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HIV/AIDS and Sex Workers in India

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ABSTRACT

AIDS is the advanced stage of HIV infection. It is disabling and incurable infection caused by HIV. As HIV progressively destroys the immune system, most people, particularly in resource constrained settings, die within a few years of the appearance of the first sighs of AIDS. Only a blood test can establish a person's HIV status. However, this does not mean that every person who undergoes the test has AIDS. Sex workers form a diverse group of people. Hence, it is difficult to make generalizations about their behaviors and attitudes towards HIV prevention and care.

Keywords: *HIV/AIDS, Sex Worker, India*

HIV is the acronym for human immunodeficiency virus. A person infected with HIV is medically known as an HIV-positive person.

AIDS stands for acquired immune deficiency syndrome.

- 'Acquired' means neither innate nor inherited, but transmitted from one infected
- person to another
- 'Immune' is the body's system of defence
- 'Deficiency' means not functioning to the appropriate degree
- 'Syndrome' means a group of signs and symptoms

AIDS is the advanced stage of HIV infection. It is a disabling and incurable infection caused by HIV. As HIV progressively destroys the immune system, most people, particularly in resource-constrained settings, die within a few years of the appearance of the first signs of AIDS. Only a blood test can establish a person's HIV status. However, this does not mean that every person who undergoes the test has AIDS. In healthy individuals, infections are kept away by a variety of defenders in the body. These defenders constitute the immune system of our body. Unknown to us, the immune system is at work every day, recognizing foreign bodies (e.g. bacteria, virus, etc.) and fighting them by producing specific chemicals called antibodies which neutralize foreign bodies. Each disease stimulates the production of antibodies specific to it. The detection of these

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antibodies in blood samples is therefore used to determine past or present infection. Since HIV causes damage to the immune system, the body cannot be protected against other infections, some of which then become the direct cause of death.

The Government of India estimates that about 2.40 million Indians are living with HIV (1.93 -3.04 million) with an adult prevalence of 0.31% (2009). Children (<15 yrs) account for 3.5% of all infections, while 83% are the in age group 15-49 years. Of all HIV infections, 39% (930,000) are among women. India's highly heterogeneous epidemic is largely concentrated in only a few states — in the industrialized south and west, and in the north-east. The four high prevalence states of South India (Andhra Pradesh – 500,000, Maharashtra – 420,000, Karnataka – 250,000, Tamil Nadu – 150,000) account for 55% of all HIV infections in the country. West Bengal, Gujarat, Bihar and Uttar Pradesh are estimated to have more than 100,000 PLHA each and together account for another 22% of HIV infections in India.

The Indian epidemic is concentrated among vulnerable populations at high risk for HIV. The concentrated epidemics are driven by unprotected sex between sex workers and their clients and by injecting drug use with contaminated injecting equipment. Several of the most at risk groups have high and still rising HIV prevalence rates. According to India's National AIDS Control Organization (NACO), the bulk of HIV infections in India occur during unprotected heterosexual intercourse. Consequently, and as the epidemic has matured, women account for a growing proportion of people living with HIV, especially in rural areas. The low rate of multiple partner concurrent sexual relationships among the wider community seems to have, so far, protected the larger body of people. However, although overall prevalence remains low, even relatively minor increases in HIV infection rates in a country of more than one billion people translate into large numbers of people becoming infected

Recent data suggests there are signs of a decline in HIV prevalence among female sex workers in areas where focused interventions have been implemented, particularly in the southern states, although overall prevalence levels among other high risk group continues to be high. The HIV prevalence as per HSS 2010 are: female sex workers 2.61%; men having sex with men 5.01%; injecting drug users 5.91 %; and transgender 18.80 %

HIV stands for human immunodeficiency virus. If left untreated, HIV can lead to the disease AIDS (acquired immunodeficiency syndrome).

Unlike some other viruses, the human body cannot get rid of HIV. That means that once you have HIV, you have it for life. No safe and effective cure for HIV currently exists, but scientists are working hard to find one, and remain hopeful.

HIV affects specific cells of the immune system, called CD4 cells, or T cells. Over time, if left untreated, HIV can destroy so many of these cells that the body can't fight off infections and disease. However, with proper medical care, HIV can be controlled. Treatment for HIV is called

antiretroviral therapy or ART. It involves taking a combination of HIV medicines (called an HIV regimen) every day. Today, a person who diagnosed with HIV before the disease is far advanced and who gets and stays on ART can live a nearly normal life span.

The only way to know for sure if you have HIV is to get tested. Testing is relatively simple. You can ask your health care provider for an HIV test. Many medical clinics, substance abuse programs, community health centers, and hospitals offer them, too. You can also get an FDA-approved home HIV testing kit (the Home Access HIV-1 Test System or the OraQuick In-Home HIV Test) from a drugstore

Where Did HIV Come From?

Scientists identified a type of chimpanzee in West Africa as the source of HIV infection in humans. They believe that the chimpanzee version of the immunodeficiency virus (called simian immunodeficiency virus, or SIV) most likely was transmitted to humans and mutated into HIV1800s. Over decades, the virus slowly spread across Africa and later into other parts of the world. We know that the virus has existed in the United States since at least the mid- to late 1970s.

WHO ARE SEX WORKERS?

Sex workers form a diverse group of people. Hence, it is difficult to make generalizations about their behaviours and attitudes towards HIV prevention and care. For example, they may be IDUs, married women or men, indentured workers (i.e. people coerced into sex work and even taken to other countries), college students, unattached minors and may belong to any gender (i.e. male, female or transgender). They may work temporarily as sex workers or be full-time sex workers.

