

Research Papers Published in Various conferences

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[ThPeD7679] Behavioral and social interventions promoting HIV testing and early diagnosis in Chennai city sex workers

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Background: AIDS Desk is a unit of National Lutheran Health and Medical Board where I am works as a Counselor. We have registered 300 cases of High Risk Groups in our Clinic for counseling and treatment. It was found that most of cases are men and women who had Extramarital relationships and condoms were not in regular use. It explored the reasons for not using condoms and Extra Marital relationship among the sex workers.

Methodology: A specified case sheet worked out Pre& Post test counseling on an ongoing basis

Results: In a total of 300 cases, 150 were HIV positives. Male 49%, and female 48% and children 3%. Age at first sexual contact and multi sex practice started in the age of 16 years 11%, less than 25 years 28% and less than 30 years 48%. Illiterates 55%, Extramarital contact 95% and Pre-marital contact 5%. 29% CSWs involved in this trade because of early widowhood, separated and poverty. Condoms used by this clients 9% and 85% of them rarely used condoms. Income of CSWs perday Rs.200-300 (US[dollar] 5-6). Knowledge about HIV/AIDS 65% and STD 2%. Available of HAART knowledge from the clients is 5% and Doctors 55%. Private Medical Practitioners of 65% are not willing to treat these patients due to stigmatization.

Conclusions: This analyses indicates that the lack of education is the major problem in spreading the disease. KAB of condom dissatisfactory, shame to buy in the shop and reduce pleasure made more clients to acquire the disease STD/HIV. 28% of Housewives are innocent victims to HIV infection because of their husbands risk behavior. They could not resist for condom use during the sex with them because of male dominant society. Poverty and high population in the families aggravated the problem. Doctors need to be educated in Continuing Medical Education and it should be mandatory for them to update their information. There could be an education and awareness about community care and counseling to the people.

Presenting Author: Irudayasamy Ulaganathan,

Abstract 2

[ThPeE7846] Low socio-economic status as a significant cause for high risk behavior among transgender (TG)

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Background: The AIDS desk runs clinic where 300+ve cases were referred. Among them 65 were TG. To understand TGs involvement in High risk behavior(HRB) and vulnerability to STD/HIV/AIDS and low treatment seeking behavior.

Methodology: A Questionnaire & Group therapy was developed to analyze their HRB and co-relate with socio-economic systems.

Results: i) social issues: TGs faces social discrimination, Own parents rejection, neighbors treat different. Find difficult to rent house. 55% Health Professionals reluctant to treat TGs. Cultural beliefs and pressuring gender diversity, force them to migrate for livelihood.

ii) Economic issues: 35% infected TGs live in poverty and struggle with complex economic issues as a result of homelessness, migration, mental health disorders and violent relationships. Most of their energy is spent in meeting their basic needs. 92% of them are illiterate and don't have any livelihood skills. 28% of them are street begging and remaining of them are involved in CSW, 78% of them as early as age of 16-20 years. 83% of them never use condoms. 12% of them use rarely. These combined factors leads to large percentage of TGs with STD/HIV. After our interventions one to one interaction, group therapy, STD identification and treatment, referral of serious cases. IEC materials and insisted condom use & supplied it. Our sustained intervention reduced CSWs from 78% to 43%. Condom use increased 12% to 67%. Promoted 90% TGs accessible to health care system. iii) Political Issues: There is no specific plans or programs from the Government for development of TGs. Since they are illiterate do not possess any livelihood skills, employment opportunities were limited.

Conclusion: We understood that Low socio-economic condition co-relates to the HRB and acquire STD/HIV. To reduce risk, it is important to take a holistic approach to provide quality care, not only addressing medical needs, but also education, reduce stigmatize and provide livelihood.

