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Avahan: AIDS in India

Colleen Geiss

Contemporary Perspectives

Dr. Schrand

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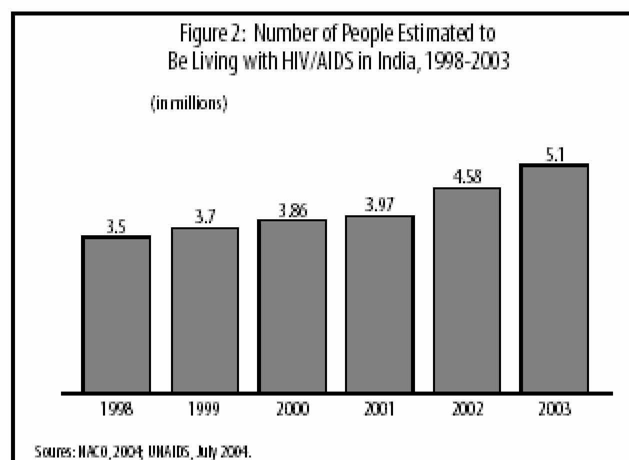
AIDS in India

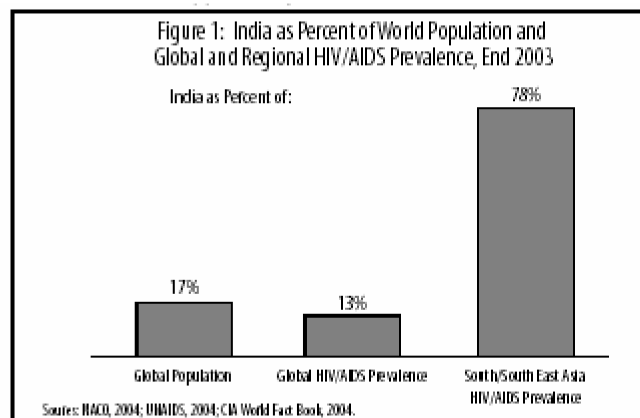
In order for Avahan to help the people of India control AIDS, the basic history of the disease in India needs to be understood. Since the first case of AIDS was reported in India in the state of Tamil Nadu in 1986, the country has been fighting the disease, its rapid spread, and the stigmas associated with it (Tamil Nadu State AIDS Control Society). Government officials originally called for the deportation of African students living in India and the outlawing of sex with foreigners (Daniel). In an effort to stop the disease's spread, some government workers offered to pay commercial sex workers to retire (Daniel). Many of the government's ideas were incorrect, however, the idea that commercial sex workers were helping to spread HIV and AIDS throughout India was accurate. Commercial sex workers have been identified as one of the most at-risk groups in India (HIV & AIDS in India).

In 2004, it was estimated that 5.134 million of India's one billion people were living with HIV (Indian HIV & AIDS Statistics). The number of people in India living with HIV/AIDS has been on the rise. It has been estimated that the rate of HIV/AIDS has increased by forty-six percent since 1998 (HIV/AIDS Policy Fact Sheet).



(HIV/AIDS Policy Fact Sheet)

The rate of HIV and AIDS in India represents thirteen percent of the HIV and AIDS cases worldwide, yet India itself only accounts for seventeen percent of the global population (HIV/AIDS Policy Fact Sheet). Clearly, the number of people living with and dying from HIV and AIDS in India is a significant enough problem to call for immediate action.



(HIV/AIDS Policy Fact Sheet)

A Model for India: Thailand

Like India, Thailand has also been fighting an AIDS epidemic since the early 1980s (HIV & AIDS in Thailand). Unlike India, Thailand launched an immense fight against the disease. Thailand’s various programs have resulted in reducing visits to commercial sex workers substantially, raising condom usage, and decreased incidents of sexually transmitted diseases (HIV & AIDS in Thailand; Phoolchareon). Most importantly, the number of new cases of HIV in Thailand has declined each year for the past ten years (“There’s Good News and Bad News”).

