

AIDS BUZZ

Kerala Special

New Delhi November 2005



Photo: N Harilal

XXXotic Secrets of Houseboats

Changes in sex workers' style of working are forcing AIDS programme managers to rethink their strategies

By JEEMON JACOB in Alappuzha

Lush paddy fields and luxurious houseboats dotting the horizon, the backwaters of Alappuzha, Kerala, have undergone a sea change over the past few years. To begin with, they have found their own place in the list of exotic tourist destinations for travellers across the world.

Linked to this but unknown to many has been the emergence of a 'soft haven' of invisible flesh trade in the plush houseboats.

Today Alappuzha, also called Venice of the East, has about 250 houseboats, which are packed to capacity during the peak tourist season from January to April every year. Tourism is flourishing in the state, and in 2004-05 tourist traffic registered a 2.46 per cent increase while the number of foreign tourists went up by 17 per cent over the previous year. Though it is difficult to get estimates of the increase in sex tourism, senior police officers maintain that the sex market in Kerala, including massage parlours, blue films and call girls, is worth Rs 250 crore.

Houseboat sex is pretty much undercover and there aren't many talking about it. The state administration and houseboat owners refute its existence. But commercial sex workers (CSWs), both male and female, who've

been there and done it all vouch for its upsurge. And the trend is triggering immense concern among those working for AIDS prevention because suddenly now a large number of CSWs are out of reach since they are 'invisible' and not available on the streets.

The ubiquitous mobile phone too has played a role in fuelling this trend. CSWs and also male sex workers (MSWs) are using this device for negotiating directly with clients. "Now we don't wander in the streets for soliciting clients and also don't pay money to middlemen," beams Saritha, a CSW who learnt about the benefits of a mobile phone two years ago when a client gifted it to her. She gets between 60 and 80 calls every day from clients, most of them overseas, calling to strike a deal when they come in for their next holiday. Says she, "Some of them are crazy. They call me every week at a particular time." Today, there are hundreds like Saritha using mobile phones and providing services in houseboats.

"Our survey found that more than 100 CSWs are operating in houseboats. Most of them are educated teenagers coming from neighbouring districts like Ernakulam and Pathnamthitta," says V S Saveen,

MALE SEX WORKERS ARE RENDERING THEIR SERVICES IN HOUSEBOATS TOO

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World Bytes

Crocodile Blood

Sydney: Scientists in Australia's tropical north are collecting blood from crocodiles in the hope of developing a powerful anti-microbial drug for humans after tests showed that the reptile's immune system kills HIV.

The crocodile's immune system is much more powerful than that of humans, preventing life-threatening infections after savage territorial fights that often leave the animal with gaping wounds and missing limbs.

Initial studies of the crocodile immune system in 1998 found that several antibodies in the reptile's blood killed bacteria resistant to penicillin, such as *Staphylococcus aureus*, Australian scientist Adam Britton said.

Reuters

Photo: N Harilal



Houseboat Sex Rocks HIV Plan

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Project Manager, Jilla Kudumba Samithy Project (JKSP), Alappuzha, who has been working to promote safe sex among sex workers. The young girls don't spend the night. They get away during the day and sometimes bunk college for 'business'.

The turnover they gross is good, at Rs 5,000 - Rs 15,000 for three to four hours of work, says 35-year-old Zeenath, a peer educator with JKSP. She herself has netted Rs 2,000 for two hours' 'work' on the houseboat. Guests rent out a houseboat for between Rs 30,000 - Rs 40,000 a night; they are affluent and the place is safe against police raids, Zeenath explains her and others' preference for working onboard. If Latika, another CSW and peer educator in the project, is to be believed, then even housewives from neighboring areas have taken to providing "sex and fun" to up-market and rich clients in houseboats.

Male sex workers are rendering their services in houseboats too, says Saveen. Jayesh, who is married and a father of two, admits that he provides services to foreign tourists staying in houseboats. "We are in great demand. Many foreign tourists are men who have sex with men (MSM) and they pay good money," he says. According to him, many local tour managers have his mobile number and contact him when their guests want a male sex worker.

Estimates reveal there has been a marked increase in the number of CSWs and MSMs working in the district over the last few years. "When we started our project in 2002, we were able to network with 100 MSM and 60 CSWs. Now we are in touch with 350 and 210 of them, respectively," says Saveen.

Floating population, difficult to reach

As more and more sex workers become part of a floating population, NGOs working on targeting interventions (TIs) are hitting a wall trying to reach them.



Photo: Ajitlal

Photo: N Harilal



Traditionally, sex workers were visible on streets and TIs could contact them there and reach a larger network through those contacted initially. All that has changed and hardly any street-based sex workers are seen.

"Peer educators working with JKSP tried to establish contacts with CSWs working in houseboats but could make little progress as local tour operators do not support our activities or admit that CSWs work on their houseboats," says Joseph Sebastian, Director, JKSP. According to Zeenath, "The newcomers are reluctant to talk to us or reveal their identity."

The project is planning to organise a series of sexual health awareness camps with the support of the District Tourism Promotion Council in tourist locations in the state. But these will not necessarily reach out to sex workers.

"We probably need to find a way of using the mobile phone to reach this invisible population," says Dr S K Harikumar, Team Leader, Project Support Unit, Kerala. This might well be a way out. Clearly, a change in strategy is urgently needed. ●

World Bytes

New Drug

Washington: A cheap drug developed in the US has shown promise of curing Human Immunodeficiency Virus (HIV) that infects cells of the human immune system. The drug valproic acid developed by David Margolis and colleagues at the University of North Carolina at Chapel Hill, US, will finish off the virus in its latent stage among infected people, reports the online edition of *New Scientist*.



