

# UNIT 3 MYTHS AND MISCONCEPTIONS OF HIV AND AIDS AND STDs

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## 3.1 INTRODUCTION

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The common belief that AIDS is “someone else’s disease” is a universal phenomenon. In the previous units you have been taught about the disease profile of HIV and AIDS in detail that includes its modes of transmission, signs and symptoms and the various stages of HIV and AIDS development. All this information helps you to understand the issue better within the context of prevailing myths and misconceptions which have actually taken deep-roots in our society.

This unit on misconceptions of HIV and AIDS helps you to clear your doubts, anxiety, fear etc, by providing you with scientific information. This information is necessary to help prevent persons with HIV and AIDS, together with their families from social discrimination, rejection and ostracization in community living. Given the magnitude of the problem, it is necessary for you to always ask, why talk about AIDS? Why not other diseases? Also, what is the factor that makes AIDS a pandemic disease?

### Why AIDS and not other diseases

In countries with limited resources, people will always ask, why AIDS? Why not spend on more widespread and older diseases such as Malaria? Peter Piot, the present Executive Director of UNAIDS says, AIDS is special. In a malaria epidemic public health measures such as water treatment for larva control can be used to control the disease. What easy measures can be applied to the way AIDS spreads, which is mainly through sex? Besides if HIV killed a person in a week, or a month instead of after years of a symptomatic existence, there’d have been a greater urgency to fight it.

AIDS is doubly disastrous because the most sexually active years of a person are also the most economically productive years. Moreover, AIDS doesn’t die out with the person it has killed. There is likelihood that it is passed into their families by the infection of their spouse as well as to their babies. Finally, AIDS is unlike most communicable diseases, which affect largely the poor. HIV and AIDS affects all sections of the society.

Do we Indians need to bother about HIV and AIDS? AIDS has entered Indian society with disastrous implications for lakhs of people living in rural, urban and tribal communities. Hundreds of full-blown AIDS cases have already been reported in the country and thousands are found to be carrying the HIV. However, for various reasons the gravity of the situation is still not recognised by many. The reported cases of HIV and AIDS infected persons in India clearly show that HIV and AIDS has not spared any class, community, religion, group, profession, qualification, age or sex. Is this fear exaggerated?

Therefore, to find solutions to questions pertaining to HIV and AIDS, you have to understand the dynamics of the disease profile in its true sense, there by, unfolding the myths and misconceptions related to HIV and AIDS. The general opinion that many hold about HIV and AIDS is that it is a disease of the West and we Indians are safe from such infections. This only tells about our ignorance regarding its growing threat to human beings.

### **How HIV is not transmitted**

HIV is a fragile virus outside the body. Heat, ordinary soap and water, household bleach, Lysol and chlorine (bleaching powder) can kill it. Surgical instruments can be easily sterilized.

HIV does not spread like a cold and is, therefore, relatively difficult to catch. Not one case has been reported of HIV being transmitted by contact with air, tears, sweat, shaking hands, hugging, coughing, sneezing, using swimming pools, toilet seats, sharing towels, bed linen, utensils, being bitten by mosquitoes or other animals, or any other form of everyday contact. Saliva, uncontaminated by blood, has not been implicated as a mechanism of transmission.

It is practically impossible to contract HIV while giving medical/nursing care to HIV patients. Thus, medical staff and family members of HIV positive persons have nothing to fear, although a few universal or routine precautions have to be observed.

Consequently, it is unscientific and unethical to quarantine HIV positive persons as was done to a patient in Goa in 1989; or to refuse hospital admission to HIV infected patients as was ordered by several hospitals in Delhi in Feb'90 for several months; or to dismiss an HIV positive person from his/her job as was done in Goa in 1989.

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## **3.2 OBJECTIVES**

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The objective of this unit is to provide you with accurate information about how HIV and AIDS is not transmitted. Though the modes of HIV transmission are the same, namely, sexual, blood contact and mother-to-child, predominance of a particular route of transmission depends upon the personal and social risk behaviours in different areas of the world. This influences the relative frequency of these three modes of spread. Along with the fundamental facts about HIV and AIDS, there exists certain misconceptions and beliefs which have taken deep-roots within our society. Such ideas and beliefs have to make way for more scientific and appropriate information for the people to understand the real dynamics of HIV and AIDS.

