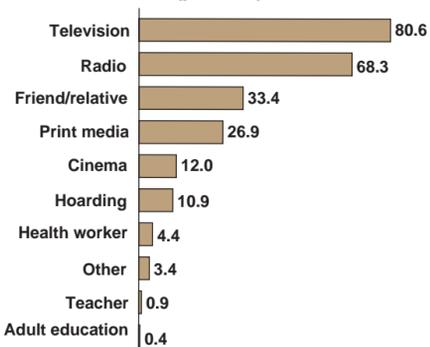


### People Need HIV/AIDS Information

For people to take steps to avoid HIV/AIDS, they must first hear of it. In Karnataka, 84 percent of adults have heard of the disease, with high awareness in urban and rural areas. Television is the most likely source of HIV/AIDS knowledge, followed by radio. Only 4.4 percent of ever-married women received information on the disease from a health worker.

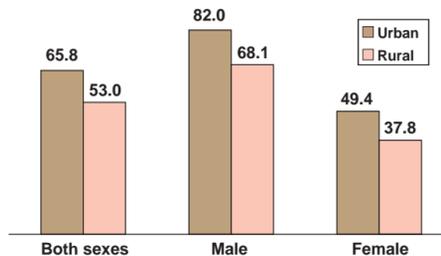
Where Do Women Hear about HIV/AIDS? Sources of Knowledge in Karnataka (percent)



National Family Health Survey, 1998-99 (survey of ever-married women, ages 15-49)

The BSS also revealed that awareness of the use of the condom as a means to prevent HIV/AIDS was far from universal. In the rural areas, about one-third of men and two-thirds of women were not aware of its role in disease prevention.

Percent Knowing that Consistent Condom Use Can Prevent HIV/AIDS, Karnataka, 2001

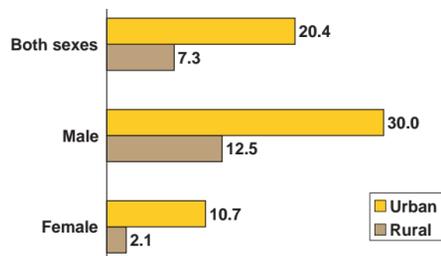


Behavioural Surveillance Survey 2001 National AIDS Control Organisation

Personal experience with the disease is becoming more widespread. Overall, 17.3 percent of BSS respondents knew of someone who had died of AIDS, 18.5 percent in urban areas and 16.7 percent in rural areas.

**Accurate knowledge, testing and counseling are three main weapons in the struggle against HIV/AIDS...**

Percent Knowing a Place Where They Could Be Tested for HIV/AIDS, Karnataka, 2001



Behavioural Surveillance Survey 2001 National AIDS Control Organisation

A significant proportion felt it was possible to be tested confidentially for the disease (70.6 percent), but the overwhelming majority did not know where to go for testing. Only 20.4 percent of people in urban areas and 7.3 percent in rural areas knew where they could be tested. Testing for HIV is not only in the individual's own self-interest, but would act as a strong deterrent to its spread.

### What must be done?

- The stigma associated with people living with HIV/AIDS must be ended. Women and orphans are cast from families, children from their school and workers from their workplace. Ignorance breeds needless fear.
- Confidential testing centres must be made operational in every district. HIV/AIDS must be fought at the grass-roots level.
- Women are a vital target for information and testing, lest they be left defenceless.
- HIV/AIDS information — and counseling — must be universal. Everyone should know the truth about HIV/AIDS.
- People must learn that a single, uninfected partner is the best defence.
- Those who do engage in risky behaviour must learn the value of a high quality condom and how to obtain one.
- Treatment for people living with HIV/AIDS, including antiretroviral drugs, should be provided free of charge, given that the expense is beyond the reach of many.
- The importance of *quickly* educating youth is a key element in the campaign.

**All the danger signs are there. Knowledge of the disease itself is low, the knowledge of preventive measures is far short of what is necessary and counseling is unavailable to many. HIV/AIDS has come to Karnataka and is now a genuine epidemic.**

This series of factsheets on the six hard-hit HIV/AIDS states (Andhra Pradesh, Karnataka, Maharashtra, Manipur, Nagaland and Tamil Nadu) are available in English and the respective state language and are free of charge to individuals and organisations. For additional copies, please contact the Population Foundation of India at the address below.

