

# Hiv aids a comparision between gujarat and maharashtra assignment



Compare and contrast of HIV/AIDS prevention and care programme between Gujarat and Maharashtra states in India India has a serious health problem with Hiv/AIDS. In 2006, 3.1 million people were living with the virus, according to NACO( The National Aids Control Organisation). In 2006, the 15-44 age group had a HIV prevalence of 0.28%, so 1.7 million people were HIV positive in India at that time. 1986 witnessed the first case then by 1990 it had assumed epidemic proportions.

Today HIV positive numbers in India are the second highest in the world This essay will compare the HIV/AIDS prevention and care programmes in Gujarat and Maharashtra. Gujrat has below 5% prevalence rate among high risk groups and less than 1% in the general population. In contrast, Maharashtra has a 18.4% HIV prevalence rate in the high risk group with the faster transmission. The chief cause of the spread of infection is unprotected sexual behaviour. HIV/AIDS prevention and care is the national health programme and it is being implemented throughout India.

All the states have implemented the programme under the supervision of the state committee. Gujarat and Maharashtra are the two states in India which are different in their culture. Under the same programme both states have made their own policies and sub-programmes. This essay also includes the studies of HIV/AIDS prevention and care in Gujarat and Maharashtra which are industrialised states in India. The choice of these two states can be justified as Gujarat has a medium prevalence rate for HIV infection whereas Maharashtra has a high prevalence rate. These states are different both in their culture and geography.

Maharashtra has the largest number of HIV/AIDS patients and Gujarat is between a high and low number of HIV/AIDS affected patients. The element of care focuses on the treatment of HIV as palliative care which uses A. R. T. for those patients living with HIV/AIDS. In the strategies of prevention both states are adopting and promoting the use of condoms. Additionally, this essay discusses the strengths and weaknesses of the health care program of condom promotion and A. R. T. Programmes the strategies of HIV prevention in both states. For quick and effective implementation of the programme, “The State AIDS

Control Society” has been formed by the Government of Gujarat as directed by Central Government. The objective is to prevent and control the spread of HIV/infection in the state. In order to create awareness among the public regarding HIV/AIDS. Under the above programme there are many activities but here only A. R. T. for PLWHA and the condom promotion programme are discussed in the context of the state of Gujarat for the prevention of HIV/AIDS. The objective of the condom program is to ensure easy access to good quality , affordable condoms in order to promote safe sex.

In Gujarat with the help of the NACP II programme, condoms are distributed by the Gujarat AIDS control society. For this promotion they are using a strategy which makes three main approaches free distribution of condoms , secondly social marketing of the condoms and lastly commercial distribution. Free distribution of condoms for the high risk group population is done with the help of both the public and private sectors such as primary health and community centres , hospitals, NGOs and private companies like Reliance and Ambuja in Gujarat.

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Condoms are made available with the help of NGO workers, social workers, and volunteers even at the theatres for the general population. NGOs in this state distributed 11578077 condoms in 2003 and in 2006 it reached 50336464. Efforts to control the spread of HIV infection includes raising public awareness. This has been attempted in various ways, using TV radio, the printed media and forms of folk art. International organisations like UNICEF send their representatives to participate in many promotions and exhibitions to make people aware of this type of health programme .

One of the exhibitions in Gujarat was called the red ribbon express which took place with the help of a train, Its main objective was to make the people aware of the AIDS prevention programme and spread the message of long live. People received the knowledge of the all the activities and services available for HIV prevention and care. Condom promotion was one part of this exhibition. In this way in the absence of the Adolescence education Programme, people were able to obtain the vital information for the first time to use condoms for the prevention of the spread of HIV/AIDS.

Currently, there are 6 A. R. T. (antiretroviral therapy) centres in the state at Ahmedabad, Rajkot, Mehsana, Bhavnagar, and two in Surat. Figures obtained in December 2008 show that 22, 837 patients were registered at the six A. R. T. centres of these 12, 257 had started treatment and 8, 011 patients were still alive and on A. R. T. A further three A. R. T. centres are being set up in their state. Gujarat is the first state in India to pioneer the idea of Link A. R. T. centres. 14 have been established so far. These are designed to provide optimum service for those on A.

R. T. who are below poverty line and live at a considerable distance from an A. R. T. centre. An Examination of The ART centre at the BJ Medical College shows that the centre includes senior and junior medical officers, technicians along with counsellors and nurses. Medical officers in the ART centre examine the patients and suggest drug treatment for ART which are distributed from the centre to the patients together with proper counselling of the patients by the appointed counsellor. The centre is working six days a week.

With regard to funding, the centre receives an annual contingency grant towards the treatment Maharashtra State AIDS Control Society has made a great deal of effort to create an awareness among the commercial sex workers and their clients of the importance of the use of condoms. Moreover a Condom Promotion Programme is promoted through two strategies, a ' Free Distribution' Scheme and Social Marketing Schemes At the outset, ' the Condom Promotion programme' was conducted in Maharashtra under the auspices of the Family Welfare Programme.

