

Effectiveness of National AIDS Control Program Phase III In India With Special Reference To Punjab

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Abstract

The presence of HIV infection was first detected in India in May 1986 in female sex workers from Chennai, Tamil Nadu. The first case of HIV/AIDS in Punjab was found in 1989 in a truck driver of district Amritsar. The estimated number of HIV cases in the state of Punjab is 31961(L-25199-U-44064). The estimated prevalence rate in adult population (15-49) in the state is 0.18 % as compared to 0.27 % at national level. High positivity among Injecting Drug Users (IDUs) makes Punjab a highly vulnerable State. The prevalence of HIV among IDUs in India is 7.14%, while in Punjab, it is 21.10%, i. e. thrice of the national figure. Amritsar district alone has the highest number of HIV cases among IDU's. The District also became number one in the whole country with 'HIV prevalence' among IDU's at 45.78%. As per the latest report (September 2013) of Punjab State AIDS Control Society (PSACS), a total of 38,094 positive cases have been detected at the Integrated Counselling and Testing Centers (ICTCs) across the state. The State on all India Pattern has introduced programmes to control HIV/AIDS. The AIDS control programmes can be divided into three phases:

- 1. National AIDS Control Programme Phase I*
- 2. National AIDS Control Programme Phase II*
- 3. National AIDS Control Programme Phase III*

Punjab State has successfully contained the problem of HIV/AIDS through all these three phases.

Objective of the Study

The present study is trying to analyze the role of such treatment as administered by the public health system to the HIV patients and also to critically examine the role of National AIDS Control Program Phase III in combating and controlling HIV/AIDS.

Methodology

The study is based both on Primary as well as secondary data. The primary data is based on interview of 600 different patients undergoing treatment in Antiretroviral (ART) Centers in the State of Punjab. Two case studies based on interview of patients are also part of the study. The secondary data has been obtained from the State AIDS Control Society Punjab (PSACS)

The study has three distinct parts. In first part HIV/AIDS situation in India and Punjab has been discussed. In second part the Government's programmes for control of HIV/AIDS in India with special reference to Punjab have been described. The third part of the study gives the major findings of the study with policy prescriptions for the State Government to make the AIDS control programme still more effective. This part also includes case studies of two HIV/AIDS patients undergoing treatment in different ART centers in Punjab.

1. HIV/AIDS in India and Punjab

As per 2011 report of UNAIDS, total number of people living with HIV/ AIDS in India are estimated to be 2.08 million. The Adult HIV prevalence rate (15-49 years.) is 0.27.

India's HIV estimates were significantly revised in July 2007, after the results of the National Family Health Survey (India's first national population-based HIV survey) yielded a lower adjusted HIV prevalence rate (0.31) than previous estimates (0.92) based on antenatal data. The data in respect of total adults (15 to 49 years) living with HIV was also revised from 5.2 million to 2.4 million.

Source: Government of India, 2008 and Government of India 2012

Punjabi youth is migrating out for greener pastures; while its agricultural and industrial infrastructure attracts a large number of migrants from other States. The State has a good health infrastructure but there are a large number of traditional healers who are practicing unchecked in rural areas. The State is also one among highest drug users as well as drug injectors. As per Punjab State AIDS Control Society (PSACS) report (2010), the prevalence of HIV among IDUs in India was 7.14%, while in Punjab, it was 21.10%, thrice the national figure.

All these factors, along with low sex ratio and the presence of core groups like Female Sex Workers (FSWs) contribute towards prevalence of HIV infections.

The first case of AIDS was detected in the State in 1989 in a truck driver of district Amritsar. As per National AIDS Control Society (NACO) estimation 2011, the estimated number of HIV cases in the state of Punjab is 31961(L-25199-U-44064). The estimated prevalence rate in adult population (15-49) in the state is 0.18 % as compared to 0.27 % at national level. High positivity among Injecting Drug Users (IDUs) makes Punjab a highly vulnerable State.

As per the latest report (September 2013) of Punjab State AIDS Control Society (PSACS), a total of 38,094 positive cases have been detected at the Integrated Counselling and Testing Centers (ICTCs) across the state. With this rate of detection, the actual number of cases may go up to 48000.

2. Government of India's Programs for controlling HIV/AIDS in India

In India, a high powered National AIDS Committee to tackle HIV/AIDS was formed in 1987. In 1992 Government formulated a multi-sectoral strategy for prevention and control of AIDS in India. National AIDS Control Organization (NACO) was created to mitigate the disease under National AIDS Control Programmes (NACPs) spread over different phases. The different NACPs can be grouped into three phases.

