SURVEY OF AIDS IN MANIPUR

Th. Asha Sinha
G.P. Women's College, Imphal, Manipur

ISSN 2277-7733
Volume 6 Issue 4,
March 2018

Abstract

Though Manipur is the first state in India to have adopted the strategy on Harm Reduction or Harm Minimization integrated with a care component under the name, Rapid Intervention and Care (RIAC) Project, but there are still much works to be done. Similarly, in other programmes too, concerted action is to be taken up. The paper presents the survey and stresses the change of behaviour of the infected and affected people as well of the care providers, counsellors and officials. For this, they need capacity building and further capacitation. The services of these people are very important in the sense that they have to spare more thought, time and energy for welfare of a section of mankind.

Keywords: *survey, HIV, Manipur, AIDS*

Manipur is a small land locked state in India's North Eastern Regionbordering Nagaland to the north, Assam to the west, Mizoram to the south anda 358 km border with Myanmar to the East. According to 2011 census the state has apopulation of 25.7 lakhof which males are 1,290,171 and the females are 1,280,219.

Manipur is one of the six high HIV prevalence states in India as identified by NACO, Ministry of Health & Family Welfare and Govt. of India. As per National Family Health Survey (NFHS) - **III,** 2005-06, Manipur has the highest prevalence of HIV among the five high HIV prevalence states. In Manipur the first HIV positive case was reported in February, 1990. Till July, 2005 altogether 20,524 HIV positive cases and 4012 AIDS cases including 497 deaths had been reported out of 126,973 blood samples screened. The HIV prevalence among pregnant women has increased from 0.45% in 2004 to 1.35%; among commercial sex workers (CSW) it is around 12.4%: among men having sex with men (MSMs) it is around 1.4%; among STD (Sexually transmitted diseases) patients it is around 7.2%; and among TB (Tuberculosis) patients it is around 8.75%. The HIV prevalence among Injecting Drug Users (IDUs) is higher at 21% till July, 2005. The prevalence rate among IDUs has however, shown a decline from 80.7% in 1997 to 21% in 2005. This significant decline is due to introduction of the Haron Reduction Project called Rapid Intervention and Care (RIAC) since 1998 with the help and support from NACO (National AIDS Control Organization) as a clear cut policy on harm reduction and as a part of the Manipur State AIDS Policy, 1996.

The Manipur State AIDS Control Society (MACS) is a nodal agency working on HIV/AIDS. This agency has been implementing HIV/AIDS programme in Manipur under NACO. The CMIS report says that there is a slight increase in the transmission of HIV through heterosexual, homosexual or bisexual through infected needles and syringes and not specified or unknown during the period 2004-08 and 2008-12. Further, HIV Sentinel Surveillance Report (HSS) conducted during the years 2004-08 shows HIVpositivityin IDUs (Injecting Drug Users) was still highest among the High Risk Groups (HRGs).

The transmission of HIV through blood and blood products was declining. This is due to increase in voluntary blood donations and corresponding screening of blood and blood products. The transmission from parent to child was also declining following the introduction of Prevention of Parent to Child Transmission of HIV (PPTCT) programme since 2003. Sero-Surveillance among the general population and pregnant mothers at the ICTCs from 2004-05 to 2011-12 detected as many as 21,751 positive cases, 2719 cases per annum on an average. Still, new positive cases could be detected every year, even though the infection rate was slightly declining. As per the CMISreport, there is no declination or stability among the pregnant mothers. The pregnant mothers are thus included among the HRGs. The Sentinel report for the last decade shows that the epidemic of HIV is still concentrated among the HRGs even when Intervention Programme is implemented for these HRGs.

The CMIS report further says that there has been a change in spreading of HIV among the age group of 25-49 years. This has been due toimplementation of PPTCT and Reduction of New Infection of HIV among theage group of less than 24 years of age, though HIV prevalence among the agegroup of 25-49 years has clearly increased. The Report says that the infectionrate of HIV among the age group of less than 24 years has slightly declined from 18% to 12%. This is due to successful implementation of PPTCT programme.

In spite of implementation of these programmes, we observe a gradual but slow increase in the rate of HIV prevalence, in particular, among the pregnant women and children. Not surprisingly, HIV prevalence rate among pregnant women in the state is around 1.35%. Ukhrul District has prevalence of around 4% among pregnant women in 2004. This is the highest record in India,

Counseling: An Integrated Counseling and Testing Centre (ICTC) is place where a person is counseled and tested for HIV, on his own free or as advised by a medical provider. It is the entry point for early detection of HIV, imparting knowledge about HIV/AIDS for bringing about behavior change and linkages and referrals to care, support and treatment.

Counseling as suchare very much wanting in Manipur, though MACS and other NGOs are taking up such activities in select areas of the State. The cases of voluntary counseling and testing (VCTC), the process through which individuals undergo counseling and testing voluntarily by themselves are also not coming up at large scale

ART Centre: Anti-Retroviral Therapy (ART) centre came into existence in 2004.Since then, so far, 20,067 HIV infections could be detected in ICTCs, and as many as 21, 253 persons could be registered under HIV care scheme since2005. This discrepancy in number is due to inclusion of other detected HIV infected clients to the existing registered clients. Based on these figures, the percentage of clients under HIV care is 57.4% and that alive in ART centre is63.4%During the year 2011-12, two ART centres were opened at Bishnupurand Senapati, and two link ART centres were also opened at Kumbi(Bishnupur District) and Sagolmang (Imphal East). It was also targeted to open two ART centres at Tamenglong District and Moreh, and to open three Link ART centres at Kamjong (UkhrulDistrict), Saikul(Senapati District) and Sugnu (Thoubal District) during 2012-13.

