

*“Combating the urgent HIV/AIDS and STI epidemics in Kerala,
India’s marginalized LGBTQIA+ population”*

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ABSTRACT:

HIV/AIDS and STI epidemics are major life-threatening health issues worldwide and likewise in India. There is a dire need to combat the HIV/AIDS and STI epidemics among the marginalized LGBTQIA+ population in Kerala, India. The review draws upon a range of academic and grey literature, including research articles, reports, and policy documents for a comprehensive overview of the recent situation. The review throws light on the social, cultural, and other factors that contribute to the vulnerability of LGBTQIA+ individuals to HIV/AIDS. The review also highlights the interventions that have been implemented to address this issue in Kerala. The review concludes by urging for a concerted effort to address this issue in Kerala, India through a comprehensive and integrated approach.

INTRODUCTION

The state of Kerala, located in the southwest region of India, has been facing a surge in the number of HIV/AIDS and sexually transmitted infection (STI) cases among the LGBTQIA+ population (Nair, 2012). This has led to an urgent need to combat the epidemics in order to prevent further spread and ensure the health and wellbeing of this marginalized community. The LGBTQIA+ (lesbian, gay, bisexual, transgender, queer, intersex, and asexual) in Kerala has long been marginalized and stigmatized (T Mathew et al, 2021). In Kerala, the marginalized LGBTQIA+ population is more vulnerable to these health issues because of social stigma, cultural norms, discrimination, and lack of access to healthcare services. Kerala is the state that has

recognized the need to address the HIV/AIDS epidemic among the LGTBQIA+ population. Kerala was the first state of India to establish a welfare policy in 2016 (Ram, 2022). In 2018 homosexual activities were declared legal by the Supreme Court in Kerala (Safi, 2019) but proper policy and health services are lacking due to social and cultural stigma. The state of Kerala has taken some legal steps and also focused on awareness among the masses due to which a decline is observed in the prevalence of HIV (Sathian, 2018). In Kerala prevalence of AIDS is 0.08% as compared to the national figure of 22% (Thiruvana, 2021). The chief minister of Kerala state has also claimed that they are determined to prevent new infections by 2025 because they have made major strides in the public health sector to combat these issues (indiatimes, dec 2021). The advanced stage of HIV (human immunodeficiency virus) is referred to as AIDS which is a combination of potentially life-threatening illnesses and occurs because of a highly damaged immune system by HIV (Mayoclinic, 2021). According to WHO (20202), HIV has claimed 40.1 million lives so far. According to a survey, there were 33.9 million people living with HIV by the end of 2021 (UNAIDS, 2021). Now there is seen a decline in cases of AIDS in the normal population but the prevalence of HIV is 10-20 times greater in the LGTBQIA+ population in India (Thomas, 2015).

The predominant mode of transmission of HIV is the sexual route which accounts for 86% of the total cases (Ogunrinde, 2015). In the southern state of India , Kerala the HIV epidemic prevailed basically due to unsafe sex has started to decline due to the use of condoms and other safety measures but the severity is unchanged in the regions where the epidemic is driven by injecting drugs (Amirkhanian, june 2015).

Sexually transmitted infections (STI) are infections that are transmitted from one person to another by sexual contact such as gonorrhoea, syphilis, Chlamydia, and Trichomoniasis (CDC, 2023). STIs have a great impact on reproductive and sexual health. According to WHO report 374 million new infections were estimated by the end of 2020 (WHO, Sexually transmitted infections (STIs), 2022). In India, about 6% of the population is being affected by one or more STIs at any one time (Mazumder, 2018). The STI transmission rate is higher in the LGTBQIA+ community than in other populations.

OBJECTIVES

1. To provide a comprehensive overview of the current situation regarding HIV/AIDS and STI epidemics among the marginalized LGBTQTIA+ population in Kerala, India.
2. To evaluate the effectiveness of strategies and interventions that have been implemented to combat the HIV/AIDS and STI epidemics among the marginalized LGBTQTIA+ population in Kerala.

