

CHAPTER FIVE

PREVENTION OF AIDS/HIV ADOPTED STRATEGIES AND SOCIO CULTURAL CONSTRAINTS

There is a proverb "Prevention is better than cure". The saying appears quite relevant in the context of AIDS and HIV infections particularly when there is no cure of such a pandemic disease. To counter AIDS epidemic, the WHO introduced a special preventive program on AIDS and HIV infections delineating the following preventive strategies/measures : (a) Prevention of sexual transmission, (b) Prevention of transmission through blood/blood products, (c) Prevention of transmission through piercing instruments, (d) Prevention of prenatal transmission, (e) Prevention of HIV vaccination when available, (f) Reduction of HIV on individuals, groups and societies through health education and counselling.

Taking cognizance of the aforesaid directives of WHO, the Govt. of India also launched the National AIDS control program in 1987 and within a year since the first detection of HIV infected person in the country (*ICMR, 1992*). The program embodies surveillance, screening of blood/blood donors, and health education and information as its three major components. Initially, the program was introduced in four states. The states were Maharashtra, Tamilnadu, Manipur and West Bengal, which recorded high prevalence of HIV. Activities under this program were later expanded, and a plan for a period of five years was framed. A National AIDS control organization was founded in July 1992 with an aim to prevent and control AIDS and HIV infections. The specific strategies and measures adopted by the AIDS control organization in India are as follows :

(a) Strengthen program management, monitoring, review and evaluation, (b) Surveillance and research, (c) Information, Education, Communication (IEC) and social mobilization for prevention

of HIV transmission through behaviour, (d) Control of STD, (e) Condom programming, (f) Blood safety, and (g) Reductions of impact of HIV/AIDS with the help of counselling.

Strengthening Program Management

For operational purpose, four coordinating bodies have been formed at union level. A National AIDS Control Committee representing all ministries, selected private organizations and non government organizations (NGOs); a board of AIDS control from high level officials of Ministry of Health and Family Welfare to oversee and frame policy, a National Program Coordination Team to implement program activities; and a National Technical Advisory Committee to provide technical support to the program.

Surveillance and Research

A targeted surveillance program has been worked out to monitor development and spread of the HIV/AIDS epidemic with a view to generate necessary information systems specially designed for prevention and control of this particular disease.

IEC and Social Mobilization

This program envisages prevention of AIDS/HIV transmission through all known routes. It comprises of media campaigns, utilizing standardized messages, targeted interventions for high risk groups, collaboration with and support for NGOs, social mobilization, training, operational research, evaluation and monitoring.

Control of STDs

As a part of STD control programs, major emphasis has been given to diagnosis and treatment of high-risk groups in major urban areas. A plan has also been taken to upgrade STD referral centres and revitalize clinical services through STD clinics.

Condom Programming

A 'condom' is a thin membrane tube usually made from latex rubber that covers the penis to prevent semen from entering the vagina/anus during sexual intercourse. Condoms can also be used for anal intercourse which should be stronger.

In India, condoms are synonymous with the brand Nirodh, which is distributed free of cost at the family planning clinics and health centres. These are available for a long time and have been promoted primarily as a method of family planning. So in public opinion 'condom' is associated with birth control and not as a method of prevention of STDs including HIV/AIDS. Some surveys indicate that men do not like to use condoms because condoms reduce the pleasure of sex, are cumbersome to use, not readily available when needed, difficult to store in the house.

Considering the attitude of the users it is essential now to de educate and re educate people about the use of condom in each and every unsafe situation. The important fact is that people may not use condoms every time they have sex, they may even put on a condom just before ejaculation, they may damage the condom while putting it on. There is evidence from investigations in both laboratory and field situations that condoms can prevent the transmission of HIV and other STDs. Laboratory studies have shown that the HIV can not pass through the thin membrane of the condom. It is much more difficult, both for ethical and practical reasons to set up experiments to prove the effectiveness of condoms in real life situations. There are evidences through studies of female sex workers in Kenya and Zaire and other studies of HIV transmission that regular users of condoms are less likely to be infected with HIV.

