

Feature

Health

# Impacts of AIDS on Development

by MA Rub

DIRECTOR of the World Health Organization (WHO) Michael Merson sounding a note of warning on "Global Programme on AIDS" says: "All sectors of life are threatened. So is the development process itself." Modern medical scientists optime that AIDS is now just a baffling disease of the immune system but a development issue, which both feeds on and contributes to poverty.

### The extent of the pandemic

According to WHO, AIDS kills about one lakh people a year worldwide compared to 10 lakh malaria deaths, four million from Diarrhoeal Disease (DD) and 12 million from cardiovascular disease. WHO indicates that the annual death toll by the end of the century will probably be four lakhs a year. The people carrying the virus can infect others, worldwide; perhaps ten times as many people are HIV-positive as have AIDS when more than two hundred million new cases of other sexually transmitted diseases (STDs) flourish and STDs bearing people are at a greater risk of infection by HIV. With less education, the poor have little or no access to information about AIDS. Dawn to dusk, the poor want food first than anything else not to speak of AIDS and at times forced to

every city". Deeper impact of infection and effects among population groups differently occurring as a sub-epidemic are among injecting drug users, among women sex workers and their clients and a third among male sex workers and their clients including affected sexual partners and unborn children.

### Poverty Link

The over-riding reason for the rapid spread of HIV has been the high correlation that exists between poverty and vulnerability to the virus, a correlation that has led to high rates of infection of cities as far apart as Bombay, Edinburgh.

### New Delhi and Rio de Janeiro

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tors, WHO says, more than 15,000 women become infected with HIV every week; the male to female ratio in Sub-Saharan Africa is about 1:1.2.

The impact of HIV/AIDS on child deaths is likely to reverse the gains made since the early 1960s in many developing countries by EPI (Expanded Programme on Immunization) and living standards when UNICEF predicts that the under-five mortality rate in Central and East Africa, instead of dropping to around 132 deaths per 1,000 live births as earlier projected, is likely to rise to between 159 and 189 per 1,000. On the other hand, WHO predicts that before the mid-1990s AIDS caused more child deaths in Sub-Saharan Africa than malaria and measles. Since AIDS primarily targets groups of 20-40 years age, the ratio of working adults to young and elderly dependents may shift.

Several research findings indicate that uninfected children, born to HIV-positive mothers are often already underweight and less healthy than babies born to HIV-negative mothers. Research in

taining activities such as cleansing, collecting water, hygienic food preparation and breast-feeding." The death of parents brings in several misfortunes for the families in many ways: stresses and strains in economic life, deprivation, abandonment, orphans, street children, drop-outs from schools, malnourishment, sexual abuse and what is more galling "psychological disorder". There will be a loss of 27,000 primary school teachers by 2020 when chance of higher education overseas will be aborted by sponsors and receiving nation's test for HIV.

HIV/AIDS threatens to create damaging shortages of skilled labour threatening productivity when absenteeism, tiredness and intermittent sickness prevent workforce from duties and cause loss of working time, pay and wages and host of other concomitant problems.

With many small farmers operating on a knife-edge, loss of labour as a result of illness or death from HIV/AIDS can tip the balance and send them

countries particularly in communities indicate that AIDS must be regarded "as a community crisis, not simply an individual problem; one which is likely to adversely affect entire communities by threatening its collective abilities to cope," advocates the Food Studies Group at Oxford University, UK.

### Action Needed

Although Bangladesh Government planners and decision-makers are not giving much importance to HIV/AIDS problems, there is evidence that rural areas of Asia and Latin America are increasingly affected by the disease, particularly where migration is a major factor, such as in the big cities in Bangladesh as much as in Bangkok, Andes region of Latin America, Mexico and in Bihar, India.

Improvement in Sexually Transmitted Diseases (STD) is linked with "no risk" strategy because, whatever course the HIV epidemic takes, there are definite benefits in reducing the high and rising rates of STDs, which, incidentally, facilitate the spread of HIV/AIDS and are associated with infertility, still births and general

health complications. Herein lies the importance of national commitments of national leaders rather political commitments of the governments.

In observance of the World AIDS Day, December 1, 1992 this year and in view of the SAARC summit to be held in Dhaka in December, the leaders of the SAARC nations meeting here might be finding HIV/AIDS matter as a health issue and issues of environment and development for discussion and policy guidelines for appropriate action plans. No progress in containing HIV/AIDS will occur unless and until the political leaders of rank and file take a broad view of the threat of HIV and STDs.