RESEARCH DESIGN AND METHOD

Search strategy

This literature review was conducted Search relevant databases (Pub Med, Embase, Scopus, Web of Science) and gray literature sources (government reports, non-governmental organizations, local and regional health agencies). The criterion was to include the articles published between 2016 and 2021 for the identification of recent studies on this topic. Combine search terms related to HIV/AIDS, STIs, LGBTQTIA+, and Kerala, India, using Boolean operators (AND, OR, NOT) to narrow or broaden the search as needed. The research was limited to the articles published in English within a defined five years' period.

Study selection:

The original screening of articles was on the basis of inclusion or exclusion. The initial search results were reviewed on the basis of cross-sectional studies conducted in human subjects with HIV/AIDS or STI in Kerala India and published in English between 2016 and 2021. Articles were considered to be relevant if they had HIV as a medical condition in the study and interventions were made to assess or improve health literacy.

Data extraction:

Effective data extraction was performed for each article to obtain information including author names, year of publication, research design, type of intervention, primary outcomes, tools used to assess the incidence of HIV/AIDS and STI, and effect of the intervention on overall HIV management, control of transmission and social awareness.

RESULTS:

According to a study which was conducted by the Kerala state AIDS control society (KSACS) in 2020 the prevalence of HIV among the homosexual group was 15.5% which is higher than the national average of 2.6% (Sathian B. , 2018). The study also demonstrated that the prevalence of syphilis was 5.5% and the prevalence of hepatitis B was 7.6% in LGBTQ. A study by the Indian council of medical research (ICMR) found that the prevalence of HIV among transgender people in Kerala was 29.3%, higher than the 17% national average (Poteat, 2018).

The Kerala State AIDS Control Society (KSACS) has implemented a range of programs and strategies to address the specific health needs of the LGBTQIA+ population in Kerala. These programs and strategies include targeted HIV/AIDS and STI prevention programs, capacity building of healthcare providers, decriminalization of homosexuality, community mobilization, care support and treatment program (CST), Pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP), social awareness and use of condoms, LGBT-friendly health clinics, and an LGBT helpline.

Targeted HIV/AIDS and STI prevention programs;

The Kerala state AIDS control society (KSACS) has introduced and implemented targeted prevention strategies for the LGBTQIA+ population in Kerala. These include outreach activities, STI screening and diagnostic services, and better treatment services. The number of operational and completely functional health care centers has been increased by the state of Kerala. The effective diagnosis and control program for AIDS has resulted in the decreased prevalence rate of HIV/AIDS and STI in the LGBTQIA+ population (Okobi, 2021).

Capacity building of health care providers;

The Kerala State AIDS Control Society (KSACS) has developed programs to sensitize healthcare providers to the specific health needs of the LGBTQIA+ population (Kerala State AIDS Control Society, n.d.). As part of this program, healthcare providers have been trained in HIV/AIDS and STI prevention, transmission control, management, and treatment. Additionally, positive anticipation of HIV and positive living are key parts of the care and treatment technique for HIV, connecting individuals to existing social security and advantage plans (Kerala State AIDS Control Society, n.d.). Advisors at the Workmanship communities provide psychosocial backing and guidance to individuals with HIV about Craftsmanship qualification, CD4 testing, customary development, positive living, positive avoidance, and sexual hygiene (Kerala State AIDS Control Society, n.d; (Jyothis, 2022)

Decriminalization of homosexuality;

Homosexuality is considered taboo in India. The LGBTQIA+ population faces many problems and criticism due to social and cultural norms. The Indian supreme court decriminalized homosexuality in 2018, which was a crucial step towards reducing the discrimination and social stigma faced by the LGBTQ population in India. The transgender persons (protection of rights) Act was also passed in 2019 to protect the rights of transgender as well as their welfare. Despite all these laws LGBTQIA+ individuals in India do not have complete freedom and are not regarded on the same level as the rest of Indian individuals.

Community mobilization;

Community-based organizations (CBO) have played a key role in mobilizing the LGBTQIA+ population in Kerala. CBO provide support and counseling services to the LGBTQIA+ community and also involved in advocacy efforts to promote their basic rights and access to health care services without any kind of discrimination (Nagy., 2022).

