



## Editorial

*HIV/AIDS have caught our attention this month, not only through the activities of World AIDS Day (WAD), but also events organised by other bodies, such as the Social Development Conference, during which the issue of HIV was the focus of much discussion. It is also encouraging that World AIDS Day this year saw greater popular participation, especially by young people and we witnessed the presence of political, religious and business leaders. We now need to build further on the momentum that has been generated.*

*A common criticism of the national HIV/AIDS programme is that much effort is concentrated on WAD, but little is done throughout the year. This is of course only partly true, since the programme is active all year round. But the perception is important and more publicity should be given to the ongoing activities. At the same time, there is need to engage the population on a more sustained basis, with timely, innovative and effective programme activities. The Epidemiology Bulletin has an important role to play in supporting these efforts and will be one of the important channels through which information is disseminated to programme developers and organisers.*

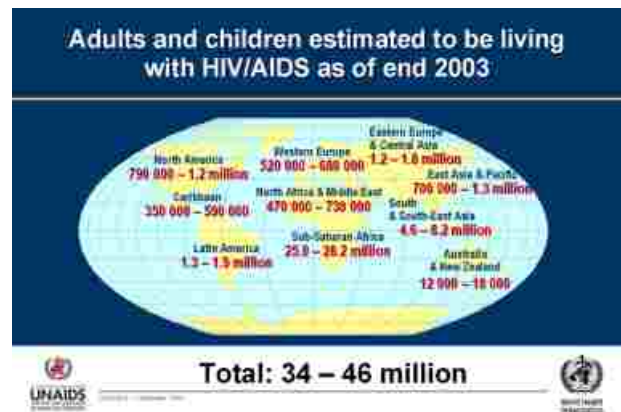
*This issue provides comments and reports on HIV/AIDS activities and the situation in Seychelles. Infections among young people and men who have sex with men are emerging as critical problems that need innovative and better-targeted interventions. Encouraging voluntary testing, including among pregnant women, remains an important challenge: one that requires a review of the procedures. As suggested at the Social Development Conference, issues of confidentiality, ease of access to tests and results and the attitude of health workers need to be addressed. It should be noted that the recent public-private dialogue involving medical practitioners also raised similar points.*

*The recent KAP study provides much useful information and cause for concern. After so much IEC effort, it is a surprise that the level of knowledge on some issues is not high: more than a third of responders believe that mosquitoes can transmit HIV, while one in five believes that sharing a meal poses a risk of transmission. Clearly, there is much work to be done...*

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## FIGHTING AIDS A GLOBAL AND NATIONAL CHALLENGE

HIV/AIDS is about people. In the past 3-4 years, the sense of common purpose in the struggle against HIV/AIDS has intensified. The political commitment to tackle HIV/AIDS has grown. Communities have been mobilized and the media, NGO's, faith-based organizations, health care workers, the private sector and persons living with HIV/AIDS (PLWHAs) have taken the lead in responding to the epidemic despite denial, stigma and discrimination. HIV has already infected over 42 million people, with 5 million new infections and 3 million adult and child deaths in 2003. AIDS has been declared a developmental crisis and the worst is still to come.



In Seychelles, the new political momentum launched by the "Break the Silence" campaign in 2000 has culminated in a comprehensive and coordinated local response to HIV/AIDS, assisted by UN agencies and regional partners. The following major achievements are noted:

- National policy in place; and a multisectoral national strategic plan being formulated
- More resources allocated
- Prevention programs initiated countrywide
- Information and education on HIV/AIDS accessible to young people
- Prevention of mother-to-child HIV transmission available to pregnant women
- Anti-discrimination and human rights protection guidelines for the workplace developed
- Care and support improved and antiretroviral therapy freely available to all eligible PLWHAs

The Ministry of Health assisted by WHO, is reviewing its home-based care program and conducting a survey to assess the needs of the community. The results will help in the training of community-based care providers in giving adequate care and support to the terminally ill, including PLWHAs.

Results of the last KAP study (February 2003) clearly indicate a high level of awareness among the population, but they also reveal that levels of risky behaviour are still high, especially among men. Protective behaviour is generally low among both men and women but worse among men.

