

HIV/AIDS in India - Church's Responsibility

Dr. G.D. Ravindran, M.B.B.S, M.D., M.H.Sc, F.C.G.P.

Professor of Medicine and Medical Ethics

St. John's Medical College, Bangalore

The first case of Human Immunodeficiency Virus (HIV) was detected in India in 1987. In the last 15 years, the epidemic has spread rapidly all over the country. Today India has about 4.5 million HIV positive people. If this trend continues, India will be the leading country with HIV infection in the world in the near future.

Impact of HIV/AIDS: HIV/AIDS increases the mortality and morbidity rates of the affected communities. It will increase the infant and under five mortality. The number of orphans will increase. It also produces emotional trauma and discrimination among the infected individuals.

HIV/AIDS also has an economic impact. The work force of the country will be affected as young adults are affected. National budget on healthcare is likely to increase as the demand for care of HIV infected individual increases. It is likely that the country will lose all the economic gains that it has achieved and slide back in development. Poverty worsens inequality and increases human rights abuses.

Trends in HIV spread: Eighty nine percent of infections occur among the sexually active and economically productive age group of 18-40 years. Twenty five percent of HIV positive patients are women. The disease has not spared children. The virus infects about 30,000 newborn children. At least 120,000 children are rendered orphans by the epidemic.

There are certain differences between the epidemic in India and in the Western world. The HIV virus seen in India belongs to clade type C, in the West it is clade B. In contrast to the West, heterosexual transmission is the commonest mode of infection. Incidence of HIV associated with blood transfusions is decreasing. **The incidence of HIV transmission from Mother to child is increasing in the country.** Intravenous drug abusers are one of the sources of HIV transmission in the Northeastern regions of the country. From being, a disease of the urban areas and of groups that are indulged in high-risk behaviours it has now become a disease that is seen among the rural areas as well as the general population.

Factors that Influence the spread of the disease in India: The behaviour of people puts them at the risk for developing disease. General awareness of the disease and its mode of spread are low in the community. Incidence of reproductive tract infections as well as sexually transmitted disease is high. **Changing social behaviour patterns** due to the influence of the media and peer pressure leads to risky sexual behaviour.

Gender inequality and poverty also contribute to the spread of the infection. **Large population of migrant workers tend to have high-risk behaviour when they are away from their families.** Economic necessity and gender inequality render sex workers vulnerable to acquire the infection. In the Northeastern regions of our country intravenous drug abuse also contributes. In a study conducted by NIMHANS at Bangalore, alcohol abuse was one of the factors that increased the risk for acquiring the infection.

Abuse of blood and blood products as well as **unsafe blood banking practices** also contributes the increase of HIV infection. Similarly, poor antenatal facilities also contribute to the spread of infection.

Governmental efforts in prevention: With the advent of the infection, the Central Government set up a National AIDS Committee in 1986 and launched the National AIDS control programme in 1987. In 1992, the Government formulated a new programme and changed the committee into a National AIDS Control Organisation (NACO). It also formulated a Policy that involved a multi sectoral approach and with the involvement of Non-governmental organisations (NGO) to control HIV/AIDS in the country.

NACO implements its policies as well as its activities through the different State AIDS Cells/Societies in the states. Its activities involve programme management, surveillance, research, information, education and counselling activities. It also undertakes initiatives to ensure safe use of blood, reduction of sexually transmitted disease (STD's), condom promotion and undertakes interventions that can reduce the impact of the disease.

Efforts by the Catholic Church: The CBCI through its Commission for Healthcare instituted the CBCI-IGNOU Chair for Health and Social Welfare and the first programme of study is on 'HIV and Family Education'. This is indeed a major step in awareness building and prevention. The Commission also has published textbooks and materials for health education. The Catholic Hospital Association formulated an HIV/AIDS policy in 1997. It has been conducting various training programmes and interventions through its members. Catholic hospitals have been in the forefront of providing care for the HIV/AIDS patients in the country.

Catholic colleges have actively taken part in the University programmes on AIDS control. Some schools have made HIV/AIDS classes as part of the curriculum. These efforts have not been coordinated and consistent to have an impact on the epidemic in the country.

Preventive measures and Role of Catholic Institutions: Measures to prevent the spread of HIV involve both medical as well as social interventions. Combination preventive strategies that involve multiple interventions that work synergistically will reduce the incidence of the disease. Hence, there is a need to have inter sectoral collaboration within the Church.

