

บทความพิเศษ

Special Article

Living with AIDS and HIV in Thailand

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According to Miller, AIDS is one of the sexually transmitted diseases, may be a new one and people still misunderstand it and are afraid, both those who may be infected with the causative virus (HIV - Human Immunodeficiency Virus), and those who care for HIV infected patients or AIDS patients⁽¹⁾. Since the first case of AIDS in Thailand was reported in September 1984, progressive numbers of AIDS cases as well as people with HIV have been reported throughout the following years. It is estimated that approximately cumulative 750,000 people were infected with HIV in 1994⁽²⁾ and up to 31 December 1994, 14,758 cumulative AIDS cases were reported to the Ministry of Public Health (MOPH) (data from Division of Epidemiology, MOPH). So the number of AIDS patients will place a heavy burden upon the health sector to meet their clinical care needs and upon the community.

Although the majority of the public already has a basic knowledge about AIDS, people still have an aversion towards people with HIV or are afraid of becoming infected with HIV from many sources, such as from medical instruments or by being in close proximity with AIDS patients/people with HIV⁽³⁾. People generally are not yet sufficiently aware of the disease and are not becoming familiar with it because they have

never seen AIDS patients. Some think that AIDS is far from them and only people who have risky behaviour can get the disease.

In this essay, I firstly intend to give a general description of AIDS and epidemiological data on HIV/AIDS in Thailand. Secondly, I would like to show how we can make choices easier for patients, their relatives or health personnel when facing some conditions that create confusion and depression. Finally, I would like to create positive attitudes among the general public towards people with HIV/AIDS so that everyone can live harmoniously in society.

General Knowledge of AIDS*AIDS and HIV Transmission*

AIDS is an abbreviation for "Acquired Immune Deficiency Syndrome". It means the body's immune system is no longer able to protect itself against infections⁽⁴⁾.

The immune deficiency in AIDS is caused by infection with a virus called "Human immunodeficiency virus" (HIV). This virus was discovered in 1983 and it attacks the helper cells which are the fighting cells of the blood. It is a retrovirus, which means that it is slow-acting and not highly infectious. Occasionally, infection with

HIV may cause short term immediate symptoms called flu-like symptoms but most patients do not observe themselves and are unaware of HIV infection. Nearly all people with HIV remain well for several years after infection. Most of them will develop AIDS within 5-10 years. So far the average is about seven years after infection⁽⁴⁾.

There are three stages of development in people with HIV after infection. The first is called HIV-asymptomatic infection. During this time, most people are generally well and they are infectious to others especially through semen for men and vaginal secretions for women. In fact, once HIV has entered someone's body, they will remain infectious throughout their life.

The second period is called AIDS-Related Complex or ARC. People with HIV infection will have minor symptoms for more than one month such as swollen lymph glands (persistent generalized lymphadenopathy - PGL) or other symptoms, such as weight loss, fever or diarrhoea without knowing the cause. They may also have night sweats and minor infections but without the major features necessary for the diagnosis of AIDS.

The last stage of HIV infection is AIDS. AIDS is also diagnosed only when the immune system is damaged by the HIV virus and that person becomes susceptible to a range of infections and also to certain types of cancer. AIDS is an incurable disease and the commonest symptoms are diarrhoea, profound fatigue, weight loss, swollen lymph glands, and night sweats with, in particular, a severe atypical form of pneumonia (Pneumocystis carinii pneumonia - PCP) and a normally rare type of skin cancer (Kaposi's sarcoma). Dementia is also seen in some patients⁽⁵⁾. In 1993, the Working Group on AIDS Definitions and Surveillance, MOPH reviewed definitions and criteria of AIDS and included three associated illnesses if those patients have HIV seropositive⁽⁶⁾; Tuberculosis (pulmonary or extrapulmonary), recurrent pneumonia (bacteria) within one year, and invasive cervical

cancer like AIDS disease. After catching new illnesses, AIDS cases will be much higher than before and during episodes of severe illness the patients will need inpatient hospital care but for the rest of the time may be able to remain in the community⁽¹⁾. So far they can live harmoniously in their community if there are no discrimination or negative attitudes.

HIV Transmission

According to Macklin, HIV is not easily passed from one person to another⁽⁷⁾. It cannot be transmitted by sharing cups, toilet seats, or from body contact, touching, hugging, kissing, sneezing, pets, etc. The three principal ways of becoming infected are:

- by penetrative sexual intercourse with an HIV infected person (between men or between a man and a woman);
- by receiving infected blood into the bloodstream (for example by sharing of contaminated syringes and needles especially intravenous drug abuse, receiving infected blood products used for transfusions); and
- from an HIV infected mother to her baby before, during or after birth.

Epidemiology

The HIV and AIDS Situation in Thailand

According to the AIDS Division, MOPH, the first case of AIDS in Thailand was reported in September 1984⁽⁸⁾. Since then the Ministry of Public Health set up the AIDS voluntary reporting system and in 1989 started the sentinel seroprevalence surveillance system for serosurveys among specific population groups.

