

Controlling the spread of HIV with targeted interventions: A new way of combating the HIV epidemic in India

Dear Editor,

As per the recently published Human Immunodeficiency Virus (HIV) Estimation 2019 report for India,^[1] since the epidemic's peak in 2000, the estimated adult (aged 15-49 years) HIV prevalence trend in India has been dropping, and more recently, it has stabilized. The predicted value for this indicator in 2019 was 0.22%. There is still work to be done to perfect our strategy for completely eliminating HIV in India. We had a chance to read a really interesting article published by Sinha AK. *et al.*,^[2] which emphasizes the need to assess the behavioral profile and sociodemographic status of HIV high-risk groups (HRGs). The authors analyzed some queer behavioral and lifestyle patterns related to the sociodemographic status by conducting an observational study among Chhattisgarh's HRGs and drew pragmatic conclusions.

HIV is a disease embedded in socioeconomic injustice because it disproportionately affects people with low socioeconomic status and in poor areas. Studies on socioeconomic status (SES) and HIV/acquired immune deficiency syndrome (AIDS) suggest that a person's SES may affect the likelihood of being infected with HIV and developing AIDS.^[3] In addition, SES is an important factor in determining an individual's quality of life after being infected with the virus. Sociodemographic status and medical problems are widely reported as the most important factors for people living with HIV who have a low health-related quality of life. However, lifestyle and cultural changes are rarely studied in these contexts.^[4]

The authors very explicitly described this grey area. They showed an association between different HRGs with age, marital status, living status, occupational status, and below poverty line (BPL) status. Malnutrition was also linked with infectious diseases, like tuberculosis, which might act as a predisposing factor. Habits of chronic alcohol consumption were significantly common among the young HRGs, whereas the older groups were completely unaware of their status of diabetes mellitus and hypertension.

This ignorance in understanding the behavioral and social problems needs to be tackled for better implementation of

targeted HIV prevention programs. The study reinforces that the most effective means of controlling the spread of HIV is through the implementation of targeted interventions which can be obtained at each level of healthcare, even at the level of primary healthcare. Obtaining a good clinical history concerning their personal habits and sociodemographic status can provide many leads to the management of the patient. We believe that if this is followed stringently, we can enhance the care of such HRGs to several folds and help address the HIV stigma in society.

The COVID-19 pandemic has undoubtedly disturbed individuals on all levels. An article authored by Iain Hyndman *et al.*^[5] describes the effect of restrictions imposed during COVID-19 significantly impacting respondents' sexual behavior and mental health. During the lockdown, there were several reports of sexually transmitted infection diagnosis and high rates of sexual activity. Future research on the effect of the COVID-19 pandemic on sociodemographic changes and behavioral patterns of HRGs would provide a valuable contribution to the literature. Reducing ignorance and focusing more on the HRGs will be the most important step in combating the ongoing HIV pandemic. We have come a long way toward the eradication of the AIDS pandemic; now, we must focus on these small interventions to aspire AIDS-free India.

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Conflicts of interest

There are no conflicts of interest.

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