

The Socioeconomic Factors Contributing to the HIV Epidemic in India: observations from Jodhpur, India



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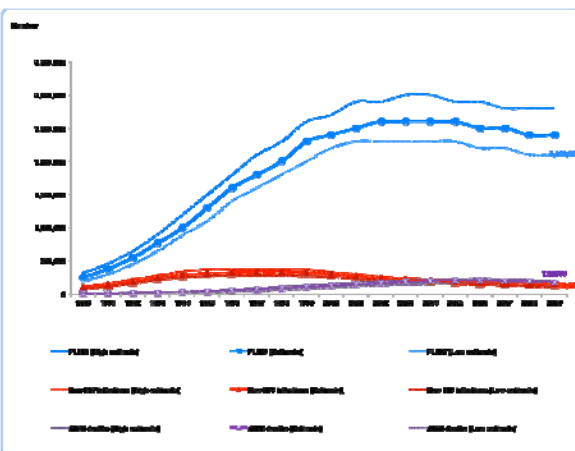
Purpose

To identify other factors contributing to the HIV epidemic in Jodhpur, India

Background

- 2.4 million people living with HIV (2009)
- Transmission rates
 1. 87% via heterosexual sex
 2. 5% Parent to child
 3. 2% injection drug use
- Traditional High Risk Groups/Bridge Population
 1. Female Sex Workers
 2. MSM
 3. Injection Drug Users
 4. Migrant Workers
 5. Truck Drivers

Estimated number of adults and children living with HIV, new infections and AIDS deaths, 1990-2009



Source: Prepared by www.aidsdatahub.org based on National AIDS Control Organisation India. (2008). *National Behavioral Surveillance Survey (NBSS) 2006: Female Sex Workers (FSWs) and their Clients*

Methods

- ART Center, M.D.M Hospital, Jodhpur, India
 1. Population: PLHIV from surrounding towns and villages presenting for HIV treatment/checkup
 2. Data:
 - Patient Chart Review
 - Patient/Faculty Conversations
 - Observations of Clinic
- M.G.H. Hospital, Jodhpur, India
 1. Population: Hospitalized pts from surrounding towns and villages co-infected with HIV
 2. Data:
 - Patient/Faculty Conversations
 - Observations at hospital

Results

- Vast majority of patients presenting to clinic were poor, uneducated, unemployed/day laborers
- Vast majority of women contracted HIV from their husband
- Many women/children found HIV + were denied monetary/psychological support by family and community members.
- Patients reported being stigmatized by community members/ healthcare providers because of illness. This impeded disclosure of illness and proper treatment.
- Patients received better overall HIV management/treatment at ART designated centers
- Nationally reported statistics may not accurately reflect incidence of disease

Results

- Additional Risk Factors
 - Unemployment/Unskilled labor
 - Low Socioeconomic status
 - Lack of education

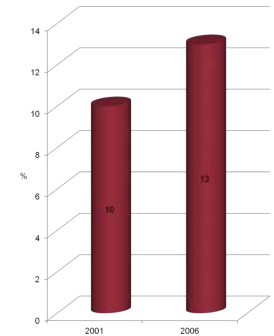
Conclusion

- India is a patriarchal society
 - Increased prevalence among women with no risk factors besides heterosexual sex within context of marriage
- High risk groups include unemployed, uneducated, lower caste status
 - More likely to engage in sex work/sexual bargaining for services
 - Less likely to be aware of modes of transmission

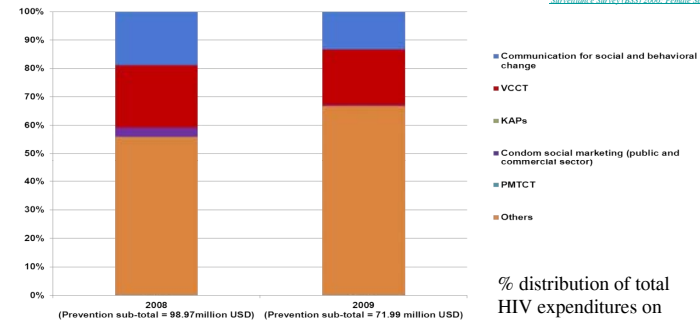
Future Initiatives must include:

- Educational improvements for targeted populations
 - Sex education in schools
 - Clients of female sex workers
 - Health care providers to reduce barriers to care secondary to stigma
- Continued efforts to improve condom distribution
- Improved access and quality control of ART therapy

% of clients of female sex workers ever tested for HIV and knew the results, 2001 & 2006

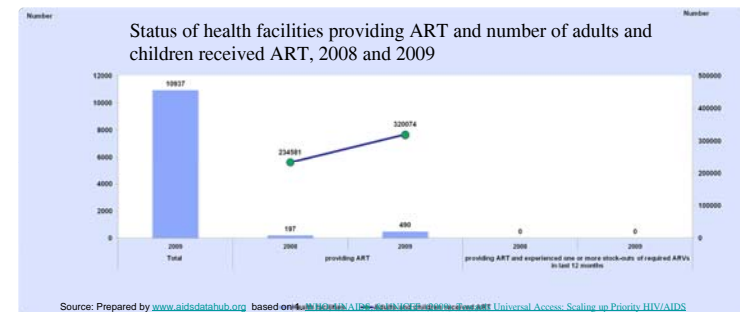


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Source: Prepared by www.aidsdatahub.org based on UNAIDS. (2010). *Global Report: UNAIDS Report on the Global AIDS Epidemic*.

% distribution of total HIV expenditures on prevention by service category, 2008 - 2009



Source: Prepared by www.aidsdatahub.org based on www.aidsdatahub.org and www.aidsdatahub.org Universal Access: Scaling up Priority HIV/AIDS Interventions in the Health Sector - Progress Report 2009, and 2. WHO, UNAIDS, & UNICEF. (2010). *Universal Access Scaling up Priority HIV/AIDS Interventions in the Health Sector - Progress Report 2010*

www.aidsdatahub.org
www.nacoonline.org

Kohli, et al. *Caring for Caregivers of People Living with HIV in the Family: A Response to the HIV Pandemic from Two Urban Slum Communities in Pune, India*. PLOS One 2012, Sept 13.
Vyas, et al. *A comparison in HIV-associated stigma among healthcare workers in urban and rural Gujarat*. Sahara Journal, 2010, Aug 7 (2): 71-75.