Valproic acid inhibits an enzyme called histone deacetylase, which is known to help HIV linger in its dormant, hidden state. In three out of four patients, levels of latent HIV fell by 75 per cent, the report said.

HIV is already being kept in check by treatment with a powerful cocktail of drugs known as highly active anti-retroviral therapy (HAART). But the virus persists in a dormant state in infected people. The new drug will now eliminate that possibility.

Reuters

Circumcision Can Cut AIDS Risk

Rio de Janeiro: Circumcising men can help protect them from the AIDS virus, researchers have said after finishing the first study that tried using the procedure specifically to prevent infection.

But United Nations health officials cautioned that more trials were necessary before they would recommend this as a method to protect against AIDS.

The circumcised men were 65 per cent less likely to become infected with the incurable virus, the researchers told the International AIDS Society Conference in Rio de Janeiro.

Researchers believe circumcision helps to cut infection risk because the foreskin is covered with cells that the virus seems able to easily infect. The virus may also survive better in a warm, wet environment like that found beneath a foreskin.

Reuters

Miss Universe Takes HIV Test

Johannesburg: A perfectly groomed Miss Universe has taken an HIV test in a Johannesburg hospital and said she hoped her fame would persuade others to do the same. Immaculate in a white suit, heels, low-cut top and a glittering smile, Russian-born Canadian Natalie Glebova said she wanted to use her time as the world's most famous beauty queen to raise awareness and fight stigma surrounding the pandemic.



"I think the fact that I had a public test will speak volumes," the 23-year-old motivational speaker said with a smile to cameras. "It will encourage a lot of young women to get out and get tested." South Africa is battling the world's highest caseload of people with HIV, with more than 5 million people infected. Fear surrounding the disease is so deep that public revelation of HIV infection often leaves sufferers socially ostracised and sometimes subject to violent attacks.

Reuters

ART for the Masses

A bold initiative adds colour to the lives
of HIV affected

In keeping with its progressive profile, Kerala put its best foot forward when it decided to provide free anti-retroviral therapy (ART) to HIV-positive people last year. It took ownership of the HIV epidemic and decided to extend a caring hand to infected people of its own accord when the national free ART programme excluded low-prevalence states from its ambit. The only state to go this way on its own with its own funds, it sent out a strong signal to people that it cared about people living with HIV.

A budget of Rs 1.65 crore was allocated, less than half of which has been spent since the inception of the programme in December 2004.

The state government has not let up in advocating for central funding for ART though. This year it requested Rs 7 crore from NACO for setting up ART units in each of its 14 districts. NACO has agreed to set up two new ART centres in the state, bringing the total to seven. It has also agreed to meet complete costs in three of these centres and provide drugs and reagents in the remaining four, M JAYANTHI reports from Thiruvananthapuram.

Signs of this revolution are most apparent in the Central Prison in Thiruvananthapuram. Despite high incidence of Sexually Transmitted Diseases (STDs) and evidence of high-risk behaviour among its 1,500 inmates, till six months ago the weekly STD clinic in the prison hardly had any one willing to undergo HIV testing.

Then the state government stepped in with its plan of giving free ART. Non-governmental organisation SOMA which runs the counselling centre in the prison decided to cash in on this opportunity and came up with its campaign that being HIV-positive is not the end of the world and that ART offered the promise of a renewed life with dignity.

The results of the campaign were instantaneous. "All of a sudden, we had several inmates coming forward for voluntary HIV testing. We were a bit apprehensive initially because earlier we had an instance when a prisoner had committed suicide as soon as he learned that he was HIV-positive," says Dr Manoj K P, Chief medical officer at the prison.

But thankfully nothing of the sort happened. In fact, after the initiative was launched five new HIV-positive cases have been

detected among the inmates, one of whom is already on ART.

Elsewhere in the state over 800 HIV-infected people are being given ART through five Medical Colleges, where either the Department of General Medicine or the Department of Infectious Diseases is running ART clinics. In all, 1,400 people are registered for treatment which compares very well with the national figure of 5,000 registered for free ART, says a pleased Dr Rajan Khobragade, Project Director of Kerala State AIDS Control Society (KSACS).

Over 800 doctors, 1,400 nurses, lab technicians, counsellors and hospital attendants were given intensive training in all aspects of ART using NACO guidelines before rolling out the programme. Medical Colleges were chosen for setting up ART clinics not only because they are more accessible to people but also because big hospitals afford more anonymity to patients. As one doctor put it, many HIV-infected people prefer to go to places far away from their neighbourhoods to seek treatment.

Each ART clinic has a medical officer, a counsellor and a pharmacist to guide patients. The state government is procuring the fixed-dose combination ART first-line drugs through the Central Purchase system and the KSACS inventory is rotated so that stocks can be shifted to wherever there is a shortage.

But despite such positive results there are some teething problems. For instance, K O Joseph, a member of Council of Positive People in Kerala (CPK+), says

**HIV-POSITIVE PEOPLE NOW KNOW
THERE IS HOPE YET AND THEIR
FAMILIES ARE MORE SUPPORTIVE**

that several substitute drugs are in short supply in many ART centres and that last month several patients had to go without drugs for 10 days as they did not have the means to purchase them from private shops. Further, according to him, patients often have to buy the initial test dose of drugs for 10 days, costing over Rs 1,500, from their own pockets.

Follow-up of patients (checking whether they are adhering to the treatment schedule and record keeping) and shortage of CD4 testing machines and technicians are some other problems that need to be set right.

Currently, CD4 testing is available only in Thiruvananthapuram Medical College, where the waiting list runs up to three months. Those taking the test the first time are given preference. Dr Khobragade says this is being sorted out. According to him, three more CD4 machines have been procured by the state's health service, which will soon be placed in other medical colleges.