After reading this unit, you should be able to:

- identify misconceptions related to transmission;
- know the misconception pertaining to traditional and cultural practices:

- explain various misconceptions regarding IEC;
- understand the misconceptions prevailing on treatment, care; and
- rehabilitation of HIV and AIDS patients.

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### **3.3 MYTHS AND MISCONCEPTIONS RELATED TO TRANSMISSION OF HIV AND AIDS AND STDs**

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The broad introduction on myths and misconceptions of HIV and AIDS and STDs deals effectively with the inaccurate information, which is quite often believed and passed on without the authenticity of the source. In this light, you have to focus on the various routine activities that are done with the anticipation of getting infected by HIV and AIDS person out of sheer fear, ignorance, anxiety etc.

#### **Shaking Hands**

The chances of getting infection through a hand shake is minimal, as long as the skin is intact without any breaks because in adults the virus is mainly transmitted through the transfer of blood or sexual fluids. Since there is no contact of blood or sexual fluids during a casual shake hand, there are no risks involved. Sharing the same telephone with other people in your office or working side-by-side in a crowded factory with other infected persons and even sharing the same cup of tea, cannot transmit the infection. These acts will not expose a person to the risk of contracting the infection. Being in contact with the sweat will not transmit the infection. Extensive tests have failed to detect HIV in sweat.

A cut on the skin can act as a portal or entry point for the virus to enter the body. People having cuts or a skin condition called eczema should be extremely careful. Eczema has many small cuts. If these cuts were to get contaminated with HIV infected secretions from an HIV infected patient then another person can get infected. To prevent this route of acquiring the infection a person should cover the wound with a waterproof dressing. While handling HIV infected or other patients they should wear gloves.

#### **Sharing a Toilet/Bathroom etc.**

The chances of getting infection through the toilet seat are very remote. For this to happen there would have to be fresh infected blood on the toilet seat in contact with breaks in the skin or genitalia of the next user. Proper and clean use of the toilet can prevent this.

#### **Sharing a Toothbrush (Contact with Saliva)**

Saliva contains HIV virus in minute amounts. Saliva also contains an enzyme that inhibits the growth of the virus. A small amount of saliva is highly unlikely to transmit the virus. It has been shown that sharing of a toothbrush or a towel is unlikely to spread the virus. Antiseptics present in the toothpaste kill the virus. Till date only one report of a human bite transmitting the infection has been recorded and it occurred in a child.

#### **Is HIV Present in Sweat?**

Although HIV can be found in many body fluids, extensive tests have failed to detect HIV in sweat.

## **Kissing/Embracing**

There is no harm in kissing, embracing or caressing an infected person provided it is a normal dry kiss or a gentle hold. Risk from a dry kiss, is almost zero. Moreover the number of infected persons in general population is low and the risk of catching HIV from kissing someone on the lips or embracing an infected person is almost nil. However, the western practice of kissing (French kiss) where tongue and saliva enter another persons mouth carries higher risk, especially if one person has sores in the mouth, cracked lips or bleeding gums. So far, we have come across only one such case of 'mouth to mouth' spread.

## **Are Contact Sports Safe?**

For somebody to get infected through contact sports, blood from an infected player's body would have to be rubbed into a wound of an uninfected player. This is extremely unlikely.

## **Swimming Pool/Ponds are Safe**

The only way you could possibly catch HIV at a swimming pool or a pond would be if someone carrying the virus gets injured due to an abrasion caused by a hard surface and left a puddle of blood, which you stepped in, causing an injury, on the same surface. Even if you pour ten fresh pints of blood full of HIV virus into a swimming pool, the chances of getting the infection is nil. This is because even with such quantity the dilution will be enormous. Therefore, you cannot get infected from a swimming pool.

## **Circumcision**

(A traditional practice in some African Communities)

There is some evidence that uncircumcised men are more likely than circumcised men to contract and transmit HIV and other STDs. Researchers suspect that the increased risk from being uncircumcised may stem from the fact that foreskin traps vaginal fluid which provides a larger surface area for uptake of the virus, and may be more susceptible to microscopic tears during sexual intercourse. In addition, minor inflammatory conditions are more common in uncircumcised men. Uncircumcised men may not recognize many STDs prevalent among them. There is currently no evidence linking female circumcision as a risk factor to HIV infection. The society for women and AIDS in Africa (SWAA) reports that in areas where this practice is still carried out, the prevalence of HIV is low. This would reflect the fact that HIV was introduced relatively recently into these areas or it could reflect the traditional restriction on the number of sexual partners in the societies concerned.