Whilst external assistance in fighting HIV and AIDS is vital, the key to success is in our hands. Having raised awareness in the population, we need to address the political, economic, social and cultural factors that render individuals and communities vulnerable to HIV for maximum behaviour change and sustainable response, especially amongst the youth. The greatest weapon against HIV/AIDS is education.

"Today we have the commitment. Our resources are increasing. But the action is still far short of what is needed."

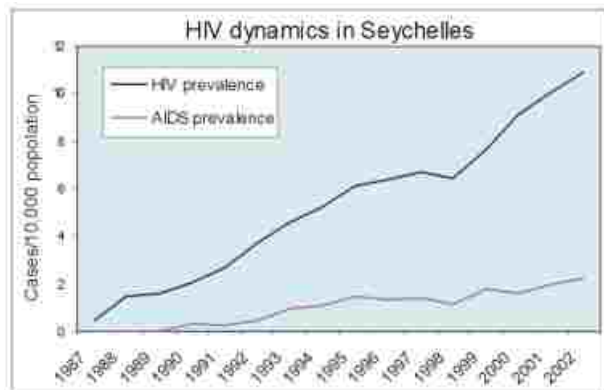
Kofi Annan, UN Secretary-General, World AIDS Day 2003

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# Epidemiological situation of HIV/AIDS

It is now more than 2 decades since the HIV virus was discovered but despite a good understanding of transmission pathways, knowledge of prevention strategies that work and great strides in treatment options the spread of this virus and the suffering it causes continue unabated in our and in many other countries.

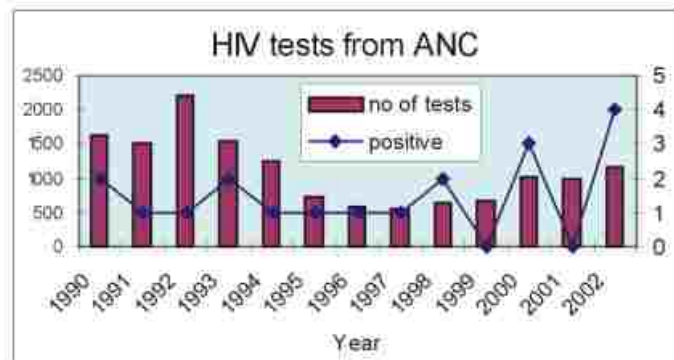
Since the first HIV case was detected in Seychelles in 1987 there has been a steady increase in the prevalence of the infection.



## EPIDEMOLOGY

The trend is clearly ascending. Whilst prevalence gives a fairly good indication of what is happening in the population it does not differentiate between newly acquired and old infections. An unlinked anonymous sero-surveillance study done in 2001 found a prevalence of 0.1%. We need to repeat this study at regular intervals.

We have a young nation: the age group 0-44 yrs constitutes 77% of the population (Statistical Bulletin 2003 - MISD) and it is this group that is mostly affected.



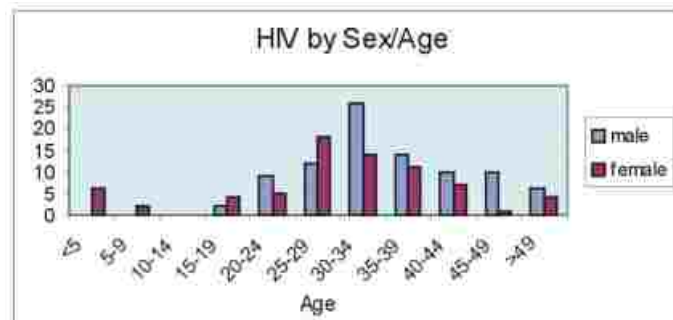
The most important mode of transmission is sexual: the majority of patients are heterosexual but increasingly the gay community is touched. In the early years of the epidemic men who have sex with men constituted < 5% of all those infected, this group has now increased to 17%. There is an urgent need to target this group for specific prevention interventions.

