

the battle against HIV/AIDS in China and India

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Challenges in Reaching High-Risk Populations

S. The targeted population would be difficult to attain as there is a population that is neglected for consultation because of discrimination and stigmatization, such as sex workers, drug users, and men having sex with other men. Because of this, the country is not able to reach the people who are more at risk and also provide safe sex awareness for men having sex with men.

Conclusion on HIV and AIDS

To conclude, HIV/AIDS is one of the major health concerns and is a pandemic because it is prevalent both in developed and developing countries. The prevalence of HIV/AIDS is rapidly increasing in China and India, and both countries have reformed their policies and designed intervention programs to promote treatment and prevention programs within their respective countries. The governments of both countries have been actively working to reduce the cases, provide efficient health services to HIV/AIDS patients, and also raise awareness about the issue among the general population. However, several institutional and societal issues are hampering the implementation of those programs.

Overview of HIV and AIDS

The advancements in technology and the field of medicine have increased the development of medicine and the prevention of deadly diseases. One of the most deadly diseases that impact people globally is HIV/AIDS. Different countries are opting for strategies to improve the health of people and reduce the incidence of HIV/AIDS cases. Two developing countries, India and China, are working hard to battle HIV/AIDS. According to a study by the World Bank, there are 2.40 million people in India who have HIV/AIDS, and 83% of them are between the ages of 15 and 49 years ("HIV/AIDS in India"). Two of the primary sources of this increase are unprotected sex and the use of injections for drugs. Unprotected sex, homosexual sex, injection use for drugs, low status of women, and stigmatization of the diseases are the risk factors for the high prevalence of HIV/AIDS. However, on the other hand, China, a rapidly developing nation, is also facing HIV/AIDS issues. According to 2012 estimates by Chinese state media, 68,802 cases of HIV/AIDS were reported in the year 2012 by October (Park). The government is taking several steps to reduce the instances of HIV/AIDS and improve the lives of people with HIV/AIDS.

Government Response in India

The government of India responded efficiently to the first case of HIV/AIDS case and established a National AIDS Control Program (NACP) in 1986 (“HIV/AIDS in India”). In the year 1991, the focus of this program was to provide safe blood, raise awareness among the general public and high-risk populations, and improve surveillance. In the second phase of the program, which was from 1998 to 2006, the program expanded at the same level with more education and involvement of NGOs. In the program’s third phase, the intervention programs were increased, and the civil society partnership was improved. In the third phase, several workshops were conducted with civil society members, experts from public health, and other departments such as education.

Government Response in China

On the other hand, the Chinese government has also stepped in for HIV/AIDS cases, and one of the leading examples is the ban lifted in the year 2010 for HIV/AIDS foreigners visiting China. Also, China has even started antiretroviral treatment for HIV/AIDS, and the number of patients receiving the treatment has increased over the past few years. The Chinese government has also formed a policy where the motto of the policy was “Four Frees, One Care” for the prevention of HIV/AIDS. The policy is aimed at providing free blood tests, free educational facilities for Orphan AIDS patients, free consultation and screening tests, and free antiretroviral therapy for pregnant women (Park).

Role of Non-Governmental Organizations

In India, several non-governmental and community-based organizations are working to cater to the issues related to HIV/AIDS at community, regional and national levels. These organizations work on raising awareness among the general population, high-risk groups, and people living with HIV, as well as Orphan children with HIV. These organizations are working towards the general taboo among communities about HIV and provide education programs to tackle the stigma related to HIV. As HIV/AIDS is a global concern, so several donor agencies provide funding to developing countries with a high percentage of HIV cases. The donor agencies providing funding to India to tackle the HIV/AIDS issue in the country are United Nations (UN) partners and other bilateral agencies. For example, the World Bank funded the NACP in the third phase. Other charity-based organizations are also working for AIDS, such as the Bill and Malinda Gates Foundation’s Avahan program, Clinton Health Access Initiative, USAID, UNICEF, and others (“HIV/AIDS in India”). However, certain challenges are hindering the country from controlling the cases of HIV/AIDS, such as the institutional capacities of the country at the managerial and structural levels. Societal stigmatization related to HIV/AIDS can influence the programs implemented by the government as these taboos hinder people from acquiring treatments and consultation for AIDS. The targeted population would be difficult to attain as there is a population that is neglected for consultation because of discrimination and stigmatization, such as sex workers,

drug users, and men having sex with other men. Because of this, the country is not able to reach the people who are more at risk and also provide safe sex awareness for men having sex with men.

Conclusion

To conclude, HIV/AIDS is one of the major health concerns and is a pandemic because it is prevalent both in developed and developing countries. The prevalence of HIV/AIDS is rapidly increasing in China and India, and both countries have reformed their policies and designed intervention programs to promote treatment and prevention programs within their respective countries. The governments of both countries have been actively working to reduce the cases, provide efficient health services to HIV/AIDS patients, and also raise awareness about the issue among the general population. However, several institutional and societal issues are hampering the implementation of those programs.