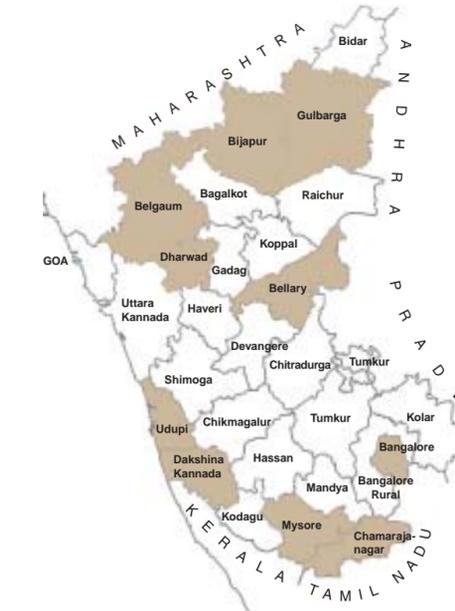
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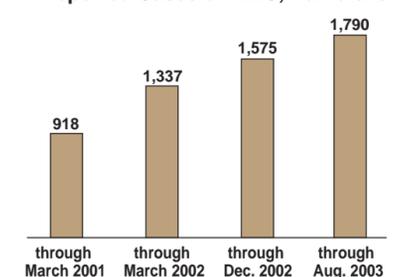
## Karnataka

## HIV/AIDS in India The Hard-hit States



**Karnataka is now one of the states of India most seriously affected by the HIV/AIDS epidemic. The first case of AIDS in the state was detected in 1988. The state now ranks fifth on the number of reported AIDS cases in the country. The proportion of women in antenatal clinics who test positive for HIV infection is the highest in the country. This is a sign that the epidemic is spreading into the general population and is no longer confined to high-risk groups. With an intensified campaign, Karnataka need not experience the devastation of a widespread epidemic, such as has happened in Africa. Accurate information on how to avoid the always-fatal disease — and the elimination of the stigma against its victims — can help the state stem the tide of the epidemic.**

Reported Cases of AIDS, Karnataka



National AIDS Control Organisation

### How Far Has AIDS Spread?

Officially reported AIDS cases from hospitals and clinics across the state are only a small fraction of the total. However, their rise from 918 in March 2001 to 1,790 through August 2003 shows that the disease is rapidly gaining ground. Of those 1,790 cases, 215 were added in the first eight months of 2003 alone.

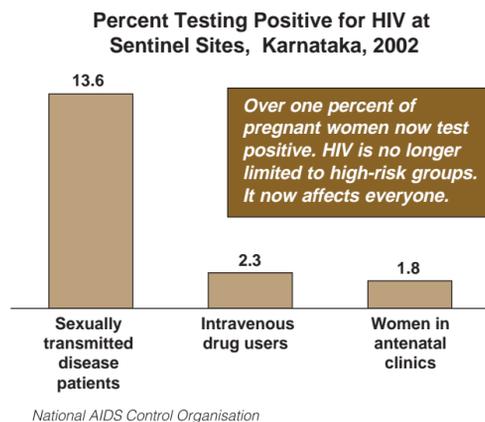
Among adults, males are infected 3:1 compared to females, but the number of females with HIV/AIDS is rising. About 90 percent of the total reported AIDS cases are in the age group 15-44.

### Measuring the Spread

In order to measure the extent of HIV infection, testing is conducted at "sentinel sites" among high and low-risk groups. High-risk groups are patients at sexually transmitted disease (STD) clinics and intravenous drug user (IDU) clinics. Women treated in antenatal clinics (ANCs) form the low-risk group.

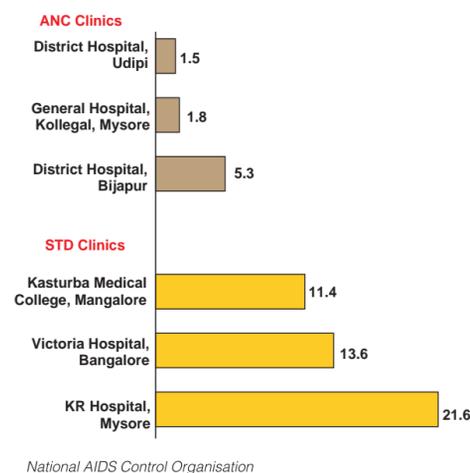
The National AIDS Control Organisation (NACO) classifies the HIV/AIDS epidemic in Karnataka as *high prevalence*, with five percent or more of high-risk groups testing positive and one percent or more of women in antenatal clinics testing positive. Rates for women in ANC clinics have now, in fact, risen as high as five percent. That is a very high rate for women in the general population, who typically do not engage in risky sexual behaviour and whose chance of contracting HIV is considered low.

The sentinel site data show that the epidemic has now spread to the general population. In Karnataka, the HIV/AIDS outbreak is a genuine epidemic.



**Of the 49 high prevalence HIV/AIDS districts in India, 10 are in Karnataka...**

Percent of Pregnant Women and STD Patients Testing Positive for HIV, Karnataka, 2002



**A true AIDS epidemic is not a future possibility for Karnataka. It is a present reality...**

### Bridge Groups

The high rate of HIV infection among women in antenatal clinics indicates that the disease is being carried to the general population by a "bridge" group. It is unlikely that these women contracted HIV through their own behaviour, but from their husbands. Karnataka recorded the highest prevalence of HIV among ANC attendees in India.