NACP Phase I from 1992 to 1999: The stress was on prevention through awareness generation.

NACP Phase II from 1999 to 2007: The focus had been on behavior change among high risk population through Targeted Interventions (TIs). It also included awareness generation, strengthening, expansion of Integrated Counseling and Testing Centers (ICTC), blood banks and introduction of services such as Prevention of Parent to child transmission (PPTCT) and Post Exposure Prophylaxis (PEP services) etc.

NACP Phase-III from 2007 till 2013): This phase laid highest priority on preventive efforts. At the same time, it integrated prevention with care, support and treatment of HIV/AIDS patients through a four pronged strategy.

- i) Prevention of new infections in high risk groups through targeted interventions (TIs) and scaling up interventions in the general population.
- ii) Providing greater care, support and treatment to larger number of People Living with HIV.
- iii) Strengthening the infrastructure, systems and human resources in Care, Support and treatment programme at the district, state and national levels and.
- iv) Strengthening the nationwide Strategic Information Management System.

The care, support and treatment services include management of opportunistic infections (OIs), antiretroviral treatment (ART), safety measures, positive prevention and impact mitigation. For people living with HIV/AIDS, provision was made for free ART to the eligible patients based on clinical as well as laboratory tests. First line ART drugs were provided to all those who needed it. Under NACP- III second line ART drugs (approximately 3%) for patients not responding to first line treatment was also started.

The National AIDS Control Programme was started in State of Punjab in 1987 with the establishment of State AIDS Cell in the Directorate of Health and Family Welfare in Chandigarh. NACP-I was started with assistance from World Bank in 1992 and ended in 1999. In order to give more financial autonomy under NACP-II, State AIDS Control Society was formed. Punjab State AIDS Control Society (PSACS) was registered in 1998 and started functioning from 1999 with an Indian Administrative Service (IAS) officer as its Project Director and the Secretary Health and Family welfare as Chairperson.

During NACP-I stress was laid on awareness generation among all sections of the Society. The most vulnerable groups in the State: the truck drivers, IDUs, Migrant Workers, Industrial Workers and Commercial sex workers were specifically addressed to, in order to make them aware about the modes of transmission and prevention of HIV/AIDS. In NACP-II, the main focus was on behaviour change through targeted interventions along with awareness. It also included strengthening of Integrated Counseling and Testing Centers (ICTCs), Blood banks, Prevention of Parent to Child Transmission (PPTCT) centres etc. Punjab performed well in implementation of the programme. The PSACS successfully implemented the NACP-III as per National AIDS Control Organization (NACO) Guidelines as under:

Anti Retro-Viral Treatment (ART)

Following facilities are provided free of cost to AIDS patients in 8ART centers¹:

1. Anti retroviral drugs
2. Medicines for management of Opportunistic Infections
3. HIV testing facilities
4. Estimation of CD4 counts
5. Counseling to People Living with HIV AIDS (PLHA) and their families.

Care and Support Units

To provide services to the critically ill AIDS patients, Community Care Centres are functional in Amritsar, Patiala, Jalandhar, Pathankot, Ludhiana and Bathinda. HIV positive persons and AIDS patients have many social problems such as poverty, discrimination, human rights, denial, sexism etc which can deteriorate their existing condition. To help them to tackle such problems the Government's Policy provide setting up such Community Care Centres and Drop in Centres for People Living with HIV/ AIDS. In such centers they meet and interact with other patients and exchange information and experiences to tackle the disease.

¹With opening up of ART center at Taran Tarn the No. has gone to 9 till the time of writing this paper

3. Major Findings

The epidemic of HIV/AIDS after its advent in India did not take long time to reach different parts of the country including the northern states of India². Several consequences of the rapid development such as transportation, industrialization and urbanization have contributed to AIDS epidemic in India³. The UNAIDS officials Taoufik Bakkali and Qussama Tawil while praising the achievements of India in preventing and controlling HIV/AIDS have observed that “While focus on the core communities has helped to keep the disease in check, authorities must follow the epidemic and target internal migrants and truckers to widen the scope of prevention efforts”⁴

Use of drugs, especially the Injecting Drugs (IDs) is another reason for rapid spread of HIV/AIDS in Punjab. Pharmaceutical drugs like Buprenorphine, Diazepam, Morphine and norphine are common drugs that are used by the Injecting Drug Users (IDUs). Sharing of needles by IDUs directly transmit virus to each other. The process works out on limitless number of IDUs with whom the needles and syringes are shared. As per Punjab State AIDS Control Society (PSACS) report (2010), the prevalence of HIV among IDUs in India was 7.14%, while in Punjab, it was 21.10%, thrice the national figure. Further, Amritsar district alone has the highest number of HIV cases among IDU's. The District also became number one in the whole country with 'HIV prevalence' among IDU's at 45.78%. In HIV positivity among IDU's Punjab has acquired no. 1 position in the country. Earlier it was Manipur with maximum number of HIV positive Injecting Drug Users (IDUs).

