# World AIDS DAY

# Momentum building for accountability Prevention is better than cure

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ACH year, World AIDS day is observed on the first day of December. It is an international commemoration and is observed all over the world to demonstrate solidarity and preparedness for the world's most devastating disease that mankind has ever face. The main reasons for observing World AIDS day are: showing commitment; showing solidarity and support for HIV/AIDS survivors; accounting for the progress made and planning for the future. It is about people getting the facts about HIV and AIDS, and to get involved to prevent, share and care and become responsive

The World AIDS Campaign has named "accountability" as the global theme for World AIDS Day 2006. Thousands of campaigns around the world are preparing local and national events to raise awareness of HIV, and to call on leaders to keep the promises they have made to tackle the AIDS pandemic.

"Actions taken by governments this year will determine the global response to AIDS for years to come," states Marcel van Soest, executive director of the World AIDS

The theme of accountability, with the slogan "Stop AIDS: Keep the Promise," was chosen in consultation with civil society campaigns to stress the critical need to meet current commitments to increase the global response to AIDS, and reach universal access to treatment, care, and prevention by 2010.

Currently, governments are supposed to be engaged in a targetsetting process for universal access called for in a political declaration unanimously approved by the United Nations General Assembly on June 2. However, there have been serious questions about the lack of clarity in the process, which is due to be completed at the end of the year. Civil society groups are maintaining pressure on governments to actively set national targets through an inclusive and transparent process

'This World AIDS Day will show us whether we are on track to reversing the spread of HIV and AIDS, or through failed promises by individuals, communities and nations, we will continue to see HIV spread in every country," states van

## Selected campaign

highlights

India --- In the city of Pune, where HIV prevalence is twice the national average, a broad coalition of organisations and groups is planning an intensive 10-day awareness raising campaign called "Wake Up Pune!" including a demonstration involving over 50,000 young people on November 26.

South Africa --- The Treatment Action Campaign of South Africa plans to mobilise tens of thousands of people to march to the Parliament South Africa on December 1. They demand that the promise of universal access to treatment, prevention, care and support services by 2010 is kept in South Africa and globally.

Trade unions --- The International Federation of Transport Workers is launching an HIV and AIDS Campaign among its members on

As part of their campaign material, a new documentary, "Highway of Hope." highlights the seriousness of the HIV and AIDS crisis affecting transport workers in the northern corridor covering Uganda, Kenya, Tanzania and South Africa.

Faith communities --- The Ecumenical Advocacy Alliance is encouraging faith communities worldwide to hold special worship services to mark World AIDS Day, and is promoting an ecumenical liturgy and action ideas on "Keep the

The World AIDS Campaign

supports, strengthens and connects campaigns that hold leaders accountable for their promises on HIV and AIDS. "Stop AIDS. Keep the Promise" is the World AIDS Campaign from 2005-2010. The campaign secretariat is based in Amsterdam, The Netherlands.

Yes: Calls for Accountability: STOP AIDS - KEEP THE PROMISE; the choice of this year's theme of WORLD AIDS DAY is a timely one; one at a time when we are counting on promises being kept; one that is appealing to governments and policy makers to ensure that the targets are met in the fight against HIV/AIDS. The World AIDS Day has gone a long

Starting in the midst of denial, with "Communication"(1988) as its reach out theme to "Youth"(1989) being the vulnerable group along side "Women & AIDS"(1990). It has interest in "Sharing the Challenge"(1991) and "Community Commitment"(1992). This was a global call for everyone to "Act" (1993) and look at "AIDS and the Family"(1994). With great revelations we had "Shared Right, Shared Responsibilities (1995) praying for "One World, One Hope"(1996). The 9th edition saw "Children living in a World with AIDS"(1997) and extend a "Force to Change"(1998) to "Listen, Learn,

The new millenium was ushered as "AIDS Men make a Difference"(2000), wishing to know if "I Care Do You?"(2001). When it was clear that we never cared 'Stigma & Discrimination" (2002-2003) was seen as a problem. Globally "Women, Girls, HIV & AIDS" (2004) got special attention alongside youths (the high risk

Past World AIDS Day themes have been: 2005-Stop AIDS. Keep the Promise 2004 - Women, Girls, HIV and AIDS



2002 - Stigma & Discrimination 2001 - I care. Do you?

