

# Aids in india

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Why is the A. I. D. S. epidemic prevalent in India? There are several factors that contribute to the spread of the disease but in my opinion, two are more pronounced than the rest. Prevailing cultural practices and economic factors would count as one. This will prove beyond a doubt that my observation is acceptable, as the factors below would reveal.

If we observe the geographical boundaries of India, it appears that the AIDS epidemic is more concentrated with the Southern provinces than it is in the North. The reason of course is the disparity in the context of economic conditions.

While the South enjoys a much better standard of living, it likewise becomes more susceptible to the spread of the AIDS virus. Remember that AIDS/HIV transmission transpired first in more advanced urban centers like the West and East Coast of the United States (Atwal & Alexander).

In India, the epidemic follows the same route; the influx of migrant workers is a take off point. Naturally in the course of their stay, they are bound to have a casual rendezvous with the local sex workers. This is typical with workers coming from the Northern States (Uttar Pradesh) for example enters Mumbai to become part of the labor force, so in effect they are the source of HIV transmission.

This phenomenon likewise limits the spread of the disease to the Northern States because said migrant workers stay indefinitely and often postpone trips back home, thus delaying the transmission of the virus to their wives (Atwal & Alexander).

Another factor that definitely promotes the spread of HIV points to the cultural upbringing of the populace. Did you know that sex, as a topic, is taboo to most in India? Moreover, discussion of sex in public is inviolable where age-old traditions of the religious denominations abhor even the slight mention of the word. So what happens next (Indo-Asian News Service)?

Besides, the majority of the population are illiterate and unschooled, so you can rule out the possibility of educating them on the merits of HIV prevention. Culture further contributes by keeping residents mum about the disease.

Even though the symptoms manifest in them, still they refuse to enter treatment centers because of the stigma that is likely to follow. Even monogamous women become inflicted with the HIV virus, simply because their partners have illicit affairs with other women. In fact there the incidence for HIV is higher in women (Frith).

Due to these cultural barriers, healthworkers cannot educate the majority and up to this day, inhabitants still practice unsafe sex where low condom use has been found responsible for 84% of reported cases.

Migration and mobility - due to economic reasons, workers prefer to extend working hours that keep them away from a healthy social environments surrounded by their families and community. This eventually puts them at risk, being prone to unusual behavior (" Preventing HIV/AIDS in India).

Recent studies indicate that a number of drug users today are switching from the inhalation to the injection of drugs, which is relevant to HIV

transmission that is more often triggered by the use of unclean needles and syringes. Infections have also been attributed to the low status of women under the norms of Indian society.

Given unequal power in relations as well as limited access to human, financial, and economic assets weakens the stance of protection in the context of demanding safer sex, thereby increasing the risk (" Preventing HIV/AIDS in India).

The ethnic composition in India is likewise a big factor as the population has roughly 800 million Hindus and 150 million Muslims. This is vital because these religious sects never practice circumcision. And the health manuals are explicit in the assumption that circumcision indeed can reduce health risks, the risk being seven times for uncircumcised males (Russell).

As mentioned above, aside from economic factors that helps spread the virus, cultural leanings as well helps to hide the actual incidence of HIV transmission. Government figures are so low that they seem to downplay the seriousness of the situation.

Even President George Bush of the United States has been disheartened by the fact that India shows no interest and restricts the outside world from helping curb the AIDS epidemic. That is the reason why the United States' campaign against AIDS has been transferred to Vietnam (Russell).

As of today, 22 million lives worldwide have been lost to the HIV/AIDS virus and most of these casualties originated from Southern Africa. Will India be next? All indicators point out to India to likely suffer the same fate, as 200 million of its population are already infected with the virus and a little over 5

million are actually suffering from a full blown AIDS infection (Indo-Asian News Service).

When will HIV/AIDS reach uncontrollable proportion?

The HIV/AIDS situation in India is starting to manifest its ugly head through government neglect and unsound programs. Detailed below are the failed attempts of the government as well as the unfruitful intervention of NGOs and private foundations in the drive against the spread of HIV/AIDS in India.

The sub-Saharan region of Africa already registered 13 million deaths due to the HIV/AIDS epidemic while another 25 million are reported be infected with the virus. Recent reports from other countries once categorized as heavily infected have shown signs of abating (Beaubien).

Thought of as the main reason for the onset of the AIDS epidemic happens to be poor rain conditions that have made a significant impact on local harvests; adding most likely to the severe food crises.

During its heyday, the African epidemic pulls out healthy and productive workers from the fields due to sickness or to aid in the care for a sick relative. And due to this shortage apart from the desire to avert hunger, some women traded sex for food, which thereby increases the risk further.

Africa has the highest rate of HIV infection in the world to date, but not anymore because as mentioned, figures could be deceiving (Evers).

Given the present rate of HIV infection in India, the number for AIDS could reach a total of 25 million by the year 2010 to eclipse the cases registered in Africa. That is if the Government in India would disregard all efforts to curb the disease.

The government should accept the fact that the infection has reached epidemic proportion, so a world effort from the United Nations, donor countries and NGO's could help thwart the virus in its tracks (" World AIDS News").

A medical expert from India, Dr Ishwar Gilada presents a bleak assessment of the situation. Sooner or later, India will be home to half of the world's HIV-infected people with around 200 million of its population infected with the virus, of which around 10 million already contracted a full-blown status where roughly 1 million patients have already died.

And if the Government fails in its endeavor to control the epidemic, then the projected 25 million cases could be expected in the next two years (" World AIDS News").

The projection is bleak indeed since the Global Fund intended for the prevention of AIDS urgently needs some 700 million dollars to support its outlined projects. The Bill and Melinda Gates Foundation for example has pledged 200 million dollars in its India AIDS initiative.

The grant will be used to help support HIV prevention measures in the Indian States of Maharashtra, Tamil Nadu, Manipur and Nagaland (" World AIDS News").

What has the Government done so far? India's fight against AIDS started in 1992 through the World Bank-financed National AIDS Program. The effort was nationwide in scope that set-up AIDS control offices in 32 states and union territories.

The program somehow increased access to information, education and communication programs, using media and regular communication mediums such as folk music, festivals, HIV consciousness campaigns and even elephant parades to broadcast the risks involved in HIV (“India: Stemming the AIDS Epidemic”).

Other Government initiatives include blood safety measures or the mandatory screening conducted by most blood banks, which banned professional blood donations while promoting it as voluntary and systems-wide strategy to improve blood banks services.

All these somehow raised public awareness on the evils of HIV/AIDS, informing around 80% of the population; 64% in the countryside, particularly the high-risk group.

Some positive observations have already been stipulated with reports coming from the states of Maharashtra, Tamil Nadu, and West Bengal, all presenting encouraging feedback for their HIV programs (“India: Stemming the AIDS Epidemic”).

There are still persistent reports that the Government effort does not suffice with the continued rise of the HIV/AIDS. The information drive and prevention measures seem to have failed in its drive to educate the majority.

The think-tank in New Delhi failed to show remarkable strides in the desire to contain the epidemic. The world may just as well brace for a 19% full-blown AIDS infection rate by 2020 or that would be around 200 million cases.