HIV/AIDS awareness has always been a matter of great concern for the State AIDS Control Society to ensure that general population including high risk groups (HRVs) remain well aware of about major routes of transmission HIV/AIDS. Ever since the epidemic broke out around the globe, several myths surround the virus. One of the reasons for these myths is the fatal nature of the infection and the earlier mysteries surrounding the cause of the disease (Varma, 2012). Now with anti-retroviral treatment (ART) and better understanding of HIV, an infected person can live a normal, healthy and productive life.

Similarly, awareness among the High Risk Groups like Female Sex Workers (FSWs), Men having Sex with Men (MSM), Injecting Drug Users (IDUs), Trucker and Migrants is another domain which needs to be strengthened. Since, they are involved in a trade that makes them highly vulnerable to HIV infection, the State AIDS Control Society need to protect them from acquiring HIV infection by generating mass awareness.

According to NACO (2011) the adult prevalence rate in Punjab has come to 0.18 as compared to 0.27 in the country, which is commendable. This has been made possible only with the rising level of awareness among the masses.

Keeping the above mentioned facts in mind, an attempt has been made to know the present status of HIV positive cases in Punjab. Efforts have been made to monitor whether the number of HIV positive cases in Punjab has increased over the time or whether the targeted interventions for HRGs and awareness among the general population have resulted in behaviour modifications. Subsequently, it will also be assessed whether the People Living with HIV/AIDS are getting efficient and regular ART services.

During NACP-I, as mentioned by the State AIDS Control Society, the total number of estimated HIV positive cases in Punjab was 374 whereas during NACP-II, the number increased drastically to 5,019. During NACP-III, the total number of estimated HIV positive cases in Punjab has increased to 31961 (**L-25199-U-44064**) of which 38426 have been identified till October 2013. This figure is more than 7 times of

²SumitArora (2010), “HIV/AIDS: A Study of Social Construction of a Contagious and Terminal Illness”, Doctoral Thesis, Department of Sociology, Guru Nanak Dev University, Amritsar.

³ A.Singhal, and D.M. Rogers, (2003), *Combating AIDS Communication Strategies in Action*, Sage Publication, New Delhi.

⁴Reuters (2013), “India Should Shift Focus To Migrants In AIDS Fight:UN”, Reuters, December 1.

NACP-II

According to NACO, HIV infection is not the end of life. People can lead a healthy life for a long time with appropriate medical care. Anti-retroviral therapy (ART) or Anti-retro Viral (ARV) effectively suppresses replication, if started at the right time. Successful viral suppression restores the immune system and halts onset and progression of disease as well as reduces chances of getting opportunistic infections-this is how ART is aimed to work. Medication thus enhances both quality of life and longevity ART or ARV is the main type of treatment for HIV/AIDS. It is not a cure, but it can stop people from becoming sick for many years. The treatment consists of drugs that have to be taken every day for the rest of life of a patient. The aim of antiretroviral treatment is to keep the amount of HIV in the body at low levels. This stops any weakening of the immune system and allows it to recover from any damage that HIV might have caused already Adherence to ART regimen is therefore very vital in this treatment. Any irregularity in following the prescribed regimen can lead to resistance to HIV drugs, and therefore can weaken or negate its effect. ART is initiated depending upon the stage of infection. PLWHA with less than 200 CD4 (blood cells count/mm³) require treatment irrespective of the clinical stage. For PLHA with 200-350 CD4, ART is offered to symptomatic patients. Among those with CD4 of more than 350, treatment is deferred for asymptomatic persons During NACP I and II, there was no provision of free ART for the People Living with HIV/AIDS (PLWHA) in Punjab. Due to this reason, the mortality rate among the PLWHA in Punjab was high. During NACP Phase I, total 374 HIV positive cases were detected whereas during NACP Phase II 5,019 cases were detected in Punjab. However, an overwhelming increase among the total HIV positive cases in Punjab was observed during NACP-III. According to PSACS, there was almost seven-fold increase in the total HIV positive cases during NACP-III The Table 1 gives the total number of HIV positive cases found during NACP-III in Punjab.

