

Caring for the people living with HIV/AIDS



(Left to right): A person living with HIV infection is seen with a team of volunteers and Dr Mustafa Abdur Rahim at his centre in Mirpur about a year ago. He was being diagnosed for opportunistic symptoms at the centre for the last couple of months. Recently the person living with HIV/AIDS attempted suicide (centre) and stabbed himself in the chest and abdomen area. He was immediately treated and now he is in the terminal stage of the condition. The picture on the right shows Dr Rahim discussing with volunteers at his centre

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HIV is a serious health hazard that is known by us in recent days. People know more or less about HIV and AIDS but still it is a social stigma in our society. There is no specific health care services that could manage people living with HIV/AIDS (PLWHA) until their terminal stages.

A few days ago Gonoshasthya Kendra declared that they would provide all treatment facilities to PLWHAs. Although there is no specific figure on how many PLWHAs are there in the country but estimated figures indicate that there are between 20,000 and 30,000 PLWHAs in the country.

Most of the PLWHAs due to social stigma are undiscovered and go about like fugitive in fear of being attacked or discriminated.

To provide all medical assistance, which is quite important for a PLWHA Dr Mustafa Abdur Rahim established a centre

where PLWHAs can come and seek treatment. The centre is a model for the rehabilitation of these wretched people. The centre's programmes expand the care offered by volunteers by increasing case management services available to individuals and families with HIV/AIDS enabling them to achieve stability and independence in their lives.

It ensures access to medical care community-based services, offering opportunities to improve programme members' self-esteem and educate programme members about HIV prevention.

The centre provides quality HIV prevention and care services in a safe environment while uniting the diverse communities in order to address all needs of people living with and threatened by HIV and AIDS.

"We do this through physical, emotional, social and spiritual empowerment; regardless of one's age, sexual orientation or identity," said Dr Rahim.

"We believe in strong social mobilisation and international principles of human rights and every medical centre in this country should respect this. But unfortunately there is no place where PLWHAs can go and seek treatment in private," Dr Rahim explained.

Dr Mustafa Abdur Rahim registered 'Bangladesh Organization for Health and Nutrition' in 1989 in Mirpur, Dhaka. Its objective was to serve the community with low cost outdoor health care services.

He started giving consultation to PLWHAs by prescribing medicine charging a small fee or often would not ask for any fee depending on the financial status of the PLWHA or other patients. Within a short time PLWHAs started to depend on him and soon the centre became known among the PLWHAs.

Dr Rahim narrated an incident that took place in Sykhet, which shocked him, and since then he thought he should come forward

to help PLWHAs. In 1995 at a saloon he noticed chaos closed to his chamber where he practiced as a medical practitioner.

"I rushed to the spot and inquired what had happened and found that a man was being beaten up because the crowd identified him as a person living with HIV. That incident shocked me and thought the incident took place because people are not aware of the sickness."

Since then Dr Rahim founded 'Samajik Shasthya Kendra' a centre where PLWHAs can seek treatment in private and get free drugs necessary for them.

In order to manage PLWHAs Samajik Shasthya Kendra offers voluntary services to look after them from time to time taking care of PLWHA under the guidance of Dr Rahim. They also find suspected HIV infected people and refers to him.

Currently the centre located in Mirpur in the city manages 30 PLWHAs a month.

"It's a big challenge managing PLWHAs. The most difficult part of the services we provide here is to rehabilitate them when they have no where to go and we know they need regular nursing care when they fall sick," said Dr Rahim.

Samajik Shasthya Kendra is working in collaboration with CCDB, CARE, HASAB, CAAP, Rotary International and Ashar Alo Society, all of which has great contribution in providing care to the PLWHAs.

Dr Rahim attended 'Four inter-country workshops on clinical management and counseling on HIV/AIDS in Thailand in 2002. He felt that there should be more volunteers in managing the PLWHAs at the periphery level.

"Doctors and nurses in Thana Health Complexes should be trained and their behaviour should also change so that they can invite PLWHAs for the management," Dr Rahim said.

Facts about HIV/AIDS

What is AIDS?

AIDS stands for Acquired Immunodeficiency (or Immune Deficiency) Syndrome. It results from infection with a virus called HIV, which stands for Human Immunodeficiency Virus. This virus infects key cells in the human body called CD4-positive (CD4+) T cells. These cells are part of the body's immune system, which fights infections and various cancers.

When HIV invades the body's CD4+ T cells, the damaged immune system loses its ability to defend against diseases caused by bacteria, viruses, and other microscopic organisms. A substantial decline in CD4+ T cells also leaves the body vulnerable to certain cancers.

There is no cure for AIDS, but medical treatments can slow down the rate at which HIV weakens the immune system. As with other diseases, early detection offers more options for treatment and preventing complications.

