

AIDS BUZZ

New Delhi February 2005

Sexcuse Me I Fear AIDS

Sexual pleasure
loses shine
in times of AIDS

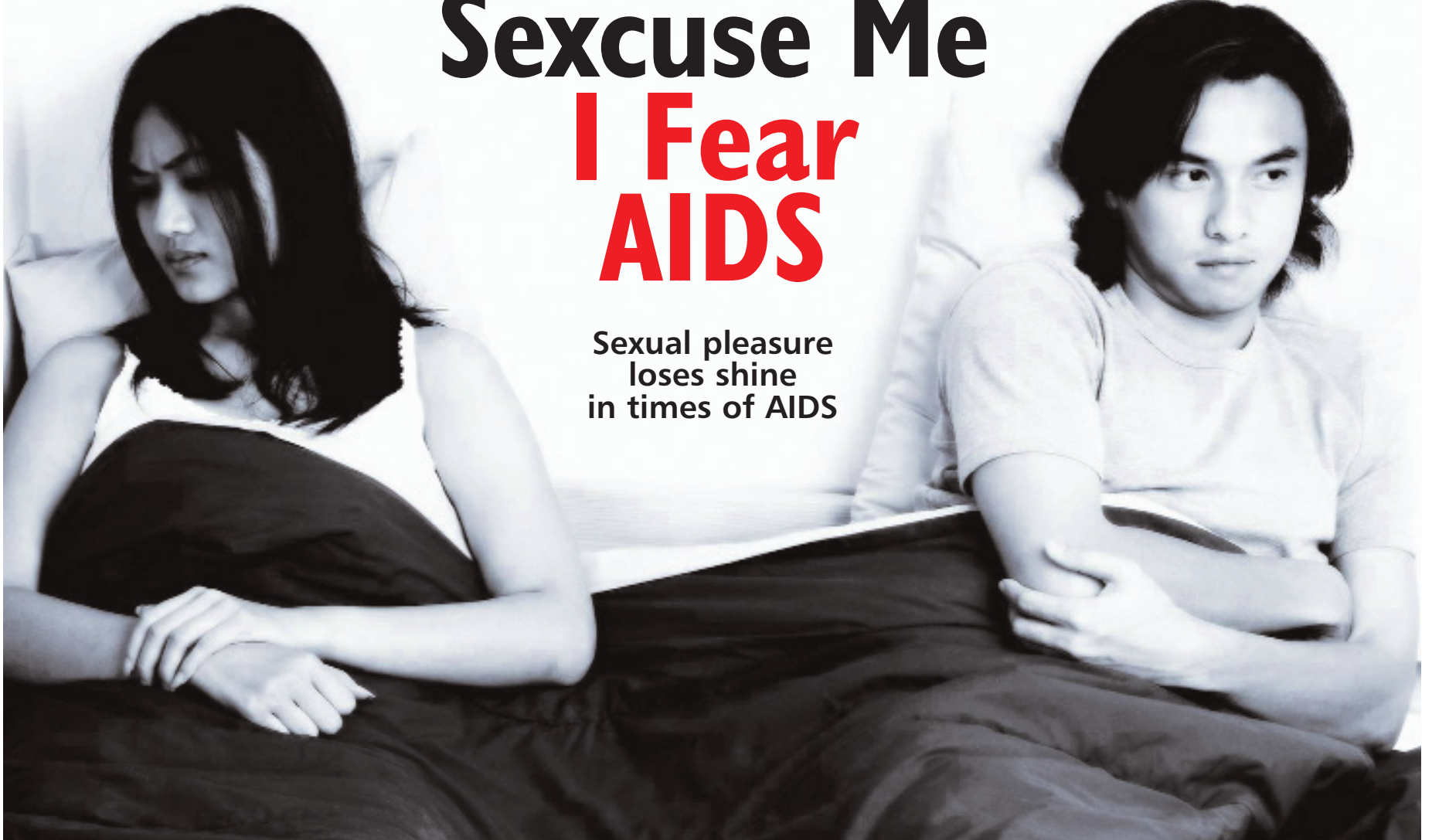


Photo: Alamy

By SADHNA MOHAN in New Delhi

Sex = danger. Write it any way you will, this equation does not change in the times of AIDS. If sex was fraught with morality issues all along the line, it now has a new spoke in the bone – AIDS.

Young people's sexual drives have a tough contender. Anecdotal evidence suggests boys think only of sex at a certain age. Perhaps girls do too but don't talk about it, opines Dr. Ravi K. Verma, Program Associate, Population Council, New Delhi, and author of the recently published book 'Sexuality in the Time of AIDS.'

Signatures of surging hormones spill all over — atop two-wheelers parked all along Ahmedabad's Law Garden periphery, on benches overlooking Hyderabad's Hussainsagar Lake, or among the greens of Delhi parks, not to mention pubs and restaurants.

Is Generation Now feeling shortchanged at being unable to live life 'maxima'? "Very good question," gushes Puneet Verma, a 24-year-old affluent businessman of Delhi.

"Fear and condoms are an integral part of my sex life. Freedom *se sex nahin kar saktein*," he confesses. "*Hamare time aisa kyun hai?*" (why does our generation have to face this enigma) is a strong issue with him.

"I cannot abstain from sex because this is life, I think. I have to indulge to focus at work. I always use a condom but despite that "*ek dar laga rahta hai*" (there is fear at play) because AIDS is incurable," says he. In fact, he worries that in addition to the four known routes of transmission, there may be a fifth unknown to science today.