Table: 1

Year Wise Distribution of HIV Positive Cases in Punjab

Year	Total number of cases
2007-08	4601
2008-09	4954
2009-10	5351
2010-11	5433
2011-12	5387
2012-13	4863
2013-14	4537
2014-15 (Till Oct)	3432

Source: Punjab AIDS Control Society, 2014

It is evident from the Table 1 that the year wise distribution of HIV positive cases in Punjab was 4,601 in year the year 2007-08 which increased to 5433 in the year 2010-11. But in years 2011 to 2014 a declining trend in the total number of HIV positive cases has been noticed that clearly depicts that the awareness among the masses has increased due to the awareness generation campaign of PSACS in various districts of Punjab.

Similarly, the number of full blown cases registered in ART centers which were continuously increasing till 2012-13 has started declining. It is evident from the Table 2.

Table: 2
Year Wise Distribution of Full Blown AIDS Cases in Punjab

Year	Total number of cases
2006-07	561
2007-08	1627
2008-09	2382
2009-10	2609
2010-11	2958
2011-12	3064
2012-13	3725
2013-14	3011
2014-15 (Till Oct)	1742

Source: Punjab AIDS Control Society, 2014

The Table 2 show that the distribution of total no of full blown cases in the year 2006-07 was 561 which rose to 3725 for the year 2012-13 that was peak. In the year 2013 onwards the declining trend has started which shows that the policy free care, support and treatment of AIDS patients has started showing the results in NACP III.

The data regarding district wise distribution of positive cases found in ICTCs has also been collected from the PSACS. The data show that the Amritsar district is most vulnerable to HIV infection. A total of 11926 HIV positive cases were diagnosed in Amritsar which is comparatively very high. Since the HIV positive cases diagnosed in ICTC do not present a clear picture of whether the cases were found among the general population in Punjab or the high risk groups, it represents an overall picture of the HIV positive cases found in Punjab.

Data on district-wise distribution of HIV positive cases was taken from the PSACS. The Table 3 gives the details of district-wise cases.

Table: 3
District Wise Distribution of HIV Positive Cases in Punjab (October 2014)

District	Total HIV positive found in ICTC	Percentage
Amritsar	11926	3.34
Barnala	347	0.63
Bathinda	1556	1.29
Faridkot	1272	2.04
Fatehgarh Sahib	382	0.88
Fazilka	168	0.52
Firozpur	1029	1.26
Gurdaspur	2326	1.58
Hoshiarpur	1459	1.11
Jalandhar	4590	3.05
Kapurthala	886	1.10
Ludhiana	4876	1.38
Mansa	453	0.70
Moga	1053	1.65
Mohali	565	0.55

Muktsar	325	0.55
Nawanshahr	613	1.28
Pathankot	265	1.12
Patiala	5621	2.18
Rupnagar	978	1.03
Sangrur	1189	0.99
TarnTaran	1613	2.01

Source: Punjab AIDS Control Society, 2014

Table 3 show that the other districts like Jalandhar, Ludhiana and Patiala are also following Amritsar where the rate of HIV positive cases is high in ICTCs.

Voluntary blood collection is another parameter of level of awareness in the people of Punjab. During NACP II (2002-03 to 2006-07), the yearly voluntary blood collection in Punjab has increased from 30,508 to 78,770 which is more than double during the period. It has shown steady trends in NACP-III but now it appears that the peak has come. The relevant data has been given in the Table 4

Table: 4
Year Wise Distribution of Voluntary Blood Collection for Testing HIV in Punjab

Phase I: Data not available	
Phase II	
2002-03	30508
2003-04	27453
2004-05	41442
2005-06	62587
2006-07	78770
Phase III	
2007-08	89311
2008-09	89303
2009-10	129642
2010-11	185714
2011-12	219479
2012-13	247172
2013-14	242585
2014-15(Till Oct)	164597

Source: Punjab AIDS Control Society, 2014

The Table 4 show that during NACP Phase III the total voluntary blood testing in Punjab increased almost seven times from the level of year 2002-03. It shows that the efforts made by the PSACS in generating awareness among the general population as well as the high risk groups in Punjab has succeeded.