2000 - AIDS: Men make a differ-

1999 - Listen, Learn, Live: World AIDS Campaign with Children & Young People 1998 - Force for Change: World

AIDS Campaign With Young People 1997 - Children Living in a World with AIDS

1996 - One World, One Hope 1995 - Shared Rights, Shared Responsibilities

1994 - AIDS & the Family

1993 - Act

1992 - Community Commitment

1991 - Sharing the Challenge 1990 - Women & AIDS

1989 - Youth 1988 - Communication

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INCE 1988 World AIDS Day has been observed around the world on 1st December to raise awareness about HIIV/AIDS. epidemic. People living with HIV worldwide nearly half of them are women. The slogan of the World AIDS Campaign in 20012010 remains "Stop AIDS. Keep the Promise". As part of this, World AIDS Day 2006 will emphasize the theme of accountability. People and organisations around the world are expected to campaign on December 1 to promote enhanced accountability from leaders on their commitments and generate greater public awareness and involvement n seeking solution to the problem of

Everyday 16,000 people are becoming infected with HIV/AIDS. Among them over 7000 are young people. One child dies of AIDS related illness every minute in the world. Approximately 60 million people are living with HIV throughout the world and the number is increasing every day. HIV/AIDS has become a catastrophe and it is the fourth largest cause of death globally. It is feared that HIV/AIDS many reduce average life expectancy to around 30 years in some South African countries by 2010.

Since 1981, when the first cases of AIDS were diagnosed, the world has been facing the deadliest epidemic in modern history. AIDS remains an incurable disease and coupled with malnutrition. AIDS has negative impact on households, demography, agriculture, education, health sector, economic growth etc. GNP could decrease by more than 1 percent for every 10 percent of HIV prevalence.

#### What is AIDS

The human immunodeficiency virus or HIV infects cells those are part of body's immune system. As the virus infects more cells, the immune system becomes less able to fight off diseases. The virus kills the cells it infects and also kills uninfected bystander cells. If left untreated, HIV will almost always deplete the immune system. This leaves the body vulnerable to one or more lifethreatening disease. This stage of HIV infection is called AIDS: A(cquired) I(mmuno) D(eficiency) S(yndrome).

25 million people have already died of HIV/AIDS related illness in the world. AIDS is an obstacle and threat to human civilization. Honest living, staying faithful to beloved positive thinking, preventing trafficking of women and children, eradicating poverty, combating malnutrition especially of women and children, causing gender equality, increasing education avoiding taboos/ superstitions and ignorance, loving our valuable lives, saying 'No' to drugs, holding to traditional family bondage, religious

and moral values, social awareness/ mobilization through behavior change communication, proper knowledge of HIV/AIDS, free or lowcost testing of HIV can prevent HIV/AIDS

Lack of awareness, poverty, social stigma and absence of initiative by public agencies and health professionals to publicise information on prevention and treatment of such diseases have made the people in our country apparently more vulnerable to STDs/STIs and HIV/ AIDS. The official figure is that there are 20.000 HIV/ AIDS patients in Bangladesh. But it may be much lower than the actual figure. STDs are a group of communicable diseases transferred predominantly by sexual contact which helps to get HIV/AIDS.

