

Assessing the preparedness of the community for rendering home-based care for HIV/AIDS patients by a using a qualitative tool

Sir,

Recent times have witnessed an alarming rise in the prevalence of human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) especially in the developing countries. Apart from having a chronic debilitating course, the social stigma attached to the proclamation of HIV sero-positivity usually forces the individual to change job or place

of living.^[1] This adds further stress to the already weak economic condition. This weakened economic condition can lead to deterioration and low morale in the affected persons; in addition to this, the repeated visits for care can lead to abstinence from work and low productivity. Thus the vicious cycle goes on the economic deprivation and social isolation taking a toll on the quality of life.^[2] With HIV poised to spread quickly, but the large-scale prevention and other interventions that are available today can help avert a major epidemic in the future and home-based care is one among the intervention.^[3]

A qualitative type of study design (focus group discussion (FGD)) was carried out to assess the preparedness of the community to assume responsibility for rendering care when the need arises. A total of 24 FGDs were conducted for various groups like sthree sakthi members, formal and informal panchayat leaders, milk society members, PHC staff members, youth groups, disabled persons, Anganwadi workers and community members. In each FGD, about 8-12 members participated. The materials used for FGD were observer check list which was with the investigator, facilitator check list which was with the facilitator and hand-outs which was given to the participants at the end of discussion. Each FGD was approximately for about 40-60 min.

The overall impressions from various FGD'S were, all the groups were willing to address their communities through staging drama and role plays to eliminate wrong beliefs related to HIV/AIDS. Further they volunteered to promote the use of condoms in their community.

They strongly felt that the testing for HIV should be made compulsory for all those intending to marry. They felt an urgent need to screen all antenatal mothers for HIV and strongly felt that it should be a routine testing.

Panchayat members, teachers, anganwadi workers and youth groups were ready to address the commercial sex workers and help them to change their behavior. They even volunteered to get them some other occupation for their livelihood.

Thus it was inferred from FGD that the community is willing to provide care and support for HIV affected individuals either in their own homes or any other community-based initiatives. Only one group was prejudiced and said that they would rather keep HIV/AIDS affected individuals separately a kilometer away from the village.

So, it was perceived that it was possible to build

up on these strengths in the community and at the same time take appropriate measures to address the prevailing misconceptions in order to improve the care and support initiatives.

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Clinical Significans- Women who have underlying disease or abnormalities or have undergone invasive gynecologic or obstetrical procedures are more prone to have lactobacillemia. These have included endometritis following dilation and curettage procedures, pelvic abscesses, and neoplasms of the female genitourinary tract e.g. ovarian cancer with large bowel invasion, choriocarcinoma. Lactobacillus species cause endocarditis in patients with congenital heart defects, acquired native-valve defects, vascular grafts, and prosthetic valves.

Pleuro pulmonary infections and lung abscesses due to lactobacillus species have also been reported in compromised patients.

Risk factor for the development of lactobacillus bacteremia are Persistent Neutropenia, use of broad spectrum antibiotics, allograft transplantation with immunosuppressive therapy, chemotherapy for cancer, invasive gastro intestinal or respiratory tract instrumentation and procedures and HIV infection and AIDS.

Method of Isolation and Identification of organism –After growth for 24 hours on SBA, colonies of Lactobacillus species are usually small (2-5 mm), convex, and smooth with entire edges. Alpha hemolysis of media is observed.