
HIV/AIDS is a complex issue especially in a country as diverse as India.

India is at the threshold of becoming the most affected country in the world in terms of new infections, in terms of total number of infections and in terms of persons living with HIV/AIDS. In India almost all sections of society are deprived of information on HIV/AIDS.

The whole of Indian society is marginalised in the context of HIV/AIDS.

NETWORKS

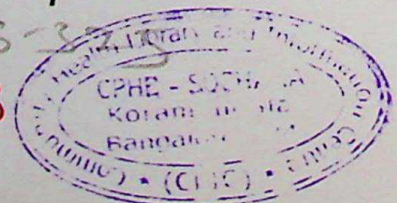
NETWORKS is a group of 15 non-governmental organisations working to prevent the spread of HIV/AIDS in India and Nepal.

These organisations work with many diverse constituencies, including the rural and urban poor, the middle class, truckers, people in prostitution, drug users, blood donors, men having sex with men (MSM), non-literates, adolescents, community groups, health providers, military and the police.

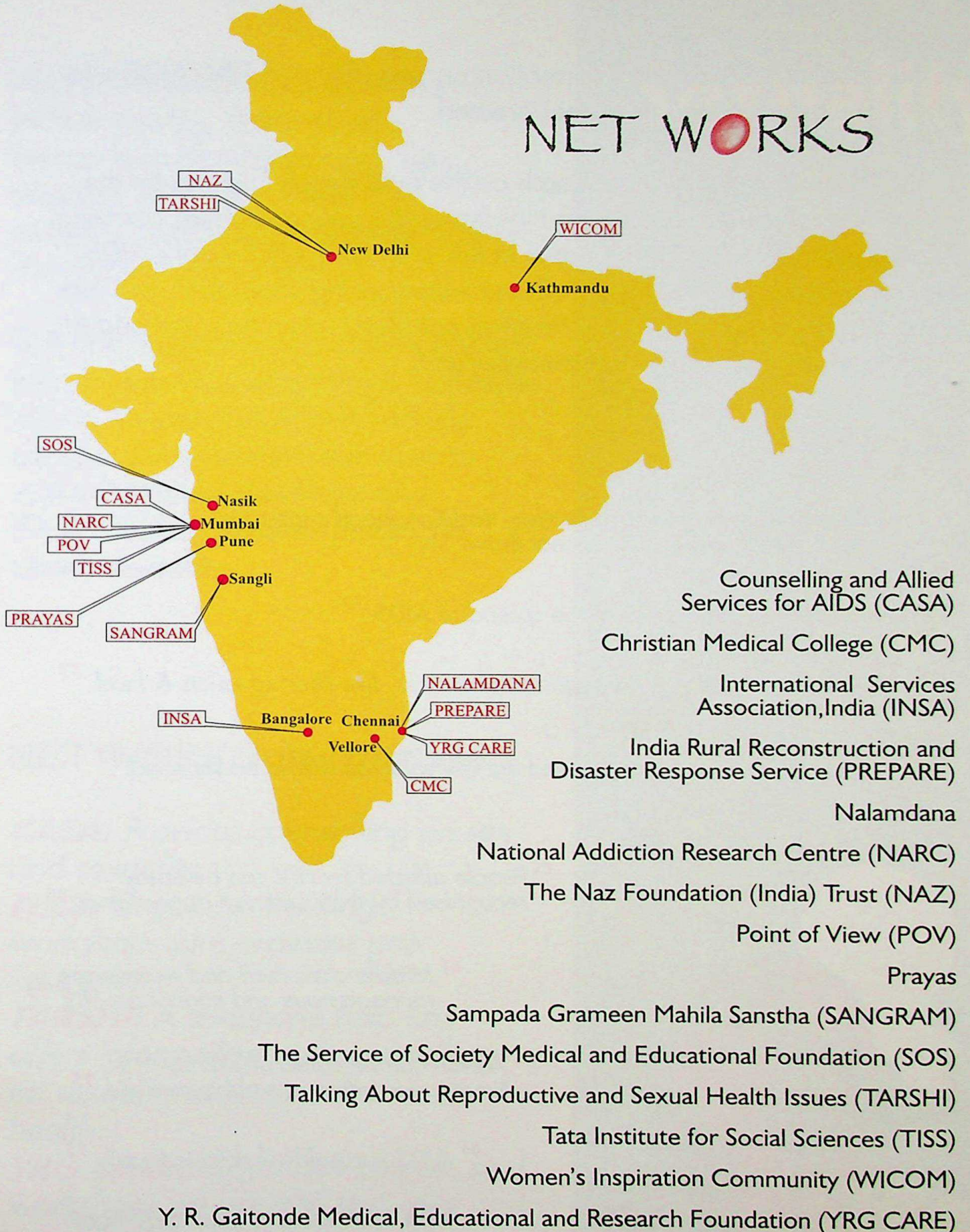
NETWORKS aims to prevent the transmission of HIV through a range of interventions, such as advocacy, peer education, counselling, training, community mobilisation, providing HIV care and support, information on sex and sexuality, forming collectives and creating alternate media materials.