Children aged less than 10 years form 5% of all those infected, this is relatively high but we can reduce this to less than 1%. Of the nearly 200 cases detected so far only 2 patients gave a history of IV drug use but these patients had other risk factors for HIV infection.

## WOMEN AND HIV

Women continue to be the fastest-growing segment of adults with HIV. Transmission of HIV from men to women occurs more readily. Whilst HIV infection progresses the same way in men and women and response to antiretroviral is also the same in both sexes, there are specific issues to consider in women infected with HIV. Women remain vulnerable; often have to bear the burden looking after the family and of abandonment.

The majority of women infected are young and at the peak of their reproductive years. The rate of vertical transmission of HIV is 25-40% in the absence of preventive intervention. Since 2000 antiretroviral drugs for the prevention of mother to child transmission (MTCT) of HIV are available. So far 12 women have benefited but we need to focus more for the primary prevention of MTCT by preventing HIV in young women of child bearing age and unwanted pregnancies in those already infected.



All pregnant women should be offered the HIV test: even for those who present late in pregnancy antiretroviral drugs can reduce the rate of vertical transmission. There was a decline in uptake of tests from 1994-1999 with renewed efforts this is now improving.

## HAART

Highly active antiretroviral therapy became freely available in Seychelles in 2002. This has altered HIV associated morbidity and mortality in a dramatic way. In countries where HAART has been available since 1996, AIDS mortality has reduced by 80%, however this undeniable benefit can sometimes be mitigated by long-term toxicities. Around 40 patients currently receive this treatment that combines 3 or more antiretroviral drugs. Patients are treated and monitored at the CDCU.

## CHALLENGES

### Prevention

Our prevention strategies have to change and adapt to changing situations. Now more than 17% of those infected are men who have sex with men, this group needs to be targeted for more specific prevention interventions. We must also start HIV education at a younger age. The last couple of years has seen several young people aged less than 19 yrs diagnosed with HIV.

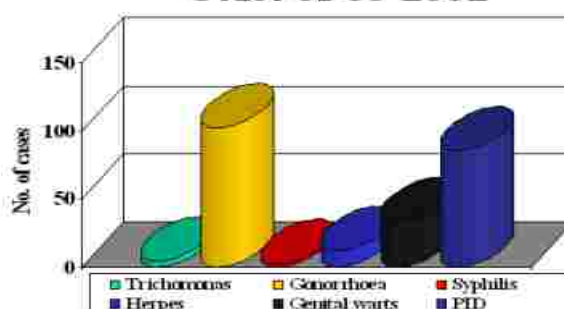
### Testing

Over the last 4 years we have been doing the same number of tests each year (approx. 5000). There is a need to encourage more people to come for testing. Often HIV is diagnosed for the first time when patients present in late stage AIDS.

## STIs

We know that screening and treating sexually transmitted infections (STIs) help to decrease the transmission of HIV, the number of patients with STIs seen in the CDCU is decreasing but we do not know if this is a real decrease in STIs. Peripheral clinics and private physicians have not reported any STIs for the last 2 years.

### STIs: CDCU 2002



# KAP Study-HIV/AIDS

## Introduction

A study was conducted by the Ministry of Health in January/February 2003, in Mahé, Praslin, La Digue and Silhouette to assess the current level on knowledge, attitudes and practices on STI/HIV/AIDS and the impact of educational interventions among the Seychellois population aged 15-65. An interviewer-based questionnaire pre-tested, anonymous and unlinked was used. Out of 2,000 persons randomly and proportionally selected, 1,706 voluntarily participated. The reported non-response was approximately 3.0%. The majority of respondents were males (63%). There were questions on family background, attitudes and behaviour towards sex, previous sexual intercourse, age at first intercourse, number of partners and frequency of different sexual practices.

## Main Findings

- Males and females were comparable in most of the socio-economic demographic indicators (age, education, marital status, religion and occupation). The mean age of respondents was 35.6 years.