Data was also collected on year wise number of deaths due to HIV/AIDS among HIV+ people in Punjab. The Table 5 shows the data about the year wise deaths of HIV/AIDS patients

Table: 5
Year Wise Distribution of Deaths among HIV/AIDS Patients in Punjab

2006-07	15
2007-08	238
2008-09	322
2009-10	417
2010-11	560
2011-12	578
2013-14	637
2014-15(Till Oct)	375

Source: Punjab State AIDS Control Society, 2014

The Table 5 show that the number of people dying with HIV/AIDS as increased from 15 in the year 2006-07 to 637 in the year 2013-14. The figure for the year 2014-15 (till October), is 375 deaths. Here also it appears that the peak has come and the declining trend is going to set in motion which shows the Government's policy of free treatment of AIDS patients has positive impact.

Data on HIV/AIDS patients who ever started ART in various districts was also collected from the PSACS. The data has been given in the Table 6

Table:6
District Wise HIV/AIDS Cases who ever Started Art in Punjab
As on March '13

District	Ever Started on ART
Amritsar	1828
Barnala	208
Bathinda	601
Faridkot	231
Fatehgarh Sahib	197
Fazilka	119
Firozpur	739
Gurdaspur	1575
Hoshiarpur	1285
Jalandhar	1176
Kapurthala	514
Ludhiana	1911
Mansa	320
Moga	624
Mohali	34
Mukatsar	195
Nawanshahr	276
Pathankot	249
Patiala	1422
Rupnagar	105

District	Ever Started on ART
Sangrur	887
Tarn Taran	1769
Others	661
Total	16926

Source: Punjab State AIDS Control Society, 2013

The data given in the Table 6 show that the districts where the prevalence rate of HIV/AIDS is high and where they have ART centers in easy reach, the number of patients is more.

The data of Table 6 is further corroborated by the number of patients who ever started the ART. The Table 7 gives the center wise data of Patients who ever started ART in Punjab

Table: 7
Centre wise AIDS Cases ever Started on ART in Punjab
As on October '14

ART Centre	No. of AIDS cases started on ART
Amritsar	6159
Bathinda	1726
Firozpur	547
Hoshiarpur	64
Jalandhar	3552
Ludhiana	2825
Pathankot	979
Patiala	4092
Total	19944

Source: Punjab State AIDS Control Society, 2014

The number of patients who ever started ART is again more in the old ART centers as compared to the new centers, such as Amritsar and Jalandhar centers being the oldest ARTs have more patients as compared to Hoshiarpur and Pathankot which are new and probably the patients of these districts who had earlier nearest centers Amritsar and Jalandhar tend to visit and continue treatment there only. This fact further supports the impact of free treatment policy and availability of facilities of the Government.

There are 8 ART centres functioning in the State of Punjab. With the inception of ART centres in Punjab, the patients combating with HIV/AIDS are able to bridge the gap between the medication and life. It has generated some hopes of attaining a good quality prolonged life span. Earlier, HIV/AIDS as a disease was seen more as an invitation to death since no medication was available. Moreover, death rate among PLWHA was also very high. Health care providers, social workers and the family members of PLWHA were very nervous. Now with the start of ART some hope has come and everybody has heaved a sigh of relief.

Policy Prescriptions

Awareness Generating

HIV/AIDS awareness generation is an important component of Government's free care support and treatment policy for HIV/AIDS patients. The HIV is a silent disease without any visible indications for a

long time. This disease needs regular blood testing by at least the high risk groups on voluntary basis to check further spread of the disease. The data shows that in spite of NACP-III running for more than 4 years, many people are still not coming for voluntary blood testing for HIV/AIDS. The policy need to re-work its awareness generation strategy so that more and more people come for routine checkup of HIV/AIDS testing like other health tests. **Sensitization of Health Care Providers**

The Gynecologists and the STD/STI clinics both in the public and private health care centers are important mediums of referral for HIV/AIDS testing. The data, however, shows that only 4.2% patients deposed that they were referred through the Gynecologists or the STD/STI clinics. This is big failure of the free care, support and treatment policy of the Government where the qualified service providers remain insensitive to the HIV/AIDS problem. The Policy of free treatment of the Government is required to concentrate on sensitization of health service providers to check the spread of the disease.

