

X. AIDS AND SOCIETY

	<i>Pages</i>
1. Aids and Society	335-340
2. Acquired Immuno Deficiency Syndrome (AIDS)	341-348

‘AIDS AND SOCIETY’

NATIONAL SEMINAR ON AIDS

A Public Concern

Since the first appearance of AIDS in 1978 in New York city its incidence is rising. The disease naturally aroused immense interest among physicians, scientists and social workers. In May 1983, the U.S. Public Health Service declared AIDS its “number one priority” by which time 1450 persons had been estimated to have been affected, with mortality rates as high as 70 per cent among the affected. The reporting of the disease in man heralded an unprecedented public scare and private concern. Mass media naturally gave a coverage more appropriate to the outbreak of a major war. Intense and continued focus of public interest in AIDS resulted in its morbid and unsatisfactory aspects being magnified and in early days was associated with emotional polarisation. Excited public and society demanded accurate medical information on the disease AIDS. A variety of factors moral, ethical, legal and psychological were involved. AIDS has taken the world by surprise.

AIDS and Humans

Effects of AIDS on human body are devastating. Because of immune deficiency, the patients are unable to resist infections and cancer. Just as Hepatitis B virus (jaundice) preferentially attack liver cells; AIDS virus attacks helper T cells. Theories are of course of little use for those who are suffering or for those at high risk of contacting AIDS. Panic has set in the village streets and urban gay quarters in the West. There is evidence that at least some gays are curbing their night life out of fear.

Presidential Address. Inaugural Function of National Seminar on AIDS, New Delhi,
Saturday, the 7th June 1986. Indian Medical Association (HQ) (IMA) and Indian
Council of Medical Research (ICMR),

“AIDS has clearly changed the rules of sexual game for homosexuals”

—*John Leo*

The agent virus is transmissible in a variety of ways, through lesions caused by anogenital sex or by dirty hypodermic needles. More to the point, AIDS has been traced from sexual partner to partner. In one Los Angeles study, 9 out of 13 patients had, sexual contact with one another. When AIDS was confined to the gay community, the efforts were concentrated on trying to dissect out among subjects investigated, life style differences, various sexual practices and the use of amyl nitrate inhalants widely used by homosexuals to enhance orgasm. Clear evidence exists that men can infect female sexual partners and there is tentative evidence that women can pass the virus to men. There is no guarantee that the disease will be largely confined to groups at special risk like homosexuals, hemophiliacs and people who inject drugs i.v. If AIDS were to spread through the general population it would be catastrophic.

A Social Responsibility-No Place for Complacency

AIDS has not spread to the members of the general public, but its epidemiology and spread are characteristic. A large majority of patients are homosexuals or bisexuals men who are sexually very active. The next biggest group consists of drug addicts. The disease is found among hemophiliac receiving repeated infusions of clotting factor from pooled human plasma. Bisexual men suffering from AIDS can transmit the disease to their wives. The new born child can also acquire the disease from the infected mother either in the uterus or by blood contact.

Unlike hepatitis B the carrier rate of AIDS infectious agent in the general population appears low. However, there is no scope for complacency on the ground that the disease affects a selective group of homosexual and bisexual men, their partners and drug abusers. Even though rapid, widespread dissemination is not likely, one cannot be complacent. Some of the early notions regarding its spread have not been sustained, as it was thought that the population at risk was a selective population of homosexuals etc. which is obviously not true. Through a permissive

promiscuous society which knows no national boundary, the disease would spread across continents. It may not produce epidemics but individuals who have peripheral interaction with such groups may be affected. To make matters worse, case detection is difficult. In its early stages, the disease has non-specific symptoms and one needs a fairly well equipped modern laboratory for diagnosis. In a country like India, where social stigmas are associated with homosexuality and promiscuousness, it will pose special problems in case detection.

The Attitude of Society Towards AIDS Victims

“As deaths due to AIDS related disease continue to rise, so does the hysteria about possible contagion. AIDS victims and members of high risk groups are being shunned by their communities. TV crew would refuse to enter the premises of AIDS victims to cover a story on AIDS for fear of contacting the disease. Nurses in hospitals would quit rather than deal with AIDS cases, dentists would wear rubber gloves while treating high risk patients.

In a dinner party homosexual friends are served on paper plates. Mother would banish her gay son from her home, just on the chance he might have AIDS; undertakers are wary of handling AIDS victims, arguing that contact with blood is inevitable during embalming. AIDS victims complain that they are treated like ‘lepers’. They say “people don’t even want to bury us when we are dead”.

They are made to feel useless. “There’s a lot of, This is God’s judgment on wicked sinners-the Sodomites are being judged’. Intellectually people don’t buy that, but in their guts there is a lot of guilt” says Rev. Jay Deacon, a homosexual minister in Chicago. “Many men have internalised social and moral judgments, that being gay, and/or being sexually active, is sinful” says Fishman of Boston’s AIDS Action Committee. “The sexual revolution clearly is not over, but the 80’s are proving to be a dangerous decade both for gays and straights who like casual sex and plenty of it” says John Leo writing in *Time*, July 4, 1983.

