. Protease Inhibitors are used in combination therapy with other anti-HIV drugs.

Non Nucleoside Reverse Transcriptase Inhibitors

NNRTI drugs work by blocking the action of the reverse transcriptase enzyme of HIV. This effect renders the virus unable to transcribe its genes into a form that world allow them to be incorporated into the human genes. NNRTI have no action on cells already infected with HIV. This is also the case with NRTI (nucleoside reverse transcriptase inhibitor) drugs, but the mechanism of the NNRTI and NRTI anti-HIV drugs are different.

Nucleoside Reverse Transcriptase Inhibitors

Nucleoside reverse transcriptase inhibitors (NRTIs) work by terminating the growing DNA (gene) chain of HIV as it is trying to reproduce itself. NRTI drugs obstruct the building blocks of genetic

material (RNA or DNA) from being assembled together. NRTI's block a crucial step in HIV's life cycle where the reverse transcriptase enzyme changes the HIV genetic material (RNA) into the form of DNA that can be incorporated into an infected cell's own DNA. This results in defective HIV particles that are unable to infect new cells, and prevents the virus from multiplying.

Types and list of drugs currently available are listed below. Only generic names are given trade names differ.

Protease Inhibitors	Non-Nucloeside Reverse Transcriptase Inhibitors	Nucloeside Reverse Transcriptase Inhibitors
amprenavir	delavirdine	zidovudine / lamivudine
indinavir	efaviranez	lamivudine
saquinavir (Soft gel gap)	nevirapine	zalcitabine
saquinavir (hard gel up)		zidovudine
lopinavir/ritonavir		didanosine
ritonavir		stavudine
nelfinavir		abacavir

Combination therapy / treatment options

Therapeutic guidelines recommend combinations of three or four anti-HIV drugs as treatment for HIV. Given the quantity of different drugs available on the market, the number of possible different combinations is huge and potentially very confusing. Nonetheless there are some treatment options that are more commonly used and generally recommended. These are :

1. Protease Inhibitor with 1-3 nucleoside reverse transcriptase inhibitor (NRTI) drugs - (PI + NRTI + NRTI)
2. Double Protease Inhibitor combinations with 2 NRTI or a an NRTI + NNRTI-(PI + PI) + 2NRTI or NNRTI
3. Protease Inhibitor with 2 NRTI durgs and a non-nucleoside reverse transcriptase inhibitor (NNRTI) (PI + NNRTI + NRTI + NRTI)

Even within each treatment option there are numerous different treatment options and combinations. Some may be affected by drug interactions between certain kinds of HIV drugs that may be beneficial or harmful and others have just not been tested yet. The efficacy and outcomes of the various combinations are also affected by the patient's treatment history, e.g. whether they are HIV drug novice (first time user), if they have a history of developing resistance to a particular drug or drug type etc.

Dosage

Because the drugs are taken in combinations of the different types hence the name "Combination Therapy", the total number of pills and capsules that have to be swallowed in a day can be quite large. The number ranges from an almost reasonable 10 pills to 24 or more.

Patient psychology

The patient's willingness to stick rigidly to the therapeutic regimen will be just as important as the effectiveness of the drugs they will be taking. Remember HIV drugs have to be taken for the rest of the patients' life. They must be taken at regular intervals to keep drug concentrations in the blood at high enough levels to prevent the development of resistance. And the drugs have unpleasant side effects. All patient's must be given as much information and support as possible. Encouraging the development of patient support groups will help a great deal.

Cost of treatment

The high cost of HIV drugs has been very much in the news with drug companies after coming under great pressure finally agreeing to sell drugs in Africa at discounted prices or at cost. Just how much will they cost? Which treatment option is the cheapest? It is for sure cost is going to be the major determinant of which treatment protocols will be made available to HIV sufferers in Africa.

Not surprisingly the cheapest treatment option is Treatment Option 1, but the price varies greatly, depending on what drugs are

used. The cheapest combination is Viramune / Epivir / Zerit at $606 per year.

Other combinations are considerably more expensive because even at so called discount prices, the yearly cost is still considerable at $1,000 plus, and some drugs are not even offered at discounts. It is certain that many new different treatment options with unknown outcomes will be tried out as cost becomes a driving factor.

Special populations

Pregnant women and children - there are special guidelines for using drugs in this group of people. Consult your doctor or a website that has information regarding the use of HIV drugs.

COMPONENTS OF CARE

HIV/AIDS is a medical problem that is affected dramatically by people's individual social circumstances, it is important to have a comprehensive treatment program that involves medical and psycho-social care. The following components of care are considered by CMC

1. Counselling
2. Testing
3. Medical Out patinet and In patient
4. Obstetrics
5. Surgery
6. Infections Control
7. Staff Education
8. HIV/AIDS Team
9. HIV/AIDS Policies
10. Patient's Support Groups
11. Home-based Care
12. Drug Availability
13. No Discrimination
14. Networking

All these aspects of care need to be considered to reduce the risk of spread within care settings while recognising issues facing the PLWHA. This will provide a comprehensive and holistic approach to HIV/AIDS control and care.

APPROACH TO HIV/AIDS MANAGEMENT

HIV/AIDS management involves more than a medical focus. Due to the particular ways it can spread and the many misunderstandings of the disease in the community, a combined psycho-social support with a medical approach is needed for holistic and comprehensive HIV/AIDS management.