Anorexia Nervosa Case Background

Anorexia Nervosa is one of the psychiatric illnesses related to eating, most common in females (1). The mother of Annette, the client, started to observe changes in her eating behavior when she was no longer eating breakfast and eating on time. Therefore, she was clinically assessed because anorexia nervosa patients also save themselves and lead to weight loss (2). From a cognitive behavioral therapy perspective, cognitive behavioral therapy is a treatment for cases of anorexia nervosa patients (3). Cognitive behavioral therapy techniques aim to reduce the clients' maladaptive thoughts and presumptions (4). Annette said that her change in behavior is because her image of being fat is disturbing her, and her aim of becoming a cheerleader will not work until she has lost weight, so anorectic systems are also related to a person's physical presence (2). Body image is a complex phenomenon and has several ideal setups, and these images are constructed interpersonally with friends and cultural expectations (5). As a result, Annette has been trying to look slim and starve herself. There is a lot of emphasis on body image in a Western society where fat people have issues with fitting in the culture, and because of that image, Annette was starving herself to fit in the body image in the real image of cool and stylish (5). Self-perception is the way in which a person internalizes physical appearance as a mental appearance. In the case of the client, she thinks her physical image is not really the real portrayal of herself (5). People with anorexia tend to isolate themselves and focus on losing weight with the concept that losing weight will decrease their distress and being slim with social acceptance (6). Annette's mother tried to motivate her to be involved in social conditions by understanding her situation; as for anorexics, the attention and support from the parents become a positive reinforcement (6). According to cognitive theory, aberrant thinking can result inexorably and predictably. Annette thought being thin would give her a place in the street dancers group, and she would ultimately have a boyfriend (6). According to Cognitive behavioral therapy (CBT), women who have eating disorders such as anorexia nervosa perceive their body size as more massive and, therefore, have a negative evaluation of their looks. Annette thinks that being overweight means she is not attractive and thus cannot approach boys, and losing weight would give

her fame (5).

Psychodynamic Approach to Anorexia

Psychodynamic therapy is also essential to understanding the underlying behaviors and desires that lead to a behavior, such as Annette's desire to become slim in one way or another (7). Psychodynamic therapy provides a more in-depth understanding of the development, interactions with other people, physical state, and mental conflict that an individual goes through (7). Psychodynamic therapy works on the symptoms and relationship patterns of those individuals with other people, and those who have anorexia tend to view depending on someone as a sign of weakness (8). When the primary focus is on losing weight or maintaining the body image, then the concept is self-sufficient as Annette thinks that her mother is trying to control her life. She said this during her session with the school psychologist (8). She views that if her mother stops managing her life and lets her do whatever she wants, it will be better for both of them. People who have anorexia tend to believe that their primary aim is essential and other relations are secondary (9). The primary purpose of psychodynamic therapy is to understand how an individual's context plays a role in understanding his relationships and functioning (10). It is important to realize one's behavior in the context of a person's behavior functioning of human nature and how the actions disturb the individual's social life and outlook on life (10). The way Annette's life was troubled and how her relationships with other people were unhealthy shows that her behavior and her unconscious desires were impacting her socialization, and rigid limitation of food can affect her health (7). People tend to have difficulties in getting into therapies and consider that their behavior is not an issue, and because of this, they lack maintaining their relationships with other people (11). For example, Annette aims to attain the attention she needs. Therefore, she has maintained a world isolated inside herself and anything that is being said to her, even for her benefit, so she thinks every other person is controlling her, and this is disturbing her behavior (11). The psychodynamic context therapy focuses on the individual just the way her therapy session was solely focused on her and her fantasies and disturbances connected to her eating behavior (12). Because of a lack of interaction with her mother, she was not able to try out how she could lose weight, like intentional vomiting, and that void is not filled by communication (12).

Comparison of Therapeutic Frameworks

Both of the frameworks chosen to explain Annette's health are used widely to describe eating disorders. In both therapies, there are several steps to analyze the situation of the patients or the clients (13). For example, in the initial phase of the psychodynamic therapy process, patients tend to be defensive, detached, and exhaustive, as was observed in the case of Annette when she thought she did not need a therapy session and was reluctant to provide any information (11). In anorexia, the symptoms are based on over-expectations and over-valued ideas about one's personal self, body shape, and weight (2). The second phase of the treatment is to understand the cognitive-behavioral therapy of the person instead of letting them know that their behavior is not right. In the case of

Annette, if the psychologist had directly criticized her, then it would have led to more negativity (14). Cognitive behavioral therapy is proven to work for patients with eating disorders and helps in developing and maintaining the relationship with the client (13). Anorexia patients need the help of therapists to build a diet that is helpful for their daily dietary intake (15). Cognitive behavioral therapy is both cognitive and behavioral therapy as it undertakes both emotional and behavioral concerns. The treatment provided by a psychologist to Annette was comprised of a discussion about what she thinks, her behaviors, her relations with her mother, and other aspects that are impacting her behavior (16). Meanwhile, psychodynamic therapy is emotion-based, and cognition understands the underlying factors and asks questions that make the patient think about the concern rationally (11). The psychodynamic approach is focused on the factors that contribute to the life of the patients and their risky behaviors, as in the case of the current patient and her peers, her understanding that being slim would get her into street dancer groups and the factors which are promoting the anxious behavior in her (17).