To ensure the above among a circumscribed population like Indian Army, condom programming at a unit level should be initiated.

This particular program fosters public and private efforts to optimize availability and use of good quality latex rubber prophylactics for prevention of STD/HIV. As a first step, the Government

has revised the minimum quality standards for condoms in the country. Efforts to expand social marketing of condoms for disease prevention and to involve the family planning programs are underway. (*John Hubbey, Choudhury, Chandramouli : 1995*)

Blood Safety

There are about 1018 recognized blood banks in India distributed between government, private and voluntary agencies. The priority of Government AIDS control program is to expand testing for HIV in India to cover all blood banks. In July 1989 a notification was issued under the Drugs and Cosmetics Act, 1940, making it mandatory for licensed blood banks to get a sample of every blood unit tested for HIV antibodies. However, this is being implemented to cover the nation in a phased manner. Already all blood in the metropolitan cities like Mumbai, Delhi, Kolkata, Chennai are screened for HIV before transfusion.

Prevention of infection from blood is not easy. In cases of emergencies there may not be time to test blood and the risk of possible HIV infection has to be balanced against the certainty of loss of life from the injury. The development of simple and quicker tests could be of great value in these situations.

Hospitals are now reviewing their transfusion practices to give blood only in genuine life threatening situations.

Another way to reduce risk of transfusing contaminated blood is to discourage potential blood donors who have indulged in 'high risk' behaviour in the past or who may be already infected with HIV. In some countries leaflets have been distributed to potential donors requesting them not to give blood if they have special characteristics which include : have recently had a sexually transmitted disease or have had multiple sex partners. This is called 'donor deferral' screening. In case of such screening procedure it is necessary to provide a counselling service for persons who are found to be HIV antibody positive or who develop anxieties from screening questions.

India still relies heavily on paid blood donors. These professional donors often come from economically deprived sections of the community. Studies have shown that HIV seroprevalence in this group is higher than among voluntary donors.

A non governmental organization in Ahmedabad, the Gujrat AIDS Prevention Unit, has been actively working to reduce the transfusion of infected blood. In 1990 they found that 30 percent of the total blood supply in Ahmedabad was coming from commercial blood donors. In a survey of 100 commercial blood donors they found a considerable lack of awareness about HIV and AIDS.

Publicity about AIDS and blood transfusions had led to some people becoming afraid to give blood. Health education messages to the public should stress the safety of giving blood and let the public know what is being done to strengthen the national transfusion services, and for that blood safety' policy is to be laid down. (*John Hubley : 1995*)

The aim of 'blood safety' program is to develop and strengthen blood transfusion system. The rules under the Drugs and Cosmetics Act have been amended to ensure that all blood products in India, whether of local origin or from abroad, are tested for HIV antibodies and that standard manufacturing practices are followed by all such agencies.

Reducing the impact of AIDS/HIV

Counselling for HIV infected individuals and people with AIDS has become an integral part of the existing health care systems. Assessment of home care schemes to accommodate future AIDS cases are underway in our country.

The national Program has been launched well in time by encompassing all the required measures for preventing AIDS and HIV infection. However, considering the constraints in resources and services in the country there is an apprehension that implementation of the programs under various heads may be far from satisfactory. Moreover, in our country some of the problems like malnutrition,

lack of knowledge about certain diseases, poor health care, unfavourable attitude towards use of contraceptives are very common. These are often entangled with the mental make up of the people belonging to diverse social background and culture. To counter the impact of such a ghastly disease, it is thought essential to acquire knowledge about AIDS and to bring positive change in the attitude and behaviour as regards the people and this particular disease.

AIDS Prevention and Control, General Considerations :

Infection from HIV and AIDS is a burning problem all over the world. It has many social, cultural, economic, political, ethical and legal implications. In a situation of chances of a remote cure and a long incubation period during which the person is asymptomatic and can infect others, prevention and control of AIDS acquires foremost importance. The only way to remain free from AIDS is to avoid infection with HIV and for which the following strategies have been recommended.