Psycho-social support begins with the pre and post-test counselling. In these sessions, the worker should give the patient information about HIV/AIDS, how it spreads and how it can be prevented. It is important to gauge how the patient is feeling to help him/her from feeling overwhelmed and unable to absorb any of the information.

Follow-up counselling is also important. This gives the worker opportunity to provide general support to the patient along with giving more information or clarifying any questions the patient has. These counselling sessions can provide the patient with the latest information about HIV/AIDS and how to live as healthily as possible. Follow-up counselling also helps the worker build a strong relationship with the patient so that they will continue to seek treatment to maintain optimum health.

Regular medical check-ups are also important in the management of the HIV/AIDS patient. The physical health of the patient is vital to maintain to reduce the risk of opportunistic infections that can claim the person's life. Managing the person's health involves providing illness-prevention, and nutritional information and information on leading a healthy lifestyle. These can all help extend a person's life.

What to do when a person dies from HIV/AIDS[14]

After someone dies from AIDS, it is important to use hygienic methods while handling the body. Keep hands protected, clean and disinfect any soiled clothes or sheets. Wash hands regularly while handling the body or washing cloths. Remember to keep all wounds covered.

Soon after the person dies, the person can be buried or cremated but it is best to do this within one day. It is advisable that people do not fall over the body or touch it too much; body fluids can be excreted from orifices that contain the virus.

HOME BASED CARE

HIV is not easily transmitted but it is important to follow a few rules when living with someone who is HIV+.

- After contact with body fluids or soiled sheets and clothes wash your hands with soap and water.
- Cover all wounds with a bandage or cloth.
- Immediately clean any spilt blood with disinfectant (such as bleach) and wear gloves. If you do not have gloves, put a plastic bag over your hands for the cleaning.
- Use gloves or plastic or a big leaf to handle soiled items.
- Do not share: razors, needles, toothbrushes or any other items that pierce the skin or come in contact with blood.
- Keep bedding, clothes and eating utensils clean. This will reduce the chances of someone with HIV/AIDS catching illnesses or infections.
- For women, use menstrual pads straight from the package. Pads that have been handled may hold bacteria that can cause infections. Dispose of *all* used pads by wrapping them in paper or plastic or leaf and burning with your rubbish. Wash your hands after this with soap and water. For women who use old cloth when menstruating, burn the cloth afterwards.

When cleaning soiled clothes and sheets, follow these three easy steps :

1. Keep them separate from the other laundry and wash soon.
2. Hold any unstained part of the cloth and wash off the blood/ diarrhoea/body fluids. Ideally, soak the clothes in disinfectant for 20 minutes.
3. Wash in soapy water and hang out to dry as normal.

People living with HIV/AIDS are at a higher risk of getting sick because their immune system is weaker. It is therefore, very important to maintain hygiene in the home. For a hygienic home:

- Wash your hands with soap and water regularly.
- Wash clothes and sheets regularly with disinfectant.
- Keep all eating and cooking utensils clean and disinfected.
- Wash all vegetables and fruit before eating.
- Keep food covered from flies and insects.
- Prevent mosquitos breeding in your home by ensuring you have effective drainage and disposing of waste water.
- Keep soiled and dirty items away from children. Wash everything they put in their mouths and their toys.
- Try spitting into a container or try not to spit.
- Cover your mouth and nose when coughing or sneezing. Wash your hands afterwards.

Malaria has greater effects on people living with AIDS than the general community. Avoid malaria by :

- Using bed nets to protect people while sleeping ;
- Using insecticides to kill mosquitos in the home ;
- Draining any standing water and
- Use wire net to insect-proof windows in the home.

Prevention of HIV/AIDS

From the Ugandan experience, it can be seen that education is the key to reducing the incidence of HIV/AIDS in India. It is important to talk about HIV/AIDS with your family, friends and community to promote awareness and help prevent the disease.

Sex and reproductive health education is also important for young people in society. Parents should try to talk openly about sex, reproductive health, relationships and marriage with their adolescent children. This will help them better understand their bodies and to make correct choices about sex and relationships.

Teachers also play a role where it is important for them to educate their students about reproductive health, their bodies, sex and related issues. Increased knowledge around bodies and reproductive health helps empower young people to make correct choices in their lives.

This education can also help prevent the spread of HIV/AIDS.

THE ROLE OF CONDOMS

Condoms (NIRODH) are made of thin latex designed to go over the penis during sex. They prevent the exchange of fluids from the man (penis), to his partner. By preventing the exchange of fluids, HIV/AIDS cannot be spread and pregnancy is prevented. They can only be used once, and after their use the end should be tied and disposed of thoughtfully.

Condoms cost about from Rs1.50 for 1 or Rs10 for 3 and they can be purchased from petty shops, local clinics, family planning offices and Government hospitals. They are available free in private health clinics (NIRODH) and at HIV/AIDS institutions.

Condoms should ALWAYS be used when a person infected with HIV/AIDS or a STD wants to have sex with another person, regardless of whether they are infected too. They should also ALWAYS be used when having sex with a commercial sex worker or having sex outside of marriage.

