HIV’S evolving demographic

Since HIV was first detected in India, the epidemic has been evolving among various population groups.

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A recently published book, titled Three Decades of HIV/AIDS in Asia, edited by this columnist, traces the dynamic course of the HIV pandemic in Asian countries including India and traces the evolution of national responses to HIV since 1981, when AIDS was first reported in the US.

HIV was first detected in India among six sex workers in Chennai. The epidemic has since then been evolving—not only geographically but among various population groups. Initially, it affected populations at high risk, such as female sex workers, injecting drug users and men having sex with men. It then spread to the general population and from infected mothers to their children during pregnancy, child birth and through breast feeding.

Over the past few years, HIV prevalence has been either declining or stabilizing in populations with high risk behaviour. At the same time, it is now becoming increasingly clear that HIV is now spreading through population groups not traditionally considered at high risk, such as migrants, including truck drivers. They are playing an important role in spreading the infection, especially to states that so far have been less affected, and the trend is likely to accelerate.

According to the National AIDS Control Organisation (Naco), migrants, especially long-distance truckers, are highly vulnerable to HIV. For example, up to 40% of truck drivers tend to have sex with commercial sex workers and 3-7% of them are infected with HIV—a rate that is 10 times that of the general...
population. Once infected, they may, on returning home, expose their wives to the risk of HIV, often inadvertently, as many are unaware that they have been infected. Most of these women have in fact no risk factors except being married to a migrant and are otherwise monogamous.

Those who migrate to cities for employment for short or long periods are typically young, rural males, often travelling alone (although many are already married), and are often less educated. Several factors including being away from their families, loneliness, lack of social control, use of alcohol and easy access to sexual services in a city or en route to their destination put them at risk of catching the HIV virus. Once infected, they serve as a vehicle for further spread to distant rural areas.

Given the risks involved, a comprehensive policy and strategy is needed for the welfare of the migrant population and they should be included as a priority group to be reached through targeted interventions, which would include promoting the use of condoms and their availability and treatment of sexually transmitted infections.

Ideally, such information and services should be made available not only at the destination of the migrants but at the place of origin and also in transit points en route. The non-governmental and community-based organizations can partner with the government to provide these services.

The employers such as truck companies should have ‘AIDS in the workplace’ policies and programmes that would benefit these population groups having to travel long distances away from their families.

Migrants too must bear their share of responsibility. They should take all precautions not to engage in any behaviour that may put them at risk of infection. They should use condoms when engaging in casual sex, and say no to drugs and alcohol, which may facilitate risk taking by reducing social inhibitions. Regular health check-ups and testing for HIV or sexually transmitted infection can be useful, especially if a person has engaged in unprotected sex. They should always be aware of the harm they can bring to their families back home by inadvertently passing on the infection to their unsuspecting spouses.

Clearly, the migrants are considered one of the main drivers and a critical link to the spread of infection in rural areas. In the next phase of the National AIDS Control Programme planning, priority will be given to preventing HIV in this population group and special efforts made to protect both migrants and their families back home.

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