

### Immersion communautaire – Les étudiant-e-s de médecine mènent une recherche dans la communauté

Pendant quatre semaines, les étudiant-e-s en médecine de 3<sup>ème</sup> année de l'Université de Lausanne mènent une enquête dans la communauté sur le sujet de leur choix. L'objectif de ce module est de faire découvrir aux futurs médecins les déterminants non-biomédicaux de la santé, de la maladie et de l'exercice de la médecine : les styles de vie, les facteurs psychosociaux et culturels, l'environnement, les décisions politiques, les contraintes économiques, les questions éthiques, etc.

Par groupes de 5, les étudiant-e-s commencent par définir une question de recherche originale et en explorent la littérature scientifique. Leur travail de recherche les amène à entrer en contact avec le réseau d'acteurs de la communauté concernés, professionnels ou associations de patients dont ils analysent les rôles et influences respectives. Chaque groupe est accompagné par un-e tuteur/trice, enseignant-e de la Faculté de biologie et de médecine de l'Université de Lausanne. Les étudiant-e-s présentent la synthèse de leurs travaux pendant un congrès de deux jours à la fin du module.

Depuis quelques années, six groupes d'étudiant-e-s ont la possibilité d'effectuer leur travail dans le cadre d'un projet d'immersion communautaire interprofessionnelle à l'étranger, organisé en partenariat avec la Haute école de la santé La Source. Le projet amène les étudiant-e-s à étudier une problématique de santé communautaire dans un pays étranger (Inde et Chine) du point de vue de la médecine et des soins infirmiers. Des groupes de 2 étudiant-e-s en médecine et 2 étudiant-e-s en soins infirmiers sont formés et choisissent un sujet parmi les thématiques proposées par nos partenaires académiques à l'étranger.

Quatre travaux parmi les plus remarquables sont choisis pour être publiés dans *Primary and Hospital Care*.

*Module d'immersion communautaire de la Faculté de biologie et de médecine de l'UNIL, sous la direction de Pr. Jean-Bernard Daepfen (responsable), Dr Jacques Gaume (coordinateur), Pr. Patrick Bodenmann, Pr. Thierry Buclin, Dre Aude Fauvel, Mme Sophie Paroz, Dr Daniel Widmer et Pr. Madeleine Baumann (HEdS La Source)*

### A priority to change the course of the epidemic

# HIV awareness among adolescents in Coimbatore, India

Marion Chapuis<sup>a</sup>, Diana Huber<sup>b</sup>, Luana Rittener-Ruff<sup>\*</sup>, Maude Wydler<sup>\*\*</sup>

<sup>a</sup> Etudiant-e-s en troisième année de bachelor de la Haute école de la santé La Source, Lausanne

<sup>b</sup> Etudiant-e-s en troisième année de bachelor de la Faculté de biologie et de médecine de l'Université de Lausanne

## Introduction

In India, adolescents younger than 18 years old need parental consent to access human immunodeficiency virus (HIV) testing [1]. Studies show that healthcare provisions and facilities for teenagers in Tamil Nadu need to be improved [2]. Indeed, only 26.17% of young Indians know about HIV prevention [1]. However, according to UNICEF, "primary prevention among young people is the greatest hope to change the course of HIV epidemic in India" [3]. Thus, adolescents are identified as a priority by the National AIDS Control Organization (NACO) in its strategic plan for 2017–2024 [4].

These disparities led us to ask the following question: What is the current level of awareness and prevention of HIV among adolescents in Coimbatore, Tamil Nadu?

## Methods

We conducted a literature review and two semi-directed interviews

in Switzerland with a physician and a nurse specialised in HIV. In India, 14 semi-directed qualitative interviews were conducted. Our sample consisted of one governmental officer, four non-governmental organisation (NGO) actors in public health, two physicians, one faith leader, two independent prevention volunteers, three teachers and one school assistant director. The sample was selected by our academic partners in India, according to our plan. In addition, we had five informal discussions and twice participated as observers during an awareness programme, and we did an ethnographic study of condom accessibility and information found in the media. In accordance with ethical requirements, we did not interview teenagers under 18 or patients.