#### Sex workers and HIV/ AIDS

"We have voting rights. So, we are the citizens of this country and logically we should have equal rights like others. And the harassment/ eviction should have an end in the name of so-called repatriation by some of the muscle men of the society". Some sex workers of Kandapara brothel in Tangail stated their views and demands as above when I visited and talked to them early last month. The sex workers also informed me that the rate of condom use to prevent STDs and HIV/ AIDS had increased than before, but was not satisfactory. So, to build more awareness among both the customers and sex workers is an urgent need. They also added that trafficking of women and children was increasing remarkably. As a result, number of sex workers is increasing also. That is why to stop trafficking and to punish the traffickers should be the highest priority of law enforcing authority to reduce the number of sex workers gradually and to end brutality/ violence against women

M. A. Latif Miah, Deputy Director of Society for Social Service (SSS) of Tangail said, "Without proper rehabilitation/ repatriation the sex workers of the brothel should not be evicted. If evicted, the sex workers will be around the city, which will help dangerously the people to get the fatal diseases like STDs and HIV/ AIDS. So, the concerned authorities should keep it in mind before taking any destructive decision like eviction of any brothel".

In fact, sex work is an oldest profession and sex workers are human beings too. They suffer from illness and experience real pain from circumstances often forced on them. So, any group of people should not illegally harass them. On the other hand, sex workers in Bangladesh are deprived of their rights socially, and politically, Violence is very common in brothels and our national data indicates sex workers as most vulnerable group for violence. To promote safety of this highly vulnerable group, immediate programme should be undertaken by the policy makers.

### Women at greater risk

Women are more at risk of HIV infection during unprotected sex -two to four times higher than men. Socio-culturally women are more susceptible to HIV/AIDS and other sexually transmitted diseases (STDs). The norm of virginity restricts adolescent girls' access to information about sex and increases risk of sexual coercion. Women's economic vulnerability increases pressures for them to exchange sex for food or money. Consequently many women

would die of AIDS related illnesses at younger ages than men. Adolescent girls are at greater risk than adult women. Gender-based violence is closely linked to HIV/AIDS. In our country, rate of early marriage is so high. So, when girls are married at an early age to older men, they can be vulnerable to HIV infection, because their husbands usually already had a number of sexual partners. Younger widows/ divorcees are also at risk because they are more likely to seek and be sought by other sexual partners. Also if donated blood (especially women require during child delivery) is not always tested for HIV, blood transfusions can transmit HIV.

# HIV/AIDS, poverty and

deprivation Research shows that HIV/ AIDS spread fast where there is poverty, powerlessness and social instability. Poverty has been recognised as a "disease" by itself. So, we should realize the link between development and healthy population, between poverty and ill health. Economic hardship and civil unrest have been pushing more and more young women/men away from nome into town/cities for work. Many of them enter in multiple sexual relationships, risks for HIV and thus transmitting the virus from one person/place to another. Female migrant workers, in domestic or seasonal work, are often sexually exploited. Poverty and lack of alternatives are the major causes for many children becoming sex

Therefore, the time is 'now' to eradicate poverty, employment creation, provide necessary information about HIV/AIDS for the adolescents, young women/men and adult people all over the country. People of grassroots level should be included in this social revolution on HIV/AIDS awareness. United Nations General Assembly Special Session on HIV/AIDS noted that, "strong leadership at all levels of society is essential for an effective response to the HIV/AIDS epidemic".

#### Preference for prevention

UNICEF highlighted in its report that 96 percent of girls and 88 percent boys do not know how to protect them form HIV. Social mobilisation, interpersonal communication. counseling/ advocacy, government mobilisation, organisational/institutional knowledge-based approaches to the stakeholders communication for behaviour change to prevent HIV are definitely helpful.

We should also develop a concrete advocacy plan for raising awareness, improving knowledge and changing behaviour of adolescents and youths so that they can keep them free from HIV and join for mass campaign. The political leaders, health professionals, journalists, teachers, students, religious leaders, leaders of indigenous people and community, elite persons, i.e., all of us should change ourselves first to play the role of changing others to make them aware about HIV/AIDS for a better life. HIV/AIDS epidemic is the major challenge facing developing countries today. HIV/AIDS is directly threatening the achievement of the eight Millennium Development Goals (MDGs).

Parvez Babul is a development activist.