- Medical research needs to be complemented by socio-economic research
- Specific population groups should be target for education
- STD treatment should be made a priority
- Existing health structures need to be strengthened
- Money should be directed to HIV/AIDS care and treatment
- Development agencies need to take account of

the implication of AIDS in all their activities. Assistance should be given to efforts of communities to develop their own coping mechanisms

- Some new development initiatives may be necessary, such as differently organised credit schemes.
- Research into the agricultural impact if necessary
- Improvement in women's status is a prerequisite for increasing their ability to protect themselves and their children
- Education and training policies need to take account of the impact of the epidemic
- Economic plans need to take account of possible changes in the labour supply
- Mechanisms for delivery of money and expertise to fight HIV/AIDS must be improved
- Governments need to undertake extensive awareness and education programmes
- Governments must provide an integrated response to the epidemic.

(M A Rub, the writer, is Director, Gono Bikash Sangstha (GBS) an NGO devoted to dissemination of information on issues of Environment and Development.)

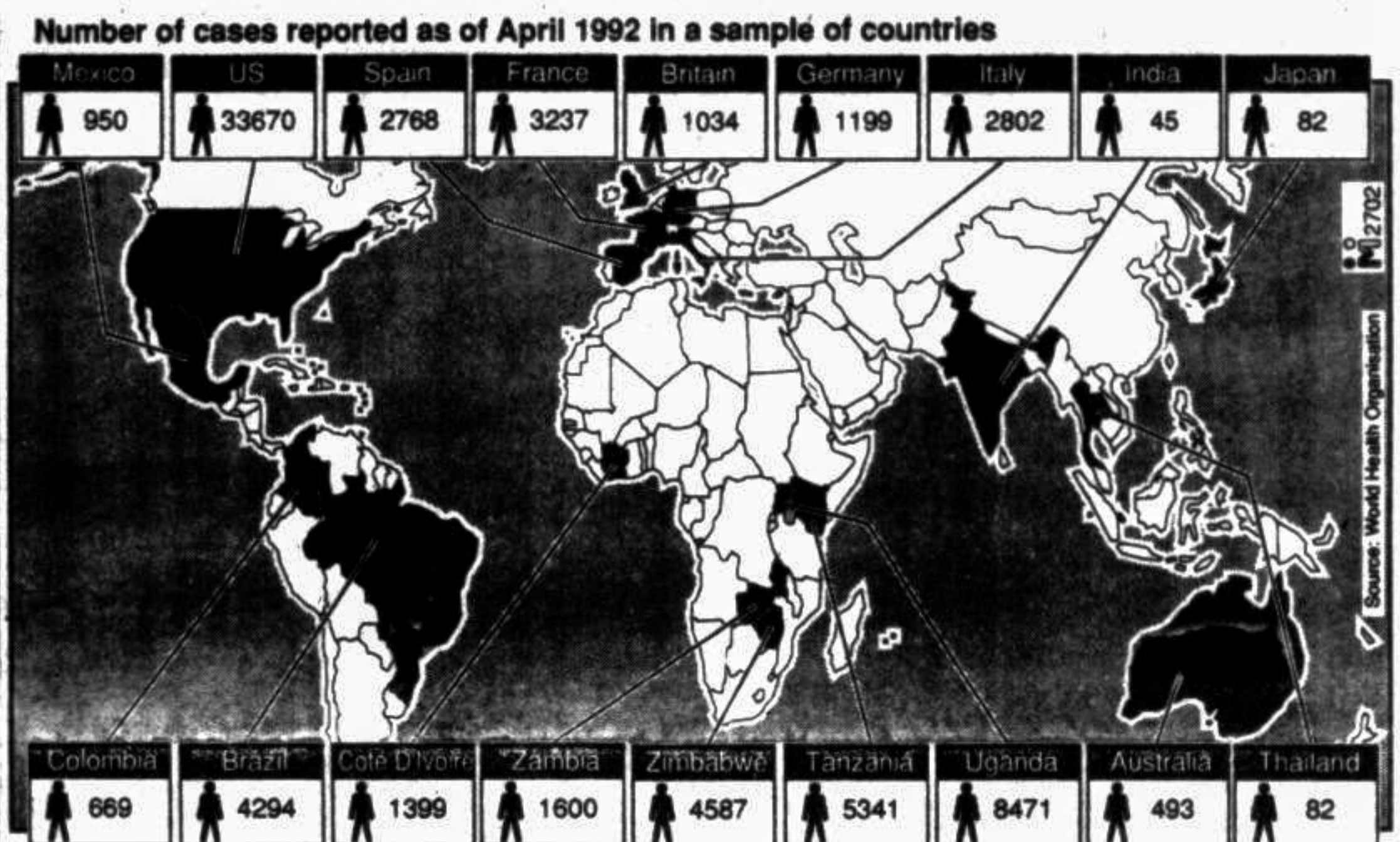
One in 250 of the world's adult population i.e. up to 12 million adults are infected with HIV, while one million children had already contracted HIV by early 1992. Curiously enough, more than 80 percent of all these cases are in developing countries.