Follow-up problems arise because a single medical officer is not in-charge of patient care. "Different doctors, often post-graduate students, run the ART clinic daily," says a doctor at Thiruvananthapuram Medical College. Another issue the programme might have to contend with in the future is the abysmally low number of women accessing free ART (they constitute less than 20 per cent of the total number of people on ART).

However, what cannot be denied is that thanks to this government initiative there has been a change in attitude both among HIV-infected people and society as a whole. "Earlier, 'what next?' was a big question facing those who tested HIV-positive. Now they know there is hope yet. This has been encouraging many to declare their HIV-positive status openly and the families are accepting their status with stoicism," says Dr Ajithkumar K, Head of the Infectious Diseases Department at Thrissur Medical College Hospital.

"I find that there is a new hope among HIV-infected people; they are no longer depressed but are facing life with new confidence. There are elder brothers bringing their younger sibling and fathers bringing their sons for treatment to the clinic," he adds. ●



Illustrations: Sheena

Dear Readers,

Thank you for your overwhelming response to AIDS BUZZ. Going through your responses to our feedback forms has been a heart-warming experience.

We were hoping AIDS BUZZ would strike a chord with you, but to know that a single copy of the newsletter has been read by as many as 150 people in one instance and by scores of people in other instances has touched us as only warmth can.

Every reader who has written in has found AIDS BUZZ interesting, informative and relevant. Its style and layout has been highly appreciated too.

We are carrying some of the letters/comments in the feedback forms in the column below and will continue to print your valuable responses in the future.

Wishing you a happy reading of this Kerala issue that takes you through the secrets of the backwaters and the concerns and aspirations of this scenic state!

Sudhama Pothan

Editor-in-Chief

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World Bytes

AIDS Orphans Used As Guinea Pigs in the U S!

Washington: Government-funded researchers tested AIDS drugs on hundreds of foster children in at least seven U S states over the past two decades, often without naming advocates for the youngsters as a basic protection mandated in risky experiments, an Associated Press review has found.

The research, funded by the National Institute of Health, was most widespread in the 1990s as foster care agencies sought treatments for their HIV-infected children that weren't available in the marketplace. The practice ensured that foster children – mostly poor or minority – received care from world-class researchers at government expense, slowing their rate of death and extending their lives. But it also exposed a vulnerable population to the risks of medical research and drugs that were known to have serious side effects in adults and for which the safety for children was unknown. Some foster children died during the studies, but state or city agencies said they could find no records that any deaths were directly caused by experimental treatments.

AP

ARV at 100 Centres by Year-End

The Indian Government plans to provide anti-retroviral therapy (ART) for HIV/AIDS patients through 100 centres by the year-end, the Lok Sabha was informed.

Besides the existing 25 ART centres, additional 14 centres have already been sanctioned, Minister of State for Health Panabaka Lakshmi said in a written reply. Denying media reports that ART was available only in six states, the minister said the therapy was at present available in 13 states.

UNI



LETTERS

Congratulations on the publication of AIDS BUZZ. It is a very good literature on HIV/AIDS. It is informative and relevant. I read it and circulated it among the student community and others. More than 120 people in our college have read it. Thank you for sending AIDS BUZZ.

Sr Leelamma P D

Dept. of Social Work
Vimala College
Thrissur district-680009
Kerala



You have done a very good job. We generally have to dig to get relevant issues related to AIDS. The articles are very much localised but will still be of use to others. Appreciate your excellent work. All the best for the future too. More than 50 people in our college have read AIDS BUZZ.

Ann Mary George

Vimala College
Chelapaden House
Unity Road
Kuriachira, Thrissur -680006
Kerala



I am a regular reader of AIDS BUZZ. I am working with an HIV/AIDS school education programme. I read AIDS BUZZ in office but I would like to get a copy of AIDS BUZZ at my residence so that I can spend more time in reading this newsletter. For this I have put down

my address in the attached feedback form. I would also like to share with you that I got inspired by AIDS BUZZ and wrote a poem 'AIDS Ka Funda'. I like to write articles, songs, and poems on HIV/AIDS and human behaviour. I would like to be associated with AIDS BUZZ in writing articles if you think me appropriate. I am waiting for your response.

Our staff has also read the newsletter. I request you to print AIDS BUZZ in many languages.

Chandni P Trivedi

Shri Sarvoday Mahila Udhog Mandal - Okha Port
c/o P P Trivedi
Ranmuktswar temple
near Railway station Dwarka- 361335



I would like more AIDS BUZZ copies (10 of them) – so that I can circulate to field offices or the copies can be sent directly to them. I can send case studies or theme-specific articles as sought by you.

Veera Mendonca

Youth HIV/AIDS Coordinator
UNICEF
73, Lodi Estate
New Delhi



Congratulations AIDS BUZZ. This is no doubt a great step towards informa-

tion sharing among the organisations working on AIDS. Its attractive getup, interesting news and sensational appearance makes it a complete blend of knowledge, looks and theme. Fifteen people in our organisation have read AIDS BUZZ. Looking forward to receiving next editions and sharing more.

Monjhuri

Coordinator
Chittaranjan Welfare and Research Centre
150/5, D H Road, Nathpara
Thakurpukur, Kolkata-63
West Bengal



I am working with a street children intervention since 1999. Please send me AIDS BUZZ to know more and let know to others. It's a very nice magazine, which I found in somebody's office. Send it to me regularly at the address given below.

M Jayaraj

Integrated Development Society
1-61, Post vill. KUBEER
Mandal: KUBEER
District: Adilabad-504103
Andhra Pradesh



We received only the Feb and March issues of AIDS BUZZ. This publication is very useful; please send it regularly. Our head office is located at Mylavaram. Our field office is located in Ibrahimpatnam.

L Sudhakara Rao

SAMATA
Behind police station
Ibrahimpatnam
Krishna district-521456
Andhra Pradesh

Bency & Benson The Road Not Taken

Why does India's most literate state continue to shun its HIV-positive people despite the way shown by Bency and Benson?