# Drug abuse and HIV/AIDS Country situation

NICHOLAS BISWAS

NJECTING of drugs is one of the major routes of spreading HIV and HIV/AIDS, along with other inevitable consequences like hepatitis B and C. Drug use is spreading with astonishing speed, causing massive loss of life and having consequent impact on development. Treatment, population data and also street sample findings suggest that, like many west European countries and those of the Russian Federation, injecting drug use is on the rise in our country, especially after street availability of buprenorphine, a synthetic opiate preparation. It is estimated that over 200 million people round the world use illicit drugs. The effects of drug abuse go far beyond the welfare of the individuals concerned. They tear apart our societies, causing crime, spreading diseases like HIV/AIDS and killing our young people and the future. Over 100 countries have announced that HIV is spreading among drug users easily, especially in Asia, Latin America, Europe and North America. Many drug users also have sexual partners, who can carry the HIV virus easily to the family and, consequently, to the whole society. In many places, sex-workers and drug-users go together. So, we must try to fight against the use of illicit drugs. Young people in particular must be targeted and educated about this matter. We can also make it easier to obtain treatment for drug abuse. This can improve the quality of life for those with a history of drug abuse, and it enables us to pass on messages about prevention and care. Our negative attitudes, and rejection of people with drug problems, make people more vulnerable to HIV/AIDS. It also makes it harder to reach them.

Non-government agencies, including Department of Narcotics Control (DNC), or non-government bodies, do not know the exact number of drug abusers in the country. The DNC is not even sure about the number of drug spots in the city. "Since independence, we haven't carried out any survey on drug abuse or drug dealing. But, we know drugs are available everywhere in the country - from metropolises down to the upazila, and even at many of the villages," a DNC high official said.

Some new drugs also have joined the league. Yaba tablet and Sinkara syrup are being increasingly abused in addition to the popular drugs including cannabis, heroin, phensedyl, hashish or charas, opium, sedatives and hallucinogenic pills, and Nalban in addition to the injecting drugs like pethedrin, morphine, Tidigesic, Monogesic and Bunogesic. You can also get the costlier drugs like Ecstasy tablet, cocaine and LSD in Dhaka. Contrary to the common perception

that drug addicts mostly comprise of uneducated lower class people and delinguent upper class vouths, people from almost all the professional are represented in the category. "Apart from rickshaw-pullers, sex workers, petty criminals and students, many times we caught university teachers, government officials and employees, engineers, physicians, businessmen, musicians, journalists, policemen and so on taking drugs," said Department of Narcotics Control (DNC) Director Mofazzal Hossain. A recent survey of CARE-Bangladesh covering a number of districts revealed that the age of drug abusers ranges from 10 to 41 years.

For instance, surveys have found a rapidly increasing prevalence of HIV/AIDS among the injecting drug

users (IDUs), many of whom are professional blood donors. So, the danger of HIV infection making a quick inroad into the general population is obvious, considering that the country mainly relies on professional blood donors to meet its blood-transfusion needs. "It is not only a crime, but also a social disease that has seized people of all ages and all socio-economic classes, observed a teacher of psychology at the Dhaka University. The disease set alarm bells ringing for the nation, when the sixth round of National HIV Serological Surveillance, 2004 - '05 reported that as high as 7.1 percent of the IDUs in the capital tested HIV

The survey report said that approximately 44 percent of the female IDUs were street-based sex workers, some 82 percent of whom had shared needles/syringes while taking drugs in the previous six months. They constitute the group that has a direct HIVtransferring link with the general population. The findings of the survey reiterate the warning issued by its forerunners that time is running out fast for Bangladesh to act to prevent



the concentrated epidemic from spreading to other social sections, and thus pull the nation out of the drug HIV quicksand it is sinking into. Not only the lower-class, the problem

has spread to all socio-economic classes, and only a small portion of the female drug addicts winds up at the rehab centers. Many of our female patients come from the upper class. mostly students of English-medium schools and private universities. Most of the women addicts are aged between 16 and 30 years. Most of them are Yaba and heroin addicts. The girls acquire the habit from their male class-mates and buy the drugs with their help. Sources said that a significant number of girls studying at public universities and colleges also abuse, and become addicted to, drugs. Its not possible to say anything statistically. But its true that the number of female drug addicts is increasing in the society.