Medical interventions: Medical interventions like voluntary testing and counselling will increase the awareness of the need to reduce high-risk behaviour as well as bring the disease into open. Catholic hospitals with their holistic approach to health care are in a better position to implement this intervention. There is a need to strengthen the personnel in the hospital by conducting training programmes.

Provision of safe blood transfusions has reduced the incidence of HIV transmission through this route. Implementation of strict laws by the Government has ensured this achievement. Catholic Hospitals working in rural areas may not have access to a safe blood transfusion. We need to look at this problem pragmatically and find solutions.

Providing treatment for opportunistic infections as well as for the HIV patients in the institutions will reduce the stigma. The involvement of the Catholic hospitals in this area is indeed laudable, but some institutions still do not provide care. The major hurdle has been the attitude of the staff. To change this attitude, there is a need to provide training programmes for all categories of the staff. The administration also needs to be strict to combat the attitude.

Control of sexually transmitted disease by prompt treatment of STDs can lead to risk reduction. Prompt reporting of the cases to the governmental authorities will ensure better statistics as well implementations of preventive measures in the community.

Catholic hospitals are renowned for Mother and Child health services. We should build on these strengths. Provision of HIV counselling, testing antenatal mothers and providing antiretroviral therapy will definitely reduce the transmission as well as the impact of the disease. There is an urgent need to explore this intervention so that we can make a definite dent on the disease.

Programmes that reduce alcohol as well as intravenous drug addiction will definitely make an impact. Many hospitals have de-addiction programmes in place. Provision of needle exchange programme in these de-addiction programmes will go a long way in reducing the spread of the disease. Provision of universal precaution and safe disposal of wastes will not only protect our staff but also help the environment.

Social Interventions: Social interventions involve general interventions as well as interventions that target specific vulnerable groups in the community. Knowledge is power and an individual should have the knowledge about the disease so that one can protect oneself. Our educational institutions can play a vital role. The knowledge about HIV/AIDS should be incorporated in the school curriculum. It must begin in lower classes (3rd or 4th standard) and the content must be increased gradually. The theme in the lower classes must be that we have to protect our body against all sorts of harm. In the higher classes, sex education should be made a part of the curriculum. To implement this type of curriculum, teachers need to be trained to handle issues with sensitivity. Colleges can introduce seminars and awareness programmes.

At the **parish level**, youth groups can take up awareness programmes. To reduce the stigma as well as increase awareness churches can celebrate an 'AIDS day'. Awareness of HIV and its prevention should be a part of every marriage counselling. Family education and support services need to be strengthened at the parish level.

Social welfare schemes that are run by the church can help to reduce the spread of the disease. Increasing the economic capacity and local employment can prevent migrations. These schemes can also be used to spread awareness in the community.

Targeted intervention programmes may be a little difficult to implement by the church institutions. There are groups that work in the prisons, among street children and among marginalised people. They can have AIDS prevention activities.

Working with certain high risk groups can lead to moral and ethical dilemmas in catholic institutions e.g. AIDS prevention work among sex workers. We are comfortable in providing rehabilitative measures for sex workers but AIDS prevention has to be conducted with active sex workers. Similarly, dilemmas arise when working with drug addicts and gay men. We need guidance from the church authorities.

Impediments to effective prevention work: The **attitude** of the institutions is a major impediment for implementing AIDS awareness programmes. That needs changing. We need training programmes to train health personnel as well as teachers. Institutions that can offer this type of training need to be identified.

Drugs are essential to prevent mother to child transmission as well as to treat HIV infected patients. Intervention programmes need dedicated staff and there must be provisions to provide for salaries. All of these need money.

The church institutions get **support** from internal resources. Huge amounts are available through external funding for AIDS awareness programmes. Institutions need to tap these resources. Catholic institutions do not tap Governmental resources. We should shed our inhibitions and approach the government for funding. We need a resource centre that can help our institutions to write good proposals. This centre should also inform institutions about the sources of funding that are available.

Ethical dilemmas that arise in the course of AIDS awareness programmes need to be addressed. At present, people grapple with these dilemmas privately as well as approach local resources. We need a body that will address these issues from an all India perspective. The CBCI should take an initiative in this regard.

Advocacy has been one of the important aspects of HIV/AIDS epidemic. Bringing Human rights abuses to notice as well as empowering the marginalised members of the society needs a powerful advocacy at all levels. Church with its social organisations is eminently suited to take up these issues.

In the states that have a high prevalence of HIV a large number of catholic institutions are present. Catholic institutions can definitely make an impact on the HIV epidemic in India.