There is conscious partner cutting because of the fear of HIV. Girls responding to overtures are dropped. And

yet, he admits, there are times when high frustration leads him to sex workers even though the "fear factor" shoots up on account of threats of illness, hidden cameras, police harassment, and pickpocketing. Puneet hasn't heard of AIDS prevention messages advocating non-penetrative sex nor does he know that oral sex can be risky.

Avneet, 24, a junior copywriter in a multinational, has been fearful though "very, very careful" and consistent in using condoms with different partners. "AIDS is incurable, and the fear arose because condoms are not 100 per cent safe," adds he.

"There is a slight loss of pleasure, but the fear of AIDS is bigger," he explains. Now that he is with someone on a regular basis and "knows her", condoms are "out". If there are other women later, he plans to first run them through some kind of mental scan, figuring out what "type" they are, in the interest of safety.

Twenty-six-year-old Shikha, a TV promo designer, talks about the virus hindering pleasure in sex. An HIV test for herself and the person she marries is a predominant concern. Sticking to this HIV-free partner is the proposed strategy to keep fear at bay. Condoms? If they are uncomfortable and reduce pleasure, we may not use them. "I am frustrated at having no control (to prevent the disease) in my hands," she says.

There's Avantika, 23, candid to admit "*mujhe sex aya hua hai*" (I am keen to have sex) and waiting to complete her master's course to enter marriage. "Sometimes, the urge is so powerful I can't study."

She's heard of AIDS. "If we use condoms, it won't happen 'na'?" she asks me. A religious person, she believes she will get a husband who, like her, has not indulged in sex.

World Bytes

HIV Deliberate Creation: Maathai

Kenyan ecologist Wangari Maathai, the first African woman to win the Nobel Peace Prize, says HIV is a deliberately created agent for biological warfare. "Us black people are dying more than any other people on this planet," she told a press conference in Nairobi. Africa accounts for 25 million of the estimated 38 million HIV infections worldwide.

AFP

Nef Targeted

In what may be a first step towards fighting HIV, University of California Irvine researchers have successfully targeted an AIDS-developing protein, Nef, that has eluded existing therapies. It was targeted with small molecule inhibitors synthesized by the researchers. While the method was successful, the molecules proved toxic to cells. This was reported in Proceedings of the National Academy of Science.

AP



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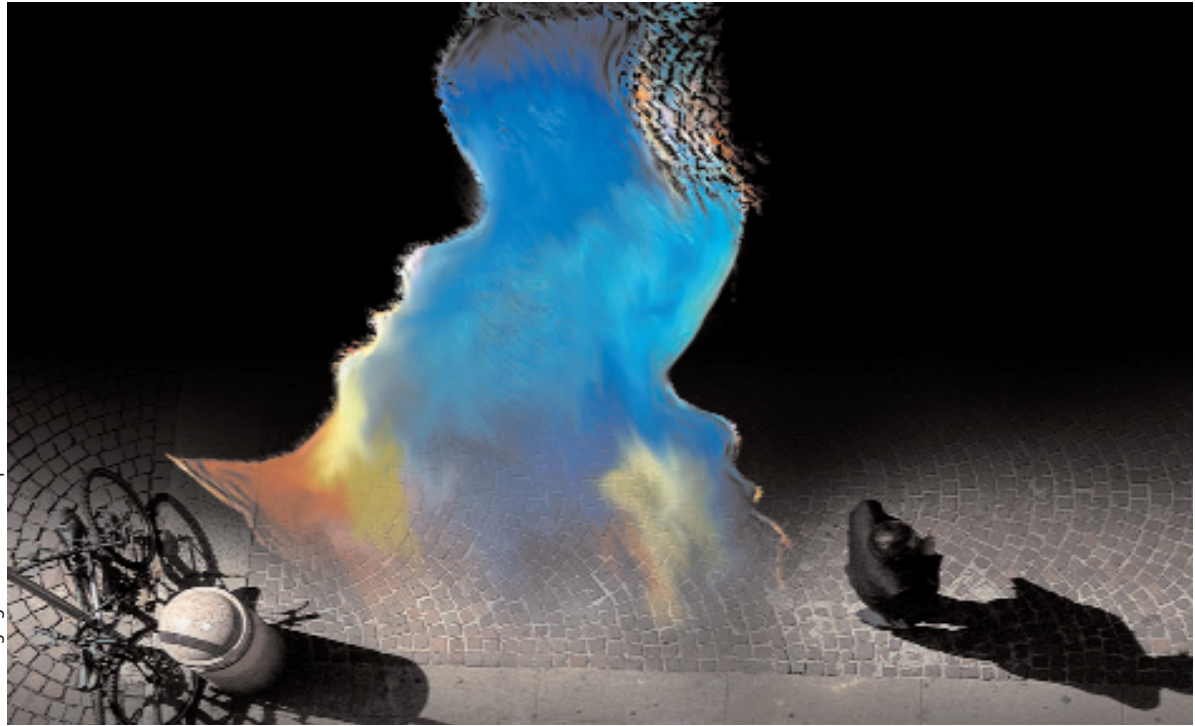


Photo imaging: Vivek Dutta Gupta

Sexcuse Me I Fear AIDS

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In contrast, Megha, 16, a class XI student exposed to HIV-talk at Sardar Patel Vidyalaya, New Delhi, is focused on checking that the person she has sex with is free of the virus. Defective condoms and making babies are concerns that confuse her time and again. She hasn't discussed them with her parents.