Though some non-governmental organizations (NGOs) have conducted surveys on female drug addicts, their focus was limited to the injecting drug users (IDUs), who constitute one of the groups with the highest risk of spreading HIV/AIDS. Almost all the IDUs covered by these surveys belonged to the lower class with a large portion comprising sex workers. But no study has been carried out so far by any agency that gives a picture of drug addiction among the women of middle and upper classes. There is serious lack of information here. Recent studies in Tanzania show that a large percent-

age of adolescents are sexually active. At the same time, they lack basic knowledge about the functioning of their bodies and the risks involved in becoming sexually active at an early age. This ignorance often puts them at risk. Unwanted pregnancies, hazardous abortions, as well as sexually transmitted diseases, including HIV/AIDS are a real threat to uninformed youth The Rapid Situation Assessment

(RSA) survey recently carried out by CARE Bangladesh reports an 'alarming rise' of drug abuse among women. Of the female respondents, 55 percent were married. More than half of them were either illiterate or had not completed primary schooling. Of the rest, 35 percent had secondary schooling, and 26.7 percent primary education. Only 7.9 percent of the female drug addicts surveyed were living with their families, 46.3 percent living at brothels. 24.8 percent on footpaths. 18.2 percent at railway stations, and 14 percent at urban and suburban slums. Nearly 65 percent of the female respondents are commercial sex workers. However, the study also found that some nurses and female medical students take drugs in their dormitory rooms. In most cases, they started taking drugs at the age of 16 to 25 years. Women are also engaged in drug pushing, both in and outside the capital. The survey found women peddling drugs in the districts managing the police, the Detective Branch and the Criminal Investigation Department of police, and the Department of Narcotics Control.

According to various websites. buprenorphin is still widely used in the United States to cure heroin addiction. But, in some countries like India and Bangladesh people have become addicted to it. Ironically, they first took this drug during their treatment at rehabilitation centers. Experts said that to check drug abuse, the country should initiate more preventing and awareness raising programmes, especially targeting the school kids and youths that are more susceptible to the vice due to abundance of curios-

In 2000, the 189 member states of the United Nations agreed to a broad set of goals, setting international development priorities for the coming years. The Millennium Development Goals build on a number of international conferences held in the 1990s, including the International Conference on Population and Development in 1994. Most of the MDGs will be globally achieved by the year 2015. The sixth goal of MDGs is to combat HIV/AIDS, malaria & other diseases. To achieve the target of this goal, the only one indicator for HIV/AIDS is to increase condom use rate.

The present level of infection among IDUs poses a significant risk as the infection can spread rapidly within the group. Moreover, a large population of IDUs had commercial and noncommercial female sex partners, and condom use was infrequent. So, there is every possibility of spreading the infection through their sexual partners and their clients into the general population. Another concern is the significant number of IDUs in the country who sell their blood professionally. According to the 5th round behavioral surveillance (2003 - '04), 4.3 - 6.7 percent IDUs sold blood in the previous year. At the same time. IDUs are highly mobile and travel to different places where they inject drugs and share needles

Among female sex workers, HIV prevalence during the sixth round remained low as with the previous rounds. It was less than 1 percent among all groups of female sex, except the casual female sex workers in one of the northwest border areas (Northwest - K1) of the country, in a sample 120 sex workers, where the prevalence rate is 1.7 percent. Though declining, active syphilis rate among female sex workers is still high, ranging from 1.6 percent to 10.7 percent in different locations of the country, according to the sixth surveillance report. Moreover female sex workers in the border areas are considerably mobile, and sell across the border. However, according to a recent report of the United Nations Office on Drugs and Crimes, the number of drug addicts in the country is not less than

There are two schools of drug addiction treatment. One follows the 12-step programme of Narcotics Anonymous and avoids using medication unless extremely necessary, while the second school, mainly comprising the psychiatrists, treats patients with antipsychotic medicines that have severe side affects. It has been seen that some medicines intended for treating drug addiction are now being widely abused as alternative drugs. Buprenorphin, the generic drug available in the market as Tidigesic. Monogesic and Bunogesic injections, popularly known as Madras and Chennai to injecting drug users, was originally made as an antidote to heroin.