By SADHNA MOHAN in Kollam

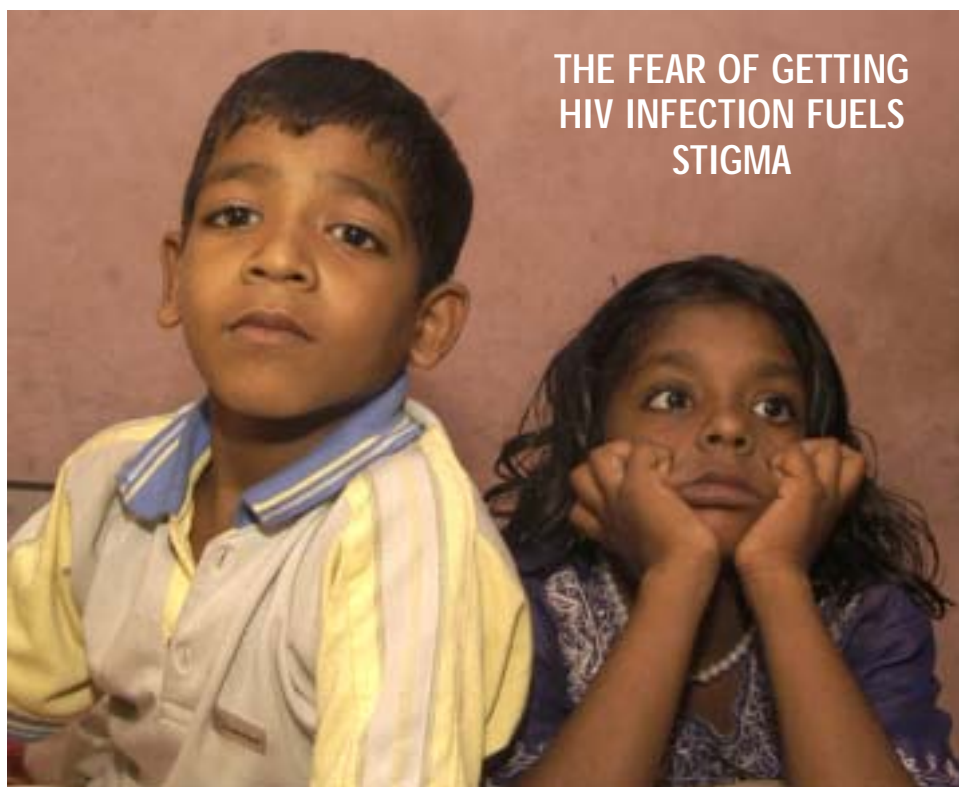


Photo: A V Muzafar

The flashbulbs have stopped popping. Bency and Benson, brand ambassadors of the anti-HIV discrimination campaign launched by their grandfather in a small Kerala village over two years ago, are slipping back into the relative anonymity of daily life – well, almost.

This February, after a gap of nearly two years, the children finally got back to the school that wouldn't have them because they were HIV-positive. Telltale signs of the rejection, such as the board outside Babu Memorial Library (across the school) announcing "Bency and Benson Study Here", are still visible though. The kids took classes here for a while after the parents of other children studying in the Kaithakuzhi lower primary school in Kollam district objected to their presence.

Today, the kids are celebrities in their own right. Highway shopkeepers point you to their home. After all, Suresh Gopi, a Malayalee film actor had visited them there.

Two curious, smiling faces greet you when you knock

at their door. Yes, they are fine and happy. The difficult period is over. "Everyone loves me, and I feel like loving everyone," says Bency. Benson too says he is comfortable with others.

Bency plays a pebble game (her favourite) with a neighbour, Ashi. Benson is part of a 12-boy cricket team. Both love playing hide and seek with neighbourhood children.

They smile and prance about for the camera. "I like my photos in the newspaper," says Bency, and Benson seconds that.

Bency, Benson and their grandfather (now dead) have earned a place in the history of the anti-HIV discrimination movement because they were the first to go public and stoutly challenge a discriminatory practice – not being allowed to attend school. Going on a fast-unto-death to demand education, the children did not shy from the press. International media took notice. Their grandfather, a retired Lance Naik, displayed a crusading spirit. The

Government and civil society stepped into action and the mission has succeeded with the kids back in school.

Despite this victory, getting into school has not been easy for other HIV-positive children in the state. Last year, in Kottiyur, Kannur district, Akshara and her brother Ananthu were 'admitted' to a government school on the condition that they studied 500 metres away from the school premises under a special teacher. Parents of other schoolchildren and local people insisted on this separation. About the same time, twins Amal and Amrutha, aged 6, managed to sit with other Class I students in Cheruvathur Government Welfare School in Kasaragod district after the local people prevailed over the reluctant parent-teacher association. Politicians, NGOs, and the grama panchayat supported the children.

Denial of burial space to people dying of AIDS in

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Bridging the Gulf for Migrants

Kerala seeks out ways to reach a third of its population living outside the state on AIDS issues

By SADHNA MOHAN and JEEMON JACOB in Thiruvananthapuram

If it's Friday, it should be an NRI calling. Worried overseas callers are beginning to buzz Kerala State AIDS Control Society (KSACS) with increasing frequency. Nearly a dozen calls from the Gulf land up here each month.

Visiting a doctor or calling a local help line to seek guidance on sexual matters is not really an option in puritan societies. And so, when the weekly off arrives on Friday and overseas calls are cheaper than usual, Keralites in the Gulf prefer to pick up the phone and dial 'home' to talk it out.

On issues of intimacy and deep concern, communication in one's mother tongue is easy and brings succour. And this too is a pretty big reason accounting for the increasing popularity of the KSACS telephone help line.