Heterosexual intercourse accounted for 70-75 percent of all infections by 1992. Other means of transmission are estimated as male homosexual intercourse (5-10 percent), blood transfusion (3-5 percent), injecting drug use (5-10 percent) and mother-to-child (5-10 percent). Predominantly transmitted through sex between men and women, HIV kills many people in the 20-40 age group, most economically productive section of society.

Current emphasis on HIV/AIDS has focused on Africa but the Asian Development Bank (ADB) says that by the year 2000 most of the projected 40 million HIV infections and 10 (ten) million adult AIDS cases worldwide will be in Asia.

Recent studies written in the book "The Hidden Cost of AIDS: The Challenge of HIV to Development" by Martin Foreman and Olivia Bennett with Michelle Karam, and additional research by Frona Belton, Published by Panos Publication Ltd, 1992 London, refuting the prediction of many Indians that HIV would remain a "foreign disease" indicate that countries such as India and Thailand with high rates of HIV infection, but few cases of AIDS, face potentially very high costs in the next five to ten years when the reality is that "it has now taken root in

## Aids across the world



give in for STDs when women have poor bargaining position or choice for "a state of conditioned helplessness to say 'no' to unprotected sex."

Powerlessness is a challenging aspect of poverty and biggest particular problem for women when, they are poorest of the poor, most disadvantaged by social and cultural conventions about "acceptable" behaviour. As a result, women's inferior economic and social status directly increases their vulnerability to HIV, and limits their ability to control their sex lives and protect themselves. Considering the economic and social inequalities associated with gender, together with other physical fac-

Bangladesh found that children losing one or both parents where effects are compounded prompted to "a strong correlation between parental mortality, and the mortality of children under 10." For example, "a father's death was associated with an increase of six per 1,000 in the child mortality rate. A mother's death was associated with an increase of almost 50 per 1,000 deaths for sons and 144 per 1,000 for boys and 42 per 1,000 for daughters with no parental death." The World Bank study pointing out some reasons lists debilitating effects on "the household's attempt to cope with the death or ill-health of an adult may shift household labour away from health-main-

into a downward spiral of diminishing food production and income, and ever increasing poverty. Unofficial sources indicate that in a number of countries infection in rural areas is 20 per cent while, an average of 10 per cent would mean the loss of one or two adults per thousand e.g. in Uganda. According to 7th International AIDS Conference, Amsterdam, 1992, infection could result in a loss of 25 per cent of the rural labour force. Another paper said in parts of Kagera, Tanzania, 30,000 people died from AIDS causing failure of agricultural production from between three percent to 20 percent in Dakar in 1991.

Studying on target adults of

## Waking Up to an AIDS Sunrise

A sharp rise in the number of AIDS cases in Japan, which had so far been relatively untouched by the deadly disease, is sending jitters through the country's lucrative sex industry and worrying public health experts.

A recent survey by the Japanese Health Ministry reported 97 new HIV virus carriers in July and August, pushing the total number of people with the AIDS virus to 2,866.

The figure excluded those contracted through blood transfusions, but 60 percent of males infected through heterosexual intercourse got it during overseas trips — mostly to South-East Asia.

Doctors say the numbers are conservative, and the figure for HIV carriers could be as high as 10,000 and 470 patients could have full-down AIDS.

The numbers could still grow because Japan has yet to carry out extensive testing and is only now embarking on an effective AIDS prevention programme," said Akashi Asuzawa of Komogoe Hospital in Tokyo.

Experts say widespread acceptance of condoms and the relatively low intravenous drug use spared Japan from the initial upsurge in AIDS cases that swept other rich countries. But the spread of brothels with foreign women within Japan and the popularity of sex tours to Asian countries by Japanese males is worrying health ex-

After emerging relatively unscathed from the first decade of the AIDS epidemic, there are signs that Japan could be on the threshold of an outbreak. Suwendri Kakuchi of IPS reports.

perts here. However, there is controversy about the source of the recent rise in AIDS cases — are the promiscuous Japanese men who get infected abroad to blame, or the thousands of Asian women who work in brothels in Japan?

The Japanese Health Ministry has singled out Thai and Philippine prostitutes as the main hazard, but admits many of the recent victims contracted the disease through sexual liaisons during overseas visits.

The largest concentration of newly-reported AIDS cases is in Nagano, a mountainous region where many Thai and Philippine hostesses live and work. More than half of the over 120 HIV cases reported last year were from Nagano.