## Results

Our results on the HIV prevention system among adolescents are summarised in figure 1. All the interviewees agreed that Tamil Nadu is a reference in terms of prevention. Indeed, the incidence and prevalence of HIV are decreasing in the state [1]. Active HIV prevention programmes start in colleges when students are



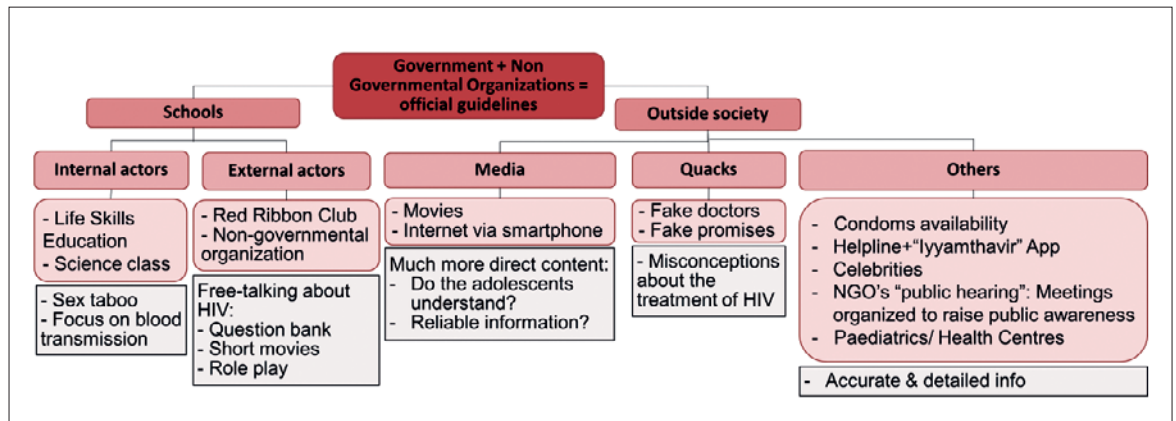


Figure 1: Prevention system among adolescents in Tamil Nadu.

above 18 years old. Nevertheless, school-based measures to raise HIV awareness are provided from around 13 years old. Schools are the main places where the subject is discussed. We identified two categories of actors engaged in HIV awareness in schools. The first is those directly involved in education. Their programmes focus mostly on blood and parent-to-child transmission, but the sexual aspects are left out. Although sexuality is not directly addressed, teachers try to promote caution by talking about the difference between “good and bad touch” or through videos, but without context this may be confusing for adolescents. In addition, the 10th grade science book includes a chapter on HIV, but the terms used are too technical for adolescents, and it contains misleading information regarding the transmission of HIV (e.g., that the virus spreads through contact of body fluids). The second category of actors is external institutions, which address HIV in more depth, including sexual transmission, through child-friendly approaches. However, this kind of programme is not implemented in every school and is rather rare. The following barriers to teaching HIV prevention in school were noted: lack of time due to the academic burden; the fact that it is not mandatory in syllabuses; reluctance of some schools and parents; inaccurate information in the media, which can lead to misconceptions or even risky behaviours; social and cultural taboo of sexuality; stigmatisation and fear of being branded; and low funding.

Finally, the interviewees made various suggestions to improve teenagers’ knowledge and empower them, such as starting education on HIV prevention earlier, including prevention in school syllabuses, making contact with out-of-school youth a priority, decreasing the stigmatisation with impactful people such as

peers, parents and religious leaders, and providing anonymous HIV consultations without parental consent from 16 years old.

### Discussion

Our results show that good material for prevention and awareness is available, but in practice the message does not really seem to reach its target due to the lack of contextualisation and the taboo surrounding the topic. Indeed, current educational content is generally based upon abstinence model because of the belief that talking about safe sexual practices may lead to curiosity and thus to bad sexual behaviours. This is in contradiction to the literature on the topic [5], which shows that comprehensive prevention programmes leads to significantly greater HIV knowledge, self-efficacy related to refusing sex, fewer sexual partners, and lower prevalence of early sexual activity. On the other hand, awareness of HIV transmission through blood is more discussed and this may be an advantage because it gives at least, the possibility to talk about HIV.

### References

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Correspondance:  
 Jacques Gaume  
 Responsable de recherche  
 Privat-docent  
 Service de médecine des  
 addictions  
 Département de psychiatrie  
 Rue du Bugnon 23A  
 CH-1011 Lausanne  
 Jacques.Gaume[at]chuv.ch