Thailand focused on education and one hundred percent condom use for all its citizens, but with special focus on commercial sex workers (Phoolchareon). Sex establishment owners and commercial sex workers received close to sixty million free

condoms a year in support of the one hundred percent condom program (Phoolchareon). The government of Thailand shut down sex establishments that failed to comply with the program (HIV & AIDS in Thailand). Thailand also used the media to educate the citizens about HIV and AIDS. Radio and television stations owned by the state were obligated to broadcast thirty seconds of AIDS education every hour (Nakashima). AIDS education also took place in schools and included life-skills to empower young people in the hopes that their cultural beliefs, peer pressure and societal norms would promote safe sex behavior (Phoolchareon).

Thailand's Results

Between the years 1991 and 2001, the number of new cases of HIV in Thailand decreased by more than eighty percent (Case 2). The total number of new cases of sexually transmitted infections for both men and women was roughly 15,000 in 2001, compared to almost 200,000 sexually transmitted infections in men alone in 1989 (Case 2). The rate of HIV infection in pregnant women peaked at 2.4% in 1995 and has since decreased to 1.7% in 1997 (Phoolchareon).

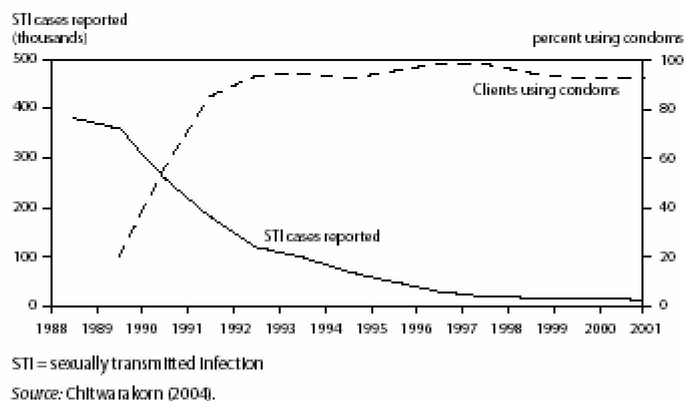


Figure 2.1 STI cases reported compared with condom use rates in Thailand, 1988–2001

(Case 2)

Thailand's programs are not perfect. The rate of HIV and AIDS is still between thirty and forty percent in users of intravenous drug users and twenty and thirty percent in female commercial sex workers (Phoolchareon). More disturbingly, in 2002, the HIV infection rate rose among teenagers from eleven to seventeen percent (HIV & AIDS in Thailand). Less than fifty percent of Thailand's sexually active teenage population uses condoms regularly (HIV & AIDS in Thailand). In addition, it has been projected that each year, up until the end of 2006, over 50,000 citizens of Thailand will die from AIDS-related causes, with over ninety percent of deaths occurring in people between the ages of 20 and 44 (HIV & AIDS in Thailand).

Despite these somewhat negative statistics, Thailand's HIV/AIDS programs are still making progress in the fight against HIV and AIDS. Using some of Thailand's strategies, Avahan can help India begin to make progress in protecting and treating their citizens. The Indian government, along with private organizations such as Avahan, need to look at what has been done in Thailand along with what is currently being done in India to advance programs in India that fight HIV and AIDS.

Current Programs Fighting AIDS in India

The Indian government has been engaged in the fight against HIV and AIDS since 1986, however, the significance of the problem and the ability of the disease to spread rapidly were not immediately understood by the Indian government. In order to assist India in combating HIV and AIDS, Avahan needs to fill in gaps in programs run by both the Indian government and other privately run organizations. The National AIDS Control Program has worked at disease surveillance, the screening of blood and blood products and health education in India since 1987 (HIV & AIDS in India). In 1992, India's Ministry of

Health established the National AIDS Control Organization (NACO), which began executing the phases of the National AIDS Control Program (HIV/AIDS Policy Fact Sheet).