What is the difference between HIV and AIDS?

The term AIDS refers to an advanced stage of HIV infection, when the immune system has sustained substantial damage. Not everyone who has HIV infection develops AIDS.

When HIV progresses to AIDS, however, it has proved to be a universally fatal illness. Few people survive five years from the time they are diagnosed with AIDS, although this is increasing with improvements in treatment techniques.

Experts estimate that about half the people with HIV will develop AIDS within 10 years after becoming infected. This time varies greatly from person to person, however, and can depend on many factors, including a person's health status and health-related behaviors.

People are said to have AIDS when they have certain signs or symptoms specified in guidelines formulated by the US Centers for Disease Control and Prevention (CDC).

The CDC's definition of AIDS includes:

- All HIV-infected people with fewer than 200 CD4+ T cells per cubic millimeter of blood (compared with CD4+ T cell counts of about 1,000 for healthy people)
- People with HIV infection who have at least one or more than two dozen AIDS-associated conditions that are the result of HIV's attack on the immune system

AIDS-associated conditions include:

- Opportunistic infections** by bacteria, fungi, and viruses. Opportunistic infections are infections that are rarely seen in healthy people but occur when a person's immune system is weakened.
- The development of certain cancers (including cervical cancer and lymphomas).
- Certain **autoimmune disorders**.

Most AIDS-associated conditions are rarely serious in healthy individuals. In people with AIDS, however, these infections are often severe and sometimes fatal because the immune system is so damaged by HIV that the body cannot fight them off.

History of AIDS

The symptoms of AIDS were first recognised in the early 1980s:

- In 1981, a rare lung infection called *Pneumocystis carinii pneumonia* began to appear in homosexual men living in Los Angeles and New York.
- At the same time, cases of a rare tumor called **Kaposi's sarcoma** were also reported in young homosexual men. These tumors had been previously known to affect elderly men, particularly in parts of Africa. New appearances of the tumors were more aggressive in the young men and appeared on parts of the body other than the skin.
- Other infections associated with weakened immune defenses were also reported in the early 1980s.

Groups most frequently reporting these infections in the early 1980s were homosexuals, intravenous drug users, and people with hemophilia, a blood disorder that requires frequent transfusions. Blood and sexual transmission were therefore suspected as the sources for the spread of the infections.

In 1984, the responsible virus was identified and given a name. In 1986, it was renamed the human immunodeficiency virus (HIV).

Things that people need to know

Because many of the first cases of AIDS occurred in homosexual men and intravenous drug users, some people mistakenly believe that other groups of people are not at risk for HIV infection. However, anyone is capable of becoming HIV-infected, regardless of gender, age, or sexual orientation.

About the immune system

Our bodies use a natural defense system to protect

us from bacteria, fungi, viruses, and other microscopic invaders. This system includes general, nonspecific defenses as well as weapons custom-designed against specific health threats:

Nice to know

When HIV encounters a CD4+ cell, a protein called gp120 that protrudes from HIV's surface recognises the CD4 protein and binds tightly to it. Another viral protein, p24, forms a casing that surrounds HIV's genetic material.

HIV's genetic material contains the information needed by the virus to infect cells, produce new copies of virus, or cause disease. For example, these genes encode enzymes that HIV requires to reproduce itself. Those enzymes are **reverse transcriptase**, **integrase**, and **protease**.

What are the symptoms of HIV infection and AIDS?

Most people newly infected with the HIV virus show few, if any, symptoms for a few years. But during this asymptomatic period, HIV is actively multiplying, infecting, and killing cells in the immune system, particularly CD4+ T cells. People are very infectious during this early phase.

As the immune system weakens, symptoms begin to emerge.

Early symptoms of HIV infection

Some people, but not all, develop symptoms within a month or two of exposure to HIV. These people may have a flu-like illness with such symptoms as:

- Fever
- Rash
- Headache
- Loss of appetite
- Swollen glands (enlarged **lymph nodes**)
- Achy muscles and joints

These early symptoms usually disappear within a week to a month. Most HIV-infected people who experience these early symptoms won't see any more signs of the infection for at least a few years.

How is HIV infection diagnosed?

A blood test is used to confirm whether a person has been infected with HIV. Anyone who has engaged in risky behavior—such as sharing drug-injecting equipment or having unprotected sexual contact with an infected person or with someone whose HIV status is unknown—should consider being tested.

A positive HIV test result does not mean that a person has AIDS

Not everyone who has HIV infection develops AIDS. Experts estimate that about half the people with HIV will develop AIDS within 10 years after becoming infected.