As a part of health education there is a need to ascertain how to prevent AIDS. Here as a first lesson one should know that sexually transmitted diseases can be prevented by : (a) having only one uninfected sexual partner (ideally own wife), (b) Knowing the partner's previous sexual and drug use history, (c) Educating children about HIV before they become sexually active, (d) Teaching HIV positive people about 'safe sex', (e) Avoiding chances of infection of any STD and treating the same promptly as early as possible.

Preventing transmission of HIV through drug abuse, the following methods have been suggested by *Saag (1988)*, (a) to prevent use of intravenous drugs, (b) To administer education programs that are culturally sensitive and geared to young audiences which have the best chance of preventing drug use, (c) For those who can not stop taking drugs, the most effective way to prevent AIDS and HIV infection is to avoid sharing needles and syringes, (d) To outreach programs that vigorously maintain confidentiality which can be effective in reducing transmission to sexual partners or Intravenous Drug Users (IDU), (e) It is important to enable to access treatment centres for those on intravenous drugs use.

According to *Bharat (1993)*, the risk of transmitting HIV through blood transfusions can be reduced by adopting following measures : (a) Minimizing blood and blood product transfusion unless essential for saving a life. Using synthetic substitutes whenever possible. For unavoidable transfusion, most of blood should come from voluntary blood donors only. Hence, promotion of voluntary blood donations must be an essential activity of every blood bank, (b) Avoiding use of blood from professional blood donors, (c) using blood and blood products from screened donors for transfusion, (d) making the people aware that blood donation itself is not a risk factor for AIDS and HIV infection, so long as disposable sterile needles and syringes are used.

Women who are not aware about HIV infection can be suitably counselled how to prevent vertical transmission of HIV. Condom promotion is also advocated for those who are HIV positive. When there is an early pregnancy of an infected woman they can be advised for medical termination of pregnancy which is also one of such methods of prevention and control.

Dissemination of knowledge to Army

Dissemination of AIDS related news, views and educative messages through mass communication system can play an effective role to make the people aware about this lethal disease. For propagation of messages on AIDS to the army personnel with effectiveness of existing communication and information system, needs to be reviewed thoroughly. Because communication is no doubt a powerful tool to enlighten the people about any matter of their concern, its results depend at the end; for what it is employed and the efficiency with which it is used. (*Roy : 1995*)

Health education program is an essential administrative function of army organization. At the level of any army unit the Regimental Medical Officer (RMO) in general is responsible for looking after health and hygiene matters of that unit personnel. The Station Health Organization (SHO) of any army station in addition ensures cycles of immunization, protection against cold and heat, prevention against infective diseases and local contamination, ensuring chlorination of supplied water to troops at all military stations.

The Station Health Organization (SHO) of army, often arranges lectures and demonstrations to impart education about various preventive measures against certain cyclic and infectious diseases including AIDS/HIV to increase awareness about such diseases among unit personnel. An individual Health Record card, is maintained as a confidential personal document of each individual. It contains all immunization, sickness, hospitalization and other health related records of an army staff. This document is scrutinized carefully during the annual medical examination of every personnel. The overall policies and programs on health matters of army personnel are worked out at the apex office of the Director General Armed Forces Medical Services, New Delhi. In fact, the existing medical services available in the army units are ultra-modern and highly advanced considering the requirements as per prevailing disease cycle and other congenital health problems of the troops. Prevention strategy of HIV/AIDS can be conclusively drawn in respect of the army population by formulating health education policy which could be structured by the army health organization and implemented under the overall control of respective units/formations.

