PATTERN OF HIV DEATHS AND THEIR IMPACT IN A RESOURCE RESTRICTED COMMUNITY

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ABSTRACT

One hundred forty six HIV deaths were analysed and found a female preponderance among people living with HIV/AIDS (PLHAs), most of them were not knowing the disease was manageable. Loss of productive age groups due to HIV/AIDS can be tackled better and the dependants need to be supported and followed up still more effectively, if care and support programme are planned in a better way.

KEY WORDS: HIV Death, care and support, migration for job purposes.

INTRODUCTION

HIV disease is a chronic affair and if not intervened properly, death is inevitable. At the same time most of people living with HIV/AIDS (PLHAs) and their family members didn't know that HIV is a manageable disease. They also didn't know the treatment strategies like Chemoprophylaxis, seeking medical help for their opportunistic infections (OI) and secondary prophylaxis, and the role of Anti Retroviral Therapy (ART). Availability of Govt. ART Centres is not reachable for most of PLHA population. Most of the health care providers including physicians, nurses and others are reluctant to provide treatment to the people living with HIV/AIDS. Anxiety and fear of contagion through occupational exposure and a valued based judgemental outlook towards HIV positive persons seemed largely responsible for this negative attitude. Moreover health care personnel aren't being informed about the facts about when to start ART, follow up techniques and monitoring of ART, and life long affair of ART or otherwise they are not interested in knowing the same.

Under these circumstances, this type of death audit report among these HIV +ve population, may throw light for the strategies to be followed up in future in order to reduce the mortality rate, improve the quality of life and taking care and support programme and care continuum for all PLHAs of the country.

MATERIAL AND METHODS

Preeyam Nesam Project, a Home Based Care and Support Project for PHLAs and sexually transmitted diseases (STI) clients funded by Family Health International (FHI)/IMPACT (another funding agency). This project operates on 5 blocks and a corporation area of Tirunelveli district of South Tamilnadu by a cooperative effort of 4 non-governmental organizations (NGOS) together. This team consists of a common medical team and 4 separate field team consists of Counselors, Nurses, Community Health Workers and Care Givers. A total of 549 HIV positives were identified through community based voluntary testing center (VCTC) and also through other referral systems during a period of 27 months (Sep'03 - Dec'05). Out of these 549 cases identified, 403 were still under our follow up and the project registered 146 deaths, during this 27 months (26.6%). These mortalities were analysed and discussed.

OBSERVATIONS

Out of these 549 cases identified, 289 (52.6%) were females where as 260 were males (47.3%). Even among the 403 cases under our follow up at present, 57.4% were females. So this part of Tamilnadu has a female preponderance among the PLHAs.

As far as the deaths were concerned, 89 were males (60.9%) while 57 were females (39%).

More than 50% of these deaths occurred among
the age group of 26-35 or 84.5% occurred among 26-45. Most of them were in the productive age group. All these individuals were either illiterate or never crossed school level.

Eighty three percent died within a year after the identification by our field staff. Most of these deaths were due to a treatable causes like pyrexia of unknown origin, protractile diarrhea, pulmonary tuberculosis, anemia etc., 11% of them were not accessible to any type of medical help at any point of their life. Another 4% had taken treatment with alternative systems of medicine or quacks. 80% to 90% of these deaths occurred at their home only.

In more than 48% of these deaths, clients were migrant workers especially to Mumbai for their livelihood. Nearly 67.4% were living with their spouses at the time of their death where as remaining were either unmarred / widow / widower / divorce/ separated. Above 40% of their dependents were yet to be screened for HIV either due to their unwillingness or fear of stigmatization etc.

23.5% of these dead clients had more than 4 dependents in their family. 27.4% of these dead were having atleast one dependently HIV positive in their family. 15% of these dependents were totally lacking support from their family, neighbours, relatives or NGOs where as 23.4% of these dependents are receiving some kind of support from NGOs.

**DISCUSSION**

In contrary to global and Tamil Nadu statistics, this district has a female preponderance of PLHA population. This (M:F = 13.7 : 14.3) district's total population also has a female preponderance. This district has a peculiarity to have a lot of youngsters migrated for their earnings (as there is no big industry or job opportunities) to Maharastra and other states. This migration played an important role in people acquiring HIV/AIDS and the same was transmitted to poor victims of rural women and children either horizontally or vertically respectively. This was also reflected in this study. 84.5% of those dead were belonging to the more productive age group; this will be a great loss to their family and in turn to the entire nation. Most of the deaths were due to treatable cause or even a preventable cause. Some of them had never sought for any medical help or some had sought help from alternative systems of medicine or spent on unproved methods of treatment. If we can strengthen our care continuum projects or care and support projects in a still better way, we would have avoided much early mortalities. We have to improve their education, awareness about the diseases and also about the health care seeking behaviour to add up for a better result.

By the time of their death, they would have already passed this disease to their dependents. After their death, most of these dependents became helpless. These dependents need regular health education, health awareness, and regular follow up, medical, nutritional and psychological supports. If we can consider all these things and plan our strategy, our care and support programme or care continuum project will be more meaningful and we can reduce the mortality rate considerably.

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**REFERENCES**

