REDUCTION OF STIGMA USING SRH AND HIV INTEGRATION – DINDIGUL DISTRICT

Introduction

In developing countries vertically functioning SRH and HIV programs have led to duplication of efforts and reduced program effectiveness and efficiency leading to lack of access to SRH services by PLHIVs. At the same time those accessing SRH services are unable to access information and services on HIV. Linking HIV/AIDS and sexual and reproductive health programmes has the potential to significantly curtail the AIDS epidemic. Furthermore, it also addresses the unmet need and rights of women and men living with HIV/AIDS to sexual and reproductive health services. An integrated SRH/HIV approach joins together different types of SRH and HIV services and programs by locating them in one place or through a system of referrals. Such an approach has been proven to reduce competition for funds, making best use of scarce human resources, reducing duplication of effort and improving access to SRH and HIV services especially for women, young people, People living with HIV and marginalized groups.

FPAI Initiative

With this in view, Family Planning Association of India (FPA India) is currently implementing an European Union supported advocacy project on advocating for the integration of SRH and HIV in the country government health system, operation of the India Country Coordination Mechanisms of the Global Fund, other donors; functioning of other stakeholders at implementation level like Civil Society Organizations, Youth organisations, PLHIV network/organisations in India. This project will contribute to improve overall Sexual Reproductive Health Right in the country by empowering civil society to advocate for integrating SRH and HIV in any donor mechanism.

Role of media

Media (Electronic and print) can play a key role in advocating for SRH-HIV Integration by frequent and greater coverage of the case stories, events organised in support of SRH-HIV Integration. It can also create awareness at mass level by printing need and benefits of SRH-HIV Integration at service delivery level. Family Planning Association of India had selected Dindigul HIV positive society as a civil society partner in implementing Sexual Reproductive Health (SRH)-HIV integration services in Dindigul district from August 2012 – July 2013. Dindigul District HIV Positive Society (DDS+) is a District Level Network formed by, of and for people living with HIV/AIDS. It is based Dindigul and the members are drawn from all classes, castes, creeds, and religions with its vision to “Improve the quality of life of people living with HIV/AIDS”. It is an affiliation from Indian positive people network; we have been supported by projects from Tamil Nadu State AIDS Control Society, Population Foundation of India, INP+ and FPAI.

30 journalists from electronic and print media were selected in Dindigul district, and as part of the project, the selected media persons were trained on the significant role of media in advocating SRH-HIV integration on 30-03-2013 at FPAI Bhavan, Dindigul. The most interesting part of the training was discussion about sexual reproductive health and how media persons can identify hidden case studies. Training topic and discussion opened up the insight of the SRH issues faced by the PLHIV, which journalists see as common in their daily lives but which are connected to SRH. Following that, coalition meeting dates and venue were informed to the media persons which were tentatively scheduled in the
coming weekend. The way forward of the meeting was to take up key SRH issues faced by the PLHIV will helps us creative momentum of dialogue with the Government and other partners implementing vertical HIV/AIDS prevention and care and support programs in the district.

The number of patients suffering from cervical cancer - the second-most common form of the disease in women behind breast cancer - has dwindled marginally in Tamil Nadu. Women with HIV/AIDS have a higher risk of developing cervical cancer. Women with lower CD4 counts are more likely to have cervical abnormalities.

Case study:

A Women Living with HIV Ms. Selvi aged 35 (name changed), living in the remote Nallampatti village of Dindigul district, she lost her husband before 5 years back due to HIV/AIDS. She is living with her father aged 85 and she was thrown away from the family by her relatives after being diagnosed as ‘HIV positive’. She supports her father by going as a daily coolie for selling flowers in highways. She presented with heavy abdominal pain with complaints of poor appetite and constipation since two weeks, she was asked to get admitted at the Govt. Hospital. After knowing her HIV status counsellor informed Mr. Paulraj from Dindigul district HIV positive network for positive living sharing counselling. Following the advice of the medical officer, she was referred to Sexually Transmitted Diseases (STD) ward for screening of STI and Cervical Cancer, she was diagnosed as IIB cervical cancer and she was asked to admit in the in-patient (IP) ward. As her status was disclosed by their staff at the IP ward, health care team at the ward refused to provide treatment and admit for bed as prescribed by the doctor. DDS+ team approached the Joint Director Medical Services (JDMS) at the GH and explained about the situation. JD requested to provide IP care and antibiotic treatment immediately to the health care team hospital. As the facility suffered with the shortage of the required kits for screening and universal precautions for conduction of hysterectomy operation since then the medical team refused to provide care for the patient. After the opinion from senior medical officer and ART MO she was referred to Madurai district, she was not fit for transferring to the other district for treatment only. In the meantime, DDS team requested for Christian Fellowship hospital, Oddanchatram and required assistance and swift support was rendered by the CF hospital Selvi life was saved. After a few months ago, Selvi came to our office and reported about her treatment adherence got improved and she thanked the whole health care team and now she feels a relief from a very bad situation.

Lessons leant form this case is the strong advocacy is required to link Sexual Reproductive Health service with HIV at the Govt. level as People Living with HIV facing lot of struggles in getting counselled and treated for regular and simple sexual and reproductive problems, even after advocating the issue, the shortage of the necessary equipments, kits and unavailability of universal precautionary measures was an barrier in provision of SRH- HIV integrated services, which are need to be addressed and changes from the health system strengthening level should take place. Health system strengthening should come as a commitment from Govt. side in providing comprehensive health care in terms of HIV and SRH for People Living with HIV.