The findings of the study of an army unit reveals that the social, educational and health related messages reach to an army man through various conventional channels and means. Statistically, only 12 per cent reported that all such messages reached to them through radio. For another 10 per cent, lecture by the Regimental Medical Officer appeared quite useful to enhance their level of knowledge, where as according to the estimation of other 20 percent the periodic briefing by their own officers yield better result. Sometimes special lectures had been identified as quite useful in conveying valuable health messages effectively. Similarly, 10 per cent of the army men felt that monthly *Sainik Sammelan* (army assembly) serves as an important platform to provide educative messages on health and general subjects applicable to the armymen. However, it is interesting to note that a sizeable section of them (40 percent) believe that TV is the only ideal medium through which all important and socially relevant messages can be disseminated to army personnel speedily, clearly and meaningfully.

Among the army personnel gossip and chatting with colleagues and friends is a common means of releasing tensions, anxiety and fatigue, though among 90 per cent of the army officers chitchat or gossip does not constitute an integral part of their day to day life. Out of the jawans, 68 per cent are found to be fond of chatting with each other regularly. It is a source of recreation and an easy available means of tension and fatigue release mechanism for such large number of troops in a unit. The subject matter of gossip is mainly confined to their personal and family problems, where as only 5 percent of them discuss about their promotion, transfer and other matters related to profession. Health aspects of the army are rarely discussed as a subject of gossip. However any prevalent epidemic in the area around, or any recent infectious disease, or a recent case of sexually transmitted disease among any colleague, at times figures in their day to day gossip, which has a very short term effect. Many gossip group members know that AIDS and HIV infection gets transmitted through sexual intercourse and it is an alarming disease. About 6-9 per cent of army men were found keen enough to gossip about AIDS and they like to refresh their mind with new inputs on the subject. Therefore, in the matter of health education, gossip may not be an effective medium of communication as compared to a classroom lecture or any visual display, yet it acts as a potent and active fatigue and tension release mechanism among the army population who lead a group life. Such gossip exchange is highly effective for a group of persons living under stressful conditions and facing separation. It keeps them cheerful, friendly and healthy because of this.

From different information sources, the army personnel have learnt how the disease AIDS/HIV is transmitted and what are its preventive measures. Irrespective of the rank and file it is now known to many of them (a) why disposable syringes need to be used, (b) how blood and blood products should be handled, (c) why 'condom' should be used, and (d) how 'safe sex' is to be adopted.

To disseminate the knowledge about such pandemic disease, it is essential to know its culture and cultural construction.

Culture

In this discussion we shall look at the unity and diversity of human life and culture. The concept of culture, together that of society is one of the most widely used notions in sociology. Culture consists of the values the members of a given group hold, the norms they follow and the material goods they create. Values are abstract ideals, while norms are definite principles or rules which people are expected to observe. Norms represent the 'dos' and 'dents' of social life. Thus monogamy being faithful to a single marriage partner – is a prominent value in most western societies. In many other cultures, a person is permitted to have several husbands and wives simultaneously. Norms of behaviour in marriage include, to behave towards their in laws. In some societies, a husband or wife is expected to develop a close relationship with parents - in - law, in other words they are expected to keep a clear distance from one another.

When we use the term in ordinary daily conversation we often think of 'culture' as literature, music and painting. As sociologists use it, the concept includes such activities, but also for more. Culture refers to the whole way of life of the members of the society. It includes, their marriage customs and family life, their patterns of work, religious ceremonies and leisure pursuits. It covers meaningful for them bows and arrows, ploughs, factories and machines, computers, books, dwellings.

'Culture' can be conceptually distinguished from nations. 'Culture' concerns the way of life of the members of a given society – their habits and customs, together with the material goods they produce. Society refers to the system of inter relationship which connects together the individuals who ensure a common culture. Without culture we would not be 'human' at all, the sense in which we usually understand that term. We would have no language in which to express ourselves, no sense of self consciousness, and our ability to think or reason would be severely limited – as we shall show in later discussions.

The chief theme of both the current chapters is the biological versus cultural inheritance of mankind the relevant questions are : what distinguishes human beings from the animals ? What do our distinctively human characteristics come from ? What is the nature of human behaviour ?

Cultural variations between human beings are linked to different types of society and we shall compare the same (*Paula Treichler : 1992*).