According to the National AIDS/STD Programme (NASP) the estimated number of people living with HIV (PLHIV) was around 7677 as of end of 2005. As of December 2005, a total of 658 cases of HIV/AIDS has been confirmed and reported by the Ministry of Health and Family Welfare (MOHFW), with 176 of these having developed AIDS, out of which 77 have already died. Significant underreporting of cases occurs because of the country's limited voluntary testing and counseling capacity, and inadequate reporting system. The social stigma attached to the disease is an impediment. 5th round HIV surveillance also revealed high Hepatitis C (HCV) prevalence in IDUs, as 54.2 percent tested positive for HCV out of 1619 IDUs sampled. During the sixth round testing for HCV among IDUs done in eight sites, the HCV prevalence varied from as low as 2.5 percent in southeast - D to as high as 57.5% in northwest - D.

There are lots of discussions about the roots of HIV/AIDS but, until now, there has been no conclusion. Some people say that the virus was made in a laboratory by accident. Some say that the virus existed for a long time in the forests of Central Africa, and that it was transmitted through interaction between monkeys and people. However, there is no total certainty about the source of HIV/AIDS. Actually, it is not too important to know where the disease comes from and who discovered it. The most fundamental thing is to know that this disease has spread into all countries in the world and that we must protect ourselves, because there is neither a cure nor a vaccination against it.

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rehabilitation of sex workers SYED TAPOSH EOPLE in our country sometimes take eviction drives in brothel areas. In the

wake of such drives, sex workers of Kandupatti of old Dhaka, Tanbazaar of Narayanganj etc. were evicted long ago. Few years ago the brothel in Magura was evicted. It is learnt that some people have taken initiative to evict brothel at Bagerhat Newspaper sources reported that conspiracies are plotted by some people at Tangail to evict the 150vear old brothel there. It is true that we don't want any one to take such profession but eviction of these brothels forced many sex workers to float around the country. Some of these evicted women rented house at different areas and continued with the same profession. Some of them are providing service at residential hotels. It is estimated that 15 17 major brothels around the country accommodate approximately 25.000-35.000 sex workers. It is also estimated that there are approximately 150.000-200.000

floating sex workers in the country. Sex work is considered as a social problem which is also the result of other problems such as poverty, exploitation, human trafficking, drug addiction etc. Despite the fact that the biological need can hardly be avoided and some contradiction in law of our country doesn't mean absolute denial of the profession, sex work is illegal in Bangladesh like other Asia Pacific countries. Interviews with evicted sex workers reveal the fact that eviction cannot be the way to solve this social problem and without proper initiative to support them financially, this will only increase the number of floating sex workers or illegal or unprotected sex work outside brothel areas.

Study shows that poverty domi nates the causes behind for women to take sex work as profession. Women live from sex work mainly because of financial need. Many NGOs in Bangladesh have been working for the benefits of sex workers while some are directly involved in the process of rehabilitation. Reports of studies conducted by NGOs reveal that many evicted eligible sex workers don't quit their profession. It means they can't give up. Most of the sex workers earr money not only for themselves but also for other people. Through income from sex work they support a large number of people in their fami-

lies who live outside brothel areas

The sex workers normally keep family members far away from their working place and keep them uninformed about their actual profession The question of eviction or rehabilitation is linked with the fate of these people. Whenever we think about eviction of brothel areas, we should think also about those people who

Shifting of brothels necessary for

depend on them. In cities or towns brothels are mostly located in densely populated commercial areas. Because of rapid expansion of commercial areas. brothels are always targeted for business expansion. And spaces for brothel areas are shrinking. Jessore, 2 years ago there were 7 lanes in the brothel area, now it has 6 lanes. One of the lanes at Jhalaipatti brothel area has been occupied by businessmen. For the same purnose, a part of lane at Babubazaar brothel at Jessore has been turned into market. Other areas are also targeted by businessmen there.

