

Community-based Intervention for AIDS Prevention

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ABSTRACT

According to the WHO, about 40 million people are living with HIV/AIDS globally. AIDS is the leading cause of death worldwide for adults aged 15–49. In 2006, 4.3 million people were newly infected with HIV and 2.9 million people died of HIV/AIDS-related illnesses. Antiretroviral treatment (ART) has prolonged the survival of patients infected with HIV-1. Morbidity and mortality related to HIV-1 have dramatically declined in developed countries, converting HIV infection into a treatable chronic disease. However, current antiviral drugs do not eradicate the virus, and prolonged treatment can have serious side effects and select for drug-resistant viral strains. However, just one in five people at risk for HIV in sub-Saharan Africa has access to the information and tools they need to prevent infection, and millions are in urgent need of antiretroviral medicines. The WHO set the goal to stop the spread of HIV/AIDS by 2015. The goal is feasible as HIV/AIDS is preventable. Simply using condoms can make a big difference. Providing a safe blood supply is another major step. Most important of all is raising awareness about HIV/AIDS through community mobilization, education program for AIDS prevention, and behavior change in special groups. This review focuses on community-based interventions for HIV/AIDS prevention.

Keywords: Community-based Intervention; HIV/AIDS awareness; Behavioral change; Prevention

INTRODUCTION

Current antiviral drugs do not eradicate HIV, and prolonged treatment can have serious side effects and select for drug-resistant viral strains.^{1,2} Most important of all is raising awareness about HIV/AIDS through community mobilization, education program for AIDS prevention, and behavior change in special groups. This review focuses on community-based interventions for HIV/AIDS prevention.

Behavior Change Programs in Special Groups

Injecting drug users (IDUs)

A quasi-experimental study was conducted among IDUs in communities located in urban areas in Sichuan Province, China.³ A pair of sites was selected; one site was the “intervention city” in which various intervention measures were implemented, and the other was the “control city” in which no intervention was implemented. A Behavior Surveillance Survey was used to evaluate intervention exposure and the effect of behavior change. In the intervention city, services received by IDUs increased over time; awareness of HIV increased from 34.2% in 2003 to 58.3% in 2004, and to 67.4% in 2005. Overall needle sharing decreased from 17.1% in 2003 to 7.0% in 2005, and needle sharing in the past month decreased from 42.4% in 2003 to 18.4% in 2005. The intervention was effective in changing this risk behavior. A Pakistani group⁴ reported a study conducted among 608 IDUs, of which 607 were male, only one was female, the median age was 32 years old, and 45% had no formal education. Half were married, of whom 25% were living with their wives. With regard to sexual behavior, 14% had sex with other males, 28% reported sex with both males and females, 49% had paid money to have sex, and only 10% had ever used condoms. One-fifth reported having had a sexually transmitted disease (STD) and about 40% reported having suffered from either one or more STD-related symptoms. Only 41% had heard about HIV/AIDS, of whom 17% knew that HIV/AIDS could be transmitted through sexual contact. The authors concluded that high-risk sexual behaviors are prevalent among male IDUs in Pakistan^{5,6}, and awareness of transmission risks is low. Effective and specific interventions in Pakistan are urgently needed to prevent the transmission of HIV and STDs among IDUs and their sex partners. The prevalence of HIV infection among IDUs in Saudi Arabia was reported for the first time in a study of 2,628 men admitted to a rehabilitation facility from January 1995 to May 1996 and who were screened for HIV-1 and/or HIV-2.⁷ The study found that 81.2% of participants were aware of HIV/AIDS and two-thirds knew that the virus can be transmitted by sharing needles and syringes. Five samples were found to be positive by enzyme immunoassay, but only four were confirmed by Western blot, for an HIV prevalence of 0.15%. The low HIV

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