The AIDS voluntary reporting system provides information on the number of persons affected with AIDS and other symptomatic HIV infections. This information is used for the planning of community and hospital care. Early

AIDS cases were generally Thai homosexual males returning from abroad. In 1987 and 1988 there was an explosive spread of HIV infection among injecting drug users (IDUs). The virus then spread to male and female sex workers and their clients; followed by clients' partners or wives. So far the result of heterosexual transmission in Thailand became increasingly important and this is the reason why Thailand faces the problem of perinatal transmission.

As of December 31, 1994, the cumulative number of 14,758 AIDS cases was reported to the MOPH. About 44 percent of the cases were reported in 1993 alone. Of all AIDS cases, 77 percent were categorized as resulting from sexual transmission; of these 76 percent from heterosexual transmission, 7 percent from the injection of drugs, 7 percent from perinatal transmission, 0.2 percent from receiving contaminated HIV blood transfusions, and 8 percent of cases no information on the route of transmission was available.

As far as age groups are concerned, reports also indicate that more than 87 percent of the cases are in the age range of 15 - 49 years. Children under 4 years accounted for 1,021 cases (7% of the total). The ratio of male to female was about 6.2:1.

The sentinel seroprevalence surveillance system is a cross-sectional HIV serosurvey among specific population groups that are injecting drug users, prostitutes, out-patient males with sexually transmitted diseases, donated blood and pregnant women. This system monitors the trend of the HIV/AIDS epidemic and is used to estimate the HIV situation among the general population and to project the extent of the HIV/AIDS epidemic in the future.

The result from a survey in June 1994 points out that HIV (median) prevalence among pregnant women was 1.78 percent. The highest rate was still among IDUs (34.27%) and low-charge prostitutes (27.02%), followed by male STD patients (8.50%), high-charge prostitutes

(7.69%), and donated blood (0.68%), respectively (data from Division of Epidemiology, MOPH).

Based on the HIV estimation, it is projected that in 1994, there may have been cumulative 750,000 HIV infected persons in Thailand, who will develop AIDS in several years. In addition, the number of orphans due to AIDS will become an increasingly large problem. In future medical and hospital care will not be enough for HIV persons. So far it needs to provide and develop social services, community - based care and to protect the rights of people with HIV/AIDS.

Coming to Terms with Diagnosis and Being Seropositive

My experience in counselling people when they first discovered that they were HIV antibody positive are shock and disorientation in patients. Some could not believe that it is the truth and have no idea how to spend their life. Some have seriously considered suicide. The most important thing at this time is to give more information. This should concern (a) knowledge about HIV infection and develop the disease and (b) what to do after getting infection. The best response to help those patients in which may be one of your friends or relatives are encouraging them to talk about or ventilating concerns, worries, fears or anything that can decrease their emotion. Avoiding asking or emphasizing how they contact or get the disease because such question will give them more depression. Human contact and touch such as holding hands, just being there with them may be the most important help that they need. It helps to emphasize that this is not an infection to fear but to fight against the disease.

For people who have been told that they are seropositive to HIV, it means that they have infection, not a disease or illness. According to Levy, some HIV infected persons still remain well 8 - 15 years after getting in infection⁽⁹⁾. However, in general it remains uncertain whether everyone with HIV infection will develop AIDS

or even become ill.

Based on current knowledge, although AIDS is an incurable disease, with the development of new treatment regimens, people with AIDS are living longer and can have a better quality of life if understanding what AIDS is, learning the new way of life and people surrounding support them in the right way⁽¹⁾.

Epidemiological data on HIV/AIDS in Thailand shows that the general population may have an infection. For example a housewife can get infection by transmission from her husband. If you are an infected person, the problem is who should be told your news. It is not necessary to tell everyone that you have an infection. It seems clear that health care personnel who are responsible for taking care of your health have to know about your status. If you dare not tell your sexual partner, you should stick to safe sex whenever you wish to have sex activities e.g. mutual masturbation, using condoms, etc. You may choose someone in your family who is most likely to be sympathetic with support and understanding. The important thing to keep in your mind is that you are not alone. There are many other people in the same position as you and their experience can help you. Four or five years ago, Thailand did not have many AIDS cases and only a little bit of information about AIDS was known. Some health care workers are afraid and avoid taking care of AIDS patients or patients who have HIV seropositive; however, nowadays less health personnel are still afraid and most of them create positive attitudes. The reasons were that AIDS is the majority problem of public health and everyone has to realize that it is everyone's problem and has to stop or decrease the transmission by changing sex behaviour such as having only one sex partner, no promiscuity, using condoms if you would like to have sex with someone else who is not your wife, etc. However, it is impossible to change someone's behaviour during a short period. It may be successful in another generation and it needs various strategies for behavioural changes.