Cultural Construction of AIDS

In a book of American writer who made an admirable balance between the contributions of individual men and women in forging a cultural response to AIDS and the social formations that make this so difficult. It is by the anthropologist and literary scholar Mary Catherin Bateson and the biologist *Richard Goldsly (1988)*. They write their book, '*Thinking AIDS*'.

It is possible to respond to the epidemic by reaching for more open, just and intercommunicating society and world in which no one is disenfranchised and individuals have the information to make appropriate decisions. Thus if we were able, as a society, to talk openly about matters related to sex and to feel compassion equally for all our neighbours, the AIDS epidemic would probably be under control by now. Instead we are in a situation where help has been withheld because unslated ideas about who is and who is not deserving, where essential information is not imparted to those who need it, where many lack the trust and self esteem needed to use the information available to them. The perenial problem of our society and of the world, which we have not had the resolution or imagination to address, are the principal sources of vulnerability (*ibid.*).

In any given situation, if any army personnel is found to be behaving in a manner to be called promiscuous, it is not by default it is product of culture prevailing in such organisation and this study finds that the Indian Army personnel are one such community.

Socio Cultural Constraints

Indian Army as an organization has certain set patterns of cultural norms which are unique and which influence day-to-day life of army personnel. Here they are required to pass through a restricted life style quite different from that of civil life.

Staying away from the family frequently and for long duration is one major social condition that every army personnel, irrespective of his rank, has to face. In the unit under study only

10-14 per cent of the respondents are found staying consistently with their family during complete service. In the case of remaining 76-80 per cent, they have been either staying without family or lived temporarily in few places of postings. When they were asked, 88 per cent expressed their strong resentment against such separate living. About 10 per cent of armymen however recorded their opinion in favour of staying single. More than 80 per cent of the respondents were in view that living separate from families has many adverse effects on one's life. Here one may note that due to employment reason or otherwise when the army personnel live alone and can not enjoy the pleasure of regular conjugal living, some of them may possibly develop a tendency of enjoying extra marital sex or opt for other ways of sexual release for themselves including visit/visits to nearby sex workers, masturbation.

To maintain discipline, orderliness and exercising command and control, there are certain imposed restrictions on day to day movements of army personnel in every army unit. Without permission jawans are normally not supposed to leave the camp or unit at their own. For the junior leaders, however, there is no such restriction, and the officers when are not on specific duty, can move anywhere. Among the respondents 84 per cent said that they are given permission to go outside the camp only once in a week. It was twice only for one percent of them. Though it is essential to ensure discipline of a unit, yet it gives an impression that restriction imposed on freedom of movement causes some kind of restlessness and often helps growing clandestine attitude among some of the army men which are recurrently reflected in their behaviour and concealed act.

Army as a profession involves life risk, frequent movement from place to place, transfers to very remote areas, temporary rescue and relief duties, and exposure to various hazardous and unfavourable climates and prolonged separation from families. It imposes several restrictions on personal freedom also as discussed. The above said factors affect some of them in multiple ways. Some of these often put an adverse effect on personality, mental make up, and social behaviour of the army men. The common people (civilians) normally have certain ideas so they avoid interacting

with unknown army men openly. It is mainly because of the historical impression of pre independence conditions, which had army of other country as a colonial power.

In general an army man is found to be well behaved, courteous and helpful for any other person outside. They do not generate impression that should scare any body.

Physical separation from family and children, very often in life and that too at far flung places amounts to one of the basic socio cultural constraints. Since individual expression in the unit life has certain taboo, they hardly get an opportunity to vent out their mind in own language to deliberately express their felings whenever they desire to do so. This is another dominating sociocultural constraint, which creates a lasting psychological effects in the minds of soldiers.

The person from North India, may rarely be posted to his place of belonging. Leave during emergencies is not guaranteed to him and he can not attend to his family's social obligations due to such service conditions at times. This can be another socio-cultural constraint accountable. To keep such body of men released from fatigue the organization it allows them to drink sometimes when off duty. A survey of drinking has also been discussed and analyzed to study the effects of liquor in influencing their social life.