How HIV infection is not spread

Research indicates that HIV is **NOT** transmitted by casual contact such as:

- Touching or hugging
- Sharing household items such as utensils, towels, and bedding
- Contact with sweat or tears
- Sharing facilities such as swimming pools, saunas, hot tubs, or toilets with HIV-infected people
- Coughs or sneezes

In short, studies indicate that HIV transmission requires intimate contact with infected blood or body fluids (vaginal secretions, semen, pre-ejaculation fluid, and breast milk). Activities that don't involve the possibility of such contact are regarded as posing no risk of infection.

What treatments are available for HIV and AIDS?

Although there is no treatment currently available that can cure people of HIV or AIDS, a number of therapies have been developed to help them stay healthier and live longer.

- Some medications target HIV itself, to reduce the virus's assault on the immune system.
- Other treatments are used to treat or prevent specific opportunistic infections that threaten the health of people with HIV-damaged immune systems.

Treatments that suppress HIV

Drugs that interfere with the activity of a retrovirus such as HIV are generally known as antiretrovirals. All antiretroviral medications currently approved to treat HIV infection target two viral enzymes used by the virus to replicate itself. These enzymes, reverse transcriptase and protease, are involved in different stages of viral replication.

http://health.yahoo.com/health/centers/hiv_aids

Challenging the traditional practice in promoting hygiene



A group of women who benefited from the NGO Forum WATSAN programme in Faridpur.

NAIMUL HAQ, back from Faridpur

Banesa and Rokeya are neighbours and both were used to using sanitary latrines before marriage.

While joining in wedlock both the bridegrooms had demanded money to buy a set of sanitary latrine each perhaps as bridal gift or dowry and both their in-laws had fulfilled their demands.

Traditionally, as handed down, bridegrooms demand such unwritten dowry, normally in kind and for poor husbands of an neglected village like Bhadrakanda in Bhanga upazila under Nasirabad union in Faridpur it was very unusual to request for a set of latrine.

"In my village a very few had hygienic latrines but when we learnt that my would-be-spouse refused to be married because we did not have a sanitary latrine my father proposed the gift and my

in-laws pleasingly agreed," said Banesa's husband, a rickshaw puller who earns less than Tk 1300 a month.

Many people still consider spending money on a set of sanitary latrine is a luxury but successive advocacy meetings with small groups of people who do not know about hygiene has changed people's behaviour.

This has been possible only after months of tireless efforts by NGO field workers motivating people to practice hygiene which is often impossible in a community where average income of people is less than Tk one thousand a month and they refuse to listen to NGO workers when they realise they have to pay for latrines just to evacuate the bowels.

NGO Forum for Drinking Water Supply and Sanitation with 20 partner NGOs has been giving intervention on hygiene promo-

tion since last two years with support from Danish International Development Assistance or DANIDA in Faridpur and Barisal regions to promote hygiene practice under its routine water and sanitation (WATSAN) programmes.

Baseline survey among 342 families before the intervention in Bhadrakanda village showed that latrine coverage was extremely low. Out of the total households only 15 had sanitary latrines while 212 had none.

With support from the NGO Forum a partner NGO - Hunger Free World set up a village Sanitation Centre or in short VSC in the midpoint of the village.

Amir Ali, a 18 years old youth, was trained in manufacturing latrines slabs and concrete rings for the villagers in Bhadrakanda who sold each sets having on average three rings and one slab for Tk 650.

But the beneficiaries did not have to pay all at a time. They had credit facility, which had been eased to allow them to repay on time.

"We did not start selling the latrine set suddenly. Marketing followed advocacy programmes with the beneficiaries where we focused on hygiene and proper sanitation.

What was surprising to note that those who did have latrines went for a second one but the important lesson here was that people are ready to pay for something which they think is worth paying for their own health or prosperity," said Milton Reza, NGO Forum's regional officer based in Faridpur.

Reza continued, "In the end we had huge orders and within a very short time we had 120 people awaited their turn for delivery of the sets."

It is also interesting to note that

there is no government VSC and the nearest one is at upazila at a distance where access is difficult and due to distance people do not take interest.

In less than two years almost the entire population of Bhadrakanda went for installing at least one sanitary latrine in their household.

But the most interesting part to note is people from the neighbouring Baliati and Alekharkanda villages showed interest to go for similar campaigns to promote hygiene.

"We had no idea that latrines can be so cheap and available at our doorsteps. So we ordered for setting up of a similar VSC and now we have over 150 beneficiaries waiting to install latrines in their homes," said Moulana Kaderia from Alekharkanda village.

Did you know ?

Safe drinking water coverage reached 80 per cent of the population while sanitation coverage was only 8 per cent in 1985. A recent survey of 10,000 randomly selected families showed good results, compared to 1985.

- Use of sanitary latrines was up from 4% to 35%.
- Use of tubewell water for drinking reached 92% (up from 80%).
- Handwashing with soap or ash after defecating was up from 5% to 27%.
- Handwashing before handling food had remained unchanged at 3%

Source: Unicef/WHO