NACO's Annual Report for the years 2002-2004 states that they support "seventeen networks of people living with HIV/AIDS" and 628 Voluntary Counseling and Testing Centers throughout India (HIV/AIDS Policy Fact Sheet). The NACO budget, with money from the World Bank, has helped all Indian States, Union Territories, and Municipal Corporation cities set up and advance their State AIDS Control Societies (About NACO). As of July 2005, there were thirty-eight State AIDS Control Societies (About NACO). According to NACO's 2002-2004 Annual Report, there is still an unmet need for information regarding the routes of HIV transmission, the most common myths and misconceptions about HIV infection and transmission, and the accessibility and availability of HIV prevention, as well as care, treatment, and support for people infected with, and affected by HIV and AIDS (Annual Report). These are all areas that Avahan will address.

With the help of NACO, the state of Tamil Nadu formed the Tamil Nadu State AIDS Control Society in 1993 (Tamil Nadu State AIDS Control Society). As a result of this, Tamil Nadu possess the highest level of HIV and AIDS awareness in the country, with nearly ninety-six percent of people educated about HIV and AIDS (Performance Report). Avahan should look to Tamil Nadu's success in educating citizens, one of the most important aspects in the fight against HIV and AIDS. According to the Tamil Nadu State AIDS Control Society, "Awareness, which can lead to attitudinal and behavioral change in individuals and society towards safe sex and other health practices is the only weapon today against HIV/AIDS (Family Health Awareness Campaigns).

Most of the programs currently operating in India work under the assumption that knowledge about HIV and AIDS is the best line of defense against their spread. In October 2005, the Indian Union Minister of Information and Broadcasting, Jaipal Reddy, said that "Consistent and accurate information must be accessible to all, and this information needs to be open and honest so that people could make choices" ("Indian Media . . ."). Avahan should utilize the media in India to broaden the populations' awareness and understanding about HIV and AIDS. Advertisements on television, radio, billboards, newspapers, and magazines can help spread Avahan's message to a wide variety of people.

Using knowledge to change behaviors is the basis of the Saheli Project, which began in 1991 through the Indian Health Organization (Gilada). The Saheli Project uses the peer education of commercial sex workers about the use of condoms during sex and other general health information (Gilada). Each educated commercial sex worker is responsible for sharing her knowledge with her fellow sex workers (Gilada). In addition to educating and training the sex workers, the group also runs a mobile clinic that operates with a doctor, social workers, a health educator, and the sex workers' peer leaders (Gilada). As of 1998, the Saheli Project was working with 3,500 commercial sex workers in Pune and 5,500 in Mumbai. (Gilada) Because of the Saheli Project, in Mumbai, the HIV prevalence remained fixed from the years 1996-1998, while the rest of India continued to increase (Gilada). Avahan will attempt to expand on the success of the Saheli Project.

DKT International's Projects Mandi and Disha are also working to educate Indians about HIV and AIDS. Project Mandi uses "popular infotainment activities" to educate people about family planning and HIV and AIDS, which has resulted in increased sales of contraceptives (DKT India). Project Disha is a training program for women who dance or

serve in bars in Mumbai that focuses on "reproductive health, contraception, condom negotiation skills, fitness, hygiene, and confidence building" (DKT India). This project has resulted in a twenty percent increase in awareness of sexually transmitted infections, HIV, and AIDS, along with a fifty percent increase in condom negotiating skills (DKT India).

Clearly, the Saheli Project and Projects Mandi and Disha show Avahan that Indians are concerned about the sexual health of commercial sex workers and their clients. This is a population, that despite current knowledge about HIV and AIDS still engaging in high-risk behaviors. Commercial sex workers and their clients would benefit from Thailand's one hundred percent condom program. If condoms were required for use, the spread of HIV and AIDS would drop rapidly. Following an educational intervention that included 334 commercial sex workers and 20 madams in 1995, there was a report of increased condom use, and forty-one percent of the newly educated commercial sex workers said they were willing to refuse a client if he would not use a condom (Bhave).

Despite the educational efforts made by India's government and private organizations, HIV and AIDS are still a real and growing threat. Doctors at Tambaram Sanatorium, a refuge for patients with tuberculosis and HIV/AIDS, report at least fifty new HIV cases a day (Sternberg). As of 2003, twenty-one percent of new HIV cases were women (Chatterjee).