Each organisation's initiatives are those required for HIV/AIDS interventions in a developing country. A few areas of their special focus have been represented on these pages.

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In the absence of accurate information on sexuality and HIV/AIDS, old myths are recycled and new ones created.

In 1998, a man was burnt to death on the outskirts of Chennai on the suspicion that he was spreading HIV through a syringe he was carrying. A newspaper reported that people in the area spoke of "a dark AIDS monster who is superhumanly tall and wears spring shoes that help him vault over roof-tops and trees. He does not bleed when he is cut and his limbs grow back if they are dismembered."

Myths

"In the environment of conservative, traditional and protective Indian culture, HIV/AIDS cannot thrive."

"Women are the prime cause of the spread of AIDS."

"AIDS can be spread through social contact, like sharing toilets & food."

"AIDS is a killer disease and the HIV infected should be shunned."

"People like us don't get AIDS"

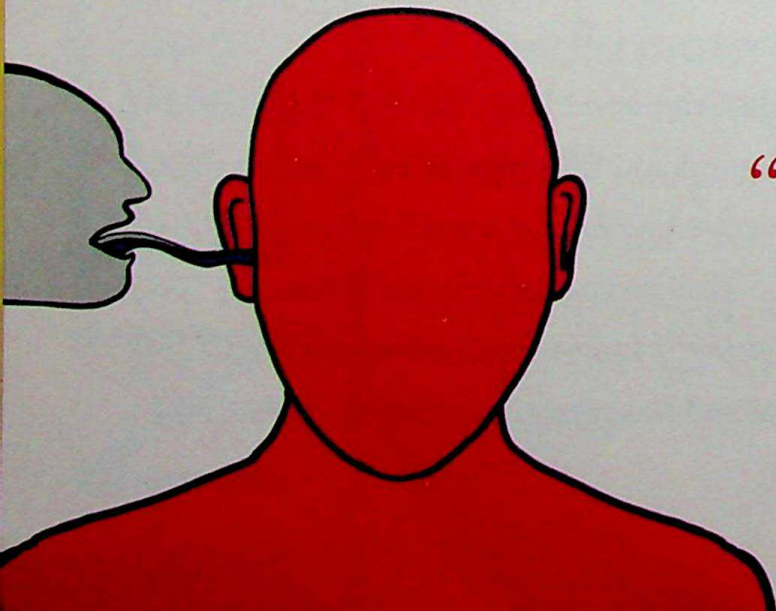
"People affected by HIV can be easily recognised by their external appearance."

"Middle-class men and women are monogamous and cannot get HIV."

"A man can be cured of STD by having sex with a pre-pubescent girl."

"AIDS is curable if detected early."

"A truck driver's body gets 'heat' from the engine. This heat can only be released by having sex."



Sexuality

HIV/AIDS permeates all strata of Indian society. Entrenched hierarchies of gender and age, coupled with the silence on sexuality, are the greatest hurdles in the path of prevention.

The veil of silence that covers Indian sexual practices and beliefs is slowly lifting. Awareness efforts include encouraging women and men to make informed decisions and disseminating positive messages about sexuality.

NET WORKS *INITIATIVES*

CASA: Provides counselling on sex and sexuality.