Present survey reveals that 65 per cent of the respondents like to consume liquor and the remaining 35 per cent do not drink at all. Those who drink did not specify any particular reason for their likes of drinks. However, 86 per cent of them were found to feel relaxed and happy, 5 per cent felt sick and one per cent became restless as a result of drinking. In the remaining cases, there was no notable behavioural change after consumption of liquor. It is important to note that as per opinion of 46 percent of the army personnel, consumption of liquor tends to increase their urge for having sexual intercourse. Such behavioural aspect has been discussed in previous chapter that consumption of liquor at times may stimulate some army personnel to visit sex workers and even seduce them to enjoy sex with any unknown female abruptly without adopting adequate safety precautions. As far

as adoption of precaution is concerned, it needs serious deliberation. In a situation, like this when the sexual involvement is abrupt it does not allow the user to make best use of 'Condom'. A condom may not be even readily available when required. The Commanding Officers of army units should anticipate such behavioural aspect of men under command and cater for counter measures. Such situation can only be negotiated with 'Condom' promotion action in such units. The adequate quantity of condoms can even be placed at the unit main gate 'sentry post' only; so that at the time of going out to the city one can always pick up 'condoms' without any hesitation and use it as required. If such procedures can be disrepectfully executed at unit/subunit levels, the administration to check infection of this virus (caused though sexual contact) will be effective on this account.

Reviewing the data on pass time activities and modes of entertainment of army personnel it appears that 34 per cent of the respondents enjoy reading magazines in their leisure hours, 42 per cent prefer to think about their family members and write letters to their near and dear ones, 20 per cent want to listen to musical programs on radio or watch TV, 3 percent enjoy drinking and only one per cent like to relish extra marital sex, fun/pleasure. With this it is fairly conclusive to say that the personnel of Indian army, are generally fond of leading their day to day life free from involvement of sexual act and spend their life with the hope to visit home soon. A person out side may not be able to understand such behavioural pattern till they practically experience it.

While concluding on prevention strategies against AIDS/HIV among army population, it is essential on the part of the policy makers and executors of health education including the Commanding Officers of units, to review periodically the effects of adopted policies and orders on the concerned population i.e. the soldiers. The aim of such a review could be directed to draw lessons from what the organization of army has done in the past and make use of available 'feed backs' for future interest and guidance of the organization. Such an approach may help to adopt certain strategic measures against prevention of HIV/AIDS in the army in clear and definite terms. That will ultimately lead to bring changes in certain behaviour of the army men conducive to AIDS/HIV. The formulation of prevention strategy regarding AIDS/HIV, needs to be designed at

national level, thereby facilitating all components of the society to adopt such measures that will safeguard the society in general and each individual section of people in particular. The level of knowledge of the army men about AIDS/HIV needs to be updated, corrected and specified. It is expected that along with the induction of more staff knowledgeable about AIDS/HIV, there would be further awareness and changed attitude among the rest, regarding this particular disease.

Army as a community has all social roles to play as others. Therefore, formulation of a national strategy on prevention of AIDS/HIV would have an equal effect on such community directly. Thus, while carrying out the preventive programs among the army population, inclusion of directions of National AIDS prevention strategy are thus found equally important and applicable. Some of these have been briefly explained in succeeding paragraphs.

These are not recommendations but directions of an overall policy. While framing the policies and programs in preventing AIDS, taking into consideration the global concerns and measurements adopted to fight out HIV/AIDS, it is advisable to follow certain guide lines and directions as indicated below :

1. To implement HIV/AIDS prevention activities targeted at women it is essential to gain high level political support and commitment within national governments, donors, national AIDS programs, non-governmental organizations, community based organizations, and communities themselves to achieve effective and sustained national policies and/or large scale programs.
2. National leaders should be encouraged to recognize the important role they have to play in terms of advocacy. They can also ensure those policies; program priorities are integrated, as far as possible, within existing national strategies. They should ensure that the essential policy programs and objectives are adhered to.
3. It is vital that a thorough problem analysis is conducted, and that key issues are identified and understood, prior to policy formulation program design. Specific attention should be given to

short term and long term objectives; principal components required; current knowledge and situation; methodology, budgetary consideration and cost effectiveness.