Girls in the 15-24 age group in Jehangirpuri, a resettlement area in north Delhi, are becoming scared of marriage, informs Durgesh, a peer educator with a Care-Desh AIDS project. Smack, alcohol, and violence are non-issues as compared with the HIV status of a spouse to be. "I can be Sita, will he be Ram?" asks many a girl.

Dr Verma works with 'taporis' and 'dadas' aged 18-29 in Mumbai's slums and detects a definite sense of frustration over condom use. In their early stages of sexual exploration, they look for thrills and the condom comes as an anti-climax. In a stable relationship with their 'true love', a small minority faces the dilemma of whether or not to use the condom while the majority goes condom-less.

So while on the one hand titillation from all types of

media is leading young people to accept the norm of sex as a recreation, the recreation part of it is losing some of its sheen to fear. "Undoubtedly, the recreational aspect of sex will take a further backseat in times to come," says Dr Jitendra Nagpal, Consultant Psychiatrist, Vidyasagar Institute of Mental Health and Neurosciences (Vimhans), New Delhi.

Unresolved conflict between the need to indulge and fear will lead to an increase in teenage depression, anger, anxiety, mood disorders, drug abuse, violence, truancy and hit and run physical relationships. This trend is already visible, adds he.

Psychogenic impotency (premature ejaculation) is on the rise in men while women increasingly complain of psychosomatic problems, hysteria, depression, and premenstrual fatigue. Deep probing often reveals sexual repression as an underlying cause. Freud, underscores Dr Nagpal, said hysteria was an expression of repressed sexuality.

The practice of sex might also change in the future. Kama Sutra recognized anal and oral sex as doable in marriage, practices losing favor because of fear of HIV, he points out.

Will sex lose its eroticism by virtue of being less fulfilling and more uncomfortable for a larger number of people in the future? There are no studies yet on this issue, say Dr Nagpal and Ms Veera Mendonca, Youth HIV/AIDS Coordinator, UNICEF, New Delhi. Seems it's time to look this issue in the eye. •

(Names of young people have been changed.)

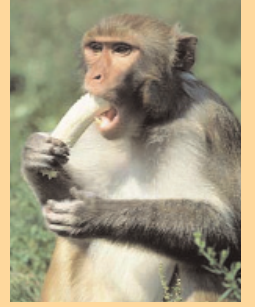


Illustration: Suresh Kumar

World Bytes

Gel Tested on Monkeys

A gel that could prevent the transmission of HIV during heterosexual intercourse has been successfully tested on monkeys. The new compound, PSC—RANTES, when applied to female monkeys, offers remarkable protection against a version of HIV.



The development of a microbicide is a very important target for HIV prevention, short of a vaccine. There is still a lot of work to be done before an affordable, easy-to-use method of blocking transmission through vaginal membranes is available, researchers at Cape Western Reserve University in Cleveland said.



Cannes Do

'Phir Milenge' is being taken to the Cannes Film Festival as an entry by UNAIDS. According to reports, the cast of the critically acclaimed film did not charge any fee. At the press conference where this announcement was made, the actors and the director were presented cheques for their efforts, of which Rs 1.5 crore was donated to 'Ashray', an NGO in Bandra, for the treatment of AIDS patients.

The Tribune, New Delhi

Herpes Zoster Common in HAART Era

Herpes zoster (the virus that causes shingles) occurs with greater frequency in HIV-positive women than HIV-negative women even in the HAART era, according to a US study published in the



December 15, 2004 edition of the Journal of Acquired Deficiency Syndromes. The American investigators also established that although herpes zoster was most common among women with low CD4 counts, it occurred quite often in those with high CD4 cell counts too.

HIV & AIDS Treatment in Practice



Top Honors for Indian

An Indian who's developed interactive software that motivates patients to manage chronic diseases, such as AIDS and diabetes, is among the world's 100 top innovators chosen by Massachusetts Institute of Technology's Technology Review magazine.

Vikram Sheel Kumar, CEO, Dimagi, an organization based in Boston, is one of nine Indians on this list. His systems are reportedly in use in rural India and South Africa.

PTI

Ahoy! Safe Despite AIDS

Gujarat appears
to be winning the
odds against HIV

By SADHNA MOHAN in Ahmedabad

Bandit Queen on a scooter? Think again. What may appear like a rash of bandit queens on scooters is in fact a view of Gujarati women on the move, protecting themselves the best they can with little regard to appearance.

Astute practicality that lies at the core of the state's great entrepreneurial drive is an essential hallmark of the Gujarati spirit, and you find ample evidence of it all around. Evidently, this pragmatism impacts AIDS control too.

Estimated HIV infection in the general population remains consistently low at less than one per cent as per sentinel surveillance. Simultaneously, among high-risk groups, the estimated rate of infection has been over five per cent, leading to Gujarat's classification as a medium-prevalence state.

Keeping the rate low despite various vulnerabilities is an achievement for, as Dr D M Saxena, Additional Project Director, Gujarat State AIDS Control Society (GSACS) elucidates, the state has the longest coastal belt as compared with others states, leading to a huge population of sailors. More than 30 per cent of its people are migrants; it has close linkages with Mumbai and the second-largest NRI population in the country.

Analysis of HIV infection among blood donors corroborates the trend of low infection among the general population, says Dr Saxena, who has been at the helm of AIDS control since 1992 when he headed the State AIDS Cell in the Gujarat's Ministry of Health.

Keen interest, analysis, and early planning and action by a key person in position for 12 years have no doubt impacted the AIDS programme well. To gain better understanding of trends of infection, sentinel surveillance sites have been earmarked taking socio-cultural patterns into consideration.