NAZ: Organises training workshops and provides peer education.

TARSHI: A telephone help-line offers information and counselling on sexuality and reproductive health.

YRG CARE: Organises courses and workshops on sex and sexuality and provides information material.



Women

In India, heterosexual transmission is the major cause of the HIV/AIDS epidemic.

Most women are socialised to submit sexually to men, to agree to male sexual preferences and to accept non-monogamous behaviour in their partners.

Cultural norms define a 'good' woman as one who is ignorant about sex and passive in sexual interactions. Many women fear that their husbands may see them as 'bad' women if they reveal a basic knowledge of sexual matters.

Women are afraid to question men about sexual behaviours, initiate a dialogue on sexual matters or assert their preferences.

Within this context, most women are powerless to negotiate the use of condoms or safer sexual practices in relationships with men.

A letter to the Asian Age clinical psychologist's column (1/8/99):

“ I am a 24-year-old woman and have been married for three months. My husband told me that he had many sexual experiences before our marriage. He has a touring job and I sometimes feel that he is still having sex outside marriage. Should I confront him?

I've heard about AIDS and am afraid of getting it. How do I know that he does not have AIDS or any other infection? Also, I don't feel like having sex with him because of these thoughts. Please help me. I have no one else to talk to about this problem. ”

This letter represents a very small minority of middle-class women who are waking up to the reality of HIV/AIDS.

NET WORKS **INITIATIVES**

POV, SANGRAM, WICOM: Organise workshops to empower women to protect themselves.

Prostitution and Sexwork

Women in prostitution and sex work are stigmatised and discriminated against by the judgemental attitude of society. They are further discriminated against because of the widely held erroneous belief that they are "core transmitters" of HIV. Children of women in prostitution and sex work are also stigmatised and discriminated against.

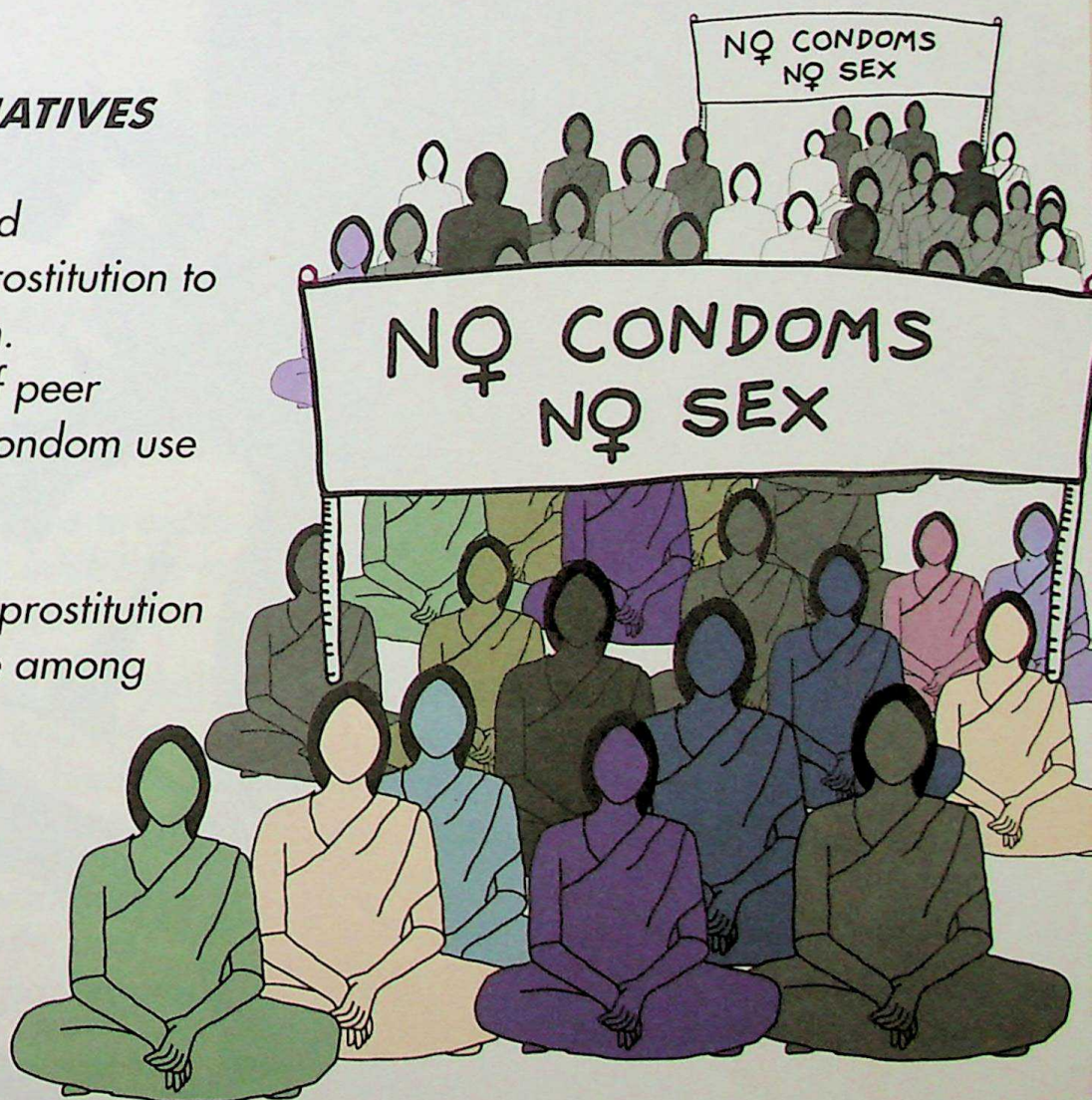
The vulnerability of women in prostitution is exploited and most often they are subjected to mandatory testing, denied health care services and subjected to unethical medical trials.

