Social Determinants of HIV/AIDS in South-East Asia

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This talk will cover...

- Key social factors influencing the HIV/AIDS epidemic in South-East Asia (SEA)

- Importance of addressing social determinants for prevention and control of HIV/AIDS
Estimated Number of People Living with HIV/AIDS, WHO Regions, 2004

Source: UNAIDS/WHO Report, 2004
HIV risk/vulnerability factors in SEA

- Poverty (commercial sex, trafficking of women)
- Gender inequality
- Lack of autonomy for women
- Migration
- Low literacy
- Stigma and discrimination
- Low access to health services
Chain of HIV transmission
HIV prevalence is highest among the socially marginalized groups

Socially marginalized group
- Sex workers, injecting drug users
- Men who have sex with men

Bridge populations
- Clients of sex workers
  (Migrants)

General population
- Youth, men and women

Parent-to-child transmission
HIV prevalence in different population groups,
Thailand, 2004

- Pregnant women: 1.04%
- Migrants: 17%
- Men-having sex with men: 28.50%
- Injecting drug users: 40%

Source: Ministry of Health, Thailand, 2004
Women are increasingly affected
Proportion of women among reported AIDS cases—Thailand, 1995-2004

Source: Ministry of Health, Thailand, 2004
Youth are highly vulnerable

50% of all new infections are among the youth

1.6 million young people with HIV/AIDS in SEA

Non-consensual sexual activity is not uncommon

- 7% of boys and 6% of girls (16-17 years) reported forced sex in Goa, India
  (Patel and Andrew, 2001)

- Some youth are more vulnerable
  - Coerced sex in street boys is common

  “Older boys come and force us, when we refuse, they beat us”.

  --A street boy in Bangalore, India, (Ramakrishna, 2003)
Less educated are more likely to be HIV positive

Association between education level and HIV prevalence, in south India, 2004

Source: National HIV sero survey, Ministry of Health, India, 2004
HIV prevalence among male migrants, Achham District, Nepal, 2002

- Migrant to Mumbai (n=65): 8%
- International migrant (n=242): 4%
- Internal migrant (n=100): 3%
- Non-migrant (n=268): 1%

Stigma and discrimination still prevail in health care settings and in the community.
Stigma and discrimination towards HIV-positive individuals in health care settings in India (n=291) and Indonesia (n=42)

Source: Paxton et al, AIDS Care, 2005;17(4):413-424.
Low access to prevention, care and support services has been a major barrier to effective prevention and control of HIV/AIDS. These barriers cut both ways.
Low utilization of voluntary confidential counseling and testing services, Myanmar, 2003

Self-paying AIDS patients least likely to receive antiretroviral treatment (ART)

Odds of receiving ART in Khon Kaen Province, by type of insurance coverage, Thailand

Trafficking of women

• In India, of the 2 million women in sex work, 25-30% are minors

• From Nepal, 5000 to 10000 women are trafficked into India each year
  - HIV prevalence among Nepalese FSWs returning from Mumbai -50%

Source: UNDP Regional Report, 2003
HIV/AIDS is as much a social problem as a medical one

Effective response to HIV/AIDS requires going beyond health interventions to creating an enabling environment to support and empower the vulnerable.
Strategies for reducing heterosexual transmission of HIV

- Abstinence, delay in first sex
- Be faithful, reduce number of partners
- Consistent condom use
- Early treatment of sexually transmitted infections

However, these interventions cannot be fully realized unless women are empowered.
Empowering sex workers to negotiate for safer sex: A successful intervention in Sonagachi, India

Interventions included

- Engaging peer educators
- Training to build self-confidence and empower sex workers
- Formation of sex workers’ union
- Introduction of credit and savings schemes

Source: UNDP Regional Report, 2003
Successful reversal of the HIV epidemic in Thailand

Success factors included

- Early multisectoral response
- Activism and mobilization by civil society, PLHAs
- Strong political leadership
- Government investment
- Public health infrastructure

Source: Ministry of Health, Thailand, 2004
WHO’s 3 by 5 initiative aims to reduce the inequity in AIDS Treatment.

Future Strategies

- Facilitate multi-sectoral approach to HIV/AIDS
- Undertake evidence-based advocacy to sensitize stakeholders to create an enabling environment
- Building partnerships
- Promote research and documentation to
  - Improve understanding of how social determinants can be addressed to effectively respond to the HIV/AIDS epidemic
  - Identify and facilitate exchange of best practices
Summary

- The face of the HIV epidemic in SEA is increasingly young and female

- Social determinants play a major role in
  - fuelling the spread of HIV
  - reducing access to prevention, care and treatment services

- Social dimensions must be considered in responding to the HIV/AIDS epidemic by
  - Sensitization of stakeholders
  - Engagement of the vulnerable populations to scale up interventions
  - Relevant research and dissemination
Thank You

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