How to Use a Condom

1. Open the packet carefully; making sure the condom is not torn.
2. Squeeze tip of condom and put it on end of the hard penis.
3. Continue squeezing tip while unrolling condom until it covers the entire penis.
4. Always put a condom on before entering your partner.
5. After ejaculation, hold the rim of the condom and pull penis out before it gets soft.
6. Slide condom off without spilling the liquid (semen) inside it.
7. Tie and wrap the condom (in paper or plastic) then throw away with the rubbish. Wash hands afterwards.
8. Burn or bury the used condom with the other trash.

- Condoms can only be used once, dispose of the used condom by tying a knot in the loose end and dispose thoughtfully.
- Condoms have expiry dates; check the expiry date before purchasing condoms.
- If the package is damaged, do not use the condom.

PREVENTING MOTHER TO CHILD TRANSMISSION

Transmission of HIV from mother to an urborn foetus is a known form of spread of the disease. Without intervention about 15 to 30 percent mother to child transmission (MTCT) takes place during pregnancy and delivery and an additional 10 to 20 percent postpartum (via) breast milk. Technology now exists to prevent MTCT. In principle the mother is provided selected HIV drugs just prior to delivery, delivery is often by lower segment caesarian section, administration of HIV drugs to both mother and the newborn infant and finally avoiding breastfeeding. The entire process is being developed so all HIV positive pregnant women should be referred to centres where this mother to child prevention programme is being carried out for necessary follow up.

BREAST FEEDING AND HIV/AIDS

Whether a HIV positive mother should breast feed her new born infant is one area which has raised significant controversy with strong advocates supporting both for breast feeding and against. What triggered off the debate was an initial recommendation by the UN that mothers HIV positive should be free to breast feed or provide formula feeds. Therefore the question has arisen "Should infected mothers breastfeed?" There are four principles that govern the answer to this question, although much more research is needed in all three areas.

1. The rate of transmission of HIV is variable and is likely to be based on a least two known factors, namely the stage of the HIV infection and Vitamin A status in the mother.

2. It is possible that not all children who are born negative will become positive following breast feeding, because breast milk might have some protective effects.

3. The HIV status of the infant may be suspect as the antibodies tested might be the maternal antibodies passed to the infant through the mother's immunologically rich breast milk.

4. Even if a mother decides not to breast feed, other breast milk substitutes than formula feeding must be considered. These include heat treating expressed breast milk, breast milk bank, wet nursing, animal milk or home made formulas.

The knowledge in this area is incomplete. Mothers will need to make the choice of either breastfeeding or not. If they decide not to breast feed, mothers from developing countries should consider alternatives to formula feeds keeping that the option last.

Messages on HIV/AIDS

Through RUHSA's HIV/AIDS projects, messages are promoted to the general community to encourage HIV/AIDS preventive behaviours. These messages are frequently re-evaluated and reformed. They have an action-focus to better promote behaviour change within the community. Different messages are used to target different groups in society to match their specific lifestyles and cultures.

Community:

- Suspect HIV/AIDS if there is a sudden weight loss, prolonged fever or diarrhoea, not responding to usual treatment.
- Get a blood test for HIV if you suspect the disease, after contact with blood, body fluids or risky sexual behaviours.
- Accept people with HIV/AIDS, especially within the family, without segregating them.
- Support people with HIV/AIDS and their families, care for them like any person who ill.

Youth:

- Talk openly with your parents and teachers about issues concerning your life.
- Encourage your peers to share information about HIV/AIDS with your friends and family.
- Ask your parents and teachers, if you are confused about HIV/AIDS information.
- It is important to your family, community and your health that you wait until you are married before you have sex.
- Get a blood test if you have had risky unprotected sex.
- Find a partner who accepts you having HIV if you are found to be HIV+ and plan to marry.
- If you must then have sex, always use a condom.

Married Couples :

- Be mutually faithful to one another enjoying sex within marriage.

- Control your sexual desire to avoid risky behaviour.
- Meet your partner's sexual needs as much as possible.
- Find privacy in your home, make time for each other.
- If you cannot be faithful to your partner, always use condoms.

Parents :

- Talk openly with your children about sexual images shown on TV and in magazines and advertisements.
- Encourage your children to talk openly about relationships, marriage and sexual behaviours.
- Know your adolescent children's friends, spending habits and where they sleep and fascilisate safe life styles.

People Living with HIV/AIDS :

- Always use condoms to avoid HIV infection or if you decide to avoid pregnancy.
- If you can afford it, take anti HIV treatment which helps to control the disease, not cure it.
- Eat healthy nutritious foods to help your immune system.
- Keep your surroundings clean to avoid infections and illness.
- Seek support of trained counsellors.
- Pregnant women should consult their doctor about medications, antenatal care and delivery.
- You can still live a happy life if you are HIV+.

Health Staff :

- Always use Universal Precautions.
- Follow institutional protocols, if risky contact occurs during patient care.
- Use only sterile needles, syringes, screened blood and organs.
- Use gloves when working with bodily fluids.
- Talk with your patients about HIV and counsel those HIV+.
- Be supportive of HIV+ patients to avoid stigma.

Universal Precautions for Health Workers

'Universal Precaution' is the term used to describe routine safe working practices to protect hospital staff and patients from infections by blood and body fluids. They are designed to prevent the spread of infections and protect the health worker. Workers are able to catch infections and disease through blood, blood products and body fluids, coming in contact with: needles or sharps, injuries, micro cuts and abrasions and mucous membranes of the nose and eyes.