Women in prostitution and sex work constitute a community that is fighting the battle against HIV/AIDS and they have proven to be the best educators of their clients.

NET WORKS *INITIATIVES*

SANGRAM: Trains and empowers women in prostitution to protect their own health. Organises collectives of peer educators to promote condom use among clients.

SOS: Trains women in prostitution to promote condom use among clients.



India has a large population of MSM, many of whom are forced into marriage under social pressure and, therefore, into bisexual relations. As with other sexual subjects, homosexuality is treated as non-existent, marginalising a large number of men into the zone of unsafe sex and silence. This leads to MSM placing themselves and others, including their wives, in a situation of high risk.

Men who have sex with men (MSM)

NET WORKS INITIATIVES

NAZ: Establishes support groups, help lines and advocacy groups. Provides HIV/AIDS information and counselling services and develops information material.



Young Adults

In India, a large number of sexually transmitted infections occur in the 15-25 age group. Parents, elders and teachers often discourage open discussion on sex and sexuality. Though refuted by empirical evidence, there is still a fear that sexual information can result in promiscuity.

Young adults learn about sex and sexuality from TV, cinema and the written word. This learning is open to interpretation and speculation. Peers often fill the void and share misinformation, thus influencing adolescent behaviour.

Correct and scientific information is out of reach for most young adults.

NET WORKS *INITIATIVES:*

INSA: Trains trainers in schools, colleges and villages on sex education and HIV/AIDS.

NARC: Conducts workshops to explain the effect of drugs and other inhibition-lowering substances on sexual behaviours.

TARSHI: A telephone help-line that offers information, counselling and referrals on sexuality and reproductive health. 60% of callers are between the ages of 16 and 25.

YRG CARE: Conducts workshops with adolescents to clarify myths and misconceptions through games and other participatory methods.



Health Care Providers

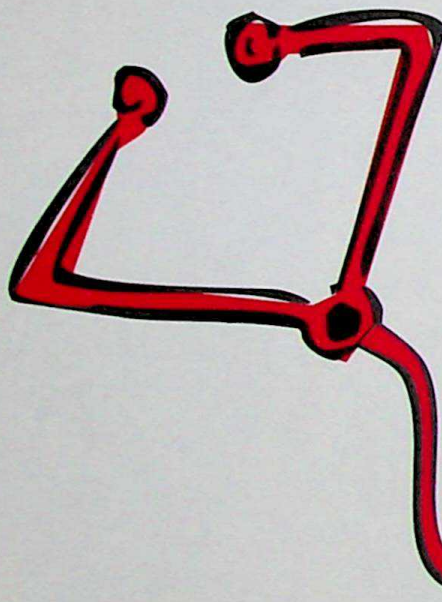
Health care providers have information on the medical aspects of HIV/AIDS. Yet the attitudes expressed by many health care providers are:

"We will not treat patients if we know about their HIV positive status."