4. To ensure successful implementation of a policy program it is vital to include in the planning progress a clear definition of the operational structures and responsibility levels before policy and/or program implementation. This should be done in accordance with existing implementation capacities and budgetary structures.
5. Appropriate mechanisms should be put into place to ensure policy and/or program continuity and sustainability, so that any changes in the social, economic or political situation should not impair the effectiveness or threats of survival of the policy and/or program in question.
6. To ensure a policy's long term effectiveness and usefulness, it should be monitored and evaluated at regular intervals. Given the high cost of evaluation, it may not be possible to subject every policy or program to such evaluation. Practical and simple monitoring, using indicators that are easy to measure, provides sufficient feed back for improvement.
7. For media centric national policies and programs, continuous campaigns are needed over time and across media. Those campaigns should be responsive to the particular needs of the targeted community. Further, media information should be culturally sensitive, help providing correct information and where possible promote dialogue within a community. New messages need to be developed in accordance with the changes in social circumstances and require to be adjusted and renewed frequently to maintain interest.
8. Non governmental and community-based organizations are important component of AIDS/HIV prevention strategies. Long lasting and optimal success of policies and/or programs will best be achieved where national Governments and program planners build link with NGK's and CBOS, and encourage participation and interaction between government and those organizations. (*W.H.O. : 1992*)

To further channelize the prevention strategy drawn out of national policies, a consolidated effort is required to be made towards STD and condom care. Certain approaches to STD and condom care have been identified, which will help us to implement the policies on specific issues.

Effective approaches to AIDS/HIV prevention through STD care and Condom Promotion

1. Interventions that combine education, condom promotion, early detection and treatment of STD have been shown to reduce STD and HIV transmission.
2. The quality of STD care is critically important and it encompasses appropriate clinical management, but confidential, respectful, non-stigmatizing treatment, counselling, partner referral and community education.
3. STD services that are integrated into primary health care, maternal and child health, family planning and community services and are based on comprehensive management in one visit at the first point of contact with the health system, are likely to be more accessible, reassuring and non-stigmatizing for women.
4. 'Condom' promotion and distribution, particularly for army personnel is not done religiously. Condom's social marketing (in which condoms are sold usually at subsidized prices, through the private and informal sectors) and community based condoms distribution (in which condoms are distributed by community workers) increase condom availability, demand and utilization. For the community under study, the proposed policy has been discussed.
5. 'Condom' should be promoted and distributed through as many public and private channels as possible in order to ensure their availability to as large a proportion of the total population including through medical channels of army, as far as possible. In addition, it is important to ensure that condoms must reach and are strictly used by those most vulnerable to STD and HIV

infection. Reducing epidemiological vulnerability to STD and HIV, it should take priority over cost recovery, as some STD/HIV vulnerable individuals and communities can not afford to pay for condoms.

6. Both social marketing and community based condom distribution can be specifically designed and tailored to serve women more effectively. Women need to be taken into confidence giving due weightage to their values, beliefs, social customs and economic status.
7. The success of both social marketing of condom and community based condom distribution depends on several factors, including audience participation in message design and development, careful training of distributors, frequent mass media reinforcement and careful audience segmentation.
8. 'Condoms' should be promoted not simply as a means of preventing STD, but as part of confident, self assured and positive lifestyle. In particular 'condoms' should never be promoted in anyway that stigmatize any segment of society in particular.

Having gone through the methods of prevention of this disease, it is evident that there is apparently no cure of this disease. Therefore, it is the prevention strategy that can save a society from the onslaught of this disease. The recommended AIDS preventive strategies therefore need to be manoeuvred even as a test case in the case of Indian army.