Avahan needs to focus on educating the most at-risk groups, along with populations that have so far been overlooked by current educational programs. Knowing what is currently been done in India will help Avahan find the areas that need the most work, and the people that need the most education and treatment opportunities.

India's At-Risk Population

In order to effectively help the people of India fight AIDS, Avahan needs to be aware of the different needs of diverse members of the population. Avahan also needs to understand the risks associated with certain groups of Indians. In July of 2003 Dr. Meenakshi Datta Ghosh, the project director for NACO, expressed that HIV and AIDS no longer affects only certain high-risk populations (HIV & AIDS in India). Dr. Ghosh said that HIV and AIDS are "gradually spreading into rural areas and the general population" (HIV & AIDS in India). Currently, everyone in India is at risk of being infected with HIV. Some populations are at a higher risk than others, but everyone in India is in danger of the disease and therefore needs to be aware of HIV and AIDS.

At Risk: Commercial Sex Workers and their Clients

In Mumbai, a city with roughly 25,000 commercial sex workers, it has been estimated that forty percent are infected with HIV/AIDS (Atlas). Every client of those forty percent is at great risk of being infected themselves. Approximately two-thirds of these clients are either married or living with a sexual partner, increasing the risk of spreading HIV/AIDS to their partner (Karnataka). If the client and/or the client's partner do become infected with HIV/AIDS, but do not know it, they run the risk of passing the disease on if they have a child. Again, India would benefit from Thailand's one hundred percent condom program almost immediately. Commercial sex workers would benefit from education about the disease as well as training in how to convince an unwilling client to use a condom. The general population would benefit from educational programs and media messages that reach clients of commercial sex workers, hopefully resulting in fewer

visits to commercial sex workers and higher incidents of condom use during any sexual encounter.

At Risk: Truck Drivers and Migrant Workers

In India, there are between two and five million long distance truck drivers and assistants (HIV & AIDS in India). In 1999, a study showed that almost ninety percent of truck drivers had "frequent and indiscriminate change of sexual partners" (HIV & AIDS in India). Of these, only eleven percent used condoms (HIV & AIDS in India). Truck drivers visit commercial sex workers in different parts of the country before traveling home to be with their wives. As of 1993, 24.7% of India's population had migrated to find work (HIV & AIDS in India). Some of these workers travel alone and return home to wives and other sex partners in their home communities (HIV & AIDS in India). A truck driver with HIV/AIDS could help spread the disease rapidly to various parts of the country. A migrant worker also helps to spread HIV/AIDS, but at a slower pace.

In some parts of India, volunteers hold classes at truck stops, educating truck drivers and their assistants about HIV, AIDS, and condoms. Many of the men at these classes know only that AIDS kills, not how it is transmitted or how to prevent it (Chatterjee). Many of the men do not even know how to put a condom on (Chatterjee). Truck drivers and migrant workers would benefit from a mobile clinic, much like the one used by the Saheli Project. A mobile clinic could travel to all the places that truck drivers and migrant workers frequent on their trips, educating them, and arming them with free condoms.

Stigma: Another Obstacle in India

Finding the at-risk groups and assessing their needs will be a challenge for Avahan; unfortunately, it is not the only challenge that Avahan will face in India. For most people in India, HIV and AIDS still have a stigma associated with them. AIDS is seen as the disease of people who live perverted or sinful lifestyles (HIV & AIDS in India). There have been cases in India where murders have been committed because of HIV and AIDS (HIV & AIDS Stigma and Discrimination). Many HIV and AIDS patients are discriminated against by their families, their communities, their school systems, their employers, and their health care providers (HIV & AIDS Stigma and Discrimination; Slater; HIV & AIDS in India).

Avahan needs to work to educate all people about HIV and AIDS so that these stigmas and their related discriminations come to an end. The discrimination that needs to end first is among health care workers. Many HIV/AIDS patients have been denied medical care in both hospitals and nursing home simply because of their disease (Daniel). Avahan needs to help health care workers understand how HIV/AIDS is transmitted so that they will not fear patients who have the disease.