Care support and treatment program (CST);

Care support and Treatment administrations for HIV are given through a network of ART centers. ART centers have been generally settled at clinical universities and region-level medical clinics to give primary services. A couple of ART centers have likewise been laid out at the sub-region level in the high HIV pervasiveness states. Every ART center has been additionally connected with a Center of Excellence (Coe) and Workmanship in addition to focusing to guarantee evaluation and commencement of second-line Craftsmanship to the qualified patients.

Pre-exposure prophylaxis PrEP and o post-exposure prophylaxis PEP;

Pre-exposure prophylaxis (PrEP) is the use of antiviral medication to prevent HIV transmission to people who are uninfected but at high risk. PEP, or post-exposure prophylaxis, is a short course of HIV drugs taken exceptionally not long after a potential exposure to HIV to keep the infection from grabbing hold in your body. PrEP and PEP are the most effective strategies to prevent the HIV. KSACS has implemented these medications for LGBTQIA+ individuals in Kerala.

Social awareness and use of condoms

Through electronic, print, and social media different NGOs in Kerala are actively working for the rights of the LGBTQIA+ community. They are working to enhance the acceptability of LGBTQIA+ in society. The use of condoms is also being promoted through different media platforms for safe sexual contact. The use of condoms has played a vital role to limit the transmission of HIV.

LGBT friendly health clinics

KSACS has established LGBT-friendly health clinics in different parts of the state. These clinics provide medical and psychological support to the community members, including HIV testing and counseling, hormonal therapy, and other healthcare services.

LGBT helpline

KSACS has set up a toll-free helpline number (18004251525) to provide assistance and support to the LGBT community. The helpline is available 24/7 and provides information on HIV prevention, testing, and treatment, as well as psychological support.

DISCUSSION:

The initiatives launched by the Kerala State AIDS Control Society (KSACS) to combat the HIV/AIDS and STI epidemics among the LGBTQIA+ community in Kerala are commendable. Through targeted prevention strategies, capacity building of healthcare providers, decriminalization of homosexuality, community mobilization, care support and treatment programs, PrEP and PEP medications, social awareness and the use of condoms, LGBT-friendly health clinics, and a toll-free helpline number, KSACS has made significant progress in reducing the prevalence of HIV/AIDS and STI in the LGBTQIA+ population in Kerala.

However, despite these efforts, there are several challenges that need to be addressed. The first and foremost challenge is social stigma and discrimination faced by the LGBTQIA+ population in India. Social stigma and discrimination act as a barrier to access health care services and lead to an increase in the spread of HIV/AIDS and STI. This issue must be addressed at the societal level through sensitization and awareness programs to reduce stigma and discrimination.

The second challenge is the lack of access to healthcare services, particularly in rural areas. Lack of access to healthcare services can lead to delays in the diagnosis and treatment of HIV/AIDS and STI, which can exacerbate the epidemics. Therefore, it is essential to establish more healthcare centers in rural areas to increase access to care.

Finally, limited funding is also a significant challenge faced by KSACS. Limited funding restricts the reach of HIV/AIDS and STI prevention programs, which can lead to an increase in the prevalence of these diseases. Therefore, the government of Kerala must allocate more resources to KSACS to expand their programs and reach more LGBTQIA+ individuals.

CONCLUSION:

The HIV/AIDS and STIs epidemics among Kerala's marginalized population are a serious public health concern that needs urgent prevention strategies. The high prevalence of epidemics in this population highlights the requirement for healthcare services that are culturally sensitive and

LGBTQIA+ affirmative. The strategies implemented by the state of Kerala have been effective in reducing the incidence of these epidemics. However several challenges remain. sustained efforts will be required address to address all these challenges. Implementation of strategies such as condom distribution, HIV and STI screening and treatment, education programs, and legal advocacy would help to combat these epidemics and the wellbeing of the marginalized LGBTQIA+ population in Kerala India.

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