To practice universal precautions, health workers should wear sterile gloves at all times, use sterile needles and syringes, use sterile instruments, wear protective clothing, use safe waste disposal facilities and good working practice. Linen should be soaked with 1% sodium hypochlorite (Dakins) for 30 minutes. Thermometers need to be sterilised in sterilising solution for at least 5 minutes, after every use.

Universal precautions also need to be practiced at an institutional level, where the hospital provides adequate materials, educating the health workers at all levels. This includes all medical instruments and equipment, furniture, fans, lights and curtains. Educating co-workers about universal precautions is needed to improve and increase the practice of universal precautions. Hospitals and health clinics should have an infection policy that is written in a language that all staff can understand. This will lead to a cleaner and safer hospital for patients and a safer working environment for the health worker.

CMC and RUHSA's Needle Stick Injury Policy

CMC and RUHSA have a needle stick injury policy to reduce the chances of HIV/AIDS transmission and to ensure a high quality standard of care.

When handling needles, it is important to take care and to throw the needle into the sharps container as soon as it has been used. This will reduce any risk of it being used again and possibly spreading HIV/AIDS or other infections. Use gloves at all times when you are handling needles.

When a needle stick injury occurs it is important to follow these guidelines:

1. As soon as the injury occurs, dispose of the needle into the sharps container safely and quickly.

2. Check the patient's records to see if they have been tested for HIV/AIDS.

    a. If they have been tested and the result was negative, there is no need for concern and the worker does not need to be tested.

    b. If the patient is HIV+, the worker is to be tested for HIV/AIDS.

    c. In cases where the patient has not been tested for HIV/AIDS, tests are to be conducted for the patient and health worker. The blood samples are to be taken to CMC for the rapid test.

3. If the test for the patient comes back positive, further testing is required combined with a comprehensive treatment for HIV/AIDS.

4. The needle stick injury incident is to be reported to the worker's supervisor so that it can be recorded and hopefully prevented in the future.

Some do's and don'ts to prevent HIV / AIDS

- Abstain from sex before marriage.
- Be faithful to your wife or husband.
- If you cannot do these, always use condoms
- Do not share needles, razors, sharps or toothbrushes with a person who has HIV. If you do not know, make sure that all instruments are sterilised by boiling them in water for ten minutes before using.
- Insist on new sterilised needles and utensils when in hospital.
- Insist on new, sterile razor blades for shaving at barber shops.
- If needing a blood transfusion or organ transplant, insist on blood that has been tested for HIV/AIDS.
- Intravenous Drug Users should take extra care because of the higher risk of contracting HIV/AIDS through infected needles.
- People suffering from HIV/AIDS should carefully consider having children due to the risk of spreading HIV/AIDS.

NETWORKING

One of the surest means of overcoming vulnerability is to organise a network among those who are HIV positive. A network helps to share experiences with one another and strengthens one another. Further it gives an opportunity to share resources available that could be used by those who are HIV positive. However it is not easy for everyone to join a network of positive people. Health workers and counsellers can encourage thse who are HIV + to join a network. However there should be no pressure on anyone to join a network. When they join a network then those who are HIV positive have a tremendous sense of satisfaction and belonging not witnessed earlier.

HIV/AIDS and Vulnerability

Vulnerable Groups in HIV/AIDS

The following categories of individuals are vulnerable both to the disease and its after effects. Understanding who is vulnerable is an early step in empowering people to take steps to prevent the disease or to overcome its effects. The communication for Health India Network (CHIN) has identified the following as those vulnerable because of HIV / AIDS.

- People Living with HIV/AIDS (PLWHA):
  - Infected Individuals
  - Affected individuals in the family who are not infected: spouses, children, grandparents

    (These people are only vulnerable when proper home care precautions are not taken)
- Commercial Sex Workers (CSWs)
- Intravenous Drug Users
- Migrant Workers:
  - Construction workers
  - Farm Labourers
- Those travelling outside their home for work:
  - Truck Drivers and Helpers
  - Travelling Salesmen
  - Police Officers and Armed Forces
- Adolescents
- Professional Blood Donors
- Pregnant Women
- People with Disabilities
- Health Workers
- Care Providers

The term 'high-risk' is also used to describe people who are vulnerable to contracting HIV/AIDS. At RUHSA it is believed that the people who are most vulnerable and at risk are the people who do *not* know about HIV/AIDS. It is therefore very important for everyone to share information about this disease so that its spread can be controlled and prevented.

Vulnerability with HIV/AIDS

HIV/AIDS is unlike other viruses and diseases. It is a medical problem that has many social issues effecting its prevalence, spread and control. Many of the issues arise from a lack of education and understanding of reproductive health, sex and HIV/AIDS.

The health of someone with HIV/AIDS is of critical importance. Because the HIV/AIDS disease kills the immune system of an infected person, they are more susceptible to infections and disease. When AIDS is full blown, the person is more susceptible to opportunistic infections and diseases, which can kill them. Due to ill-health the person's and their family's income is greatly affected as they cannot work as often as they need to maintain an income to properly feed themselves and their family. This can lead to a greater risk of malnutrition, disease and infections.