According to the Behavioural Surveillance Survey (BSS), conducted by NACO in 2001, nearly two-thirds of the clients of female sex workers were either married and living with their spouse or with some other partner. As a result, their regular partners become exposed to the threat of HIV as well.

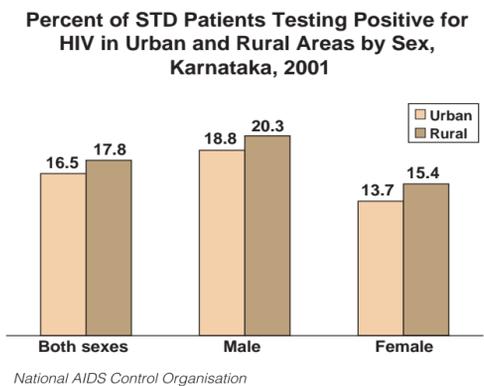
Tragically, pregnant women can pass the infection to their unborn child or, after birth, by breastfeeding, an otherwise recommended practice.

### Added Risk with STDs

Sexually transmitted diseases (STDs) increase vulnerability to HIV infection. Contrary to the notion that AIDS primarily affects urban areas, high levels of HIV have been found among rural STD patients as well. This raises a serious public health issue as rural populations have less access to medical diagnosis and treatment, including STD services.

The higher rate in rural areas requires greatly increased efforts for HIV education outside cities and towns. Reaching down to village panchayat leaders to convince them of the need to overcome the stigma associated with AIDS and the discussion of it has become a critical need. People fear the stigma from even being tested, knowing they are likely to be ejected from their household, village or school.

**"Bridge" groups, such as husbands who use the services of sex workers, infect their wives with HIV who then pass the disease to their babies. The epidemic is complete...**



**Stigma: An Ally of AIDS**

*The fight against AIDS will fail if its stigma cannot be overcome. The fear of being stigmatized for simply being tested for the infection allows HIV/AIDS to spread undetected from person to person...*

### HIV Moves through Society

The occupation of STD patients who tested positive for HIV illustrates how the disease spreads, especially in the initial stages. Those with frequent contact with many customers or clients are more likely to contract the disease and then spread it to others.

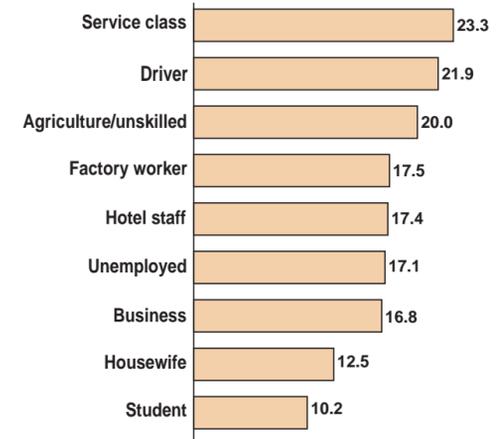
People from the service class have the highest prevalence of the groups tested in Karnataka. Drivers form the second largest group in HIV infection with 21.9 percent infected. Truck drivers who travel distances to many different locations bring the infection with them, often to areas where the disease has not yet begun.

A telling statistic is the high prevalence of HIV discovered among housewives at 12.5 percent. This high rate of infection is another signal of the expansion of HIV into the general public.

### Condom Use Short of Goal

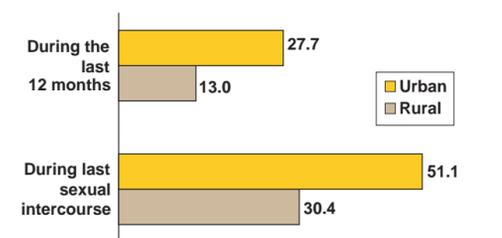
The best defence against HIV is a *single, uninfected partner*. When one's behaviour is risky, the primary defence is a high quality condom. Although condom use has become more widespread, consistent condom use with a non-regular partner is relatively infrequent. In the rural areas, only 13.0 percent used a condom consistently during the year preceding the survey, although 30.4 percent did use one on the most recent occasion. This is a critical issue in that even relatively high use of the condom, which is lacking in Karnataka, is not enough. HIV will spread steadily with *anything short of 100 percent use*.

Percent Testing Positive for HIV at STD Sites by Occupation, Karnataka, 2001



**The best defence against HIV/AIDS is a single, uninfected partner...**

Consistent Condom Use With Non-regular Sex Partners, Karnataka, 2001 (percent)



**Only 100 percent use of the condom with commercial sex workers can prevent the spread of HIV/AIDS. Karnataka is far short of this goal...**