

India ~ Fighting HIV

Film: 10 minutes



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CURRICULUM CONNECTIONS

Grades 9 - 12
Health

Health – Standard 8. Know essential concepts about the prevention and control of disease

- Understand personal rights and responsibilities involved in the treatment of disease (e.g., proper use of medication; the influence of family and culture on the treatment of disease)
- Know communicable, chronic, and degenerative disease processes and the differences between them
- Understand the social, economic, and political effects of disease on individuals, families, and communities

Resource - [McREL Content Knowledge – Standards & Benchmarks](#)

DISCUSSION QUESTIONS

- ☞ What does it mean to be HIV positive? How is it different from AIDS?
- ☞ How is HIV transmitted?
- ☞ Why does the way it is transmitted make it more difficult to provide treatment for those who are infected?
- ☞ What are the social issues in India that prevent women from being treated?
- ☞ What is the HIV/AIDS situation in your community or country?
- ☞ Do you know anyone with HIV or AIDS? What is their life like?
- ☞ Is HIV curable? What are the treatment options?
- ☞ Dr. Suniti Solomon says that she wishes AIDS had first been discovered in a baby. Why does she say this?

Visit aids.gov

BACKGROUND INFORMATION

Excerpts from interview at **explore.org**

Dr. Suniti Solomon and her dedicated team of researchers, doctors, and counselors have been helping people living with HIV since 1993.



What is the mission statement of your organization?

YRG CARE is a premier non-profit HIV referral center in Southern India, whose goal is that, people living with HIV and AIDS, and their families, live with dignity; and that there is no further transmission of the infection.

How long have you been involved? And why did you get involved?

I was initially working as a Professor of Microbiology at Government of Tamil Nadu's Madras Medical College, the oldest medical school in India. In 1986, my team detected the first HIV positive person in India and since established the first Voluntary Counseling and Testing (VCT) center in India. Those days I saw one new patient with HIV and today we see on average 10 new patients a day. While counseling young adults, I realized the extent of risks, myths, misconceptions, and ignorance about sexuality and HIV among them. So I decided to go out to schools and other youth centers and educate young adults about sexuality. Though in the beginning it was very difficult to enter the portals of educational institutions, with the help of Catholic priests (my friends) I managed it; today it is a sustainable program in my state, Tamilnadu. Since I found that the best way to prevent the spread of HIV was behavior change, I gave up my prestigious position with the government and started my NGO, YRG CARE.

What are three things about your NGO that you wish people knew?

- Most important are the people living with HIV and their families... Second are the people that network or collaborate with YRG CARE and last but not the least are the rest of the community, the government and other private sector who could support our patients through us.
- More people at risk or those living with HIV should be aware of available services: clinical, counseling, and psychosocial support. Many families bring in the patient at the last stage of the disease and little intervention is possible. I wish more people knew about our services and were able to reach us in time so that they can live a better life.
- I wish that all our collaborators and networks understand the great deal of commitment and involvement of our staff. Their attitudes are so accepting, non-discriminating and non-stigmatizing and they definitely make our patients and clients feel welcome.

Do you think media accurately portrays the issues your organization represents?

YRG CARE has been fortunate to have the media play a small but important role in increasing the visibility of its services through print, radio, and television media.

I recall the one incident a few years back, when the international media picked up our service for matrimonial services for people living with HIV; this was later taken over by the local media. There was an especially huge spread of our work in the local daily in Andhra Pradesh, a neighboring state to Tamilnadu. We got several people who were interested in this matrimonial service. This helped not only to match positive persons, but some of them were actually able to have a clinical check up, go to know their health status and initiate antiretroviral therapy. Many of the couples who got married have children and happy families today.

Of course, more visibility is always required especially for those recently at risk or recently diagnosed, and so we always need to work closely.