

Seroprevalence of HIV / AIDS infection among tribals in rural areas of Adilabad district (A.P.) India

Estari Mamidala and Krishna Reddy Matta*

Reproductive Physiology Unit, Department of Zoology, Kakatiya University, Warangal - 506 009 (A.P.) India

(Accepted : February, 2006)

Seroprevalence of Human Immunodeficiency Virus (HIV) infection was carried out among tribals in rural areas of Adilabad District from February 2002 to December 2004. 390 individuals were counseled and screened for HIV status. Out of 390 individuals 6.6% (26) of seroprevalence is found in Tribal areas of Adilabad district of which 57% (15) were females 43% (11) are males. Women are biologically more susceptible to HIV infection than men. The higher prevalence rate was among the 21-35 years age group. The seroprevalence was high among married persons as against unmarried tribals. Our studies indicate that, HIV infection was highest among the illiterates (26%). But very less in well educated tribal people (7%). Most of the HIV infected individuals are laborers (26%) and women sex workers (19%), clinical manifestations are found individuals with STD (Sexually Transmitted Diseases) (23%). Our finding provide evidence to the spread and stabilization of HIV epidemic into all the risk rural population is the study area to Adilabad District. Higher prevalence was observes in villages close to the high ways. This is a serious public health issue as rural populations have less access to diagnosis and treatment. The higher rate in rural areas requires greatly increased efforts for HIV education outside cities and towns.

Key words : HIV, Aids, infection, Tribal.

INTRODUCTION

JOINT United Nations Program on HIV/AIDS and WHO has estimated that on December 2004, there might be around 39.4 million people have been infected with Human Immunodeficiency Virus (HIV). HIV/AIDS was first recognized in 1981, but probably existed at a low endemic level in central Africa before the HIV epidemic spread to several areas of the World during 1980s. Two decades into the epidemic and there is still no vaccine and no "cure" for AIDS. There is considerably more information now available on how the HIV leads to AIDS, its spread, and wealth of "lessons learned" in implementing prevention strategies and increased understanding about what constitutes effective management of HIV / AIDS patients. The social and economic conditions of that facilitate the spread of HIV are also well understood.

In India 90% of cases with HIV infection are aged between 15 and 45 years and belong to socially and economically disadvantaged groups. The male and female ratio is 5:1, with female cases being mainly sex workers. The predominant virus, HIV-1, or cases with HIV-2 and mixed infections are being proposed from post cities. The present situation in India is similar to the early pattern in Africa where a sharp increase in seroprevalence among high risk groups was followed by spread to the general population.

Tribes in India, who constitute 15 per cent of the geographical area and nearly 8 per cent of the population, are truly disadvantages and marginalized population of our country. Poverty, illiteracy, malnutrition, unsanitary conditions and observe of health education have been found responsible for the poor health of the tribal communities. It is essential to have the details of the prevalence of disease in risk groups to plan effectively to control the disease.

Andhra Pradesh has one of the fastest increasing HIV / AIDS prevalence rates in India. In 2004 the ANC prevalence rate was 2.25% and NACO has estimated that more than 450,000 people are living with HIV in Andhra Pradesh. The second highest number after Maharashtra state. This is 10 % of the total HIV cases in India and 90% of the infections in the state occur through sexual transmission. More than 20% of STD patients in urban areas and 30 percent in rural areas tested positive for HIV. The

higher rate in rural areas requires greatly increased effects for HIV education outside cities. The present paper gives a current update of HIV infection among tribals in rural areas of Adilabad district, Andhra Pradesh, which epidemic of HIV has spread extensively.

MATERIALS AND METHODS

The study is conducted during February 2002 to December 2004 in selected 7 tribal rural areas (Gudihatnoor, indervelly, utnoor, Narnoor, Kerameri, Jainoor, Hasnapoor) of Adilabad district of A.P. by attending the monthly camps in each villages, the study protocol consists of informed consent, Questionnaires elaborating Age, Marital Status, Educational Status, Gender, Occupation, High-risk behavior. Geographical locations and clinical manifestation. The author stayed at the above said medical camps and with the help of the counselor, interacted with HIV+ve patients with established questionnaires.

Blood samples were collected from 390 patients (Tribal Villages) by attending the monthly camps in each village during the study period. Schedule containing the host parameters was filled by interviewing patients before the blood samples was taken. 4-5ml of intravenous blood was withdrawn from each patient and stored in a sterile bottle. After half an hour the sera was separated and the bottles were stored in deep fridge. The HIV seropositivity is conformed by HIV-tridot rapid test and Comb-AIDS or EIA (Enzyme Immuno Assay) test.

RESULTS AND DISCUSSION

In this study 390 individuals were counseled and screened for HIV Status. Out of 26, 11 (42.3%) males and 15 (57.7%) females were recorded as HIV+ve individual. According to Table:1. 6.6% of seropositivity is found in Tribal areas of Adilabad district of which 57.7% are females and 42.3% are males. Women are biologically more susceptible to HIV infection than men. Men are also more effective at transmitting the virus as semen is more infectious than vaginal fluid. Women may also have undetected sexually – transmitted infection, which increase the risk of HIV infection. In this study 69.3% of seropositive persons were married where as 30.7% were unmarried

In our studies most of the HIV infected individuals are

* Author for Correspondence