The upsurge in telephonic counselling brings a smile to the face of AIDS programme managers. It tells them that a sizeable chunk of a population - of migrants - considered vulnerable to HIV is now seeking to know facts about it.

Nearly a third of Kerala's population works outside the state. Out of the state's total population of 33 million, 9 million people work outside - 2.5 million work abroad, mainly in the Gulf, and 6.5 million work in other states. In all, 81 per cent of them are single men and women. This data emerges from a survey carried out by Centre for Development Studies in Thiruvananthapuram.

Migration and HIV are believed to be closely linked. Data from voluntary counselling and testing centres shows that 95 per cent of the people found positive have worked outside the state. According to Mr Brent Roy, Programme Officer, STD, KSACS, not a single farmer has been found infected though 33 per cent of the state's population is involved in agriculture.

A UNDP-commissioned study conducted by C-GRAF and Kerala University in 2002 sought to identify factors leading to HIV infection in migrants. In all, 50 HIV-infected (migrant) men throughout the state and 100 non-migrant men cross-matched in terms of age, occupa-

DATA SHOWS THAT 95 PER CENT OF THE PEOPLE FOUND POSITIVE HAVE WORKED OUTSIDE THE STATE



Photo: Ajllal

tion, and region were interviewed.

The mean age of first sex among migrants was found to be 20.9 and that among controls was 26.1. The mean number of sex partners per migrant was 9.5, for controls the figure was 1.86. Nearly 30 per cent of the migrants had more than 15 sexual partners, and 50 per cent of them reported premarital sex with sex workers. Only 40 per cent of the migrants admitted to frequent condom use.

"We are worried about migration and have to tackle the issue effectively," says Dr Rajan Khobragade, Project Director, KSACS. "The plan is to track migrants from

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The Road Not Taken

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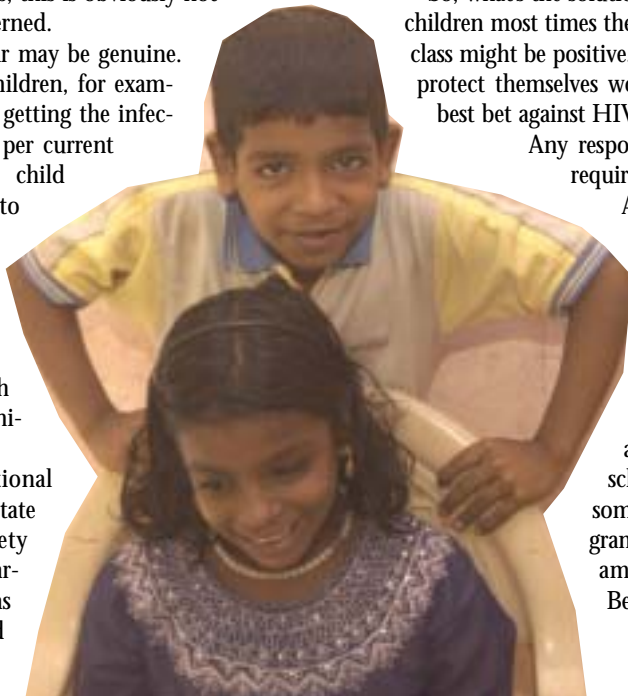
Kottayam and the ostracisation of a woman living a few km away from the capital city of Thiruvananthapuram, whose HIV-positive status caught up with her when she showed her prescription to the chemist moments after her diagnosis, are other recent instances of stigmatisation of people with HIV that this fully literate state is not proud of.

Why is India's most literate state shunning its HIV-positive people? Those asking this question believe that literacy implies a complete understanding of HIV protection. This is simplistic. Literacy can, at best, yield an audience that is receptive to health issues. This receptivity has to be built upon brick by brick and reinforced from time to time.

The 'fear' of getting HIV infection is what fuels stigma. While in some cases, this might be an 'irrational fear' in the eyes of AIDS activists, this is obviously not so clear to the people concerned.

At other times, the fear may be genuine. When it comes to schoolchildren, for example, parents' fear of a child getting the infection is not unfounded. As per current scientific knowledge, if a child with cuts in the hand tends to a bleeding positive child, resulting in the direct contact of the blood of the two children, infection can be passed to the normal child. Though minuscule, the risk is undeniable.

Dr N Hema, Additional Project Director, Kerala State AIDS Control Society (KSACS) points out that parents raised questions such as this in the case of Bency and



Bency and Benson's home in Kaithakuzhi

Photo: A V Muzafar

BRILLIANT COMMUNICATION SHOULD ENGAGE PEOPLE ON AN ONGOING BASIS

Benson. "Do you guarantee that my child will remain negative?" was a common refrain.

So, what's the solution? When it comes to school children most times there is no way to tell who in a class might be positive. Therefore, knowing how to protect themselves would appear to be children's best bet against HIV.

Any response to such an issue would require a good deal of thought.

And when we expect a sensitive response from society or groups of people, we need to first make sure that they've been taken through the gamut of issues involved. Communication on HIV as it touches our lives in school, marriage, sex, etc. is something that most AIDS programs leave alone – a lacuna amply underscored by the Bency episode.

The lesson from this

episode is clear. Information, Education and Communication (IEC) has to go beyond creating routine awareness on modes of HIV transmission. It has to evolve to a higher level, where communication revolves around core issues affecting people. The aim must be to get everyone to think through an evolved response.

Brilliant communication, of the type used to promote soft drinks and chips, is needed to engage people on an ongoing basis. The skills used to impart a recall value to Coke and Pepsi need to be used to build HIV consciousness among people.

Do the Kaithakuzhi kids know how to protect themselves?