## **Can One Get HIV on Being Raped?**

Yes, it is possible. The risk can be higher because the violence used can make abrasions and bleeding more likely, creating entry points for the virus. Therefore, if one of the partners is infected, the chances of infection are far greater.

## **Can One Get HIV by Giving Blood?**

No. Some people are afraid and are staying away from this noble cause to donate blood. In order to make up and fill the growing demand for blood everyday, there is an urgent need to go for voluntary blood donation. There is no risk for the donor at all, so long as all the needles are sterile. Moreover, you have every right

to demand for the safety measures required while donating blood. Any healthy individual between the ages of 18-60 years weighing more than 45 Kgs. can donate blood. Blood can be donated 3-4 times in a year (interval of 12 weeks between each donation).

### **Can One Get HIV by Receiving Blood?**

The efficacy of HIV transmission through infected blood is very high (90 to 95 per cent) but transmission through this route is responsible for only about 5 per cent of the global infection. The chances of infection through blood donation is almost completely eliminated from the developed countries, due to routine testing of blood donors, coupled with the voluntary exclusion from blood donation by persons practicing high risk behaviours. It is a problem mainly in under developed countries where professional blood donation continues to exist.

In developing countries, facilities for testing of blood products may not be always available. In such circumstances, or in emergency, blood from voluntary donor is much safer than that from professional donors. Seropositivity is observed to be 17 times higher among professional donors, as compared to voluntary donors. In order to ensure that the blood received is 100 per cent safe from HIV and other STD infections, one should receive blood from accredited blood banks only and always ensure that the blood is screened for HIV and a proof of which is indicated through a label/sticker saying "HIV screened blood" is prominently marked.

### **Safer Sex**

There is still no clear picture about the concept of 'safer sex' within context of HIV, AIDS and STDs among high-risk groups and general population. Safer sex is any sexual practice that reduces the risk of passing (transmitting) HIV from one person to another. The best protection is obtained choosing sexual activities that do not allow semen, fluid from the vagina of the partner to touch the skin of the partner where there is an open cut or sore. Sex involving a mutually faithful husband and wife is usually known as "Safe Sex" in the Indian context. Abstinence from sexual activities before marriage and being faithful to his/her spouse after marriage is traditional norm. Other 'safer sex' practice suggested by experts includes:

- a) Staying in a mutually faithful relationship where both partners are uninfected;
- b) Sexual gratification through masturbation, massage, rubbing, dry kissing and hugging;
- c) Using a condom for all types of sexual intercourse (anal, vaginal and oral); Condom does not provide 100 per cent safety from HIV transmission;
- d) Avoiding sex when either partner who has open sores or any sexually transmitted disease (STD);
- e) Oral sex should be avoided if there are sores in the mouth or on the genitals;
- f) Anal sex is dangerous for both the partners since the rectum and penis can break and bleed during intercourse; and
- g) Couples should talk about sex and learn to please each other. This can allow for the negotiation of safer sex and make the intercourse more pleasurable for both and less likely to cause discomfort or minor damage to the genital.

### **Breast Milk**

A pregnant woman who has HIV in her body can pass the infection onto the baby in the womb or during birth. Experts are of the opinion that one out of three

babies born to infected mothers are likely to be born infected with HIV. There has been evidence that these children do not live longer than two to five years.

Another means of transmission is from breast feeding. There is about 14 per cent chance of infected mother passing on the infections to her child through breast milk. WHO and UNICEF advocate breast-feeding in developing countries as the chances of other infections through bottle-feeding are much higher and breast milk will protect them through number of infections and build up the immune system. This suggestion is mainly for HIV infected mothers from the economically poor strata of the society. There are cases, particularly in joint families as we have in India, where, women during lactation period breast feed babies of other women if the mother falls sick or die due to complications in pregnancy. There is a chance that a nursing mother can get infected from an infected baby through cracked nipples.

### **How Safe it is to go to a Dentist?**

It is safe to go to a dentist. A dentist usually sterilizes or disinfects equipments after each intervention and consultation. The risk is much more for the dentist than for the patient. Every time the Dentist gives an injection or extracts teeth there is a slight risk that they will puncture their own skin. If the patient is carrying the virus there is a slight possibility that the dentist could become infected. For this reason dentists are now using gloves, masks and protective glasses when treating people known to be infected. There has been at least one well-published case where a dentist with HIV, infected several patients. Despite intensive investigation, it is not clear as to how this occurred. The probability of the dentist getting infected is greater.