## Knowledge about STI, HIV and AIDS

- 99% of the respondents had heard about HIV and AIDS.
- Approximately 46% knew someone infected or died with HIV/AIDS.
- There are misconceptions that mosquitoes can transmit HIV (37%), sharing a meal with someone infected can transmit HIV (21%), a healthy-looking person is not infected with HIV/AIDS (22%).
- Women were more aware than men that abstaining from sexual intercourse protect against HIV infection as well as the fact that infected pregnant women can transmit HIV to the newborn and HIV transmission can occur through breast-feeding.

## Attitudes related to HIV and AIDS

- Females (63%) had more frequently been tested for HIV than males and also more likely to have been voluntarily tested, although the difference was not statistically significant.
- Approximately 15% of males did not look for the HIV test result, compared with 21% among females.

## Sexual experiences

### Attitudes related to HIV/AIDS compared with the level of knowledge

Questions (Responses based on correct attitudes)	Level of knowledge			
	Good	%	Poor	%
Would you be willing to share a meal with a person you knew had HIV/AIDS?	(n=857) 782	(91)	(n=740) 626	(85)
Would you be willing to live with a close relative infected with HIV?	(n=877) 847	(97)	(n=756) 692	(92)
If a student has HIV but is not sick, should he/she be allowed to continue in school?	(n=891) 851	(96)	(n=752) 685	(91)
If a teacher has HIV but is not sick, should he/she continue teaching in school?	(n=888) 838	(94)	(n=743) 656	(88)
If you knew a shopkeeper/food seller had HIV, would you buy food from him/her?	(n=786) 574	(73)	(n=675) 396	(59)
If a member of your family became ill with AIDS, would you want it to remain secret?	(n=811) 555	(68)	(n=693) 440	(63)

- The median age at first sexual intercourse was 17 years for males and 18 years for females.
- Among the respondents, males were more likely to have had non-regular partner 23% (117/508) compared with 11% (64/580) among females.
- Males reported more frequent sex with commercial partners 8% (38/504) in the past 12 months compared with 2.4% (14/581) among females.

## Sexually Transmitted Infections in the last 12 months

- Among those who had sex, genital ulcers in the past 12 months were reported among 1% of the respondents, with no difference by sex. Among males, 86% of the reported cases were among married or persons living with a regular sexual partner, while among females 67% were singles.



## Knowledge and condom use

- Approximately 99% (1663/1680) of the respondents had heard about male condoms while female condoms were heard by 82% (1386/ 1698) of the respondents.
- Among those who responded having had sex with a commercial sexual partner in the past month, 32% (18/56) did not use condoms during sexual intercourse.
- The most common reason mentioned was the fact that they did not like it (45%), or it was not necessary and did not think of it (45%).
- Three percent (45/1554) mentioned that condoms were difficult / very difficult to obtain.
- Compared with the level of knowledge among respondents, those that were classified with good level of knowledge on STI/HIV/AIDS were more likely to had used condoms during occasional sexual intercourse, and knowing a place where condoms were available compared with respondents classified with poor level of knowledge.
- The most common places where respondents obtain condoms are health centres, followed by private pharmacies. Shops were mentioned by 14% of the cases by males and 11% among females.
- The most reported source of information related to female condoms by the respondents was TV (54%), followed by radio (18%), health centres (8%), friends (6%) and newspapers (5%).
- The use of radio increased proportionally with the increase of the age groups, from 9% among 15-19 years old up to 24% among people aged 50 years old or more. Conversely, the use of television decreased from 67% in the 15-19 years old to 51% among persons >= 50 years old.

## Recommendations

- Carry out research on increasing knowledge versus change in high-risk behaviour;
- Strengthen the pre and post test counselling;
- Analyse the social context and barriers for condom use;
- Train in negotiation skills for the use of condoms, particularly among youth and adolescents;
- Develop relevant IEC materials on how HIV is not transmitted and how to care for persons infected with HIV and affected with AIDS as opposed to isolating them;
- Empower health centres in IEC materials;
- Train health professionals in condom-marketing.