Living with AIDS

With the diagnosis of HIV infection, a person does not cease to be safe to live with or to visit. Remember, this virus is really quite weak. It cannot survive long outside the human body and it is readily killed by the application of household bleach or very hot water and strong detergent. Avoiding the transmission of infection to others in the home therefore simply means that new rules of living need to be learnt and new precautions need to be taken. This maintenance of personal and home hygiene is not only healthy, it also give the beneficial psychological effect of making you feel better and reassuring anxious friends so that they feel happy to be around you.

According to Tatchell, HIV cannot spread in the following ways⁽¹⁰⁾: sharing crockery, lavatories and bathrooms, towels or bed linen, by shaking hands, by using doorknobs or public telephones, by kissing, hugging or cuddling. It naturally makes good sense for all people to keep to the following guidelines :

- Wash your hands regularly, and keep yourself clean by bathing daily. It may be good to keep your own separate soap, nail-brush, toothbrush, cutlery, and towel, rather than sharing.

- The gums are very sensitive and can easily be damaged by toothbrush, dental floss and toothpicks. These should be used gently and to prevent virus transmission to others, never shared. A soft toothbrush is safest. If lesions are present in the mouth, cleansing your teeth with cotton buds might be less damaging and less painful.

- Any sores, cuts or scratches on the body should be covered with a waterproof plaster until they are healed.

- Do not share razors because they often cause minor cuts and get contaminated with blood. The risk of cuts can be reduced by using an electric razor instead of a razor blade.

- In the event of spilling blood, vomit, saliva, nasal fluid, tears, urine, faeces, vaginal secretion or semen from your body or from someone else's, you should:

- wear rubber or plastic gloves for cleaning it up with tissues and then flush the tissues down the toilet;

- wash the affected skin area, preferably with a strong anti-viral and anti-bacteriological soap like Betadine Scrub or Hibbiscrub. If you cannot find that soap, you can use general soap or detergent;

- wipe the floor and any other affected household surfaces with a dilution of 0.5 percent Sodium Hypochlorite (Chlorox, Hyter).

In addition to these guidelines, other sources of risk must be considered (Miller, 1988). These apply to all persons who have risk behaviour for getting HIV infection whether they know themselves to be seropositive or not:

1. Do not donate blood, body fluids or organs.

2. Do not share toothbrushes, razors or any cutlery. Although the degree of risk is very small and there is no evidence for the spread of HIV from such activities. However, such precautions bring peace of mind and confidence that no risk to transmit HIV from one to another.

3. Avoiding some procedures such as getting ears pierced, acupuncture, tattoos and being shaved in a barber's shop because these may be a risk of HIV infection unless you are sure that those instruments have already been sterilized before used on you.

4. Think very carefully about becoming or remaining pregnant. Many studies in Thailand show that perinatal transmission rates are about 26 - 35 percent⁽¹¹⁻¹³⁾. So pregnant seropositive women have to make the decision to terminate pregnancy or not because if their babies are lucky not to get HIV infection, they may become orphans. So far the reason will depend on who will look after their babies after their parents die.

Other recommendations for people with HIV and AIDS are:

- Having sufficient sleep on a regular basis;
- Getting regular exercise and planning for daily exercise;

- Eating a healthy diet, avoiding caffeine, alcohol, cigarettes, and artificial flavourings or preservatives;

- Using condom any time during sex activities;

- Enjoy yourself by doing some things for fun or pleasure for example shopping, listening to the radio, going to the cinema, singing a song, going for trip.

Campaigning to Defeat AIDS

The most important issue for campaigning against AIDS is getting everyone to accept that AIDS is a reality and not refusing that it is not their problem but everyone's problem. Firstly, positive attitudes among health care workers and general public towards people with HIV/AIDS have to be created so that everyone can live harmoniously in society. People with HIV infection do not want pity. They need the love and support of friends. In addition, social services such as welfare, assistance, and opportunities to develop the socio-economic potential of people with HIV, AIDS patients, and their families have to be provided.

Secondly, although AIDS is an incurable disease, transmission of the disease is not easy. You should not reject people who get infection because discrimination may cause such serious situation. Once, there is some evidence that reflects AIDS discrimination and the desire to hurt others, the public panics. Some boys who are suspected of being HIV seropositive, using syringes and needles to draw their blood then injected other girls in a popular department store in Bangkok. People were afraid and panicked. After investigation by the MOPH, it was found that such evidence was not true. However, it reflected about psychological problems and aggressive response from people with HIV if they anger society. Who will be the victim?

Finally, it seems to be clear that at present, health education is the best treatment to campaign against AIDS because there is no medicine

to cure it and we will have to wait for several years for an AIDS vaccine and it may be unsuccessful.

Conclusion

This essay tried to inform about going understanding AIDS, the epidemiology of HIV/AIDS in Thailand, living and taking care of anyone who gets HIV infection or is suspected of

getting it. It is time to create positive attitudes towards people who are seropositive and to campaign for society and communities to accept AIDS patients and people with HIV in order to live together in society. More over, disseminating public information to increase awareness of ones own rights and to respect the rights of others is an important ways to keep harmony in society.

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