### **Risk to Doctors and Nurses**

Health care providers like medical, paramedical staff and social workers are at a risk of acquiring the infections. They can get infected through the injuries that they obtain during the course of their work. Needle stick injuries are the commonest mode of infection among nurses and doctors. Injuries that occur during surgeries also transmit the infection. Laboratory technicians can get infected from injuries sustained during the process of handling blood in the lab e.g., broken sample containers. Practicing universal precaution can prevent this.

### **Mosquitoes**

It is certain that no one will get HIV from a mosquito bite. There are many reasons to support this. Mosquito transmitted diseases are common in the world. All the organisms that are transmitting disease through the mosquito have a lifecycle in the mosquito. When the mosquito bites, it injects its saliva. HIV is not found in the saliva of the mosquito. Mosquito transmitted disease is more common in older children whereas HIV is not common among older children. When an insect bites a person, it does not inject its own or a previously bitten person's or animal's blood into the next person bitten. Rather, it injects saliva, which acts as a lubricant so the insect can feed efficiently. Diseases such as dengue and malaria are transmitted through this manner. However, HIV lives for only a short time inside an insect and unlike organisms that are transmitted via insect bites, HIV does not reproduce and does not survive in insects. Moreover, infected people-do not have constantly high levels of HIV in their blood stream. Secondly, insect mouth parts retain only very small amounts of blood on their surfaces. Lastly, biting insects normally do not travel from one person to the next immediately after ingesting blood, rather they fly to a resting place to digest the meal.

## What is the Risk From a Single Episode of Unprotected Sex?

The risk from a single episode of unprotected sex is not clear. Various attempts have been made to quantify the risk. It may be as low as one in 200 for non-traumatic heterosexual vaginal intercourse without a condom. Risk is higher from male to female, anal intercourse, first vaginal intercourse in a woman causing bleeding, higher during menstruation (for a man), and higher if STDs are present. Therefore, it is quite clear that there are sexual factors, which enhance the risk of HIV infection, whether a person goes for a single or multiple episode of unprotected sex.

*The following are some of the misconceptions reported among truckers, treated at one of the biggest transport mandis in the country, the Azadpur Transport Mandi (HT 22.6.99). One of the biggest problems many organizations trying to clear the misconceptions of the truckers who form a high risk group face is that of relapse. There is a lot of alcoholism and opium addiction among the drivers and once they are 'high' they do not remember about safe sex or using condoms.*

1. Once you contract AIDS your flesh will drop and fall off.
2. If the government discovers that you have AIDS, you will be given a lethal injection and killed.
3. AIDS is result of sex over-indulgence, you can't get it if you visit brothels occasionally.
4. AIDS and STDs are caused because of the heat of the truck engine.
5. Eating donkey meat can cure AIDS.
6. Washing your genitals with your own urine after unsafe sex can protect you from AIDS.
7. AIDS is the result of 'bad deeds'.
8. Having intercourse with an animal can cure AIDS.
9. There is a belief that their illness (AIDS) shall be cured when a person rapes a virgin.

### Can Somebody Get HIV from a Discarded Condom?

There is a small but growing risk that the semen that is contained in a used condom is full of virus. However, it is not going to infect, unless its contents come into contact with the broken skin which are rare. Usually a condom is not re-used. The rag pickers who pick up anything from the garbage etc., may come in contact with used condoms. Such instances are not common and one need not bother too much about it.

There is a common belief among the condom users that condoms are the best prevention device which can protect one from STDs and other infectious diseases including HIV. Though there is universal consensus about the safety of condoms towards such diseases, one can not ignore the failures of the condom as a protective device. The reasons are many. For instance, the user who is unaware of its proper use can end up in coming in contact with genital secretions or come into contact with partner's broken skin. Regular condom use by those involved with multiple sexual partners remains the best prevention measure so far.

A serious attitudinal change is needed among the condom user's behaviour with multiple sexual partners. On the one hand, condom usage remains the best preventive device against HIV and AIDS and STDs infections, while on the other

hand, the dependence on condom need not necessarily be kept as a rule when a person visits Commercial Sex Worker (CSW) or have different sexual partners every time. It is very often observed that a person's sexual urge succumbs to the situation and therefore, he may not take the basic preventive measures. It is well documented that majority of those who visit CSW s or have different sexual partners do not use condoms regularly.