In 1993, when AIDS was not on the agenda of NGOs and the need for involving them and people was acute, the first opportunity offered to quantify the threat was grabbed, recalls Dr Saxena. Gujarat was thus the first state to present mapping studies of high-risk behavior groups in its four cities to National AIDS Control Organization (NACO) in 1994. The studies were an eye-opener for the various institutes and people who carried them out and also for NGOs.

Mass media was a powerful ally in generating awareness. In the absence of a mass outbreak of disease, it was imperative that people were visually 'exposed' to the virus. TV, radio, and major newspapers were used in a big way -50% of the Rs 6 crore AIDS budget was spent on ads.

A variety of 30-second jingles went on air before prime time Gujarati news on TV, ditto for radio, full page ads were regularly released to major English and Gujarati newspapers, each explaining how a particular section of society was vulnerable. A 13-week episode, 'School on AIR', in 1994, dealt with various issues, such as sex, STDs, etc. Each episode was followed by a panel discussion and a quiz. The 'best question' asked was selected for a prize to be given by the health minister. Over 2,000 state transport buses had panels in Gujarati taking AIDS messages to villages.

In the second phase of the AIDS control programme, mass media activity in the state has been put on the back burner by NACO, allocated only Rs 1 crore out of a budget of Rs 15 crore for publicity around World AIDS Day. "Such restrictions are defeatist. NACO should let every state have good mass media activity," suggests Dr Saxena.

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Gujarati woman on the move

Photo: Sam Panthaky

Linking People to Services

A'friendly face' greets Mukesh, a shipbreaker, when he visits Sir T Hospital's Voluntary Counseling and Testing Centre (VCTC) with a possible sexually transmitted disease (STD).

Mukesh does not know the male counselor present but has seen and heard him talk to others of his ilk about sex-related illnesses. Seeing the familiar face puts him at ease. A preliminary round of counseling follows, after which he is referred to the Skin and VD OPD. Post-visit, he is again counseled.

Fostering community-hospital links is a unique strategy of GSACS that helps the man on the street access hospital services effectively. The strategy involves the use of counselors (one man and one woman) in each VCTC (32 in all) in the state. VCTCs are in district hospitals.

Both the counselors at a VCTC are employees of a single NGO involved in a targeted intervention (TI). At least once a week, the counselors are asked to visit the target community, as well as communities covered by other NGOs. In tandem with outreach workers and peer educators of these NGOs, they 'advertise' their VCTCs. They also visit the homes of positive people and counsel their families.

In the case above, the counselor that Mukesh approached was an appointee of Sardar Patel Sanatak Mitra Mandal, an NGO conducting a TI with diamond workers and slum dwellers.

The strategy appears to be paying off as numbers rise at VCTCs (19,055 in Jan-June 2004 as against 30,470 for the whole of previous year. STD counseling was "a missed opportunity" that we decided to grab at VCTCs," says Dr DM

Saxena, Additional Project Director, GSACS.

In Surat, additionally, 27 Urban Health Centers of the municipal corporation now have doctors trained in syndromic management of STDs. Drugs for STDs at these centers are also funded by GSACS. NGOs are asked to refer patients to these centers too.

To diversify treatment options, a panel of private doctors trained in syndromic management of STDs is on the list of each NGO involved in a TI. Costs of referrals to these doctors in their clinics are met by GSACS.

At some NGOs, where other options don't exist, a part-time doctor and a counselor constitute an STD clinic. According to GSACS, the number of people treated for STDs in Government OPDs increased dramatically from 4,797 in 1999 to 29,063 in 2002. The fall in numbers in 2003 is more than made up by the sharp increase in the numbers of those treated by NGOs.

A bonus of the system of having NGO-appointed counselors in VCTCs has been the setting up of positive people's networks in some of the VCTCs. The counselors' rapport with visitors led

to this outcome. In contrast to this system, in other states, counselors at VCTCs are appointed by state AIDS control societies or the hospitals concerned, says Dr Saxena.

"An integrated program works," reasons Dr Saxena. Now, positive people's networks are being asked to make linkages with TIs working in prevention so that HIV-affected people identified by the TIs are provided care by the networks.

**A UNIQUE
STRATEGY HELPS
THE COMMON
MAN ACCESS
HOSPITAL
SERVICES
EFFECTIVELY**

AIDS Buzz brings you a flavor of what's new and happening in the AIDS field. Trends in the making, practices to be watched and learned from, and strategies that merit a second look – all the 'vitals' an AIDS programme should reckon with will be presented in this newsletter that hopes to provide a space linking key stakeholders fighting the AIDS epidemic in India.

It will be our endeavor to bring you news from the field that you can use. The key stakeholders we are reaching out to initially are state AIDS control societies (SACS) and their NGO partners, government institutions, academic institutions, and individuals active in the AIDS arena.

AIDS Buzz hopes to provoke you to think anew and take stock of relevant information. It exposes you to interesting on-the-ground initiatives all over the country and the world. At present, Indian states, as large as entire European countries, aren't really in the know of what works or does not work in their adjacent states. Unique approaches or processes that have yielded good results in a state are not known about in another.

We will focus on documenting state-level work, as well as initiatives at NACO. In a sense, the newsletter will be the interface between NACO, SACS, NGOs, and various stakeholders so that all are better informed about one another. It will be the channel that links information to key players, bringing stories of action from one place to another.

We've begun by focusing on DFID-supported states. The first issue visited Andhra Pradesh, a hot spot on the country's AIDS map.