Now , the state AIDS Control Society runs the ' Condom Promotion' programme through its District Head Offices, Municipal Corporations and State hospitals. In addition, MDACS and AVERT hav implemented a free distribution programmes through the NGO and via the public health system. According to this strategy the free distribution of condoms were made under the Family Welfare Programme. By the 2003- 2004, 2, 71, 32, 968 condoms were distributed under the Family Planning, AIDS, and STD Control Programme and 36, 000 condoms were distributed under the social

marketing scheme for the year 2003-2004, it was planned to distribute 41,064,000 condoms.

MSACS were able to establish a Social Marketing method for Condom Promotion which distributed the Deluxe Nirodh Condom throughout all the Districts in the State. A condom social marketing program named Maharashtra Condom Social Marketing Project (MCSMP) is aimed at providing condoms within all the districts which have a high prevalence of HIV. It mainly focused on stopping and reducing the amount of HIV/AIDS infection by making certain Of hundreded percentage condom use in all sexual behaviour among the population which is at high risk .

The main goals of this social marketing scheme are to increase both the accessibility and the demand for condoms and along with initiating innovations at local level for safe sexual behaviour both in high risk areas and the general populaton. A further purpose is to boost the ability of the state partners and NACO to cooperate in steering condom programming. One of the problems facing the state in its efforts to expand condom use is the limited number of outlets which stock condoms. A close relationship has been identified between the consumption of alcohol and paid for sex.

The decision making of the target population is therefore challenged by cultural attitudes. It is essential that ' real time, easy access' to condoms is available in high risk situations. The clients of the sex workers have very low perception of risk and prefer sexual intercourse without condom. The situation would be significantly improved if access to condoms and

prevention of infection by condom use messages were visible in non traditional outlets and as so called ' gateway points'.

MCSMP has taken the initiative to map such non traditional outlets' such as those working in the retail industry which moved tea stalls , phone boxes and other small shops and resraurants in the high risk area of highly infected districts of Maharashtra states A free A. R. T. programme in Indai was assited by a grant of 165 million us dollars for the global funds on AIDS, TB and Malaria. This attempts to provide A. R. T. through the public sector and also via public and private partenership for one million people living with AIDS for five year period.

A study made in 2004 by over et al. estimated the costs and effects of establishing a free A. R. T. programme. It was calculated as costing six hundred dollars per person Strengths and weaknesses Both states adopted methods of condom promotion effectively and implemented the free contribution schemes successfully. Gujarat has developed more structured strategies for distribution of condoms because they are also using commercial distribution as distict from Maharashtra.

In Maharashtra the main strength is to provide condoms to the high risk area and the high risk population in main affected districts of the state. The condom promotion by the Red Ribbon Express in the absence of an adolescence education programme in Gujarat has increased the awareness young people and also uneducated people who obtained information about using condoms for HIV prevention for the first time in their life. As a result some young people received a check up for HIV infection. Condoms are

available in theatres and this step has had a positive impact on the prevention of HIV/AIDS.

It is increasing awareness within th community about the use of the condoms and its relation with AIDS. Maharashtra has largest number of HIV positive patients and there are 37 A. R. T. Centres for their treatments. Whereas in Gujarat has only 7 ART centres. The strength of the Maharashtra programme for implementing ART is that they have very a knit infrastructure in both rural and urban areas. whereas in Gujarat the strength is the link ART centres which provide easy access to poor people and PLWHA living far away .

Maharashtra is very large state, the weakness in ART programme is the absence of link ART centres for those patients who travel from a distance to access the facilities for their treatment. Both states provide free treatment for PLWHA. Maharashtra State AIDS Control Society (MSACS), Mumbai District AIDS Control Society (MDACS) and the Avert Society and other national/international organisations have implemented intervention schemes for the condom promotion programme as part of the National AIDS Control Program (NACP) under the leadership of NACO for the prevention of STI/HIV in the state of Maharashtra.

Conclusion: From the above discussion we can see that the condom promotion programme in Gujarat is more highly organized and successful, because this programme has made people more aware of the use of condoms for HIV prevention. The use of commercial marketing in the condom strategy and programme like the Red Ribbion Express created a



new avenue of condom promotion . The Maharashtra focuses more on social marketing and has also established a key role in the prevention of HIV among the high risk groups.

The ART programme in Gujarat is more accessible for all the patients in the state due to the use of link ART centres, whereas in Maharashtra the absence of such link ART centers is an obstacle for the PLWHA to receive treatment , even in a state with a high number of PLWHA as compared to Gujarat. Both central and state governments along with NGOs, and international organizations are funding the condom promotion programme for the prevention of HIV and are providing free services of ART treatment for the HIV patients and other people under palliative care and implementing strategies for prevention programmes