We asked Janamma (70), grandmother of a 5-year-old boy studying in Bency and Benson's school, whether she or the boy's parents knew how children could protect themselves against HIV. "No," she said, adding, "We are poor and can't send our children to another school. We are trusting the Government when it tells us it is okay for our kids to study with positive children."

Hopefully, other parents have gone beyond simply trusting the authorities. If segregation and discrimination are anti-human, so is ignorance. As important as positive children's right to education is other children's right to know how to gain protection.

The issue that Bency and Benson forced on the national agenda is not closed. Such and other instances of discrimination will continue to surface until misgivings about HIV are dialogued upon effectively. This must happen now before another Bency and Benson erupt anywhere

Bridging the Gulf for Migrants

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homes to workplaces and even during transit time. The role of targeted interventions (TIs) will be expanded to include this component," he adds.

As of now, a broad picture of the migration scenario is available. The Muslim-majority, backward district of Malappuram sees the greatest exodus of workers, followed by Thrissur, and Thiruvananthapuram. "We need to have a detailed mapping of migrants' flow and then develop their capacity to respond to HIV," says Dr Khobragade.

Cross-border initiatives - the first to be attempted by any state - are also being planned to reach out to migrants living in other states within the country. To begin with, migrants in Chennai and other parts of Tamil Nadu will be reached this year. For this, KSACS will tie up with Tamil Nadu State AIDS Control Society and NGOs in Tamil Nadu to run TIs among migrant labour pockets and industrial areas in that state. To provide the requisite intimacy for discussing an issue like HIV, peer educators speaking Malayalam will be used as key communicators. Next in line is Mumbai, a major destination for migrant Keralites.

High migration, low prevalence

Despite such a high level of migration, the prevalence of HIV is inexplicably low in the state especially when one considers the fact that the state is surrounded by three high-prevalence states - Karnataka, Tamil Nadu and Andhra Pradesh.

As per sentinel surveillance 2004, a mere 0.4 per cent



Photo: Ajilal

of the general population and 3.1 per cent of Kerala's high-risk population is estimated to have HIV. While Dr Khobragade likes to attribute this low figure to education, women's empowerment, and people taking precautions, he is concerned that estimates of HIV prevalence may not be realistic and has proposed setting up three more surveillance sites to capture data covering a wider social spectrum.

Such broad-based data becomes essential because as Dr S K Harikumar, Team Leader, Project Support Unit, Kerala, points out, well-to-do migrants do not visit Government-run STD clinics, which are tapped for estimates of HIV infection. Dr Prasanna Kumar, a consultant to KSACS, also supports this contention. Says he, "When a third of the population lives outside the state, estimates about HIV may not be real."

Various other data also seem to contradict the conservative figures. For instance, a casual sex rate of 5.7 per cent among the general population as per the National Behavioural Surveillance Survey 2001 (BSS) places Kerala somewhere in the middle category vis-à-vis other Indian states. Andhra Pradesh tops the list with a rate of 13.3 per cent and West Bengal is rock bottom at 2.2 per cent.

Further, even though the state has no red-light areas, KSACS knows of 15,000 commercial sex workers (CSWs)

and 14,000 men who have sex with men (MSM) in the state.

But yes, when it comes to using condoms with non-regular partners, Kerala is among the top few states, according to the BSS. This could explain low HIV transmission to the general population from core high-risk populations that are exhibiting low HIV prevalence. As per 2003 data from a couple of sites, CSWs showed an HIV prevalence rate of 2.5 per cent. 2004 figures for HIV prevalence among MSM and IDUs are 0.87 per cent and 2.6 per cent, respectively. Individually, a CSW site in Kannur gave a figure of 5.2 per cent HIV prevalence last year.

Future strategies

Understanding the HIV scenario might be tricky. But the state does have a clear strategy on the way ahead.

In-migration of over 2,00,000 unskilled Tamil workers is a focus area, says Dr Khobragade. Most of the workers are employed in the construction sector. In all, 15 KSACS projects seek to reach out to these workers but their coverage is restricted to cities and small towns. Scaling up the coverage is a priority. However, mobility of the workers and linguistic barriers are impediments that the programme has to reckon with.

"We also want to make HIV/AIDS work a people-led activity by involving panchayati raj institutions," he adds. The idea is to integrate the AIDS programme with the formal health infrastructure, and this is already happening in a couple of primary health centres (PHCs), he explains.

Kerala has a large network of PHCs that provide good and cheap medical care for rural people. There are 944 PHCs covering almost all the villages in the state. KSACS has begun to train doctors and paramedics in PHCs on HIV issues and also used the two-week Family Health Awareness Programme run by PHCs as a platform to address married women on issues of HIV. ●

Rural India's High Bi Scare

Homosexual activity is common among rural Indians, finds the first extensive survey of rural Indian men

By SADHNA MOHAN in New Delhi

Homosexual men are not a separate category of men who only have sex with men. They report an extensive number of women partners (in fact, they have more women partners than 'other' men) and practice anal intercourse in 11 per cent of their heterosexual contacts, says a recent survey of 2,910 rural Indian men.

The first large rural sexual behaviour study in five states of the country has implications for HIV interventions. At a broad level, it tells us that the programmes shouldn't be searching for an elusive-to-pin category of people.

But that's not all. It reveals a worrying scale of unprotected anal sex between rural men. And it strongly recommends that India's AIDS programme should start addressing the risk of unprotected anal intercourse with both men and women.

Dr Ravi K Verma, Programme Associate, Population Council, New Delhi, and Dr Martine Collumbien, affiliated with the London School of Hygiene and Tropical Medicine, conducted this cross-sectional survey of men aged 18-40 in five rural districts of five different states.

In India, where close to 76 per cent of the population is rural, population estimates of homosexual activity and anal intercourse with women have so far not been available. In each of the five districts, 10 villages were randomly selected for the study from those fulfilling three criteria: less than five per cent tribal population, population size of more than 500 and at least 5 km away from the nearest town or urban centre.