"HIV positive persons who are destined to die deserve no care."

Hospital staff often do not have the benefit of facilities such as disposable gloves and needles, and incinerators for waste disposal. Even health care providers who would like to treat HIV/AIDS cases effectively know that they lack the infrastructure to ensure quality services.

SUMAN'S STORY



"I wanted to get away from my alcoholic father so I married a man I hardly knew. I discovered that he was already married when I went to live with him in another town. His first wife was kind to me and found me work. After a short while I realized I was pregnant. I decided I wanted to have an abortion. I went to an abortion clinic. They tested me for HIV without asking me. I tested positive. The doctors refused to touch me and threw me out. Now I am forced to continue the pregnancy."

NET WORKS INITIATIVES

NAZ: Conducts workshops for health providers to dispel the climate of fear with factual and practical information. Operates an HIV/STD clinic.

PRAYAS: Lobbies for the patient's right to treatment and the right of health care providers to safe work conditions. Published a handbook for Indian physicians on HIV/AIDS written from a culture-specific perspective.

CMC: Training for health care professionals around issues of sexuality and HIV/AIDS.

YRG CARE: Runs a voluntary counselling and testing walk-in clinic. Provides in-patient care, home-care and day-care services, medical and special services for women and children living with HIV, especially in resource poor settings.

Urban Slum Citizens

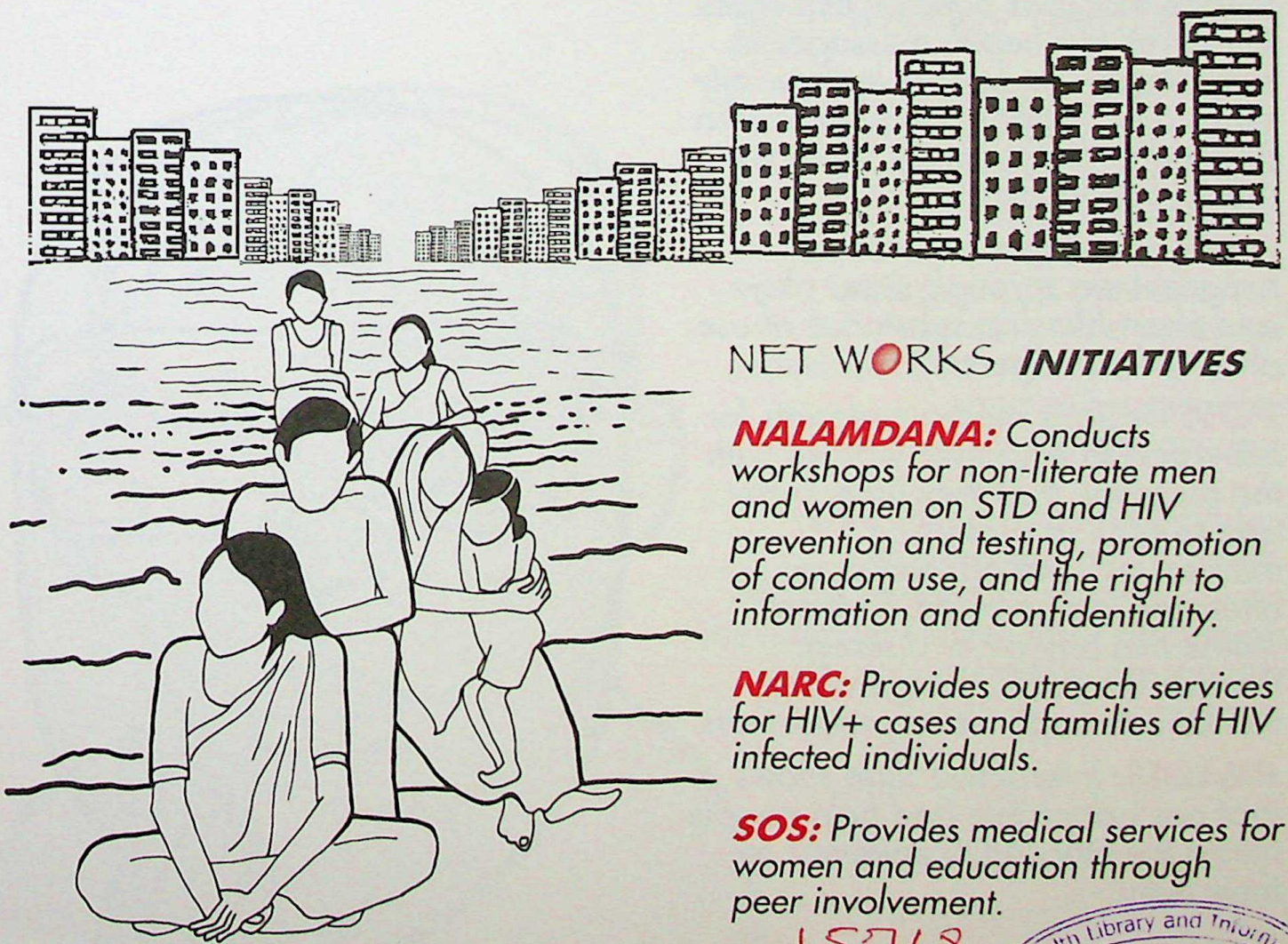
The lack of awareness of the risk of HIV/AIDS through unprotected sex is as much of a problem amongst the urban poor as in any other group. Some factors however make this community particularly vulnerable.