Lack of knowledge and understanding of HIV/AIDS leads to many myths, stereotypes and stigmas attached to people living with HIV/AIDS. These misconceptions lead to discrimination and a denial of rights for People Living with HIV/AIDS (PLWHA). Spouses, children, parents, in-laws, friends, the community and employers, often reject PLWHA. Rejecting PLWHA in the community denies them their right to participate freely in society and often leads to further discrimination.

Medical and health workers who are not properly informed about HIV/AIDS and who carry misconceptions can also break people's human right to proper health care and treatment through discrimination, denial of services and counselling or by keeping these services inaccessible to poorer people infected with HIV/AIDS. The denial of health care and treatment can range from a denial of assistance for

small infections to a refusal of using life-saving equipment or by not expanding health care programs to meet the needs of all people infected with HIV/AIDS. When proper medical services are denied, people infected with HIV/AIDS are more likely to turn to Quack Doctors and pay highly for "cures" or "remedies" that do not work. This is exploitation and can have trickle down effects on the person's family.

People's rights are also broken when medical and counselling services are not kept confidential or private. If confidentiality is broken, the chances of discrimination within the community increase. When a person is diagnosed as having HIV/AIDS it is up to them to inform their family members and/or future wife/husband. The health worker's role is to counsel the person through the process and to support them in informing others of their status. Telling the person's family of the person's HIV status may feel like the right thing to do to prevent further spread of the disease but it is breaking confidentiality and is unethical. RUHSA and CMC provide confidential and private HIV/AIDS testing and counselling.

Men are seen as having a more important role in the family and community that often results in men receiving medical treatment before women in a family where both spouses have HIV/AIDS. It could be that the man works and requires medicines to continue earning an income or that the woman's role in the home is too important for her to leave to seek hospital care. People with HIV/AIDS, regardless of gender require treatment and care to help them live as healthy and as long as possible.

For Commercial Sex Workers (CSW), earning a livable wage seems to be more important than their health. Often CSW's clients take advantage of this and demand that condoms are not used or that they pay less for the service when a condom is used. This puts the CSW at greater risk of HIV/AIDS and poverty. The client is also put at greater risk of HIV/AIDS.

Men having sex with other men are also at risk of contracting HIV/AIDS. It is not unnatural for two men to have sex but there is a greater risk of HIV/AIDS and using a condom is very important.

Discrimination of PLWHA continues because people are often unaware of their rights. Everyone, including PLWHA, has the right to:

- Participate freely in society;
- Be treated equally like everyone else in the community;
- Access to proper healthcare, treatment and counselling;
- Confidentiality and privacy in healthcare settings;
- Have a wife/husband and children;
- Full employment;
- Education about their bodies, HIV/AIDS and reproductive health;
- Access to legal rights.

RUHSA's First HIV/AIDS Couple

Over 10 years ago a young man was diagnosed with HIV/AIDS and later his wife. Lesions on the man's skin indicated a progression to the full-blown AIDS stage. The couple was counselled to use condoms to prevent pregnancy But since, it has been realised that this denies people's rights to have children. Today, there are programs available for women to take medications while pregnant to reduce the chances of spreading HIV/AIDS to the unborn child.

The couple was encouraged to live a life satisfying one another but due to gender inequalities, within a week the wife was sent away stating that it was her fault that her husband was HIV+. They were advised against quacks that offer fake cures for high prices. Out of desperation, the husband was exploited and paid a huge sum of money for traditional medicines that did not help. Due to misunderstandings and stigma in the community, when the husband died his wife was not allowed to go to his funeral; and when she died no one from the husband's family went to her funeral.

HIV/AIDS and Sexually Transmitted Diseases

Sexually Transmitted Diseases or **STDs** for short are infections and diseases that are spread from one person to another through unprotected sex. If a person has a STD, their chances of contracting HIV/AIDS are increased, because they are more likely to have open sores on their genitals, which increase the entry places for HIV.

The signs and symptoms of STDs for ***men*** *are :*[10]

- A rash, blisters, ulcers or sores around the genitals.
- Lower abdominal pain.
- Pain or burning sensation while passing urine.
- Discomfort during sexual intercourse.
- Inguinal swelling.
- Painful scrotal swelling.
- Coloured discharge from the penis.
- Itching around the genitals.

The signs and symptoms of STDs for ***women*** *are :*

- Excessive white discharge from the vagina which may be foul smelling.
- Itching around the genitals.
- Lower abdominal pain.
- Pain during sexual intercourse.
- Inguinal swelling.
- Genital ulcers.
- Swelling of the vulva.

If a person has any of these symptoms, it is important for you to consult a doctor and seek treatment. A blood test to check for HIV is also advisable at the same time.

FREQUENTLY ASKED QUESTIONS

1) Can I catch HIV/AIDS from a mosquito?

No. HIV is a delicate virus that gets destroyed in the mosquito's body by its stomach acid, so it cannot be spread to people. Also, there isn't enough exchange of blood between a mosquito and humans for HIV to be spread.

2) If I kiss someone who has HIV, will I catch it ?

Mouth to cheek kissing will not spread HIV/AIDS. The chances of HIV being spread through mouth to mouth kissing are also very small, it may only occur if the infected person has an open cut or sore in their mouth.

3) Can I tell by looking at someone if they have HIV/AIDS ?

No. You cannot tell by looking at someone if they are HIV+ or not. When people are very sick with AIDS they will look like anyone else when they are sick.