Is Anyone Safe from AIDS?

Playgrounds, chalices, nursing of AIDS patients carry too small a risk.

Three 'easy' ways of getting AIDS virus are having anal sex with a carrier, sharing a hypodermic needle with him or receiving a blood transfusion. The screening of blood donors would make blood supplies safer and if people do not indulge in anal sex or share needles, then the spread of AIDS depends on one question—how many sexual partners of an AIDS carrier will get the virus. If the average is less than one, the disease will die. A simple question but a complex answer—how many sexual partners do people have? How easily does the virus pass from one body to another during each sexual act? The evidence is patchy—'sleeping around' may in itself be risky. Blame lies with promiscuity.

Public (Health) Education

It is important that various professional societies, fraternities and public health authorities take cognizance of this new disease and make the public aware of it.

(i) *The need for vigorous campaign:* "Those opposed to campaigns should ponder statistics. By the beginning of 1986 16,138 Americans had AIDS and 8220 had died. Somewhere between 100,000 and 1.4 million people in the United States have caught the virus but have not yet developed symptoms. Out of every 100 of them, perhaps 20 will get AIDS within 5 years. Within 8 years, 17 out of those 20 will be dead. Another 25 of the original 100 will get a milder form of the disease called lymphadenopathy. 7 of them will die within 5 years. Of the remaining 55, some will get AIDS. Add these figures together and it is possible that AIDS virus will have killed more than 250,000 Americans in 8 years time, unless a cure is found. Is the whisper of such a possibility unduly alarmist? Unfortunately it may be too sanguine."—Andrew Knight, Feb. 1986, *The Economist*; Vol. 298 : 11- 12.

(ii) *Role of Governments:* Governments need to spend money on publicity campaigns to persuade people to change their sexual habits. These campaigns may offend some. Some may denounce them as indecent; and some others as invasion on one's privacy, and fiscal conservatives as waste of public money. An advertising drive to advise people to use condoms, to avoid anal intercourse and not to be promiscuous is the best hope of slowing the spread of AIDS. Till a cure is found, advise is aimed at both

hetero and homosexuals.

(iii) *Role of Medical Profession:* Hospitals and blood banks still lack a consistent policy on blood donors. Every blood donor needs to be screened for AIDS. Pooled plasma has to be tested for AIDS. In daily medical practice proper sterilisation of syringes and needles is a must. It is preferable to encourage the use of disposable syringes and needles. Medical practitioners themselves need to be properly informed about the disease and he should play the role of a friend, guide and a philosopher not only in suspecting but in prevention of the disease in society.

(iv) *Role of voluntary agencies:* Voluntary agencies can play a crucial role in the prevention of the spread of the disease. Being a part of society they are well suited to motivate and educate the public. Here is yet another opportunity for voluntary agencies to provide and pioneer health education and supplement the work of official agencies and mobilise public opinion.

(v) *Drug abuse and addiction:* Drug abuse and addiction have now filtered down to schools. Recent studies have established the high prevalence of drug addiction among urban boys and girls. According to Dr. Douglas Fieldman, drug addicts are ten times more likely to catch AIDS than sexual partners of AIDS carrier. The problem is indeed very disturbing. We urgently need a concerted all-around drive to tackle this menace. There is an urgent need to understand the socio-psychological roots of this grave problem. The only way of saving thousands of children from this malady, is for teachers, educational authorities, voluntary agencies and parents to come together to wage a war on drugs. Just to depend on governmental measures would mean sacrificing a whole generation.

AIDS and Mass Media

The mass media owe a duty to educate the public on AIDS on the right lines. The story of a news is no doubt catchy but projection of facts means education of public. Mass media would do well by painting promiscuity and homosexuality as black as possible and encourage practice of moral values for general good. Sexy scenes in advertisements and plays or cinema may well be replaced by proper and appropriate themes to minimise wrong

temptations. The propaganda of family planning should be linked with the stories of devastating effects of AIDS. Education and moral lessons need to be brought back into the text books of schools and colleges, which would motivate children in their formative period to inculcate the desired ethics and proper and responsible social habits in their future life as responsible members of society. Parents, teachers, senior citizens of the community should set examples and precept in terms of behaviour and good tradition. Public praise of model individuals and communities would help to mould the rest. There must be constant and continuous research and remedy in the area of human behaviour, with changing times and environment.

Conclusions

Human beings appear to be only the species of animals that can allow and accomplish sexual act round the year and throughout one's life time and also engage in unnatural sexual acts. Man has to pay a penalty for his unnatural sexual acts and sexual promiscuity and AIDS seems to be one such. Hence it behoves the humans to honour and preserve the sanctity of nature's laws and realise his obligations to society through proper and time tested good social behaviour in his private life.

“To survive or not to survive from AIDS”
—the answer squarely lies on society.