HIV/AIDS patients are also discriminated against in their communities. Often, HIV/ADS patients are treated poorly or rejected by their families (HIV & AIDS in India; HIV & AIDS Stigma and Discrimination). Children of HIV/AIDS patients and children with HIV/AIDS are often denied a place in school or taught in segregated classrooms (Sternberg). Indians living with HIV/AIDS often face harassment and violence from their neighbors, and, on some occasions, the police (Slater). Avahan needs to go into both rural and urban communities and educate Indian citizens about the disease. Avahan needs to

help people to understand the challenges facing people infected with HIV/AIDS and those around them affected by HIV/AIDS. If communities across India understand how the disease is transmitted, and how stigmas and discrimination affect people inflicted with HIV and AIDS, violence and discrimination can be slowed, and someday, stopped.

Avahan in India

The groups with the ability to spread HIV and AIDS would all benefit from the same programs. Some of the programs are currently offered in India now, the Saheli Project's mobile clinics and volunteers teaching at truck stops. Other programs would require the Indian government, such as Thailand's one hundred percent condom program.

A $20 million investment by Avahan would be required for a Mobile HIV and AIDS Education Clinic. Roughly, $2 million of that would be used to outfit one hundred mobile home-type vehicles to travel throughout India. Each mobile unit would have three educators traveling with pamphlets, props, costumes, and free condoms. The rest of the budget will be used for the AIDS educators' salaries and to print the pamphlets, buy the props, costumes, and condoms, pay for gas, and upkeep of the mobile unit. After the first year of the project, the budget will be adjusted to pay for the yearly expenses of running the mobile clinics. Avahan's Mobile HIV and AIDS Education Clinic would not focus on one group of people, like the Saheli Projects mobile clinic did. Avahan's Mobile clinics will travel all over India, going to truck stops, small rural villages, schools, larger urban areas, anywhere that HIV and AIDS education is needed.

Thirty million dollars will be used by Avahan to run educational programs on Indian television and radio stations, as well as educational advertisements on billboards and in newspapers and magazines. The television and radio commercials would promote

condom use, explain the ways that HIV and AIDS is transmitted, show everyday people affected by HIV/AIDS, and inform people where they can go for testing, treatment, and counseling. The commercials would star regular Indian citizens, sports figures, and music, film, and television stars. The billboards and print advertisements would picture Indian citizens and celebrities giving out the same type of information. This type of advertising would get the audience's attention; especially since the film industry in India only started showing couples kissing on screen in the past few years ("Leaders: When Silence is Not Golden"). Showing citizens people that they respect and admire talking about HIV and AIDS will promote understanding of the disease and help end stigmas and discrimination.

Avahan will use roughly $20 million dollars to advertise in bars, clubs, restaurants, liquor stores and call centers throughout India. The advertisements would simply be posters with educational information printed on them in bright, eye-catching colors. The posters would cover the same type of information covered in the radio, television, billboard, and print advertisements. Educational information like this will help India's young work force understand the seriousness of HIV and AIDS. Avahan will spend another $20 million providing bars, clubs, restaurants, and liquor stores will free condoms. Proprietors of these establishments will simply put condoms in the bathrooms and by the exits for people to take, as they need them.

Finally, Avahan will spend $100 million advancing current testing and treatment centers and building new testing and treatment centers in areas that desperately need them. Since ninety percent of all HIV/AIDS cases are concentrated in six states, Avahan will go to these states first and make sure that their testing facilities are up-to-date (Portfolio of Grants in India). Avahan will then find areas in India where testing and treatment centers

are lacking, and supply Indians with the testing and treatment facilities that they need. While the new centers are being built, a Mobile HIV and AIDS Education Clinic can travel the area making sure the people get the education and counseling that they need. The remaining $10 million of Avahan's budget will be set aside in case any one of Avahan's current or new projects needs additional funds.

Fighting the HIV/AIDS epidemic in India is truly a daunting task. With the knowledge of the disease's history in India, current programs operating throughout the country, obstacles we will face, and the model of a successful country, Avahan will be able to help the Indian people overcome HIV and AIDS.

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