This issue explores Gujarat's success story. Despite the odds, HIV prevalence among the general population here has remained low at less than one per cent. Among high-risk groups, the estimated rate of infection has been hovering around five per cent for the past five years, showing no signs of a climb up.

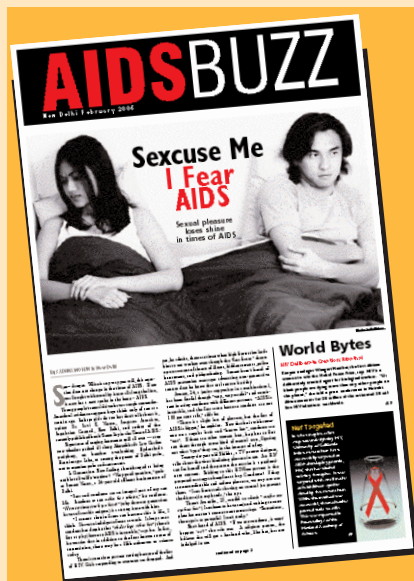
This is good news. How has Gujarat done it? We examine some of the approaches that've worked and also highlight tremendous societal and familial support for positive people as a hallmark of the Gujarat experience.

We invite you to write in about developments you'd like us to take notice of. Feel free to contribute to AIDS Buzz, a melting pot of thought aiming to stimulate an informed response to AIDS.

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Ahoy! Safe Despite AIDS

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Targeted interventions (TIs) for high-risk behavior groups, a logical outcome of the mapping studies, began in Gujarat and Kerala in 1996-97, much before they became an integral part of the National AIDS Control Program Phase II in 1999. Many groups traditionally not considered vulnerable were identified for TIs. Traditionally, sex workers (SW), men who have sex with men (MSMs), intravenous drug users (IDUs), and truckers were targeted. Gujarat pitched for numerous migrant- and workplace – related TIs. Hotel boys, construction workers, textile workers, diamond workers, and fishermen are reportedly target groups unique to this state.

Understanding early-on the sexual dynamics of the population has been the key strength of the program," asserts Dr. Saxena, explaining that broad-based TIs (reaching out to nontraditional groups) were a direct result of need assessment studies revealing extensive sexual networks within the community. Men were found not visiting sex workers (core transmitters) as much as they were visiting women within the general community. In fact, a 2003 mapping by Gujarat Institute for Developmental Research (GIDR) reveals a relatively small population of sex workers in the state -- 18,000 (excluding Surat and Ahmedabad).

In this scenario, the epidemic was likely to grow slowly but explode with intensity at a later stage. "We did not want to wait for the later stage to start TIs," he says. Dr. Saxena's theory appears to explain the paradox of low HIV prevalence in the state even though casual sex is quite high per National Behavioural Surveillance Survey 2001 data – 9.1 per cent of the respondents admitted to casual sex in the past year. Of a total of 88 TIs supported by GSACS, only nine are for SWs and MSMs.

Right now, attempts our being made to keep HIV prevalence low among tribals in the Eastern belt of the state. Because of their cultural norms, tribal communities are susceptible to huge rates of HIV infection. Workplaces where tribal women come into sexual contact with nontribal men are being located for intervention.

Looking ahead, GSACS is trying to tie up with Indian Institute of Management, Ahmedabad or other management experts for 'top-of-the-line' AIDS management. As of now, data such as the incidence of HIV infection, the estimated absolute number of people infected with HIV in the state, etc. is not available. No one knows what indicators should be used to estimate decline in incidence. Expansion, quality control, and sourcing additional funding are other issues that business acumen will hopefully address. ●

All Smiles No Stigma

Living with dignity and
zest, despite HIV, is the
norm

By Deepal Trevedie in Ahmedabad

An AIDS awareness programme in a school in Surat had an attentive member in the audience in the school's principal. He listened to every word and diligently took down notes.

The session over, he took aside Umesh Patel, who had just given a lecture on how to deal with prejudices connected with the disease. A student in his school was HIV-positive. The child's parents were dead, and he was being ill treated by his uncle. The principal wanted guidance on how to get the uncle to treat him as a normal child. Commendable though this is, what the principal said next is even more significant: "As his teachers we have no problems in his studying in this school. We have even waived his fees."