Presenting Author: irudayasamy ulaganathan,

Abstract 3:

[G12739] Enhancing the capacity of civil society actors through communication and counseling skills training

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Background: The United Evangelical Lutheran Church in India through the AIDS desk of its medical wing has conducted HIV/AIDS prevention and care programs all over India for the past thirteen years. The desk has conducted participatory trainings programs for seminary students, women's groups, medical personnel, youth and leaders. These workshops have ranged from a one-day orientation to a comprehensive five-day training including facts and figures on HIV/AIDS, individual and group counseling, communication skills in street theatre, puppetry and folk arts. Seventy such groups have been trained over the past ten years.

Methods: A follow up of five groups working in areas other than specifically HIV/AIDS, who had undergone a three-day participatory training program was done. The impact of the training on their programs was also evaluated. An assessment of adaptation of

communication tools post training, use of counseling skills and the overall programmatic design was done.

Results: All five groups reported an incorporation of communication tools learnt from the training that included the use of street theatre, puppet shows and folk arts as opposed to the earlier sole dependence on the use of Information, Education and Communication (IEC) material. It was also found that understanding levels and memory retention of the basic HIV/AIDS facts was nearly total in the targeted populations. The assessed groups were found to have not only used the counseling skills in the HIV/AIDS field but also in their regular work, the intervention of these groups saw an inclusion of addressing the HIV/AIDS epidemic in their agenda.

Conclusion: Incorporation of the HIV/AIDS agenda into various civil society action groups can be a valuable tool in information dissemination. Training in culturally sensitive and appropriate communication methods is of vital importance in reaching groups with low literacy levels where mass-produced IEC material has had little impact.

Presenting Author: joseph williams,

Abstract 4:

[MoPeB3278] The patient makes the decision! Strategies to improve drug delivery and patient adherence of ARV therapy in a resource limited setting

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Background: The presence of a potentially huge market, incorrect prescribing practices and “prescription-happy representatives!” add spice to the Indian ARV scenario. A HIVday-care center’s approach to tackle this problem of access to ARV therapy, strategies for drug delivery and efforts to strengthen adherence and monitoring of therapy are discussed.

Methods: Patients attending the out patient HIV day care center were registered. Individual and group counseling over several sessions were conducted on both patients and close family members or other primary care providers nominated by the patient. Socioeconomic demographics and clinical assessment was made. Opportunistic infections were managed appropriately. Alternative therapies were discouraged. Economics of ARV was discussed. Direct delivery of ARV through the center at concessional rates of \$375 annually was put before the patient. Adherence to medication was discussed with the primary care providers or close family members, who came forward to act as “dots” providers. Even if clinically indicated, the final decision to take ARV was left to the patient and his/her family. Monitoring of therapy was done if economics permitted.

Results: Out of 161 HIV seropositive patients registered, only 9% opted for ARV. 86% were males and 14% were females. 71% were started on triple drug combinations (nucleoside/non-nucleoside regimens) and 29% were started on dual nucleoside combinations. Of those on triple ARV regimen 50% monitored therapy, but none in the dual nucleoside group.

Conclusions: Economics and compliance are key factors in ARV therapy in resource-poor settings. The decision by the patient to start ARV resulted in greater commitment. Direct and regular delivery of ARV drugs at subsidized rates the strategy adopted by our HIV day care center to improve drug delivery and strengthen adherence. Regular clinical monitoring is the link between patient compliance and ARV therapy.

Presenting Author: vijay anthony prabhu

Abstract 5

Poster exhibition : XV International AIDS conference, Bangkok, Thailand.11-16th July 2004

[WePeD6359] Low awareness among religious leaders made us to plan for an advocacy-workshop

U. Irudayasamy, L.A. Alroy, S. Shyamprasad, K.M. Shyamprasad, K.M. Shyamprasad.
AIDS DESK, National Lutheran Health & Medical Board, Chennai, India

Background: AIDS Desk is a unit of National Lutheran Health and Medical Board, working in HIV/AIDS for more than 10 years. AIDS DESK, NLHMB works in Andhra Pradesh and Tamilnadu in creating awareness, testing facilities with pre & post test counseling, rehabilitating people with HIV/AIDS, Targeted Intervention with Commercial Sex Workers, Transgender, Clinical services both In patient and Out Patient services, and advocacy programs. The proposed study was to assess the Knowledge, Attitude, Stigma and discrimination among religious leaders in Tamilnadu.