Expansion of ART Services

The State of Punjab has 7 ART centers. These centers are located at Amritsar, Jalandhar, Patiala, Ludhiana, Pathankot, Bathinda&Ferozepur. The data collected in respect of 600 patients in three ART centers show that many of the patients have ART centers at convenient distances, but still 64.7% patients have to cover between 31-60 kilometers. The State of Punjab has 22 districts. To cover patients from all parts, there is urgent need to open more centers widely distributed in different regions of the State. It is still more important because in spite of the fact that 64.3% patients are aware of the free rail pass policy of the Government for HIV/AIDS patients, but only 4.5% of them are actually availing it. In case more ART centers are opened in different regions of the State, the number of patients availing free rail pass facility will also increase

Free Dietary Support

There is provision of free dietary support to the patients in the free care, support and treatment policy of the Government. This support is given through the ART centers. Since, the HIV/AIDS manifests itself at low immunity levels of the patients, therefore, it is still more important to keep or replenish the immunity levels of the patients to save them from the deadly effects of the virus. The data obtained from study of 600 patients in 3 different ART centers in Punjab show that only 17.2% patients are getting this dietary support through ART centers. The policy of free dietary support is not being pursued with success, therefore, the reasons for the same need to be identified and the remedial steps need to be taken.

Free Counselling Services in ART centers

Free counselling of clients and their families through ART centers is an important intervention to understand the problems and consequences of HIV/AIDS disease. Since, there is no cure to remove or destroy the virus from the human body as of now; therefore, the clients and their families must get counselling to deal with it without spreading to other family members. The patients must understand the continuation of the medicine which is lifelong. They must come out of the initial myths, shocks and anxiety associated with the disease. They must learn to live and attend to their jobs and family like any other normal person. For all these reasons, the clients and the family members must attend the free counselling sessions in the ART centers on regular basis. The data collected from three ART centers, however, show that although a very large number of clients and their families (79.9%) have attended such sessions at some point of time, but the frequency of such attendance is not regular. The data show that 68.5% clients and families attended such sessions only once, 5.2% attended twice, 6.1% attended more than twice and remaining approximately 20% did not any session at all. The Government's policy of free care, support and treatment need to concentrate on frequent attendance of the patients and their families to the counselling sessions in the ART centers. These sessions need to be made more meaningful and in case need be some incentives can be attached with the policy for the patients and their families so that they get motivated to attend the same.

Strengthening Adherence to ART Centers

The Policy of free care, support and treatment envisages a strong follow up of HIV/AIDS patients so that they remain attached with the ART centers for regular treatment. Their continuous adherence to the treatment has a great role in improvement of their quality of life. The data collected during the course of the present study show that the follow up of patients through the ART centers and at the levels of the health care providers is very low. Only 24.2% patients are getting follow up support. The follow up support is mostly through reminders from the ART centers to attend the sessions or collect medicine. The follow up through home visits by workers and counsellors (0.67%) or by any other means is just negligible. The ICTC centers and the ART centers need to be strengthened so that the counsellors and the service providers frequently visit the patients to guide them and to help them to solve day to day problems.

Strengthening Social Network of HIV Patients

The Government's policy of free care, support and treatment has an important intervention of setting up of networks and self help groups of the people living with HIV so that they can interact and learn from each other's experiences. The policy appears to have failed on this important intervention. At the first instance, there is paucity of such networks in their neighbourhood. 12.3% patients reported that they have such networks in their neighbourhood. It is surprising that 64.2% such net works are old that is operating for the last more than two years while only 22.4 % are 1-2 years old, the remaining being less than one year old. This situation clearly indicates that the policy has recently lost focus on setting up such networks of PLWH in the recent past, earlier it was going well. This situation need to be corrected and the officials at the ART level need to be sensitized about the importance of such centers.

The HIV/AIDS patients have little knowledge about the presence of such networks in their neighborhood. During interview of 600 patients in 3 ART centers 5.2. % patients said that they have come to know about such networks for the past less than six months, 24.1% said they knew about such networks for the past 6 months to 1 year. The 15.5% patients reported such knowledge between 1-2 years and only 5.2% patients said that they knew about such networks of PLWH for more than 2 years. The policy needs to take care of this situation and the HIV/AIDS patients need to be made aware of the existing networks in their neighborhood. Further, only 2.8% patients reported that they have joined the networks of PLWH in their areas. It is utter failure of the policy that the intervention which is available to the authorities at the least cost and which can help in scaling of the HIV/HIDS treatment is not being fully explored. Strong measures need to be taken on this intervention.

Case Studies

The aim of these studies is to interview the patients and to know the realities of their HIV infections. The profile of the patients is helpful in knowing the source or sources of infection, its spread and further management. HIV is certainly a shocking experience for anybody because it is life threatening and incurable disease. Apart from this it has some kind of social stigma and loss of job opportunities. The HIV infection has possibility of travelling to partners and other family members if certain precautions are not taken. The profile of patients is certainly helpful to complete and conclude the present study.

