

Solving a knotty problem

Many people who know they are infected with HIV and want to get married are unwilling to ruin the life of someone who is healthy. Marrying a person who is also infected is a good solution.



REASON TO LIVE: HIV positive people have a companion when they get married. Their adherence to medication is good and their CD4 count is better, says Dr. Suniti Solomon, Director of Y.R.G. Care, Chennai.— Photo: K.V. Srinivasan.

*Matchmaker, matchmaker
Make me a match,
Find me a find
Catch me a catch,
Matchmaker, matchmaker
Look through your books
and make me a perfect
match ...*

THE HIT musical "Fiddler on the Roof" features an ode to the work of the matchmaker who has his task cut out to bring together a man and woman who would then marry. Matchmakers may be an extinct species in most countries but not in India. They go by another name too — marriage brokers.

If traditional matchmakers matched woman and man according to religion, caste, looks and at times with horoscopes, Dr. Suniti Solomon, Director of the Chennai based Y.R.G. Care, has been matching potential brides and grooms based on CD4 counts for the last three years.

CD4 count is a way of measuring the robustness of the immune system of a person infected with HIV. And Dr. Solomon who deals with AIDS patients and those infected with HIV sees many infected persons every day.

The social stigma and discrimination that HIV positive people face in the society forces many not to disclose their status to anybody, including their parents. And the problems are manifold if the person is still unmarried.

Turning matchmaker

The first case was an engineer who was HIV positive. Unable to tell his parents about his infection and under tremendous pressure from them to get married, the engineer turned to Dr. Solomon for help — he wanted her to find him a suitable match. And thus started her role as a matchmaker.

"I passed on his details to many including a NGO working with HIV people in Mumbai. I vouched for the person," Dr. Solomon said. "They sent us a photo and details of a pretty girl who was also infected with HIV."

The rest is history. The engineer flew down to Mumbai to meet her and though she knew only Hindi and Marathi and he knew only English and Tamil, they communicated. They got married.

Twenty couples benefited

Dr. Solomon cites many such cases where she had helped people who were already infected with HIV to find a suitable match. "So far we have helped 20 such people get married," she said. "So many people who know they are infected with HIV want to get married. Yet they do not want to spoil the life of somebody who is healthy. So we are just helping these people."

Her role is not restricted to finding matches between HIV infected people alone. She had known a woman who was not HIV infected wanting to marry a HIV positive man. "We counselled her and told her the problems of marrying a HIV positive person," she said. "But she had made up her mind to marry him as she found the person very honest and responsible."

With the availability of antiretroviral drugs HIV has become manageable. "HIV has become a chronic disease like diabetes. So infected people can marry and lead a normal life," she explained.

"If they get married they have a reason to live for. They have a companion and a person with whom they have nothing to hide." There are other reasons too. According to her, adherence to medication is good when infected people get married. Their CD4 count is also good.

Dr. Solomon's job does not end with matchmaking. When the mother is HIV positive, the possibility of the baby becoming infected is high at birth or immediately after. If the pressure the infected people who have not disclosed their status face is high before marriage, the pressure they face to have a baby is even higher.

"But how do these women who face discrimination for not having a baby disclose the real reason?" she asked. So Dr. Solomon comes in to the picture again.

"We ask the couple to adopt a child," she said. If this is not acceptable then Dr. Solomon dons the doctor's mantle. In the case when the man alone is HIV positive, the chances of the woman getting infected is high when they indulge in unprotected sex.

Using condoms is a solution for such couples. Unfortunately condom prevents not only the virus but also the sperms from getting into the woman. "And the women faces discrimination for being barren.

"How can she get pregnant if her husband always uses a condom?" she asked.

The best solution for such couples is to go in for artificial insemination. Donor sperms that are healthy and not infected with HIV are chosen from a sperm bank and used for inoculating the women.

"We are yet to master the technique used in the U.S. and Europe to use the husband's sperms after removing the virus (HIV)," she said. So far 50 children have been born through donated sperms.

But when both the partners are infected with HIV the need for using donated sperms does not arise as the infection can pass on to the baby from the mother. Scientists call it vertical transmission. "In such cases we give the woman antiretroviral drugs before delivery," she explained.

Elective caesarean

Two drugs (AZT and 3TC) are given for four weeks before delivery and Nevirapine, a few hours before delivery. They also ensure that the woman undergoes elective caesarean and not a normal delivery. The caesarean is done two weeks before the due date to minimise the risk of the infant getting infected.

"At the time of delivery the uterus pushes the baby. So there is a possibility of the baby's skin suffering from aberrations during delivery and the baby in turn getting infected. So we don't allow the women to go into labour," said Dr. Solomon explaining the need to go in for elective caesarean. So far she has helped more than 200 women deliver this way.

Risks of breastfeeding

Elective caesarean is one of the ways of making sure that the mother's infection is not transmitted to the baby. It has been proven that breastfeeding the baby can transmit the infection.

"We do counsel the women about the dangers of breastfeeding. But we leave it to them to decide," she said. But she makes sure that the risk is minimised even when the woman opts to breastfeed.

Women are told to exclusively breastfeed and not to give juices or water for the first three months. "Anything other than mother's milk is foreign to the baby. It can cause lesions in the esophagus," she explained. Lesions in turn are fertile grounds for HIV infection to enter the blood stream.

The challenges for a woman are aplenty. Begetting a child does not end her turmoil. Culture and society demand that she breastfeeds the baby. If inability to reveal her infection status poses a challenge before marriage, reasons for not breastfeeding does it after delivery. If it is only her in-laws who are a problem, Dr. Solomon has a solution to offer.

"We dry the breast off immediately after delivery using drugs," she elucidated. "Lactation stops within a week." And formula feeding the baby is made hassle free.

While affordability is less of a problem for the well heeled, those who cannot afford can still turn to Dr. Solomon for succour. "If a poor woman wants to formula feed her baby, we provide her with formula feed for free for the first three months and also teach her how to formula feed her baby," she explained.

Lessons learnt

In the end what has she learnt from her new avatar as a matchmaker? Pat comes the reply: "There is no reason why HIV infected people should not get married." These people should actually be appreciated for their concern in not ruining a healthy person's life through marriage. This is in contrast to the trend seen the world over.

Women who do not indulge in sex before marriage or outside marriage are getting infected. The culprit is the husband who brings home the virus. Nearly 88 per cent of the infected persons taken care by Y.R.G. Care have a single partner. About 22 per cent of those who come for voluntary testing at her center and test positive are housewives.

What about the returns on time and energy spent on matchmaking? "I feel very happy. I am sure I have given these people good quality of life. As long as they live they will have a companion," she summed up.

With more people getting in touch with her even through emails, her role as a matchmaker is here to stay. But a responsible society should actually make her role as matchmaker redundant by not getting infected with HIV in the first place. Is the society game for it?

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