Most of the health problems of the poor arise from poor sanitation, extremely difficult living conditions, lack of basic amenities and services and lack of access to existing health services.

Migrant workers constitute a large percentage of the population in urban slums. With their families living elsewhere, they practice unsafe sex and are thus more vulnerable to HIV infection.

Economic hardship often leads the urban poor to become blood donors and drug abusers.

Unemployment increases drug abuse and thus unsafe sexual practices. There is pressure on young migrant women to make money through sexual services to meet living costs and to support their families back in small towns and villages.



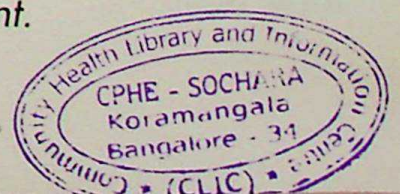
NET WORKS INITIATIVES

NALAMDANA: Conducts workshops for non-literate men and women on STD and HIV prevention and testing, promotion of condom use, and the right to information and confidentiality.

NARC: Provides outreach services for HIV+ cases and families of HIV infected individuals.

SOS: Provides medical services for women and education through peer involvement.

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Communication

There is not a whisper about HIV/AIDS in feature films, the biggest source of entertainment in India. On television, with fifty channels, HIV/AIDS is all but absent except for public service announcements.

Newspapers have consistently reported on the controversies surrounding AIDS but only to create fear without providing information on HIV/AIDS. While the mass media are necessary to create a climate of societal change, changing sexual behaviour requires communication that touches the psyche of the individual.

One size doesn't fit all when it comes to HIV/AIDS messages.

NET WORKS *INITIATIVES*

NALAMDANA: Stages street theatre that uses popular film styles to deliver key health messages to semi-literate audiences in inner city slums and villages. Develops audio and video programmes for mass-media broadcasting.

NARC: Conducts awareness programmes through street plays and short films on substance abuse and HIV management.

POV: Designs media materials for television to empower women with the message that they have a key role to play in protecting themselves, and advocates an alternate image of AIDS as an illness like any other disease. Recasts the public image of sex workers through video productions.

PRAYAS: Interactive slide shows that are adaptable and help people relate the HIV/AIDS epidemic to their lives.



Counselling

HIV/AIDS is regarded by many as more frightening than it needs to be. Lack of accurate information is largely responsible for this fear.