Patel was more than willing to help and today, eight

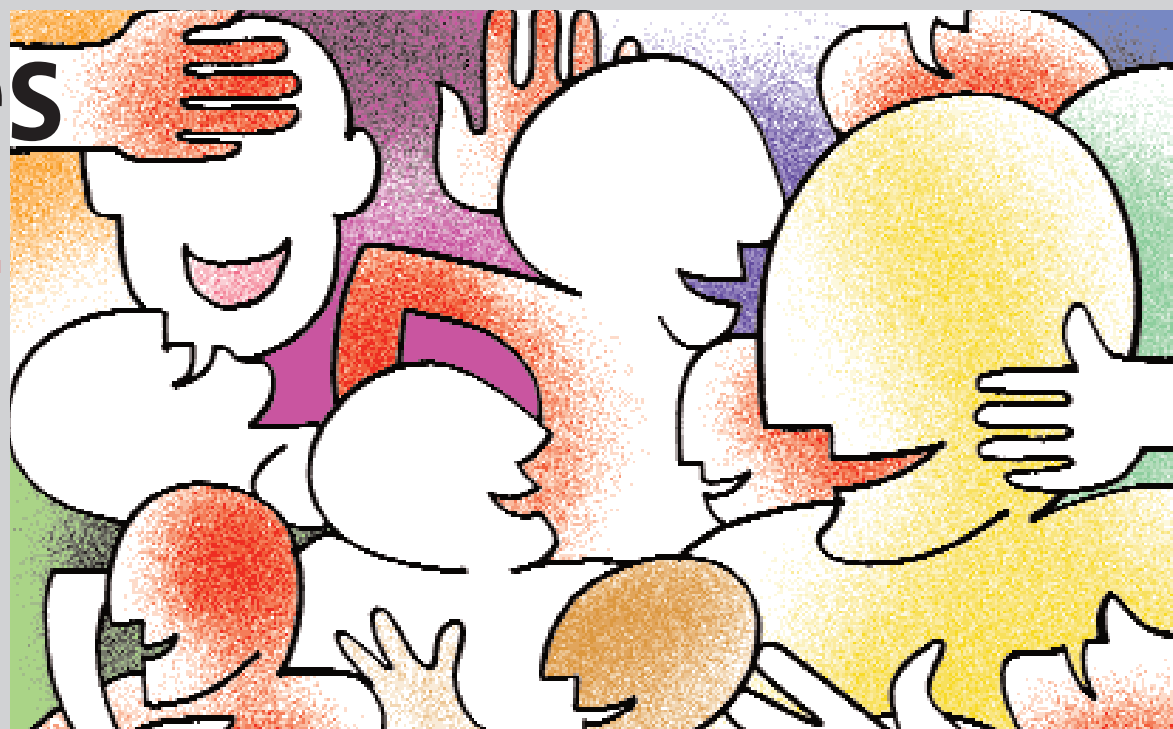


Illustration: Suresh Kumar

months later, the child has become an integral part of his family and his grades in school have improved.

It is examples like these that show that the steady flame of hope and awareness in dealing with the stigma attached with HIV/AIDS is burning bright in Gujarat.

The most visible example perhaps is that of Patel himself. Diagnosed as HIV-positive in 1998, Patel went public giving TV interviews about his positive state and took up a neighbour's offer to work light hours in a diamond factory. A workshop in Chennai along with another

HIV-positive person, Daxa Patel, led the two of them to form Gujarat State Network of Positive People (GSNP+) in 2003. The first meeting saw 20 HIV/AIDS patients attending, and today it has over 450 members in Surat alone. Aimed at creating better living, environmental, social and financial conditions for people with HIV and AIDS, GSNP+ is associated with 13 similar organizations across the country.

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Donor at ease in Prathma



Doctor at work

Photos: Sam Panthaky

Driving a Red Revolution

Prathma Shows the Way

Prathma Blood Centre, an ultra-modern transfusion medicine research foundation in Ahmedabad, leads the country in its policy of giving only blood components to people. 'Donate blood once, save four lives' is Prathma's clarion call to donors.

Blood separation not only ensures the optimum utilization of a scarce resource, it also helps keep HIV, which resides in white blood cells, at bay. When whole blood is given, white blood cells, needed or not, are given to the recipient. Most commonly, doctors say, patients only need red blood cells and whole blood is rarely required.

Set up in November 2000, Prathma, a trust, has benefited 2,00,000 patients with 1,00,000 blood units collected from volunteers. In terms of sheer volumes, this blood harvest is unprecedented nationally but that is not the moot point here.

Importantly, all blood available here is sourced from volunteers. Replacement blood is never taken. No wonder then, blood quality is never in doubt. A hi-tech, fully automated laboratory further assures disease-free blood. While queues outside increase in length, inside the laboratory, doctors and technicians from Mumbai, Kolkata, and Pune take lessons in blood separation, testing, blood collection, and cross-matching. Blood is separated into four components: red cells, platelets, plasma, and cryo-precipitates.

This is among the few banks doing the Epheresis proce-

dure in the country. Online harvesting of platelets is done. This hi-tech procedure reduces donor risk because it leads to a collection of platelets that is eight times more than the usual from a single unit of blood. Prathma won the 'Best Blood Bank' award of the Indian Society of Blood Transfusion and Immunohaematology for 2003-2004.

More than 15 blood banks in Gujarat now provide blood components. Gujarat State AIDS Control Society (GSACS) has played a role in spurring them on and is funding six of them. In 2003, 28.3 per cent of the total blood collected in the state was supplied in the shape of components. This figure rose to 31.6 per cent during January-July 2004, a significant rise, according to industry experts.

Voluntary collection, a key area affecting the health of donated blood, another strength of the state, is also improving. In fact, Gujarat ranks second amongst all states in the country in this regard.

GSACS has been aggressively promoting voluntary donation and repeat donation by safe donors through a series of campaigns. In 2003, 58.01 per cent of the blood collected in the state was from volunteers. Last year, the share of voluntarily given blood stepped up to 62.13 per cent of the total.

"We target religious and social functions to motivate

**THE EPHERESIS
PROCEDURE
YIELDS A RICH
HAUL OF
PLATELETS**

people," says Dr Saxena, Additional Director, GSACS. A key strategy has been to promote the use of disposable equipment (the tube, along with the needle, is cut and thrown) to remove donor fears of acquiring HIV infection while donating blood.

To generate awareness, people who have donated blood 100 times or more are felicitated on Blood Donation Day each year by GSACS. At Prathma, the repeat voluntary donation rate is currently 35 per cent. "We want to increase this to 45 percent this year onwards and have set up special call centers dedicated to inspiring voluntary donors to repeat their good deed every three months," says medical director Dr Nabajyoti Chowdhary.