Methods: The HIV Stigma scale designed at the college of Nursing, University of Illinois at Chichago by Berger, B.E., Ferrans C.E., and Lashley F.R was adopted and modified into Indian context and adopted in an interview with 50 Religious leaders (25 Christians, 10 Hindus and 15 Muslims) in Chennai.

Results: There was 65% awareness among Christian's, 15% in Hindus and 20% in Muslims. 72% of them did not known any PLWAs. 58% of them said they accepts relatives infected with HIV/AIDs, 76% said an infected teacher could continue teaching. 66% of them felt it was unsafe to buy food from an infected shopkeeper. 64% said that infected religious leaders could discharge their duties in religious ceremonies. 26% of them did not want to comment. 10% of them had a condemn attitude towards PLHAs and excommunicate them. 68% of them were not comfortable to shake hands with PLWAs. 66% of them were not comfortable in eating from utensils used by PLHAs, 64% of them were not comfortable to share the same toilets and working tools of PLWAs. 32% of them felt that the PLHAs should be segregated. 40% felt there was no need to support and care for PLWAs.

Conclusions: The study helped us to plan a Religious leaders advocacy workshop in the state of Tamilnadu. The Project was supported by Government. A state level program has been initiated to involve/educate 30,000 pastors/leaders in the Church.

Day: Wednesday

Presentation: Poster exhibition-XV International AIDS conference, Bangkok, Thailand.11-16th July 2004

Abstract 6

[MoPeE4027] Involvement of people living with HIV/AIDS & law makers in access

to treatment campaign

U. Irudayasamy¹, A.A. Leighton, K.M. Shyamprasad, S. Shyamprasad. ¹AIDS DESK, CRIENEO (Center for Research on New International Economic Order), Chennai, India; ²AIDS DESK, Chennai, India

Issues: 6 million PLHAs in India will die predictable and avoidable deaths due to lack of treatment. This crime against humanity needs immediate intervention of Governments, multilateral institutions, private sector, and civil society. Access to Anti-retroviral (ARV) treatment as part of a comprehensive continuum of care must be ensured. The recognition of human rights to life, dignity, equality, freedom and equal access to public goods including health care are fundamental principles of the Declaration of Human Rights. PLHAS should be allowed equal medical, social and economic access.

Description: AIDS Desk, CReNIEO, did a series of campaigning and advocacy programs with PLHAS and Advocates in Tamilnadu for HIV/AIDS Care and Treatment access campaign supported by Norwegian Church AID. A state level workshop was organized and issues of PLHAS concerning treatment policy, prevention strategies, VCTs, PMTCT, ARV drugs, Welfare and Life insurance schemes were raised. A memorandum drafted with participation of PLHAS was circulated to district level PLHAS networks. Ten District programs organized to discuss the memorandum with 183 PLHAS. 1050 signatures were obtained from PLHAS & families and submitted to the Government. In parallel to this program State and District level workshops were organized for 210 lawyers to sensitize and motivate them to take up issues addressed in the memorandum. The Government is now providing ARV drugs through PLHAS networks at a subsidized price.

Lessons learned: PLHAS and their networks were keen to work in partnership with NGOs. Education and mobilization of PLHAS regarding their rights proved more effective in influencing Government to take up and redress issues concerning care and treatment of PLHAS.

Recommendations: Greater involvement of People Living with HIV/AIDS should be given prime importance to plan for intensive and effective strategies for access to care, treatment and improvement of quality of life of Positive persons.