Conclusion

HIV/AIDS is a big enemy of human society, So, MACS alone cannot win the battle against HIV/AIDS. Therefore, we need to join our hands together and work in cooperation in a very consistent manner, so that we can bring a change which will shape our future for a HIV free world. It is high time for all of us in the society to involve and participate in the fight against HIV/AIDS. Each and every one of us has moral and social responsibility to mend the hold in the boat we are boarding before it is too late. We must know that we all are embarking in the same leaky boat.

According to behavioral Surveillance Survey (BSS), 2006 the awareness about HIV/AIDS in Manipur is, instead of increasing, decreasing from 94.6% in 2001 to 92.1% in 2006. HIV/AIDS prevention by consistent condom use marginally increased from 75.2% in 2001 to 78.4% in 2006; while HIV testing facility increased from 7.8% in 2001 to 30.8% in 2006awareness of STDs/STIs marginally increased from 31.3% to 36.1%. It all shows that there are water-tight compartment relations between the different programmeof HIV/AIDS prevention. There are still low awareness levels among rural women. The males are more aware of HIV transmission. The potential of mother to child HIV transmission is still less known to majority of women across the state. Less than 50% of women were aware that HIV could be transmitted through breast feeding. But, less than 50% of males and females were aware of the benefit of using a condom for prevention of HIV transmission. Further, the awareness on the linkage between STDs and HIV is very much low in the State.

Though Manipur is the first state in India to have adopted the strategy on Harm Reduction or Harm Minimization integrated with a care component under the name, "Rapid Intervention and Care (RIAC) Project, and prevalence rate of HIV infection shows a decreasing trend from 76.9% in 1997 to 17.9% in 2007, there are still much works to be done. Similarly, in other programmes too, concerted action is to be taken up.

What is important is not only change of behaviour of the infected and affected people but also that of the care providers, counsellors and officials. For this, they need capacity building and further capacitation. The services of these people are very important in the sense that they have to spare more thought, time and energy for welfare of a section of mankind. It is they who would be at the helm of management, counselling and providing the required materials. So, while working for HIV prevention, these people should think of a sustainable and integrated system of HIV prevention, counselling, testing, caring and supporting.

To do all these things, there is the need for supervision, control, monitoring and evaluation. Counselling supervision is to be done by the Supervisors. The counselling supervisors have to visit the counsellors and help them to become more effective in helping people. It establishes an interpersonal relationship between the supervisor and the counselor, and, on trust, the supervisor acts as a mentor focusing on professional growth and technical competencies and development of the counselor. This is all about supervision on the counsellors. In addition, supervision work is essential for all kinds of interventions and programmes. In a similar way, monitoring is also to be done for the different programmes initiated. Next comes the work of evaluation to ascertain how much of the programmes implemented are target achieved. Eventually, the future course of action or follow-up action will follow.

References

Khomdon Singh Lisam, Feb., 2004, HIV/AIDS and You, Published in India by The Indian AIDS Consortium Palace Road, Imphal, Manipur – 795001, India.

Khomdon Singh Lisam&SuchitraLisam, January, 2007 Young People and AIDS, Published in India by DayanandLisam for and on behalf of The AIDS Consortium, B-3/141, PaschimVihar, New Delhi-110063, India.

MACS-AIDS Alert; Vol. Issue:5, January to **March** & April to June 2002; Manipur State AIDS Control Society, R&D Wing, Lamphelpat, Imphal, Manipur-795004

MACS-AIDS Alert; Vol. Issue:3, **January to March** & April to June 2001; Manipur State AIDS Control Society, R&D **Wing, Lamphelpat,** Imphal, Manipur-795004

MACS-AIDS Alert; Issue: 2, January to March 2000; Manipur State AIDS Control Society, R&D Wing, Lamphelpat, Imphal, Manipur-795004

MACS- Integrated Rapid Intervention and Care Project (RIAC) Manipur, Manual for implementation of Harm Reduction in Manipur , 1998; Manipur State AIDS Control Society, R&D Wing, Lamphelpat, Imphal-795004

MACS- Integrated Rapid Intervention and Care Project (RIAC) Manipur, Manual for implementation of Harm Reduction in Manipur , 2003; Manipur State AIDS Control Society, R & D Wing, Lamphelpat, Imphal-795004

MACS- State AIDS Policy; 3rd October 1996; Manipur State AIDS Control Society, Government of Manipur, R&D Wing, Lamphelpat,' Imphal, Manipur-795004

MACS- Status Report, National AIDS Control Programme, Manipur 2001-2002, Manipur State AIDS Control Society (MACS), Imphal, Manipur

MACS, Manipur State AIDS Control Society, " Status Report of National AIDS Control Programme, 2002-2003 , Imphal, Manipur ,2003

MACS, 2008-2009, Annual Report.Manipur – 795001.

MACS, 2011-2012, Annual Report, Manipur – 795001.

NACO-National AIDS Control Programme, India, Guidelines for the Appropriate Use of Blood, National AIDS Control Organisation, Ministry of Health & Family Welfare, Government of India.

NACO-National AIDS Control Programee, India, Simplified STI & RTI Treatment Guidelines (Flow Charts), National AIDS Control Organisation, Ministry of Health and Family Welfare, Government of India.

NACO-Handbook of Indicators for Monitoring National AIDS Control Programme Ill National AIDS Control Organisation, Ministry of Health & Family Welfare, Government of India, Chandralok Building, 36, Janpath, New Delhi-110001.

Reuben Granich & Jonatham Mirmin, adapted election 2005, HIV, Health & Your Community, published by Voluntary Health Association of India, B-40 Qutab Institutional Area, New Delhi-110016.