A large number of people are involved in side businesses linked to the profession of sex work. To establish supremacy in brothel areas people of different groups sometimes get involved in clashes that sometimes result in eviction of brothel areas. Besides, sex workers are under pressure from religious people and police personnel. Survey reports of an NGO implementing rehabilitation programmes for sex workers show that the number of residents at Jessore brothels decreased from 276 to 220 between 2001 and 2006 because of lack of space in brothel Pressure from different sources to

evict brothel areas has created threats for our normal social life. It is needless to say that unless effective measures are taken to solve other social problems such as poverty dowry, exploitation, human trafficking etc. it is not possible to stop women to get involved in sex work. If brothels are evicted, number of floating or hotel or residence based sex workers will be increased. If sex work business is considered as a social disease then it is better not to spread the disease all over the country but to keep it in specific places. Therefore, it is necessary to take steps to prevent unplanned eviction of brothel areas. To reduce the threat of eviction through business expansion it is necessary to shift brothel areas from commercial places to places far away from town or city. It is easily seen that brothels which are located at places far away from town or city such as

Doulatdia at Rajbari and

Baniashanta at Khulna are normally don't become the target of businessmen for eviction.

A number of development organizations (NGOs) have been working with different components of services. Shifting of brothel areas will certainly help the rehabilitation program of different NGOs. These organizations have different service centers such as education/learning centers, vocational training centers satellite health centers, recreation centers, drop-in centers etc. inside brothel areas which are necessary for human rights promotion and rehabilitation of sex workers. These services are directly or indirectly make contribution in the process of rehabilitation through creation of positive attitude of sex workers to take an alternative livelihood. These services help them to differentiate good and bad things.

Because of services of different

NGOs in brothel areas, the sex workers are in fact much more aware about the spread of HIV/STD and other diseases and the risk of spread of the diseases are lower in brothel areas. It is observed that the sex workers are much more aware about health, personal hygiene and social issues than many other people in our society. The eviction of brothel areas destroys all these development initiatives of different NGOs. project of DSS and UNDP which has partner NGOs working at different brothels around the country for implementation of rehabilitation activities for sex workers experienced that the services of its partners in brothels that are located at commercial areas in cities or towns face more problems than services of those in brothels located at other The NGOs working for inmates of brothels located at commercial places lose beneficiaries because of non-stable behaviour. Drop-out rate of beneficiaries is also high. For the same reason, the project experienced problems working with floating sex workers. In this

ment of service centers. The issue of shifting of brothel areas will raise the question of land requisition for people who don't have acceptability to other people of our society. Shifting of brothel areas is not new in Bangladesh. With extension of commercial and residential areas, our existing brothels were

case NGOs with a close proximity to

brothel areas outside city or towns

get benefit of establishing service

centers inside or outside brothel

areas whereas others hardly get

chance to hire rooms for establish-

shifted several times. The Doulatdia brothel was shifted from Raibari and Goalondo. Brothel shifting has been a very sensitive issue now. People. even the sex workers don't talk about it because of fear of eviction though they are having tremendous difficulties of accommodation inside brothels. Some brothels have water and sanitation problems which are to be dealt with the building owners but because of fear of eviction the sex workers can't put pressure on them though they have considerably gained awareness on the issues of personal hygiene.

Because of increasing accommodation problem of sex workers in brothel areas and to avoid unplanned eviction, the shifting of brothel areas is necessary and it is no more an issue to keep for future. Government's khas lands can be used to replace the brothels located at densely populated commercial areas. Religious pressure will be a major threat that can be avoided through effective initiatives if taken by the local administration. In fact the main responsibilities will be put down to the local administration. Though this would be a difficult task to accomplish because of its sensitivity, people to be made clear about the result of unplanned eviction and its threat to normal social life would be of some

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