### **Tatoos and Ear/Nose Piercing**

In many parts of rural areas, urban communities as well as tribal communities, people go for tattooing or nose/ear piercing as a traditional custom or as a fad. It is done with the involvement of the entire community as a ritual in rural and tribal communities. The risk of infection has been negligible in the past (apart from some scare) which gets cured through indigenous treatment. In present situation one has to ensure the proper sterilization of the equipments within the context of HIV and AIDS transmission. Instead of questioning the existence of such practices, which have been followed for years, one has to ensure 100 per cent sterilization in order to cope up with the present situation in context with HIV and AIDS. As a virus can be killed at high temperatures, simple method of sterilization can disinfect it, before using the equipment on another person. Proper sterilization of the equipments reduces the chances of contracting HIV.

### **Acupuncture/Wax Treatment and Electrolysis**

Traditionally and in modern ways of treatment, the practitioner has been using needles, instruments, wax etc. Taking into account the present scenario of HIV and AIDS disease it is important that only sterilized needles are used.

### **Living Together**

A person with AIDS is in need of both physical care and psychological support from his/her family, neighbourhood and society. Family members and relatives can often give the best care. At home, he/she is in well-known surroundings where he/she feels secure. The family members and relatives should be informed about the disease, how it spreads and how it doesn't spread and should know that people with AIDS need to be touched and cared for. Families can better respond to the social and psychological needs of their infected member. In our country, the familiar bondage is very strong. The family members and relatives take care of their sick member irrespective of diseases.

Myths and misconceptions prevailing about HIV and AIDS, sometimes brings about negative response to the extent of cases reported in the leading newspapers to disowning of persons by their own family members. Since AIDS does not spread through social contact, there is no need to isolate AIDS patients for the sake of protecting others from the infection.

*A report appearing in Calcutta daily depicted how a man, who was diagnosed to have HIV infection, was ostracized and tortured by a group of angry villagers at a hamlet in Burdwan. The villagers set fire to his hut and were about to kill his entire family comprising his wife and a baby girl. Fortunately, a team of doctors along with some policemen reached there on time and saved the family. The residents of the tiny village from where the AIDS patient was rescued thought the entire family was infected with HIV. They simply refused to go by the fact that only the man, who had been in Mumbai for some years, was found to be HIV positive and that the rest of his family was free from the disease. "The villagers did not know that simply living together in a family cannot transmit the disease."*

**[Telegraph (Calcutta) : 18.10.99]**



**Check Your Progress**

**Notes:** a) Write your answers in the space given below.

b) Compare your answers with those given at the end of the unit.

1. Briefly explain how HIV is not transmitted.

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2. What do you understand by the concept of 'safer sex'?

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### 3.4 MISCONCEPTIONS RELATED TO TRADITIONAL AND CULTURAL PRACTICE

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There are several tribal and other socially and economically backward communities in India, where prostitution has been the main source of income for the family. Even today, in some parts of central India, a maiden is also provided to the bridegroom along with the bride. The religious background of a culture and its ancient religion codes are often important sources by which individuals live their sexual lives. For instance, a daughter of a Devdasi has to accept the profession of the past due to the ritualistic tradition. Likewise, today, very often due to poverty, illiteracy, ignorance and unemployment, a daughter of a prostitute ends up becoming a prostitute. These types of traditional sexual practices may also be significant in the spread of HIV epidemic, particularly in India.

*According to the prevailing custom among Gujarati Wadias, their traditional profession is prostitution. Sons, brothers and husbands work as pimps. The responsibility of earning lies with the women. The men bring in the clients, drink, laze and complain of poverty. The land is arid and cultivation impossible. But why don't the menfolk go out and work? Impossible! They say, "we have not done that in our lives, the Wadia custom doesn't permit this! It is a system we cannot question even if we want to..." (TOI: 15.11.98).*

However, by and large, marriage is considered as an integral part of human existence. Indian society, where the couple remain faithful to each other. It is believed that abstinence from sexual activities before marriage and outside marriage is the tradition of safer sex practice. This immunity of social, cultural and psychological richness has enabled the HIV infection prevalence rate to be at a low level. Western societies are more promiscuous and allow certain behaviour which is not common in Indian society.

