

LETTER TO EDITOR

Overview of HIV/AIDS in Andhra Pradesh

Dear Editor:

HIV/AIDS has taken the world by storm and no one is exception with the start of fourth decade of the global pandemic. The growing menace created by HIV/AIDS has alarmed not only the public health officials but also the general community. Over several years of illness, HIV positive person's immune system is gradually undermined due to reduction of CD4 cells in body and various pathogens in the environment. Major cause of mortality in patients is due to opportunistic infections and human sufferings are incalculable. As more and more people become HIV infected, the pandemic will cause a devastating demographic, social and economic havoc and will reverse many of the progresses made in the last few decades. South-East Asia Region has the second-highest burden of HIV/AIDS in the world with an estimated 3.6 million people living with HIV/AIDS (PLHA); 37% are women. An estimated 260,000 new infections and 300,000 AIDS deaths each year [1]. India's population surpassed the one billion mark in 2001, with 67.2 percent of its people living in rural areas, and 32.8 percent in urban areas. India has an estimated 1.8 to 2.9 million (2.3million) HIV positive persons in 2007 with an adult HIV prevalence of 0.34% (0.25-0.43%). Of these 39% are females and 3.5% are children. The sexual mode continues to be major mode of transmission though injectable drug use (IDU) and Men having sex with men (MSM) are on rise in many new pockets [2]. The first case of AIDS in India was reported in 1986 amongst sex workers in Chennai, Tamilnadu and now India is country with second largest population of HIV infected individuals [3]. Based on antenatal prevalence, six states, namely Andhra Pradesh, Tamilnadu, Maharashtra, Karnataka, Nagaland and Manipur have been identified as high prevalence states (more than 1.0% HIV prevalence in general population) Across India, HIV prevalence appears to be low amongst general population but disproportionately high among high risk groups, like injectable drug users (7.2%), female sex workers (5.1%), Men having sex with men (7.4%) and STD clinic attendees (3.6%)[1]. According to 2001 census, with 76.2 million population, Andhra Pradesh is India's fifth most populous state and considered as one of the six high prevalent states. The prevalence amongst general population is assessed by prevalence of HIV/AIDS amongst women attending antenatal clinics. 19 out of 23 districts in Andhra having prevalence of more than 1.0% including Nalgonda district as prevalence of 1.88%. The fact that HIV infection is more likely to be found in women with lower education poses an additional challenge to HIV information and education programmes. Illiterate women at antenatal care clinics had the highest rate of infection at 2.2 percent in 2004-2005. This rate steadily declined with rising levels of education so that infection among graduate women and above was 1.4 percent. Nonetheless, it is notable that the infection rate was 1 percent or higher in all education groups, the rate that causes a state to be designated high HIV prevalent [4].

Prevalence is more amongst high risk groups like STD clinic attendees 17.2%, MSM 17.04%, female sex workers 9.74% and IDU 3.71% [3]. Males who engage in high-risk behaviour are said to act as a “bridge” population who may transmit HIV to people without identified risk behaviour such as their wives. In Andhra Pradesh, one of the highest HIV prevalence groups was found to be wives of truck drivers who may be away from home for lengthy periods or auto/taxi drivers who have frequent contact with many people. The relatively high rate among wives of agricultural workers also provides evidence that HIV has moved into the rural areas. More than one-third (36%) of Commercial Sex Workers (CSW) surveyed reported entering the sex trade during their teen years. The average age of a woman entering the sex trade was 22 years. Up to one third of those members of high-risk groups surveyed reported that they had at least one casual partner, i.e. non-regular, non-commercial, in the last 12 months. Often sexual encounters with casual partners were in addition to sex with regular partners and sex workers. Small percentages of each group who had sex with a casual partner in the last year reported using a condom each time. This movement of HIV out of high-risk groups and into low-risk groups requires continuously expanded efforts to inform and educate the public of the new threat of HIV. Countering HIV/AIDS in Andhra Pradesh requires a concerted and multi-pronged approach. There are many challenges, but there is also a strong commitment by the government and NGOs to respond to the pandemic. Universal knowledge of the threat of HIV and consistent condom use by those who have casual partners or visit sex workers are imperative. Testing and proper treatment of sexually transmitted diseases are also keys to prevention. Confidential testing and counseling services must be made available to all, as well as education to inform people of their importance and availability. Education to reduce stigma and discrimination against those with HIV is also necessary. Success in these elements will greatly reduce HIV in Andhra Pradesh.

References

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