Day: Monday

Presentation: Poster exhibition

Abstract 7

[C10610] Risk perception among industrial workers in Tamilnadu, India

A.A. Leighton, U. Irudayasamy, S. Shyamprasad, K.M. Shyamprasad. AIDS Desk, National Lutheran Health & Medical Board, Chennai, India

Issues: Globalization and the entry of multinationals into the Indian industrial sector has resulted in increased earnings and consumerism among industrial workers reflected in more spending on leisure and sex. The negative impact of HIV/AIDS on industries can have disastrous consequences on production and economy. The risk perception of HIV

among industrial workers, practice of high risk behavior and condom usage can help plan appropriate and effective models of prevention interventions.

Description: 1500 male industrial workers in 33 industries in South India were assessed by personal interview on risk perception, myths and misconceptions of condom usage and implications of HIV infection.

Lessons learned: A high awareness level of 93% was present regarding transmission but personal risk perception was low. 76% felt no need for condoms with known partners. 43% felt no need for condoms with unknown partners. 24% felt no need of condoms even with CSWs. 61% felt no need for safe sex as their friends "were not infected" and healthy in spite of multi partner sex. 70% felt they were safe, if they paid more for the services of classy CSWs. 72% had heard of condoms through friends. 74% knew condoms were sold in medical shops & NGO's. Only 63% knew, condom use could prevent HIV. 47% felt condoms decreased sexual pleasure. 71% felt Indian condoms were not good. 59% had never bought a condom in their life. 78% affirmed a societal responsibility not to get married if tested positive. 62% had a fatalistic attitude since there was no permanent cure. 53% had a confident attitude to face the challenge rather than ending their life. 23% had misconceptions that AIDS was curable.

Recommendations: Friends had a major role to play as a primary group, as they influenced sexual behavioral practice. Strategies involving peer educators as a mode of information dissemination will have better acceptance and therefore would be a more appropriate delivery system to make for more effective prevention interventions.

Presentation: CD publication only: Epidemiology and Prevention

Abstract 8

[MoPeD3767] On restoring hope, dignity & morale

S. Shyamprasad, U. Irudayasamy, A. Prabhakaran, K.M. Shyamprasad. CRNeIEO(Center for Research on New International Economic Order), Chennai, India

Issues: The worst brunt of the HIV epidemic is borne by the HIV infected and affected widows. For the most part inadvertently infected by their sexual partners, they are left to their destiny ostracized by family and society, fighting the infection, single handedly bringing up their children with no skills or scope for earning. Theirs is a life devoid of hope, shattered dignity and lost morale.

Description: The Poorna Jeevan Project in Chennai supported by the Norwegian Church AID, offers opportunity for HIV infected and affected widows to earn a living by candle and incense making. Women who cannot commute daily are given training to make soft toys and artificial flowers at home. Marketing is done by the agency. Women are encouraged to join small savings scheme. Nutritional needs of the beneficiaries are ensured. Access to regular counseling is readily available. Periodic medical checks with administration of vitamin and mineral supplements and early treatment of Opportunistic infections ensures healthy living. The women also enjoy an exposure tour to other organizations once a year.

Lessons learned: The income earned everyday meets the needs of the women for their living expenses. The skills learned by them give them hope that they can sustain

themselves. Both these factors restore their self esteem and worth in the community. Their access to counseling, nutrition, and medical care for them and their children gives them confidence and boosts their morale. Their contact with other women and organizations gives them hope and a motivation.

Recommendations: NGOs, Government and other agencies should initiate projects promoting the self esteem of PLHAs that would enable them to take their rightful place in the community facilitating their integration into the main stream of society.

Day: Monday

Presentation: Poster exhibition

Abstract 9

C10670] HIV prevention intervention programs in blue metal workers, Chennai

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Issues: Most of the NGOs are working with High Risk Group intervention programs like Truck drivers, Commercial sex workers, Transgender, and other risk groups. They forgot the low risk and invisible risk communities likely to be infected. Even the Donors too forget these few like rural population, Tribal, semi-migrant, Blue metal workers, etc., MAEGA-Trust initiated bold intervention with blue metal quarry workers, Chennai city. 5 areas covered under the program.

