

CHURCH'S RESPONSE TO HARM REDUCTION OF HIV & AIDS

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As the 21st Century is facing the pandemic of HIV and AIDS, we have a war at hand and that war is to combat HIV and AIDS (one of the Millennium Development Goals).

Before going to war, we need to know some hard facts:

1. HIV (Human Immunodeficiency Virus) is a retrovirus that is still largely unknown but slowly destroys the body's immune system and then the HIV infected person gets ill once the body is not able to any more fight off diseases. One, who is HIV positive, becomes a carrier of the virus and infects others. AIDS (Acquired Immuno Deficiency Syndrome) is a syndrome (cluster of symptoms that are characteristic for a disease) contracted with the lack of ability to fight off infectious agents.

2. Between 2 million and 3.6 million people in India are living with HIV (UNAIDS & NACO sources). As of August, 2006, number of AIDS reported to NACO was 1,24,995 (88,245 males and 36,750 females), out of which, 29 % were women and 36 % were under the age of 30. The transmission categories of these were: sexual - 1,06,669 - 85 %; mother to child - 4,755 - 4 %; blood and blood products - 2,563 - 2 %; injecting drug users - 2,930 - 2.1 %; others (not specified - 8,078 - 6.9 %. According to the National Family Health Survey, which tested more than 1,00,000 PLHAs, it was found that prevalence is higher in urban areas (0.35 %) than in rural areas (0.25 %).

Overall, around 0.36 % of India's population are living with HIV and with the population being vast (1.2 billion), it is estimated that a mere increase of 0.1 % in HIV prevalence, would increase PLHAs (People Living with HIV & AIDS) by over half a million.

3. The virus can be transmitted from an infected person to another through bodily fluids, viz. blood (including menstrual blood), semen, vaginal secretions and breast milk and so is spread through (a) intercourse with infected person; (b) blood transfusion; (c) sharing of contaminated needles in drug injection and; (d) mother to child during pregnancy, childbirth, and breast feeding.

4. The possible symptoms of having contracted the virus are: diarrhea, prolonged unexplained fatigue, mouth lesions, changes in bowel habits, shortness of breath, headache, fever, skin rashes, sore throat, swollen lymph/glands, tumor, chills, dry cough, significant weight loss, loss of appetite, memory or movement difficulties, night sweats and lack of resistance to infection.

5. AIDS can take more than 8 to 10 years to develop after HIV infection.

6. According to UN related estimates, (a) India's adult HIV prevalence will peak at 1.9 % in 2019; (b) the number of AIDS death (which was estimated at 2.7 million for the period 1980-2000) will rise to 12.3 million during 2000-15 and to 49.5 million during 2015-50; (c) economic growth in India will slow by almost a percentage point per year as a result of AIDS by 2019.

“The challenges India faces to overcome this epidemic are enormous. Yet India possesses in ample quantities all the resources needed to achieve universal access to HIV prevention and treatment... defeating AIDS will require a significant intensification of our efforts, in India, just as in the rest of the world.” (Peter Piot, Director, UNAIDS)

01. Despite the fact that many Churches in India are working with loving care to prevent the spread of HIV and AIDS and that the Government of India has set up the National AIDS Control Organization (NACO) with States having AIDS Control Societies, AIDS is seen as a 'sin

syndrome' and therefore, is 'some else's problem'. Such a conclusion arrived at by the majority of both Christians and non-Christians, is perhaps due to ignorance, fear, moralistic and judgmental attitudes, giving rise to stigma and discrimination. And "stigma kills more than HIV itself." (NCCI Policy Guidelines on HIV & AIDS). Therefore, the first priority to reduce harm is to change our attitude toward PLHAs.

02. The NCCI Policy on HIV & AIDS: Guidelines to Churches in India states in Section 2, "Most of the infected and infected are the poor, the marginalized and the oppressed: e.g. migrant rural and urban poor, drug users, women in prostitution and sexual minorities... It often breeds amidst poverty and related migration which removes the protection provided by education, housing, economic stability, social standing, whereby globalization and neo-liberal policies further accentuates the problem. Vulnerability to HIV also arises from gender violence, sexual exploitation, social inequities where corruption and oppressive social structures also become barriers to justice and equity." This is another critical area where the Church has to appropriately intervene proactively to reduce the number of PLHAs and prevent HIV & AIDS.

03. Society and religious communities will need to transform themselves with regard to their conventional assumptions on the status of woman because "while women and girls are more vulnerable than men to HIV infection because of biological differences, the social, cultural, (religious) and economic factors that limit their ability to avoid the risks of infection are more significant." It should be understood that the anatomical differences of women makes "transmission of the virus through sexual contact far more likely from men to women that vice versa. Research shows that the risk of infection with HIV during unprotected sex is two to four times higher for women than for men." (Drew Thompson) The vulnerability of women due to many stated factors therefore must be contained and pre-empted so that harm can be reduced and tackled.

04. It is imperative that:

- a) "policymakers and program planners must tailor their response to the behaviours that are spreading the epidemic.", i.e. drug injection, commercial sex and sex between men. To so succeed would be pragmatic and not judgmental at all;
- b) services that directly reduce the risk of HIV transmission are essential. Programs must move beyond leaflets and banners to providing easy access to condoms, lubricants, clean needles, and screening and treatment of sexually transmitted infections (STIs)." And these services should be made available to majority of the population engaged in high risk behaviour; (Karen Stanecki)
- c) psycho-social and psycho-personal counseling is available and accessible to PLHAs, implying that space for them be provided, confidentiality is strictly maintained at all cost and judgmental and condescending attitude has no room any more;
- d) all stakeholders work for eradication of poverty, ushering in gender justice, literacy, economic empowerment, social, cultural and religious transformation and repent (metanoia) for past misgivings, apathy and prejudices;
- e) all be committed and involved to build an inclusive community of peace and justice.

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