Homosexuality is commonly practiced but socially poorly accepted form of sexuality in India. The simplest definition of a 'homosexual person' is one who

engages in a sexual act with a person of the same sex. Homosexuality, challenges widely held assumptions about masculinity and femininity, about the way men and women relate to each other. Not surprisingly, its existence is either vigorously denied or subjected to abuse and ridicule. The fact that many gay men and lesbians feel obliged to conceal their sexual orientation makes it difficult for them to assert their civil, political and cultural rights as individuals. A low criminalizing sodomy exists in India since the British colonial rule, outlawing homosexual activity between them. The gay community in the West are relatively organised and generally characterized by educational and socio-economic advantage than their counterparts in the third world countries. It may be noted that attempts are being made by several NGOs in various parts of the country to organize the homosexuals and reach out to them to help them protect themselves from HIV and AIDS. There are also efforts to change the law and protect them from social discrimination.

According to sexologists sex was never taboo in India. The temples of Khajurao and the literature of Kamasutra indicate that sex was regarded as something very normal and natural and nothing to be ashamed of. The Indian religious literature, Indian philosophy, the art, culture and sculpture of India, all speak volumes even about the possibilities of same sex eroticism.

Therefore, the fact that HIV is largely transmitted through sexual activities need not attach any taboo to HIV and AIDS. Society should accept and encourage sex education through parents, teachers and community leaders within the context of HIV and AIDS in order to create a world with responsible sexual behaviours and free from myths and misconceptions about HIV and AIDS for the present and future generation.

**Check Your Progress**

**Notes:** a) Write your answer in the space given below.

b) Compare your answer with those given at the end of the unit.

3. Discuss the situation of homosexuals in India.

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### **3.5 MISCONCEPTIONS RELATED TO INFORMATION, EDUCATION AND COMMUNICATION (IEC)**

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Communication (oral, written and pictorial) is arguably the single most important human ability that has facilitated the strides humankind has made in the evolutionary chain. All of the human process can be traced to the ability to think and then communicate with fellow beings and make the thought available for the benefit of the race at large. Most of us realize this importance of communicating as an inner need and as a facilitator for social living. If the influence of media and that of opinion leaders is any indicator, there is no denying the fact that each one of us also accept the ability of communication to alter behaviours and attitudes.

To further complicate the situation, in cases where there has been an attempt to communicate, the message has been misrepresented or misinterpreted, resulting in poor communication. Thus, the initial attempts at creating awareness of AIDS have worsened the space by creating a fear psychosis in the minds of the public at large. Mention AIDS or HIV and a strange fear and paranoia grips the mind of the average individual.

### **Level of Awareness About HIV and AIDS**

Level of HIV and AIDS awareness is low in the community. Many studies have shown this. In a survey conducted by Health First -an NGO funded by the TANSACS, among which 1000 school girls and 600 college girls revealed that the level of education cannot be a criterion for awareness. College girls believed that HIV could spread through air (53.9 per cent), food (53.5 per cent) and by touch (46.3 per cent). Ironically, school girls were well informed about the HIV spread.

In another significant study involving 112 doctors and 108 nurses it was revealed that about three-fourths of doctors and nurses at AIIMS (New Delhi) have a high degree of fear of acquiring AIDS while treating HIV infected patients. In spite of the knowledge of universal precautions only about half of them practiced it. Hence, the information about HIV and AIDS has to reach the entire population in its true sense through adequate planning and commitment along with political will for the welfare of the people.

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## **3.6 MISCONCEPTIONS RELATED TO CARE, TREATMENT AND REHABILITATION**

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Since the beginning of the HIV and AIDS pandemic, prevention and care programmes in most countries have been planned and implemented with a primary focus on prevention of the spread of infection. However, programmes providing care for those infected with HIV and AIDS are yet to be adequately developed in a system with all kinds of constraints. In addition to the physical symptoms of the disease, persons with HIV and AIDS are affected emotionally and together with their families, are often ostracized and suffer from social discrimination and rejection. Stigmas associated with a number of curable diseases like leprosy and tuberculosis still make life hell for those who suffer from them. Thousands of such patients are daily refused treatment for want of proper diagnostic and other facilities. The stigma about AIDS is very high in our country.

It is now well understood that medical care alone is not enough; tolerance and compassion for individuals, families and communities affected by the virus are required as well. A greater degree of community involvement is also necessary to provide family members with hope and support.