Sex workers have particular needs, and VCT and psychosocial interventions should be tailored specifically to these to ensure effectiveness. It is crucial that VCT services reach this vulnerable population; both to protect sex workers from HIV and other STIs, and to prevent transmission to their clients and partners. There is increasing evidence that targeted programmers to reduce the transmission of HIV infection within core groups are feasible and effective, and have led to successful risk reduction and decreased levels of infection.

Effective VCT interventions need to recognize sex workers not only as sex workers but also recognize the other dimensions of their lives as partners, wives or husbands, and as parents. There are different types of sex workers—street-based, lodge-based, brothel-based, community and caste-based, and even family-based. For most, sex work is a means of part-time livelihood. Most sex workers are young and married, and live with their husbands and children

HIV AND SEX WORKERS IN INDIA:

Number of female sex workers: 868,000
HIV prevalence: 2.7 percent
HIV prevention activities coverage: 84.5 percent

HIV prevalence among female sex workers varies both between and within states. For example, one study found HIV prevalence among sex workers ranged between 2 percent and 38 percent (averaging at 14.5 percent) among districts in the four high prevalence south Indian states such as, Andhra Pradesh, Maharashtra, Tamil Nadu and Karnataka.

Although sex work is not strictly illegal in India, associated activities - such as running a brothel – are. This means that the authorities can justify police hostility and brothel raids. Stigma and discrimination against sex workers restrict their access to healthcare.

Male sex workers are a group particularly vulnerable to HIV who engages in high-risk behaviours. One study in suburban Mumbai reported an HIV prevalence of 33 percent among this group with all of the individuals in the study engaging in anal sex while 13 percent had never used a condom.

When humans hunted these chimpanzees for meat and came into contact with their infected blood. Studies show that HIV may have jumped from apes to humans as far back as the late Hiv and sex workers:

Sex work is defined as the use of sexual activity for income or employment or for non-monetary items, such as food, drugs, or shelter ("survival" sex). Sex work can increase a person's risk of becoming infected with or transmitting HIV and other sexually transmitted infections (STIs) by engaging in unsafe sexual behaviors and/or substance use.

Sex work crosses many socioeconomic groups. Adults who engage in such activities include high-end escorts; people who work in massage parlors and the adult film industry; exotic dancers; state-regulated prostitutes (in Nevada); and street-based men, women, and transgender people who participate in survival sex.

Reaching sex workers is a critical effort for public health. Not only are sex workers at risk for higher rates of HIV and other STIs, sex workers who are unaware of their HIV status can endanger their own health and increase their risk of transmitting HIV or STIs to others

In India, HIV seroprevalence rates among sex workers have ranged from 50–90% in Bombay, Delhi, and Chennai. However, HIV rates of only 10% have been observed among sex workers in Calcutta, a city on the drug route into the heart of India and one of the most impoverished urban areas in the world. Condom use has risen in Calcutta in recent years, from 3% in 1992 to 90% in 1999, compared with steady rates of low condom use among sex workers in other cities in India.

Pathways into sex work in India are 3-fold. First, many women are born into sex work as the family profession. The stigma associated with sex work, often coupled with residual caste system discrimination, severely limits educational and alternative economic opportunities. Second, many young women from rural areas and neighboring countries (e.g., Nepal, Bangladesh) are deceived,

sold, or otherwise trafficked into sex work against their will. Driven by the extreme poverty facing their families and the lure of relatively large incomes, some women choose to return to sex work, albeit in a less coercive context, once they are returned to their homes. Sex workers in Calcutta are conservatively estimated to earn an hourly wage almost twice that of women in urban India. Finally, some women, given limited options, choose sex work as a means to support their families after being widowed, divorced, or abandoned by their husbands. About 9% of a random sample of sex workers in the Sonagachi "red light" area stated that they entered the profession voluntarily. While some sex workers are street-based, the majority work, and often live, in brothels clustered in red light areas of big cities and small towns.

Effective HIV prevention programs among sex workers have been implemented in Brazil, Thailand, and Zaire. Community participation among sex workers in HIV prevention, however, is not guaranteed, as in the demise of a community-based HIV prevention program among sex workers in southern India.

REFERENCES:

A, Patel (2015), *Some Case Studies Of Aids Patients*, Amazon, Inc, USA, ISBN: 978-1-4943 5907-2, 2013 (First Edition), Page: 30

Asthana S, Oostvogels R. Community participation in HIV prevention: problems and prospects for community-based strategies among female sex workers in Madras. Soc Sci Med. 1996;43:133–148.

NACO (2013) 'Annual Report 2012-13, http://www.naco.gov.in, Retrieved 10:16, Aug 01, 2015, from http://www.naco.gov.in/upload/Publication/Annual%20Report/Annual%20report%202012-13_English.pdf [1]

Panos Institute . The Hidden Cost of AIDS: The Challenge of HIV to Development. The Panos Institute; London: 1992.

Pegacao Brazil: sex and self-worth. AIDS Action. 1991;15:5.

Rao V, Gupta I, Lokshin M, et al. Sex workers and the cost of safe sex: the compensating differential for condom use among Calcutta prostitutes. J Dev Econ. 2003;71:585–603.

Schoeof BG. AIDS action-research with women in Kinshasa, Zaire. Soc Sci Med. 1993;37:1401–1413.

UNAIDS (2013), 'India: HIV and AIDS estimates (2013), http://www.unaids.org, Retrieved 10:16, Aug 01, 2015