# Stigma & Discrimination HIV & AIDS

Stigma has been described as a quality that 'significantly discredits' an individual in the eyes of others and consequently affects the way in which individuals come to see themselves. The qualities to which stigma adheres to such as colour of skin, the way someone walk or talks, the things they do, the group they belong to etc...can be quite arbitrary. Stigma can also be termed is 'a learned behaviour' passed on from one generation to the next or from culture to culture as to what is acceptable and not acceptable. Stigmatization therefore describes 'a process of devaluation' rather than a thing.

HIV related stigma builds upon and reinforces earlier negative thoughts. People with HIV and AIDS are said to be 'deserving' of their condition because of their sexual lifestyle and sexual practices. While it is true that certain practices are more risky it is unfair to stereotype and point fingers. How do we justify the case of the baby born HIV positive or the virgin boy or girl who at the first sexual encounter gets infected?



Discrimination is a violation of the basic human rights of persons living with HIV and AIDS and reinforces stigmatization.

Fear and ignorance play a large part in propagating HIV- related stigma.

Results of a KAP study carried out earlier this year shows that although 99% of respondents had heard about HIV and AIDS and 46% knew someone who was infected or had died of AIDS, there are still misconceptions regarding the modes of transmission. 37% believe that HIV can be transmitted through mosquitoes, 21% said that HIV can be transmitted by sharing a meal with someone who is infected.

Learning the facts about HIV and AIDS is therefore a very important step in reducing stigma.

The World AIDS Day campaign 2003-2004 is focusing on the theme of stigma and discrimination in an effort to prevent, reduce and eventually eliminate HIV and AIDS related stigma in this country.

Stigma and discrimination contribute to the fuelling of the epidemic by:

- promoting denial
- preventing those needing care and support from accessing those service
- discouraging those infected from fulfilling their full potentials and act responsibly and advocate for their rights.

Stigma and discrimination hurt!

CONFERENCES & MEETINGS		
1-4 Feb. 2004	Promoting Rational Drug Use (WHO)	Nairobi, Kenya
6-11 Feb. 2004	3rd Int. Conference on Sexual & Reproductive Health	Chiang Mai, Thailand
11-16 Jul. 2004	4th Int. Conference on AIDS	Bangkok, Thailand

NEW PUBLICATIONS	
	Monograph & Multimedia Resources book Year - 2003 Available at the MoH Library
	World Health Report - 2003 Available at the MoH Library
	Implementation Framework Available at the MoH Library
	Manual of basic Techniques for a Health Laboratory Available at the MoH Library
	Health Systems Performance Assessment
	Partnership Work: HIV/AIDS Available at the MoH Library

Details available at: <http://bookorders.who.int>

WEBSITES	
SUBJECT	ADDRESS
Ministry of Health - Seychelles	<a href="http://www.moh.gov.sc">www.moh.gov.sc</a>
CDC-chronic diseases	<a href="http://www.cdc.gov/nddcphp/">www.cdc.gov/nddcphp/</a>
Global Atlas of Infectious Diseases	<a href="http://globalatlas.who.int">http://globalatlas.who.int</a>
Global Forum for Health Research	<a href="http://www.globalforumhealth.ch">www.globalforumhealth.ch</a>
Infobase-Univ. Toronto	<a href="http://www.cvdinfobase.ic.gc.ca/">www.cvdinfobase.ic.gc.ca/</a>
Outbreaks	<a href="http://www.who.int/csr/don">www.who.int/csr/don</a>
Tobacco free kids campaign	<a href="http://www.tobaccofreekids.org/">www.tobaccofreekids.org/</a>
WHO-NCD	<a href="http://www.who.int/ncd/">www.who.int/ncd/</a>
Tropical Diseases Research	<a href="http://www.who.int/tdr">www.who.int/tdr</a>
World Bank	<a href="http://www.worldbank.org/">www.worldbank.org/</a>
World Health Report	<a href="http://www.who.int/whr/en/">www.who.int/whr/en/</a>
WHO Vacancies	<a href="http://erecruit.who.int">http://erecruit.who.int</a>
JAMA publication	<a href="http://www.jama.com">www.jama.com</a>
Global Health Network	<a href="http://www.pitt.edu/~super1/">www.pitt.edu/~super1/</a>

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