4) How can we stop HIV/AIDS in our community?

The only way to stop the spread of HIV/AIDS in our community is to prevent further infections. These means abstaining from sex before marriage, being faithful to your partner, or if you are unable to do these, use a condom. Using sterile sharp instruments and insisting on sterile needles and tested blood in hospital settings can also prevent the spread of HIV/AIDS. Further educating people around you about HIV/AIDS will also help fight against HIV/AIDS.

5) Where can I be tested for HIV/AIDS ?

Your local doctor should be able to advice you where to test for HIV/AIDS. If you feel uncomfortable consulting your local doctor, you can be tested at RUHSA or CMC Hospital.

If you get tested at RUHSA or CMC Hospital, there is pre-testing counselling to determine what risk you have been at of

contracting HIV and your test is kept completely confidential. This means that even if a family member or friend comes with you, they will not be told about why you are visiting the doctor. You will also have post-test counselling where doctors or counsellors are available to support you through your options. These services are offered without judgement and confidentiality is maintained.

6) Can menstrual blood spread HIV/AIDS ?

Yes. Make sure you dispose of menstrual blood hygienically and thoroughly. If you use disposable products, wrap them up in paper or leaf and throw away. If you use old cloth, burn them after they have been used. If you cannot afford to burn them, please sterilise them and dry them in the sunlight. Wash your hands afterwards.

7) I'm HIV+, if I take more of my medications, will I be cured ?

No. The medications can extend a person's life for some time but will not work forever or cure the person. It is best to prevent spreading HIV/AIDS than trying to find a cure.

8) How do I relate with a HIV/AIDS + person ?

Anyone who is infected with HIV/AIDS is still human and deserves to be treated with the same respect and dignity that you would expect when you are unwell. People who have HIV/AIDS need extra care, love and acceptance from family, friends and the community.

If you live with someone who has HIV/AIDS it is important to make sure that you follow the home care guidelines above. Remember, regular social contact cannot spread the virus.

9) Can HIV + Children go to regular schools ?

As HIV + AIDS does not spread by contacts that does not exchange body fluids, sitting in a class with a HIV + individual is not a risk for other children. Teachers, school children and parents should be very clear and that there is no need to segregate or isolate a child from the regular school.

"Can I get married?"

Diagnosed 10 years earlier, a well-built young man with HIV, still looking healthy voiced his problem: *"Doctor, in my village I am one of the most eligible bachelors. So many parents are proposing their daughters in marriage; my parents are pressuring me to get married. Knowing my HIV status, I have put off marriage for many years. Doctor, can I get married?"*

Deciding to get married will involve considering many factors. It will involve revealing your status to prospective spouse and risk the community finding out and facing possible discrimination and rejection. If you find someone who accepts you with your status, how will you feel about dying young and leaving your wife? Will she be able to re-marry afterwards? You will need to use condoms during sex and think carefully about having children. There will be a lot of pressure to have children but having children will involve putting your wife at great risk of HIV/AIDS. It will also mean that your unborn child will also be at risk. To have children, you could consider adoption, but will you feel uncomfortable with the fact that you will die young, leaving a child to grow up with just one parent who may also contract HIV/AIDS and die, leaving an orphan child. Will you be able to find anyone who will take care of the child? If you do find anyone, will they take care of the child if the child has HIV/AIDS?

If you choose to stay a bachelor, you will face community pressure and questioning as to why you are not married.

Ultimately, the decision is yours, but consideration of the above issues is important.

Overcoming stigma in HIV/AIDS

In the history of mankind leprosy was one of the most stigmatising disease. As the leprosy bacillus caused destruction, anaesthetic parts of the body were badly deformed. Today many individuals who had leprosy are well accepted in their families and society. Tuberculosis was the other disease that produced stigma although not to the same extent as leprosy.

The initial stigma associated with HIV / AIDS was as severe as that associated with leprosy and at times even worse. In leprosy the trauma of disease was not as rapid in HIV / AIDS. Further in HIV / AIDS the disease was associated with multipartner hetero sexual behaviour very often with commercial sex workers. Thus very clearly HIV / AIDS became associated with what the community considered as bad behaviour. Therefore the community tended to justify the stigma associated with HIV / AIDS.

However as the mechanism of the spread of the disease was clearly understood, especially the ways it does not spread, it became easy to educate the community to accept the HIV / AIDS individual as a person who has any other disease. The message that such persons deserve the love and affection of their relatives, further being backed by pictures of leaders of various professions mingling and moving with those with HIV / AIDS, it tended to gradually decrease the stigma.

However ore of the factors that contributed significantly to the stigma situation was the response of the medical profession. The refusal to admitting, treating, conducting delivery or carrying surgeries for those HIV positive contributed significantly to the problem of stigma.

While on one side there were a significant section of the community that accepted HIV positive individuals, from time to time stories of stigma associated with stigma was widely published in the media. One of the major news for a considerable period of time was the refusal of admission for two HIV infected children in a school in Kerala. Even with Government pressure the children

could not be admitted and alternate arrangements had to be made because the parents of other children were strongly against the children's admissions.

The other story is from Andhra Pradesh. A HIV positive woman was reported to have been stoned to death. Although conflicting reputs were received this only added further fire to stigma.