Two patients were randomly selected from different ARTs and personal interview was scheduled with them. The patients have been given the assumed names to maintain their personal confidentiality

Given name : **RajinderKaur**
Age : **23 years**
Present Status : **HIV Positive**
Source of Infection : **IDU Spouse**

Social Background

Born and brought up in a land lord family, RajinderKaur had been a pampered child of her parents. Her father is an agriculturalist and her mother is a homemaker. Her mother was earlier a school teacher but soon after the birth of her first child, she resigned from job to assume the family responsibilities' on whole time basis. Now she is a full time homemaker and looks after the entire household work and manages the dairy farm. Rajinder is youngest of the two more siblings. Her father owns ancestral land in his name and enjoys good reputation among the village community. The family belongs to a small village in Tarn Taran district. Rajinder proved excellent in academics. She studied up to B.Sc Nursing from a private college in Amritsar. She took the nursing course keeping in view migrating to Canada. Her elder brother migrated to Canada sometimes back and her sister is still in college. Few of her relatives and cousins are already settled in Canada.

The Journey towards HIV

During her study in B.Sc (Nursing), Rajinder met a young boy named Paramjit Singh who belonged to Amritsar. He was pursuing his education in a college that was located very near to her nursing institute. A mutual friend introduced Rajinder to Paramjit during wedding of a close friend. Gradually, both started liking each other and their alliance became very strong. With passage of time, intimate bond of love developed between them with that turned turn into matrimonial alliance. Rajinder never knew that Parmjit was habitual injecting drug user.

Soon after marriage, the reality of Paramjit started unfolding. Within one week of marriage, Rajinder was exposed to the truth about her husband's drug injecting habit. Somehow, she carried forward the relation as it was her own choice. Under enormous melancholy, she tried to stand up against anguish and pain of her decision of getting married to Paramjit. On the other hand, Paramjit started resorting to domestic violence almost every day. The domestic violence took serious turn and it became public. Rajinder also came to know from the neighbours that Parmjit is HIV positive

Hearing the word HIV Positive from the neighbors, Rajinder was totally stunned. It seemed as if she has lost her senses. Being from a medical background she was well aware of the challenge of HIV/AIDS. She even tried to commit suicide but thinking of innocent life in her womb she stepped back. She decided to separate and went to her parents. Fortunately, her parents accepted her.

Rajinder visited Civil Hospital, Tarn Taran for routine checkup and tested for HIV positive. She was referred by ICTC counselor to ART Centre, Amritsar for further investigation. After going through series of tests followed by counseling and medical consultation, she was put on ART. Her immunity weakened to a large extent due physical ailments i.e. diarrhea, persistent fever etc. At present, she is taking treatment from ART center Amritsar for the last one year. Her baby child is fortunately free from HIV. She is getting counseling for positive living from ART centre on regular basis. She has become a member of PLWHA network to receive need based psychosocial support from the members and also generating awareness on positive living among other women like her.

Rajinder feels that it was her luck that she came in contact with a person who gave her HIV. She is now stable and her health has improved considerably over a period of time.

Critical Analysis

The Indian marriage system is based on caste, creed and community. It is rare that marriages take place on the basis of love and liking of the women as happened in this case. When the two young people are in love, the pull of liking becomes so strong that they fail to check up the finer details of the future matrimonial alliance. This is what appears to have happened in this case. Rajinder was a pampered child so the parents consented to her choice without further going into the personal details of the boy. It appears that

the IDU status of Parmjit was well within the knowledge of his parents, therefore, they were under pressure to marry him off in an unknown family and the love route was perhaps the most convenient way to do so. Moreover, the parents always hope that the son will get improved once he is married, but chances of reversal are very rare.

Since, the Amritsar-Taran Tarn area is already dominated with IDU related HIV/AIDS patients (Ambekar, Atul and Tripathi 2008)⁵ it was incumbent upon Rajinder and her parents to discreetly inquire about Parmjit's drug abuse status. In our marriage system we spend lot of time on social aspect of the event such as caste, goter, origin, horoscope, dowry relations, ceremonies and celebrations but always forget to find the health and wellness status of the bride or the groom. With the new emerging diseases, it is always good to take the medical issues at the first instance.