### **Is it Necessary to Quarantine AIDS Patients?**

AIDS patients should be treated in general hospitals like any other patients. Due to lack of awareness they are sometimes refused treatment. Ostracization is not only a social, but a medical problem too. It affects the process of recovery in patients. Recent studies have revealed that patients in isolation develop typical complication, which are uncommon in patients who are treated at home or in a general hospital. Such patients also show poor response to medicines. Isolation forces a patient towards poor recovery.

De-institutionalisation has helped the patient to recover more in one's own community, in the presence of his family, relatives and neighbours than in

institutional settings. Quarantine will not help in preventing the spread of the infection. Infection cannot be spread through air, water or casual contact. It will drive the patients away from the health care system. Cuba is a classical example where Quarantine was practiced. It did not reduce the incidence (new cases) on the contrary the rates increased. It cost 20 percent of Cuban health budget to maintain a sanatorium in Havana. Countries like Britain and Australia have reduced their cases by not isolating their patients through education, care and treatment.

### **There is No Cure for HIV/AIDS Till Date**

In the West, the disease progression has been curtailed to some extent as a result of anti-retroviral therapy. It has reduced the incidence of opportunistic infections and increased the life span of the infected individual. The therapy is expensive and it has side effects. It does not cure the infection. At present the therapy has been recommended for life. Very few patients in our country can afford it.

In this situation, the patients are restless to somehow find the life saving drug for their illness. Therefore, under such pressure they convince themselves to give a try on all possible forms of medicines such as Homeopathy, Ayurveda, Siddha etc. Alternate systems of medicines have not been proved to be effective in curing or control of the disease though they claim to do so. Patients have to be protected from quacks and unscrupulous persons so that they are not exploited. There are strong indications to the positive results of Ayurveda treatment. However till date no authentic case of recovery has come to light.

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## **3.7 CASE STUDY OF D'SOUZA: A TRUE STORY**

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The story began at 8 a.m. on the morning of 14 February, 1989, when a young man named Dominic D'souza living in a coastal province of India received a visit from the police. He was asked to report to the local police station later that day. No reason was given for the request but the man assumed that one of his friends was in trouble and had asked for his help. Upon arriving at the police station, he was taken immediately to the local hospital by two policemen and told that he must undergo a physical examination. By this time, he was quite scared, as he did not know why he was being detained. His fear did not abate when he saw that six policemen were standing at the door of the casualty ward, two of them armed with rifles and the other with bamboo sticks.

The examining doctor entered the man's name in a register book. The man was able to see that on the cover of the book was written the word 'AIDS'. This was how he first came to know that he was infected with the Human Immuno Deficiency Virus (HIV). No explanation, no counselling, not even any words of sympathy or support were given that might suggest that this was not the end of the road.

But there was worse to come. From the hospital, police escort took the man to a former TB sanatorium where he was to be detained against his will for the next 64 days. He was placed in a small dirty room, completely alone, not knowing why he was there or what would happen to him. He was not permitted to contact his family or friends. He survived only because he had no knife or gun with which to take his own life.

Over the next few days, the reason for his detention gradually became clear. He had donated blood several months ago. The local hospital had tested his blood for HIV without his knowledge or consent, and had found that he was HIV positive. But instead of contacting him, the hospital informed the local police. The police had then acted in reliance on the Public Health Act in force in that province which provided for the mandatory detention of all HIV positive people. Under the Act,

detention was indefinite, regardless of whether there was any actual risk of HIV transmission to other members of the public.

A month went by and the man remained in detention. By this time, his family and friends had been able to make representations on his behalf to the government pointing out the injustice, not to mention pointlessness, of his detention. He received extraordinary support from the people living in his home village, who wrote letters demanding his release. Eventually, he mounted a court challenge to the legislation authorizing his detention and, after 64 days of detention, was granted interim leave to return home not, however, because of any illegality in the detention provisions as such, but only because the court considered that the HIV testing procedure that had been followed was not sufficiently reliable to justify detention.

Shortly afterwards, the Act was amended, abolishing the mandatory requirement of detention of all HIV positive people but permitting detention at the discretion of the health authorities. A court challenge mounted against the amended legislation failed. The law in question was the Goa Public Health Act. Dominic went on to become one of the leading advocates in India of the rights of people with HIV. He died from AIDS in May of 1992.

No one hearing this story can doubt that the law has a role to play in the response to the HIV epidemic. Legal issues arose at every point in Dominic's story: his blood was tested for HIV without his consent, the hospital did not disclose his HIV status to him, confidentiality was breached by reason of the disclosure to the police, and he was then detained under the Public Health Act. And for Dominic, the story did not end there. When he attempted to return to work, he found that his job had already been given to someone else, and his employer asked him to resign because of concern that other employees would not want to work with a person with HIV.