Then .of course there is the Mumbai story. Some of those who were HIV + attended a AIDS conference in Africa. On their return they were quarantined because they did not have Yellow fever vaccination. The story was in the news sufficiently long enough to keep stigma alive.

On the other hand the formation of networks by those who are positive, by boldly revealing their identity as HIV positive, they have taken great strides to destigmatise HIV / AIDS. However the feedback from a group of HIV positives indicates the fear experienced by those who are HIV positive.

Voices of HIV positive women

On December 1, 2003 the Indian Health Minister announced that drugs would be made available free of cost to those who are HIV positive and meeting certain clinical criteria. In an attempt to influence policies that would be evolved, a group of HIV + women were asked the question if they would be happy if separate clinics as for tuberculosis could be organised. Their response was spontaneous "Please do not organise separate clinics for HIV / AIDS. Let it be in the crowded clinics so that we can get lost in the general clinic. A special clinic would force us to reveal our identity. Although there is much acceptance in the community still there are people who look down up on and pass hurting comments at us."

Still more conscious efforts are needed to destigmatise the disease. It is quite possible that as in the West with the availability of free drugs and with those HIV positive going back to work and leading a near normal life, stigma might come down further.

The Experience in Uganda

In the early 1990s, Uganda was experiencing an HIV/AIDS epidemic with approximately 15% of the general population diagnosed with HIV. By 2001, the rate of HIV diagnosis fell to approximately 5%[8]. The level of HIV did not decline by itself; it was through changes in the knowledge, attitudes and behaviours of the Ugandan people.

The Uganda Government supported the awareness of issues surrounding HIV/AIDS along with promoting open communication between people, villages and Local Governments to fight the epidemic. The fight against HIV focused on education and information to bring about behaviour changes. The information and education was aimed at the general population and not just the 'high-risk' groups, to ensure that everyone knew about the disease.

Specialised programs were used for young people and women that promoted empowerment and sex education within schools. This approach led to the reduction in pre-marital sex for young people and a better understanding of HIV/AIDS. Combined with the mass education approach and specialised programs for youth and women, Uganda fought the stigma attached to being HIV+.

One can learn from the Uganda experience that if we do not have sex outside of marriage, educate everyone about HIV/AIDS and do not discriminate against those who have the virus and disease, the incidence of HIV/AIDS in our community will fall.

Taking a stand

The experience from Uganda goes to support the stand that RUHSA has taken over the years. In most health problems when one streategy works and appears the most suitable, policy makers usually tend to focus only on the one successful strategy and leave out all the others. This happened with Vitamin A solution in the early stages giving very little importance to the horticultural approach. In protein energy malnutrition growth monitoring was the only answer almost ignoring many other equally effective strategies. And so with HIV / AIDS it was condoms. It was almost considered heretic to speak against the one accepted strategy. Funding agencies would politely decline to give any funds to those organisations not opting for the accepted strategy of promoting condoms.

Based on RUHSA's experiences in controlling Vitamin. A deficiency and PEM using comprehensive approaches, a clear stand was taken indicating that a condom centric approach is not suitable to India. The reasons were clearly evident from the literature and behaviour of people.

1. Fifty years of condom promotion in India resulted in only a maximum of 7% of eligible couples using condoms.

2. The age at marriage for girls was low because parents 'protected' their daughters from pre marital sex.

3. Various studies have indicated that premarital sex is relatively low compared to other countries although there is higher rate of premarital sex among the urban, especially the elite and slum populations.

Having taken a very definite stand RUHSA adopted a comprehensive approach which is described next. In developing and implementing a comprehensive programme RUHSA had to face harsh comments and criticisms probably faced by many the world over.

RUHSA'S COMPREHENSIVE APPROACH TO HIV/AIDS PREVENTION AND CONTROL

Recognising the limitations of a targeted intervention for HIV/AIDS prevention and control, RUHSA has always promoted a comprehensive approach in response to this problem. This is how RUHSA reached this position.

RUHSA started its HIV/AIDS programme long after the entry of many other NG0s into this field. When the first HIV positive case was identified in K.V.Kuppam, only then did RUHSA begin work in this area. However, before entry into this field RUHSA organised a Consultation Conference inviting NGO partners already active in this area. Surprisingly the recommendation that stood out conspicuously was to follow the ABC approach as follows:

* Abstinence from sex before marriage.
* Being faithful within marriage.
* Condom use during situations of high risk sexual behaviour.

Therefore, the following major strategies were adopted to build up the knowledge of the people on HIV/AIDS moving away from limiting it only to awareness.

A. HIV/AIDS EDUCATION

A strong HIV/Education was promoted in K. V. Kuppam Block the operational area of RUHSA. This consisted of a number of specific activities.

1. Educating all barbers in the block to ensure a new blade is used for every customer.
2. School children rallies.
3. Video programmes in the community.
4. Cultural programmes linked with public meetings.
5. Educating policemen.
6. Street Plays.
7. Puppet Shows.

RUHSA had developed a set of clear messages for each category of individuals and these messages are used in different educational activities.

B. SEX EDUCATION

Recognising this was an important approach to preparing adolescents for low risk sexual behaviour, considerable efforts were made to make this programme acceptable to the community. This took two forms as described below:

1. Camps for adolescent girls

Five days cramps were organised for school girls at RUHSA Campus. While the primary focus was empowering the young girls and increasing their own self esteem, sex education was also taught to them starting from menstrual hygiene.' moving to sexuality, HIV/AIDS and respecting the community focus on abstinence before marriage. This was a participatory, fun and learning process. As there was no emphasis on condoms this was well received although there were large number of parents who would not allow their girls to participate in such programmes.