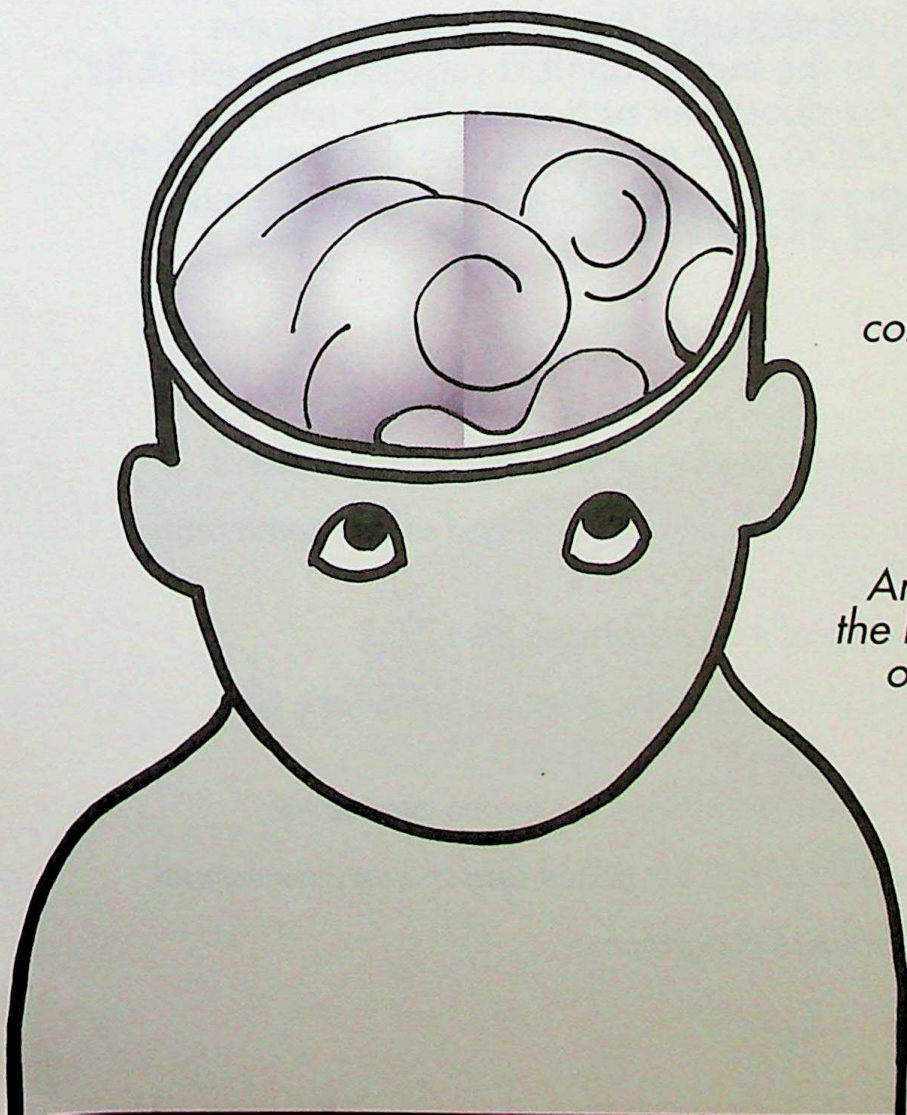
In India, where oral communication has been the primary means of conveying information and knowledge, counselling has a large role to play in the context of HIV/AIDS. Counselling helps the infected individual and his or her family understand that HIV/AIDS is one aspect of life. Counselling can create a supportive attitude in those around and can help the affected individual cope.

Counselling services are a vital form of treatment as they involve a holistic approach that focuses on what people can do to improve their health and lead positive lives.