We have heard over and over again about discrimination against people with HIV. We know that it is a deep and pervasive problem. What happened to Dominic is the reality for many people with HIV. No policy to address the effects of the epidemic can afford to ignore the fact that HIV threatens human rights as profoundly as it threatens public health. [Source: UNDP. "People Living with HIV: The Law, Ethics and Discrimination". Issue Paper (4), UNDP; New York, 1993]

**Check Your Progress**

**Notes :** a) Write your answer in the space given below.

b) Compare your answer with those given at the end of the unit.

4. Is there a cure for HIV/AIDS at present? Discuss.

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### 3.8 LET US SUM UP

This unit unfolds a lot of myths and misconceptions related to HIV and AIDS, which has taken its place in the society. The underlying reason for such situation to exist is mainly due to the ignorance about the issue of HIV and AIDS pandemic all over the world. In order to overcome these barriers, it is essential for each one of you to know about the disease profile of HIV and AIDS, its modes of transmission, signs and symptoms etc., which is discussed in other units,

Once you have sufficient knowledge about HIV and AIDS pandemic, it would become easy to understand the facts and misconceptions of HIV and AIDS clearly. Similarly, in this unit an attempt is made to put forward some myths and misconceptions of HIV and AIDS related to transmission, IEC, traditional practices and care treatment and rehabilitation so that you are able to interact in a healthy manner in the society.

### 3.9 UNIT-END EXERCISES

1. How the knowledge of myths and misconceptions about HIV and AIDS will help you as a teacher?
2. Through group discussions in the class identify the various myths and misconceptions prevalent among adolescents about HIV infection and AIDS.

### 3.10 SUGGESTED READINGS

Thomas, Gracious (1997): *Prevention of AIDS, In Search of Answers*, Shipra Publications: Delhi.

Park, K. (1995) (ed.): *Park's Textbook of Preventive and Social Medicine*, Banarsidas Bhanot Publishers: Jabalpur.

WHO (1997): *AIDS – No Time for Complacency*, World Health Organisation: New Delhi.

NACO (1999): *Country Scenario An Update*: New Delhi.

Bhandari, Arun and et. al., (1990): *Women and AIDS–Denial and Blame*, (a Citizen's Report), Saraswati Art Press: Delhi.

### 3.11 ANSWERS TO CHECK YOUR PROGRESS

1. HIV does not spread like a cold and is, therefore, relatively difficult to catch. Not one case has been reported of HIV being transmitted by contact with air, tears, sweat, shaking hands, hugging, coughing, sneezing, using swimming pools, toilet seats, sharing towels, bed linen, utensils, being bitten by mosquitoes or other animals, or any other form of everyday contact. Saliva, uncontaminated by blood, has not been implicated as a mechanism of transmission.

It is practically impossible to contract HIV while giving medical/nursing care to HIV patients if some simple precautions are adequately practiced.

2. Safer sex is any sexual practice that reduces the risk of passing (transmitting) HIV from one person to another. The best protection is obtained by choosing sexual activities that do not allow semen, fluid from the vagina of the partner or to touch the skin of the partner where there is an open cut or sore. Sex Involving a mutually faithful husband and wife is usually known as “Safe Sex” in the Indian context.
3. The simplest definition of a ‘homosexual’ person is one who engages in a sexual act with a person of the same sex. Homosexuality challenges widely held assumptions about masculinity and femininity, about the way men and women relate to each other. Not surprisingly, its existence is either vigorously denied or subjected to abuse and ridicule. The fact that many gay men and lesbians feel obliged to conceal their sexual orientation makes it difficult for them to assert their civil, political and cultural rights as individuals. The gay community in the West are relatively organised and generally characterised by educational and socio-economic advantage than their counterparts in the third world countries. It may be noted that attempts are being made by several NGOs in various parts of the country to organize the homosexuals and reach out to them to help them protect themselves from HIV and AIDS.
4. In the West, the disease progression has been curtailed to some extent as a result of anti-retroviral therapy. It has reduced the incidence of opportunistic infections and increased the life span of the infected individual. The therapy is expensive and it has side effects. It does not cure the infection. At present the therapy has been recommended for life. Very few patients in our country can afford it. Prevention is the best cure available against HIV and AIDS.