Gujarat's proactive approach to blood no doubt contributes to its handle on the HIV epidemic. In addition to the measures above, modernization of blood banks in government and voluntary sectors and the supply of free HIV testing kits have been undertaken. Of the total 162 blood banks in the state, 75 have been supplied with free HIV and Hepatitis C detection kits and 57 with modern equipment and financial support.

Gujarat State Council for Blood Transfusion, an autonomous body aiming at increasing voluntary donation and supplying safe blood to remote areas, has set up nine zonal blood testing centers, identified in conjunction with GSACS. These centers will strive to set up blood storage centers, not full-fledged banks, at the sub-block level.

The final plan is to have such storage centers in 150 small and big towns, under the aegis of 15 zonal centers. GSACS has sought funds from European Union (EU) to implement this plan, and, in principle, EU has agreed to support it, according to Dr Saxena. ●

— Kera Communications

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Because of the positive manner in which the state is dealing with AIDS as compared with most other states whether it is the highly literate Kerala or cosmopolitan Maharashtra, where ostracism of HIV-positive people is common, Gujarat is being considered as an example for other states to follow.

What is significant in this achievement is the attitude of families, schools, and society as a whole. Take Ramila Patel who died a few weeks ago after battling AIDS for 12 years. She got the infection when she was given blood during the course of an ectopic pregnancy. Not only did her HIV-negative husband and in-laws accept her; they also supported her when she turned activist and decided to tell her story to hundreds.

Then there is Alpa Patel who does not hesitate in emphasizing that she needs a 15-minute break every two hours. "I am HIV-positive and get exhausted easily," she says, adjusting designer dresses at an upmarket boutique in the Ambawadi area in Ahmedabad. Her employer, Shefali, looks at her fondly and says, "Don't strain yourself so much. Just take it easy." Alpa later clarifies, "My HIV status does not bother her. She treats me like a normal person." As does every body else around her. Alpa lost her husband to AIDS three years ago and discovered she too was positive. "I no

All Smiles No Stigma

longer had faith in life," she says. "But I was wrong. The support I have got from my neighbours and society is phenomenal and has given me a new lease of life at 26."

Little wonder then that there are people like HIV-positive marketing executive Shivaji, who changed base from Mumbai to Surat because of the greater societal support in Gujarat. "I feel more accepted here," he says. Shivaji is looking for an HIV-positive bride. "Life is beautiful and I want to live it fully," he adds.

Neepa Purohit, an AIDS counselor since five years, has not come across any HIV-positive person shunned by family. Says she, "Even HIV-negative wives do not leave their positive husbands, who have probably got the infection from sex workers."

Adds Dr D M Saxena, Additional Director of the Gujarat State AIDS Control Society, "According to a recent study of 900 HIV patients in Gujarat, conducted by them-

selves, most people infected by the virus are living with their families and face little or no discrimination." This study says even government hospitals no longer discriminate against HIV-positive people. There is still some discrimination in private medical practice, but efforts are on in the state to work out a protocol for private medical practitioners to deal with HIV and AIDS patients.

This data contrasts well with an ILO study, covering 292 people in Tamil Nadu, Maharashtra, Delhi, and Manipur last year, according to which 74 per cent of the women and 68 per cent of the men faced discrimination from the family, employers, and doctors.

There have been stray negative incidents, such as that of a positive woman in Vadodara who says the family treated her positive husband better and quicker than her and the untimely 'stigma-driven' suicide of a young woman and her school-going daughters in Ahmedabad. But these are the exception.

The prevalence of strong family bonds in the largely business community in Gujarat explains the positive attitude of its people, according to sociologists. AIDS program managers think early community-based work, as opposed to working only with sex workers, and efficient use of the mass media have paid good dividends. ●

(with inputs from Aruna Raghuram in Ahmedabad and Faysal Bakili in Surat)

Fishy Business

Fishermen and women reporting a high level of multi-partner sex learn to play safe in the western tip of the country.

By D. RANA in Okha

For the young men and women, it was business as usual as they distributed free condoms to a group of men in Okha, a small hamlet on the western tip of Gujarat. They were equally unfazed when one man decided to use the condom as a balloon. Promptly, they gave him 500 more to inflate. Nothing could have conveyed the message 'you can get tired – but we will not tire of supplying condoms' more effectively.

And there is need to convey this message as strongly as possible here. Surrounded by the Arabian Sea on three sides, 35,000 fishermen and women come to Okha for a nine-month period to pick up a rich haul from the sea. The men go out to the sea while the women sort and handle their pickings onshore. They come from different parts of Gujarat, Karnataka, and even UP.

There are some 8,000 to 9,000 women, most of whom are widows, discarded and battered wives, and poor looking for jobs. Over the years, there has been a tacit understanding among them that entering the fishing industry also means entering into sexual liaisons with the more powerful. According to estimates by the Shri Sarvoday Mahila Udhog Mandal, a partner with Gujarat State AIDS Control Society for the promotion of sexual health among the fisher community, more than 50 per cent of the men and women have multiple sex partners and form a high risk group for HIV and AIDS.

A knotted palm-leaf barrier is all that separates men and women living together in a 'danga' without electricity, water, and sanitation. The manager here is often involved with the 'maitraanee' the female boss in the 'danga', who sources women workers and also pimps them.

One person who has been witness to this for nearly 55 years is Amrutben Somaya, who until four years ago was concentrating the activities of her Mandal on work related to women's emancipation. But a chance advertisement made her decide to take up the challenge of promoting sexual health among the community members.