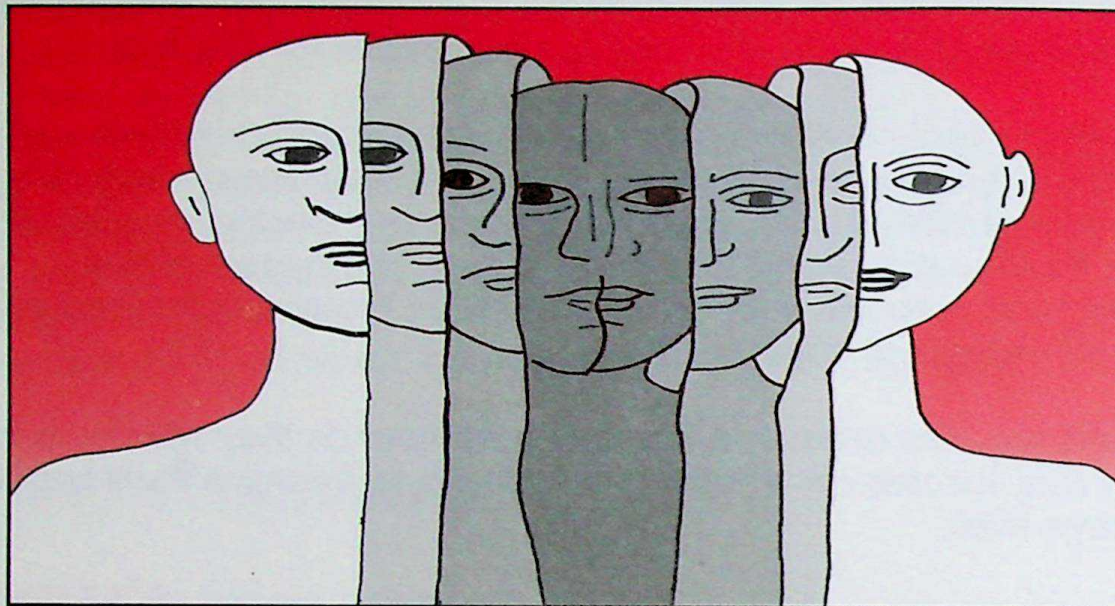
NET WORKS *INITIATIVES*

CASA: Conducts workshops/courses in counselling skills, psychotherapy models and areas of special relevance to HIV/AIDS prevention, such as drugs and alcohol, sexuality, interpersonal communication, relationship skills and self-esteem for various target groups.

TARSHI: Provides telephone counselling on sexuality. Anonymity and confidentiality on the helpline enable easy discussion of fears, concerns and available options.



Training



The dramatic spread of HIV/AIDS in recent years made NGOs realise the need to focus on the training of trainers and state personnel, like the military and the police. Training in the Indian context requires special skills because in a society where talking about sex and sexuality is taboo it becomes difficult to discuss HIV/AIDS. The more sensitive the nature of the communication, the more important is the high degree of identification between trainers and communities.

NET WORKS *INITIATIVES*

CMC: Conducts workshops for trainers, counsellors and health care providers.

INSA: Organises workshops to train school teachers, rural and urban community health workers and medical practitioners.

NAZ: Conducts a national-level training of trainers programme.

PRAYAS: Conducts training programmes for social workers, counsellors, and medical practitioners.

SOS: Organises training and sensitisation workshops for police personnel.

WICOM: Workshops on gender and HIV/AIDS for police and military personnel.

YRG CARE: Conducts a training of trainers programme.

The New Millennium

The HIV/AIDS epidemic in India is progressing unabatedly while the national response has been slow. Unfortunately, denial and stigma exist at all levels and impede action. There is clearly an urgent need to fight denial and stigma so that intervention strategies can be effectively mounted.

NGOs alone cannot generate the resources that are required to create HIV/AIDS awareness and to provide services. What is needed is the global and national political will to link all the available resources—medical, human and financial—with the existing initiatives. As India enters the new millennium, the magnitude of the HIV/AIDS crisis must be addressed.

There is still much work ahead....



NET WORKS

Advocacy

We at NET WORKS

Advocate equal access to:

- HIV prevention and health care for disadvantaged and vulnerable groups
- Sexuality and reproductive health information.
- Information, education, counselling on HIV prevention

Advocate the prevention of:

- Routine or hidden testing
- Mandatory testing
- Arrest or detention solely on account of HIV status
- Forced abortion/sterilisation of HIV positive women
- Discrimination against HIV positive or suspected persons

Advocate the promotion of:

- Measures to protect women against sexual violence and sexual coercion
- Public Health as a human rights issue.