Cognitive Behavioral Therapy

Cognitive behavior therapy is essential as it provides the understanding to the patient of their behavior and also to the therapist that their work has been implemented for the betterment of their client. The therapy can be recommended to Annette as she is considering fitting into society (3). Cognitive behavioral therapy is one of the leading evidence-based treatments for eating-related disorders such as anorexia, and it stresses the importance of thought and actions at the same time. In the client's case, thoughts of being slim and fitting in society were leading to her eating less, intentionally vomiting, and misinterpreting her mother's behavior as control (18). The therapy has three phases, and the first is the behavioral phase. In this phase, the psychologist will work with the patient to manage the feelings and actions that are developed in a reaction as Annette and her psychologist have a discussion about her feelings about attracting boys, being a part of cheerleaders, and how her mother's behavior was discussed (18). The second phase is the cognitive restructuring phase, where the therapist tries to trigger the patient about their behavior and then probes them in a way that is challenging to their logic and intellect, such as asking about the importance of losing weight and how it will impact their life (11). During this phase, the psychologist tends to address the concerns related to body image, peer pressure, socialization, and relationship with the patient (2). The third phase of this therapy is to help the individual maintain the behavior and have a positive outlook on the idea that things will work best even when they do not starve themselves (18). Many people with anorexia nervosa have difficulties in attaining any kind of help, especially when the support requires putting the fear of body imaging in front of a person who is not known to you, and these people are not willing to change their behavior (19). Their response to Annette was similar. She thinks that her mother should let her do whatever she is doing and should not interfere in her life as she is grown up, and she is in denial that this could put her life at risk (19). In other words, cognitive behavioral therapy primarily focuses on negative thoughts associated with eating, weight, and body shape, and this therapy would best fit the situation of the client of this research (20). People often

have mood swings, low self-esteem, and the idealization of being a female and having a female body, which is perpetuated in society (21).

Focal Psychodynamic Therapy

Psychodynamic therapy is a different approach to handling people with anorexia nervosa as it views that people have conscious and unconscious desires, which can lead to deviant behavior (17). Focal psychodynamic therapy was devised as a standard version of time-oriented psychodynamic psychotherapy. The recommended therapy for Annette's case is focal psychodynamic psychotherapy because the treatment, which is time-oriented, can really impact understanding the unconscious conflicts of mind and body that result in the disorder, which is evident that her battle is her thought that being slim is better. She is fat in real (20). In the first phase of psychodynamic treatment, patients will be reluctant to open up as they will be undergoing several emotions and feelings as a result of starvation, overthinking, and finding ways to make things work. Annette was having a hard time understanding that not eating would lead to other health issues; instead, she believed that her mother was controlling her and there was no need for therapy (11). In the second phase of psychodynamic therapy, the factors contributing to the behavior are explored and discussed to find alternative strategies for coping (11). According to therapists, the contributing factors result in a rigid approach to fit into the ideal image of society (11). The last phase of this therapy is reconnection because those who are undergoing therapies or treatment might feel left out, so it is important to let them merge into society and help them reconnect (11). Behavioral therapy looks at what people are doing and how they are doing it, but psychodynamic theory looks at why they are doing it. It is viewed that behavior results from previous and current situations (12).

Clinical Evidence and Treatment Outcomes

Several clinical research and randomized trials have been carried out to treat anorexia nervosa with cognitive behavioral therapy and psychodynamic therapies. For example, the Anorexia Nervosa Treatment of Outpatients (ANTOP) study was carried out in Germany (17). In this study, patients from 10 different universities were enrolled in 10 monthly treatment programs, focal psychodynamic (FPT) and cognitive behavioral therapy (CBT), and a combined group, and it was found that cognitive behavioral therapy was effective in improvement in eating disorders and quick weight gain among patients (17). Another study was carried out to explore the efficacy of focal psychodynamic (FPT) and cognitive behavioral therapy (CBT) and a control group in treating anorexia nervosa (20). In another randomized controlled trial, both psychodynamic therapy and cognitive behavioral therapy are proven to be effective in treating social anxiety disorders, and this indicates that they can be helpful in treating anorexia (22). A study on UK-Italy patients was carried out to explore the impact of enhanced cognitive behavioral therapy on patients, and 99 patients were enrolled in the treatment (3). Forty sessions were provided to the participants over the period of 40 weeks, and it was concluded that enhanced cognitive behavioral therapy could be effective in treating anorexia patients (3).

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