Given Name : Gopal
Status : HIV/AIDS Patient
Source of Infection : Blood Transfusion

Thalassemia is an inherited disorder of hemoglobin due to which the patient has to undergo blood transfusion repeatedly. A typical Hindu family in Ludhiana district of Punjab gave birth to a healthy child whom they named Gopal. As of now he is 21 years of age. His father is an army officer and mother is a housewife. He is the only child of his parents. While Gopal was in his childhood, he suffered from low hemoglobin. His growth was retarded. Blood transfusion was very common for him and had to get admitted to hospital quite often. Gopal told that during his childhood his growth was disproportionate to that of his age. His friends used to make fun of him. None of his parents at that time knew anything about this disorder. He was admitted in various hospitals in different cities due to his father's transferrable job. He will usually feel lonely as his mother used to accompany him. His father was busy with his work and showed less concern for him. He will hardly come out his home and will spend most of his time in solitude. People used to stare at him and will often ask his age. He felt that by staying within the four walls of home he could save his mother from humiliation and embarrassment that she used face from the community.

He used to see his mother spend restless and lonely nights crying alone since her son was suffering from a disease which continued to threaten his life. He was also suffering from weight loss and diarrhea which seemed to have munched her son. The persistent diarrhea and bad health condition made Gopal to visit a local doctor time and again for consultation. The doctor referred him to the Government hospital, Ludhiana for some routine tests including HIV. Gopal was found to be HIV positive. During the post test counseling Gopal was asked to visit ART centre for further diagnosis and treatment. CD4 test and other investigations were carried out as per the treatment protocol and Gopal was put on ART medicine as per the test results.

With passage of time, his body responded to the ART drug which led to improvement in his physical condition. His mother is happy and satisfied with his physical condition. Gopal visits the ART centre on monthly basis and goes for counseling and medical consultation. His mother is happy with the support extended by the doctor and paramedical staffs of ART centre to her son.

Critical Analysis

Gopal as mentioned in the case study is a Thalassemia patient. Such patients need frequent blood transfusion to maintain their health status. The availability and management of blood for such patients is a big challenge for the parents as well as for the public health system. Many a times, the blood is collected at a very short notice by giving a distress call. In such conditions sometimes the quality and testing of blood so transfused to the patients is compromised. In this case, it appears that Gopal was injected blood infected

⁵AtulAmbekar, B. M. Tripathi (2008), *Size Estimation of Injecting Drug Use in Punjab and Haryana*, UNAIDS India, New Delhi.

with HIV. The lesson is that the parents and the doctors should take extra care while injecting blood to such patients otherwise; such accidents are bound to happen.

Observations

The year wise distribution of HIV cases in Punjab indicates that, with the expansion of prevention services coupled with HIV testing facilities, detection of HIV cases have increased. Since around 50-60% HIV cases detected are being put on ART every year, it can be inferred that these are old infections which have been detected late. Detection of these cases and linkage of PLHA with treatment services can be attributed to the expansion of prevention and treatment facilities in the state in NACP-III as compared to NACP-I & II.

As per the latest HIV Sentinel Surveillance (HSS-2010) report, HIV positivity among FSWs has declined from 0.97% (HSS-2008) to 0.80% (HSS-2010). Among MSM, the positivity has declined from 3.1% (HSS-2008) to 2.22% (HSS-2010) whereas among IDUs it has declined from 26.1% (HSS-2008) to 21.02% (HSS-2010). ANC positivity, which is taken as proxy indicator of HIV prevalence among general population, has also declined from 0.33% (HSS 2008) to 0.26% (HSS 2010). The overall HIV prevalence rate for the state of Punjab has come down to 0.18 as compared to 0.27 at national level.

The notable decline in the HIV incidence levels is indicative of the impact of the various interventions under the National AIDS Control Programme and scaled-up prevention strategies. There is a noted requirement, however, to increasingly focus on IDU population where the positivity is three times more than the national positivity among IDUs.

The latest epidemiological profiling as per UNAIDS and WHO standards clearly indicates that HIV/AIDS epidemic in the state shows stabilizing to declining trend. However, HIV transmission among IDUs is still a matter of concern for the state. Up scaling of the services and preventive interventions in the state are commensurate with the extent of epidemic in the state. The stabilizing to declining trend of HIV epidemic is due to the effective implementation of HIV prevention & treatment services under National AIDS Control Programme -III in the state as per National AIDS Control Organisation (NACO) guidelines.

The discussion in the foregoing paragraph show that with expanded NACP Programme for phase-III the situation of HIV/AIDS patients in Punjab has improved as compared to the phases I and II.

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