A complete household listing was done in all 50 villages. From the list of households having at least one man in the 18-40 years age-group, 62 households were selected. To ensure confidentiality, only one man from each household was interviewed. Field workers selected the youngest, second youngest eligible male, and so on in strict rotation in consecutive households.

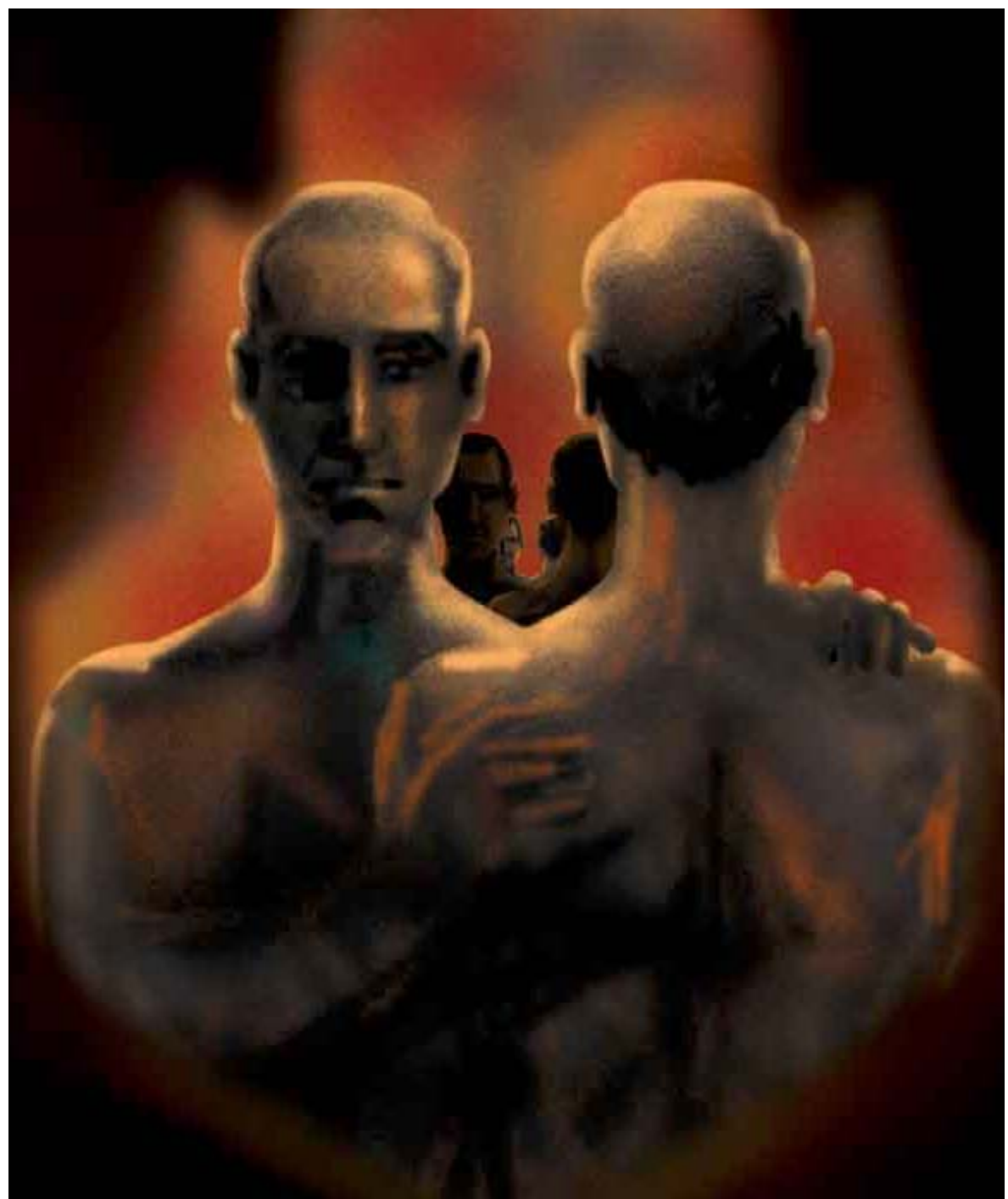


Illustration: Sheena

HOMOSEXUALLY ACTIVE MEN REPORTED A HIGHER NUMBER OF PARTNERS THAN 'OTHER' MEN

The response rate was 94 per cent. Men were defined as homosexually active when they reported anal intercourse with a man in the past year.

The mean age of men was 28.6 years, 81 per cent were married and 95 per cent were Hindu.

The important finding was that homosexual activity was common. In all, 9.5 per cent of single men and 3.1 per cent of married men reported anal intercourse with a man in the past year. Those between 20-24 years of age reported maximum homosexual activity. There were marked differences by district. In Puri, 17.3 per cent of single men and 9.4 per cent of married men were homosexually active in the past year compared with 6 per cent and 1.7 per cent, respectively, in other districts combined.

Men with men partners had more women partners than 'other' men. All homosexually active married men reported sex with their wife and were more likely to report extramarital sex with women in the past year than other married men: 52.9 per cent versus 11.6 per cent. Similarly, 41.5 per cent of single men with men partners reported women partners as compared with 24.5 per cent of those not homosexually active.

As compared with heterosexual men, homosexually active men reported a higher number of partners with 56.9 per cent of married men and 34 per cent of single men having three or more partners.

And then, homosexually active men practiced more

anal sex with their wife (11.1 per cent) than other men (2.9 per cent). Anal sex with other women was equally high (10.6 per cent).

