

Change in mindset required

Women constitute about 35 per cent of all adult HIV infections in Asia, up from 17 per cent in 1990. Yet, 90 per cent of the 1.7 million women living with HIV have not indulged in any high-risk behaviour. According to a recent report of the UNAIDS, these women have been infected by their partners in long-term relationships or by husbands having a high-risk behaviour. It is predicted that 50 million women are at risk of becoming infected by the virus, and the transmission is most likely to be through their husbands. It is unfortunate that women in a monogamous relationship — considered one of the low-risk groups — are getting infected in large numbers. In India, women constitute about 37 per cent of the 2.3 million HIV positive adults. According to the National AIDS Control Organisation (NACO), a majority of these women have been infected by their husbands. It is a troubling fact that infected women in turn are quite likely to pass on the infection to their babies if timely testing and prevention strategies are not in place. The government healthcare system is working efficiently in some States such as Tamil Nadu to prevent vertical transmission from the mother to the newborn. But this cannot be said of many other States.

Despite years of awareness-building campaigns, men still indulge in risky behaviour and unprotected sex outside marriage. Though it is true such awareness campaigns have succeeded in keeping the incidence from skyrocketing, there is much more to be done. The most important change required is in the mindset of the nodal agency. Married women should no longer be considered as belonging to the low-risk group. In fact, remaining HIV negative has become a big challenge for many married women. Interventions targeted at men should, by default, include a component that reaches out to long-term intimate sexual partners. While much effort has gone into creating greater awareness and promoting the use of male condoms, a similar awareness does not exist in the case of female condoms. It is best illustrated by the fact that subsidised female condoms are made available to high-risk women only in the four States of Tamil Nadu, Maharashtra, Andhra Pradesh, and West Bengal. Although some clinical trials were stopped midway due to adverse effects, more research has to be directed at developing safe and efficacious microbicides. The urgency to protect women stems from the fact that the patriarchal culture and physical and/or sexual violence faced by a large proportion of married women in India make them particularly vulnerable to the virus.