Today, 84-year-old Somaya mouths the word "condom" with ease and is equally matter of fact about sharing a meal with an HIV-positive person. Says she, "I am not disgusted with what happens in the fisher community. It is their lifestyle to work, eat, and have sex. What I tell them is 'band nahi, bachao' (if you can't stop, take precautions)."

The same attitude is reflected among the team that

Somaya has built. Focusing on the Dalda, RK and Adatara areas where there is maximum fishing and trading, team members use a wooden penis to effectively demonstrate the use of a condom. Ingenious methods of distributing condoms are being implemented. These include distributing free condoms at *pan* shops, hair cutting salons, small eating-places, and boats. Condoms are also being placed in boxes at strategic places and after distributing them in key chains, the Mandal is now thinking of using mobile delivery units.

The results of all these efforts are already showing. According to Nishchal Ravani, the Mandal project officer, the distribution of condoms has steadily increased from 147,880 in 2001 to 364,841 until October 2004. A visit to a clinic run by the Mandal in the Dalda area reiterates this further. According to counselor Neela Dawda, the clinic gets about 25 people seeking help for sexual diseases every day. Adds she, "A woman usually slept with 8-10 people during her nine-month stay. More than 60 per cent

A 10 PER CENT REDUCTION IN THE NUMBER OF PARTNERS HAS OCCURRED

of the people changed partners as per a needs assessment study conducted before project startup. But with our constant emphasis on safe sex, there is a 10 per cent reduction in the number of partners." Boat owners have begun going home to their wives twice a month.

There are other signs of success as well. Women are no longer shy of asking for condoms and more men are coming forward to get STDs treated. Besides, several people have expressed interest in becoming peer educators.

The main emphasis of the clinic in Dalda here is on treating STDs, and there are no blood tests conducted for HIV. Last year 1,400 STD patients registered while this year, until October, only 600 registered. Reduced revisits for STD treatment is an indicator used to monitor progress.

This, however, does not mean that those who con-

tract HIV or AIDS are not treated. Mandal workers have already helped 25 HIV-positive people. The clinic in Dalda sends those with HIV or AIDS symptoms to Khmbalia, 100 km away, for the ELISA test. The Mandal has also made arrangements with the Jamnagar Medical College for providing counseling to these people.

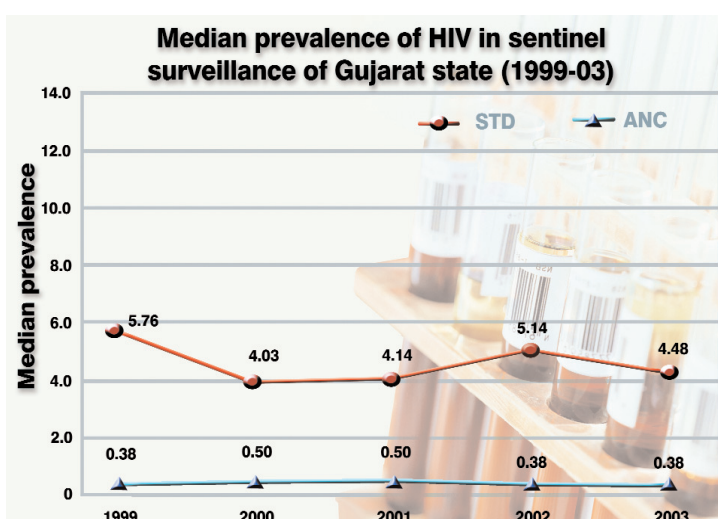
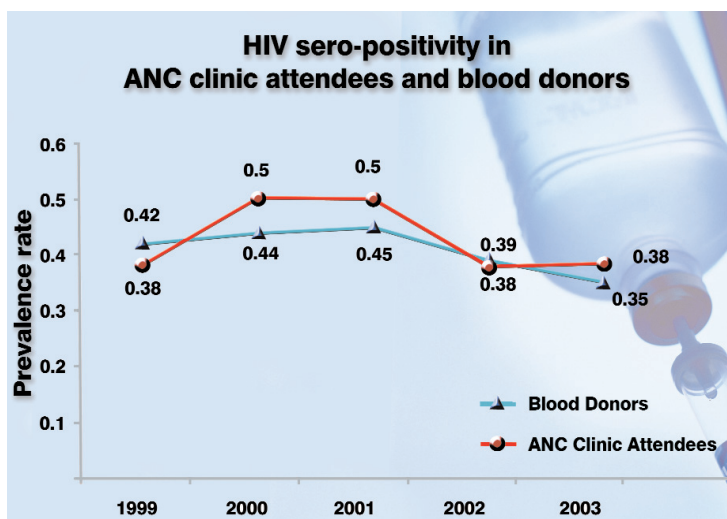
In another far-reaching initiative, Somaya has employed HIV-positive Pushpaben Nadar as an outreach worker. Within a short span of time, Nadar has become a living model highlighting the misgivings and misinformation that people have about the disease. Over the years, the Mandal has also got former commercial sex workers and eunuchs to be peer educators. One such eunuch is Vegibhai who now wears a mangal sutra to indicate that he is married and indulges in sex with only one partner.

Despite all these commendable achievements, Somaya and her Mandal workers cannot afford to take it easy because, according to Ravani, with an investment of Rs 33 crore and a 24-hour harbor fishing plant in the pipeline, Okha is all set to become the largest fishing zone in the country. This would lead to an influx of 75,000 people who will need to be educated about safe sex.

But knowing Somaya and her team, this is a challenge they will be more than capable of handling. ●

Illustration: Suresh Kumar

TRENDS OF HIV INFECTION



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