EDITORIAL

STRATEGIES FOR PRIMARY PREVENTION OF AIDS

AIDS has aroused a global concern in view of its rapidly increasing rate. WHO (1988) estimates suggest that 5 to 10 million HIV infected individuals exist in the world. Although the prevalence of this lethal illness is not very alarming in India, this should not lead to complacency (the number of HIV positive individuals in India is 2604 and the number of AIDS cases is 48, ICMR personal communication). With modern means of travel the world has become a small place and as the rate of infection is increasing in the west it is inevitable that the spread of this infection would substantially increase in our country as well, in near future. Psychiatrists have somehow not taken due interest in the prevention of this disease but their responsibility can not be underestimated.

It is likely that the growing incidence of this illness might greatly alter sexual behaviour pattern in future especially in the permissive societies. The behaviourists therefore should seriously consider strategies to provide healthy directions in this regard.

Epidemiological reports clearly indicate that common mode of spread of HIV infection is by sexual contact. Further, infected needles and infusion of infected blood products are other sources of this infection. Administrative measures such as careful screening of all blood products and disposal of used needles could be considerably effective in controlling this source of infection.

People having multiple sexual partners or involved in homosexuality are at increased risk to develop such infection. Target behaviours to be modified are either to reduce the people's need of having multiple sexual partners or to control the risk of infection by proper protective measures in such sexual contacts. The studies carried out so far indicate that the prostitutes are the biggest reservoir of HIV infection in India. While prostitution is legally banned in this country yet this oldest profession of mankind still flourishes. Puritan amongst us might suggest that stricter controls may be enforced and people should be advised not to have casual sex. But, inspite of tremendous hue and cry during various periods of modern civilization, at no time and in no society prostitution could be completely eliminated. It therefore forces one to think as to how best the so-called casual sex could be made safe. To improve the situation, certain bold and imaginative decisions have to be taken. If prostitution is legalised stricter controls regarding their health and well-being could be applied. Prostitutes may be trained with regard to the risks of various sexually transmitted diseases as well as provided guidance of ways to protect themselves from such illnesses. It has been generally accepted that the proper use of condom can largely reduce chances of infection. This training might reduce the risk of infection both to the prostitutes as well as their clients. But as long as one does not legally accept the existence of prostitution such measures can not be applied and the risk will go on increasing.

The second mode of spread is through homosexual contacts. Often homosexuality is considered to be some kind of wickedness and therefore frowned upon. In our country homosexuality is considered to be an offense. However, behaviourists would over view homosexuality to be an innate variation for which the sufferer himself is not responsible.
It is a quirk of fate that a small minority develop homosexual orientation. As the society does not allow them the satisfaction of their needs of intimacy they have to fulfil their emotional needs in a clandestine manner due to which stable relationships can not be formed while frequent casual contacts increase the risk of infection. Instead of branding them as criminals or offenders the society should accept, their deviation as part of normal spectrum of behaviour so that they may fulfil their emotional needs in a legitimate manner and as such may not be driven for casual sex.

Needless to say, certain very controversial issues have been raised in the foregoing paragraphs and they would require serious debate at scientific, religious and legal levels before the public at large would be ready to accept such behaviour patterns and adopt them as spectrum of normalcy. It is essential that the problem is faced squarely rather than it being brushed under the carpet. Behaviourists have to take a leading role in initiating this dialogue.

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