Description: We organized Blue metal workers in women Family Units and Self Help Groups. In each groups there were minimum 20 members. We identified these people as peer –educators. Totally 100 women trained as Peer Educators. We trained them for 3 days on STD/HIV/AIDS/ RTI problems. We have asked trainees to discuss these in their areas and identify the risky people and refer them for the check –ups. They referred 180 women with problems of urinary infections, Sexually transmitted Diseases and other Reproductive Tract Infections.82% of them age of 25-30 years, 87% of illiterates and 95% of them migrant . We provided free treatment on syndromic case management to all these clients and followed by our staff to continue the treatment and use the condoms till cure. 92% of them got cured.

Lessons Learned: Appropriate education helped to prevent, control and cure the diseases. Initial treatment, partner treatment, complete treatment helped 92% of the patients got cured. Many of them prevented from HIV/AIDS infections.

Recommendations : The Donors, NGOS, Governments should not only focus the Targeted interventions but also focus all the target groups at risk. They should support, initiate and encourage Women Initiated NGOs (WINGOs) to cover low risk and invisible risk groups, esp. in relation to women intervention to present, control and care context of HIV/AIDS, then only the prevention, control and care programs will be more effectively reach to the entire population.

Presentation: CD publication only: Epidemiology and Prevention

Abstract 10

Posters published in the 7th ICAAP- Kobe, Japan 1-5th July 2005

SaPB0110 "EJAF Brought Ray of Hope to Orphan Children Infected and Affected by AIDS"

Irudaysamy U. Sekar, Chandra S

Institute of Research and Development for the Rural Poor-Trust, India

Issues: Increasing number of Orphans affected and infected by HIV/AIDS. Theirs is a life devoid of hope, shattered dignity. Less opportunities to develop their life.

Project : Institute of Research and Development for the Rural Poor-Trust initiated Care and support project in Namakkal supported by Elton John AIDS Foundation, offers buffaloes, goats to caretakers and vocational training to school dropout children. Project is monitor by the village care committee(VCC). Buffaloes gives daily 8 liters of milk. We trained dropout children in candle, soft toys. Women are encouraged savings. Periodic medical check ups, vitamin and mineral supplements ensures healthy living.

Results: Income raised and 2 Families reconstructed the damaged house. All the families meet the daily expenses. 6 Families came out of their debt bondage. All the families happily celebrated festivals. No loans or borrow money from moneylenders with high interest. No school drop out children and increase quality and the quantity of the education of children.

Lessons learned: Caretakers gaining income regularly. It gives hope that they can sustain themselves. Both these factors restore their self esteem and worth in the community. NGOs, Government and other agencies should initiate to take their rightful place in the community facilitating their integration into society

Abstract 11

SuPB0010 "Bridging Scientific Information to Community Helps Us to Promote Care, Support to PLWHAs."

Dr.Irudaysamy U , IRDRP, India

Issues: PLWHAS has been stigmatized and discriminated. No care and support provided to PLWHAS. Lot of myths and misconception among the people created by the medias.

Project: Institute of Research and Development for the Rural Poor is member organization of Tamilnadu Voluntary Health Association TNVHA. TNVHA is a network organization supporting 550 NGOS through various health related activities. Care and support project is one among them operated through 10 NGOS in Kanchipuram District. We took Tripurur Block in Kanchipuram district. Under the project Kanchipuram DCC trained 10 NGOS head on concept, 20 NGOS staff trained as community counselors. Community counselors of IRDRP trained 80 boys and 42 girls under age of below 22 years. 126 women self help group members, 68 religious pastors were trained in the areas to provide care and support to PLWHAS.

Results: 18 PLWHAS identified, referred for testing, treatment and enroll them in the networks of Positive. Locally available resources were taped like household things,

provisions, ARV treatment by NGOS and corporate. People are providing care and support to PLWHAS, stigma and discrimination reduced in the community.

Lessons Learned: Effective education and clear information materials will help to change behaviors of community to prevent, care, control and support PLWHAS.