Oral sex with men partners was relatively uncommon, but anal sex was practised in 74 per cent of last encounters. In all, 72 per cent reported insertive sex and 29.6 per cent reported receptive anal intercourse during last sex act. **None of these encounters with men was protected by condoms.**

To conclude, homosexually active men in rural India do not form a separate sexual network. Instead, they link to both circuits of high-risk activity and the general female population. Their higher number of partners and the implied concurrency of partnerships (at least with the spouse and regular partners) provide conditions for an accelerated spread of HIV, say the authors. ●



"Ramesh, when I asked if you were sure that you were HIV-free, why did you say 'I am positive...?'"

Wonder Spice Haldi



Bangalore: Turmeric, prescribed by grandmothers to ward off a range of common ailments, could soon be used to fight killer diseases. Indian bio-technologists have come up with significant findings: turmeric can fight HIV, malaria and cervical cancer.

Dr Tapas Kundu of Jawaharlal Nehru Centre for Advanced Scientific Research in Bangalore has found that curcumin -- the chemical compound that gives turmeric its yellow colour -- has the potential to stop HIV-infected cells from multiplying.

Govindarajan Padmanaban of the Indian Institute of Science has conducted studies on mice to come to the conclusion that curcumin can fight malaria. Though malarial parasites are resistant to drugs, he found that curcumin, along with other drugs, can effectively control the disease.

D Karunakaran of the Rajiv Gandhi Centre for

Biotechnology in Thiruvananthapuram has discovered that curcumin, along with the chemotherapy drug taxol, can fight drug resistant tumours.

Adding further spice to the research, B C Das and Bhupesh Prusty of the Institute of Cytology and Preventive Oncology in Delhi have reported that curcumin stops cervical cancer by binding itself with a certain human protein. Das says that though turmeric research has been going on for the past 10 to 15 years and has been known as a potential anti-cancer weapon, findings were never properly interpreted.

Hindustan Times, Bangalore

HIV-Positive Indians More Susceptible to AIDS

New Delhi: The genetic make up of Indians is such that those afflicted by HIV may be susceptible to faster progression of AIDS.

In a study conducted by the Department of Transplant Immunology and Immunogenetics at AIIMS, it was found that a number of genes associated with protection from the disease are either absent or present in a very small percentage of the Indian population.

Conversely, genes associated with faster progression are present in many people. This may well render an AIDS vaccine made for the Western world ineffective for Indians.

At present an international trial is under way at National AIDS Research Institute in Pune, sponsored by International AIDS Vaccine Initiative. The AIIMS team studied about 200 HIV-infected people and nearly 2,000 healthy people as part of its study.

"A vaccine meant for the Caucasian population may not work here because of the great diversity in the HLA profile of our population.

"HLA or Human Leucocyte Antigens modulate the immune response of the body following an infection," said Dr N K Mehra, Professor and Head of the Department of Transplant Immunology and Immunogenetics at AIIMS.

"Moreover, Indians are usually affected with grade C of the virus which keeps changing at a much faster rate than grade B. It is the latter that affects the Western world," added Dr Mehra.



For instance, B*35PX, which is a gene known to be associated with rapid progress of AIDS, was found to be 2.5 times more common in Indians than a protective gene called B*35PY. "Similarly, a protective gene called B*27, which causes spondylitis, is present only in 4-6 per cent of the healthy population while 95 per cent of those with spondylitis may have it," said Mehra.

All these genes belong to the HLA group. Another set of genes called chemokines was studied at AIIMS. "CCRDelta32 and CCR5*0201, which protect a person from AIDS, are completely absent in Indians. On the contrary, CCR5*0202, which causes the progression of the disease, is found in about 30 per cent of the population," he added.

Some doctors have suggested that grade C virus -- it affects most people in India and sub-Saharan Africa -- may spread faster as compared to grade B, which is prevalent in the Western world.

The Times of India, New Delhi



Illustrations: Sheena

This is not an academic question: Supreme Court

The Supreme Court has issued notices to the Centre and the Delhi Government on a petition challenging the constitutional validity of Section 377 of the Indian Penal Code (IPC), which makes unnatural sex of any kind, including homosexuality, a punishable offence.

"This is not an academic question," a two-judge bench presided by Justice Y K Sabharwal said while issuing the notices. "It's a public interest issue which is being debated the world over. The high court cannot refuse to entertain such an issue only on the ground that it was merely an academic question and that there is no personal injury to any party."

The Supreme Court clarified that it may remand the matter back to the high court for a hearing on the issue on merits.

The court was responding to Naz Foundation's petition challenging the Delhi High Court's dismissal of its petition seeking scrapping of Section 377. The high court had dismissed the petition on September 22, 2004. Naz Foundation had said the section was obstructing HIV/AIDS prevention efforts among high-risk groups.

In its affidavit filed in the high court last year, the Centre had opposed the petition saying homosexuality could not be legalised in India as society disapproved of it. "Deletion of Section 377 can well open the floodgates of delinquent behaviour and be construed as providing unbridled licence for the same," it had said.

Section 377 states that whoever voluntarily has carnal intercourse against the order of nature with any man, woman or animal shall be punished with imprisonment for life or with imprisonment of either description for a term which may extend to 10 years and shall also be liable to a fine.

Hindustan Times, New Delhi

ANNOUNCEMENT

National AIDS Control Organisation is organising a National Conference on Research in HIV/AIDS in New Delhi from 10-13 January 2006. The conference will take stock of medical and social research in the country and encourage the submission and discussion of concept notes for new research.

For further information, please log on to www.nacoresearchconference2006.com or contact the conference secretariat at secretariat@nacoresearchconference2006.com

Abstract/proposal submission and registration forms can be downloaded and submitted to the conference web site.

Important dates

Last date of abstract/proposal submission:

7 Nov 2005

Dates for registration:

1-30 Nov, 2005

Dates for scholarship application:

15-30 Nov, 2005

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