2. School based education

Once the need for sex education and its acceptance was realised, to reach a larger number of school children and to make it more cost effective and sustainable the sex education was moved over to the class rooms. Each year for the past nearly 6- 7 years sex education including education on HIV/AIDS has been provided to girls and boys of the 9th and 11th Standards. Again to ensure acceptability in the community condom use was not promoted. The RUHSA team was an effective alternative to school teachers who were shy to teach on HIV/AIDS.

C. PEER EDUCATION

School children both boys and girls and younger married women were the community peer educators. They were given complete knowledge in HIV/AIDS, as well as on communication skills. One of the main purposes was to ensure that young people abstained from sex before marriage and married people retained sex within marriage. This was a short time bound programme.

D. VOLUNTARY TESTING AND COUNSELLING

RUHSA's laboratory and its link up with the tertiary hospital at Vellore were used to provide this service. Initially all blood samples were sent for ELISA test and confirmatory Western Blot test. Later with the advent of rapid tests this was provided at the RUHSA laboratory itself. As the numbers were low we were able to provide both pre and post test counselling. With the advent of free treatment to prevent mother to child transmission, now the tests are done routinely for all pregnant women with only postest counselling being practiced for this category.

E. HOSPITAL BASED CARE

Those needing hospital-based care are provided this service. This includes primarily those needing treatment for opportunistic infections based on hospital admissions and out patient care for those needing preventive medications for opportunistic infections. There is no hospice care for the terminally ill and dying, as this is primarily an acute care centre with an average stay of 4-5 days.

F. HOME BASED CARE

Probably based on the small numbers of cases as well as an effective home based care programme, most HIV + diagnosed individuals are effectively taken care of in the community. Both through the general education of the community and focused education of the infected individual's family members, effective care provided at home. Some philanthropic support is also encouraged. Family members are taught to provide appropriate care during different stages of the diseases and even at death.

G. CONDOM PROMOTION

Discussion with the community indicated that there were two views on condoms promotion, with parents insisting condom promotion will increase sexual promiscuity and some youth asking for condom use education. RUHSA fell back on the culturally acceptable principle of abstinence before marriage as introduced in the initial consultation. RUHSA's message on condom is clear - "If you cannot abstain from sex before marriage or be faithful within marriage then always use a condom." The experience from Zambia indicates the relevance of the ABC approach by RUHSA

Conclusion

An excellent editorial in the British Medical Journal by Arthur J Ammann, President, Global Strategies for HIV Prevention, from USA lucidly explains the background of the experience RUHSA has attempted to pursue. Excerpts from the editorial are quoted below :

"Some argue that there is not enough money; others that it is too difficult to change the behaviours that contribute to the spread of HIV. But if behaviour cannot be changed then no amount of money is going to make a big difference in prevention because every successful form of prevention requires change in behaviour".

"Being serious about HIV prevention also means changing the behaviour of those who overtly or subtly undermine known methods of prevention".

"Advocates of abstinence who say that condoms don't work and advocates of condoms who say that abstinence does not work are both wrong. Data from developed and developing countries show that programmes that incorporate abstinence, mutual monogamy, delayed sexual intercourse, and condoms work together to reduce the number of new HIV infections.' Programmes and messages that truncate known public health measures are dishonest and cost human lives."

"A notable impact on prevention cannot occur if large portions of the population are left uneducated. There is not enough time to wait for "trickle down" or "from the centre out" approaches to building education and training infrastructure. One need only travel two hours from major urban areas in developing countries to observe that HIV, but not HIV education, has reached them."

"Many of the current educational tools focus on individuals with moderate to high levels of literacy. Information about HIV and AIDS is often not available to healthcare workers, teachers, and students,

or for that matter, to community, village, and religious leaders. Currently available information must be translated and adapted to diverse conditions, especially those that exist in rural areas. Because of the low priority given to funding education and training it is not surprising that so many individuals lack basic knowledge on how to prevent HIV infection. Without education at all levels in the community major reservoirs of HIV infection and transmission will continue unabated."

"Behaviour change does result in a decrease in new HIV infections whether in rich countries such as the US and Europe or in poor ones such as Uganda and Zambia."

"However, without more extensive progress we are deluding ourselves into thinking that the epidemic can be controlled. Behaviour change must encompass all levels-governments, non-governmental organisations, schools, religions, community leaders, and individuals."

How can I tell my spouse ?

A man came one day with a history of fever of nearly one month duration. He looked healthy and was in good company. The routine blood tests were done and appropriate medicines were given. He came back a month later and had similar complaints. This time a rapid HIV test was carried out after counselling, and it was positive. Then he shared his story. He was a driver and had been involved in unprotected sex. As it was over a month since he went out on his last trip he had arranged to go out again the following week. Being positive he was counselled to use condoms with his wife. Immediately he responded, "How can I do that ? My wife will suspect me. How can I tell my wife that I am HIV positive ?" There are many like this driver. Probably there are many more like his wife most likely innocently faithful. How can the spouses of high risk individuals be educated and empowered to protect themselves ?

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