Japanese officials say it is difficult to control infection among foreigners who come with tourist visas. "But they are here to make money and they will not stop working even if they learn they have the disease," a health official said.

"This is typical. Many of these women fear deportation and their Japanese pimps do not want to spend for their medical care," said Takashi Nakamura, a social worker at

the Japan AIDS Prevention Foundation (JAPF).

Since 1990, local doctor Motoyuki Shimizu has tested 34 young Thai women working as hostesses in Japan, all of whom were found to be HIV positive.

To encourage foreign prostitutes to go for tests, the Health Ministry is planning to set up a free AIDS-testing programme where people who undergo testing will be guaranteed privacy.

But South-East Asian women say they are being unfairly blamed, and charge that they have been infected with AIDS by Japanese men. Social activists say singling out prostitutes as the main HIV carriers distracts attention from the real cause of the epidemic — Japanese males going abroad.

According to a recent JAPF survey conducted on over 30 Thai women aged 16 to 33, prostitutes had a hard time persuading their customers to use condoms.

Social workers are also faced with the difficult task of changing society's current complacent acceptance of the sex industry.

"Japanese society tolerates male promiscuity and Japanese

men must change their arrogant attitude which allows them to buy young women from other Asian countries," Shimizu said.

AIDS experts say Japanese firms also support the country's multi-million-dollar sex industry. It is not uncommon for firms to allocate huge expense accounts to pay for the services of prostitutes who entertain their clients.

"These attitudes stem from the old days when the Japanese Imperial Army employed foreign and local prostitutes for the soldiers," said Hamao Yokota, a bank employee and author of several books.

Many so-called "comfort women" in Korea and the Philippines have recently come out with horrifying stories of sexual slavery by occupying Japanese soldiers during the Pacific War.

For many social activists, prostitution, sex tours and bride-buying are modern-day versions of the attitudes that led to the "comfort women" phenomenon.

In the wake of new evidence, however, Japan seems to be fast realising the need for drastic changes. A sharp fall in the numbers of males going to bars has been reported after the latest AIDS report was published.

For the first time, the government is now sponsoring AIDS preventive education in Japanese high schools.

SOLOMON Islands, which is now said to suffer the highest incidence of malaria in the world, is claiming a breakthrough in the battle with the disease. Its Malaria Centre says pawpaw (papaya) leaves can prevent malaria.

For many in the Solomons this is not news. For years they have maintained that chewing a couple of pawpaw seeds each week will prevent malaria developing. The habit of relying on modern Northern medical practices has prevented the practice becoming widespread.

Malaria was introduced to the Solomons by traders from the North, so ancient custom medicine has no ready remedies. Attempts to conquer the disease with "modern" methods have largely failed because of lack of political will on the part of the rich countries which prefer to spend money on cancer and AIDS research and partly because malaria adapts and resists every chemical onslaught.

Dr Judson Leafasia, head of the Malaria Centre, says his team is not sure yet what dose of pawpaw will prevent the disease without causing adverse reactions.

Malaria is not the only disease to succumb to ancient wisdom. In a recent well-documented case at Bareho, Western Province, a boy named Deryl Nathaniel was sent to Australia in a last-ditch attempt to treat cancer of the lymph glands. He returned home given three weeks to live.

His relative, Philp Luta, says the boy was then given the juice from the boiled leaves of a particular tree and is now, one year on, strong and fit with no signs of cancer. His Australian doctors came over to examine him to find out the secret of this apparently miraculous recovery.

Luta is skilled at curing a variety of maladies from broken bones, strained ligaments

## Malaria Centre Says Pawpaw is the Answer

by Sara Siloko from Honiara

Researchers in the Solomon Islands in the Pacific say the leaves of the pawpaw (papaya) tree can prevent malaria. For many people in the islands this is not news. They have always said that chewing the seeds will prevent malaria developing, but because people rely on modern medical practice the habit has never spread. It is another case, reports, Gemini News Service, of ancient custom medicine proving the best.

and malfunctioning joints to tuberculosis, liver diseases and bronchitis. And he says there are people in other islands who are more skilled than he is.

They can mend broken legs, ribs and collarbones as well as cure diseases of internal organs by a combination of what is known locally as "holding" and the administration of juice concentrations from rainforest plants and trees.

The totuana tree produces juice said to be more bitter than chloroquine to cure TB, bronchitis and liver problems. Those subjected to the "holding" treatment say it is unbearably painful but extremely efficacious.

Practitioners are said to be born with the skill and it is not one that can be taught. Most give their services free — the communal subsistence culture norm.

One or two come to town and offer an alternative medical service, still charging only nominal sums.

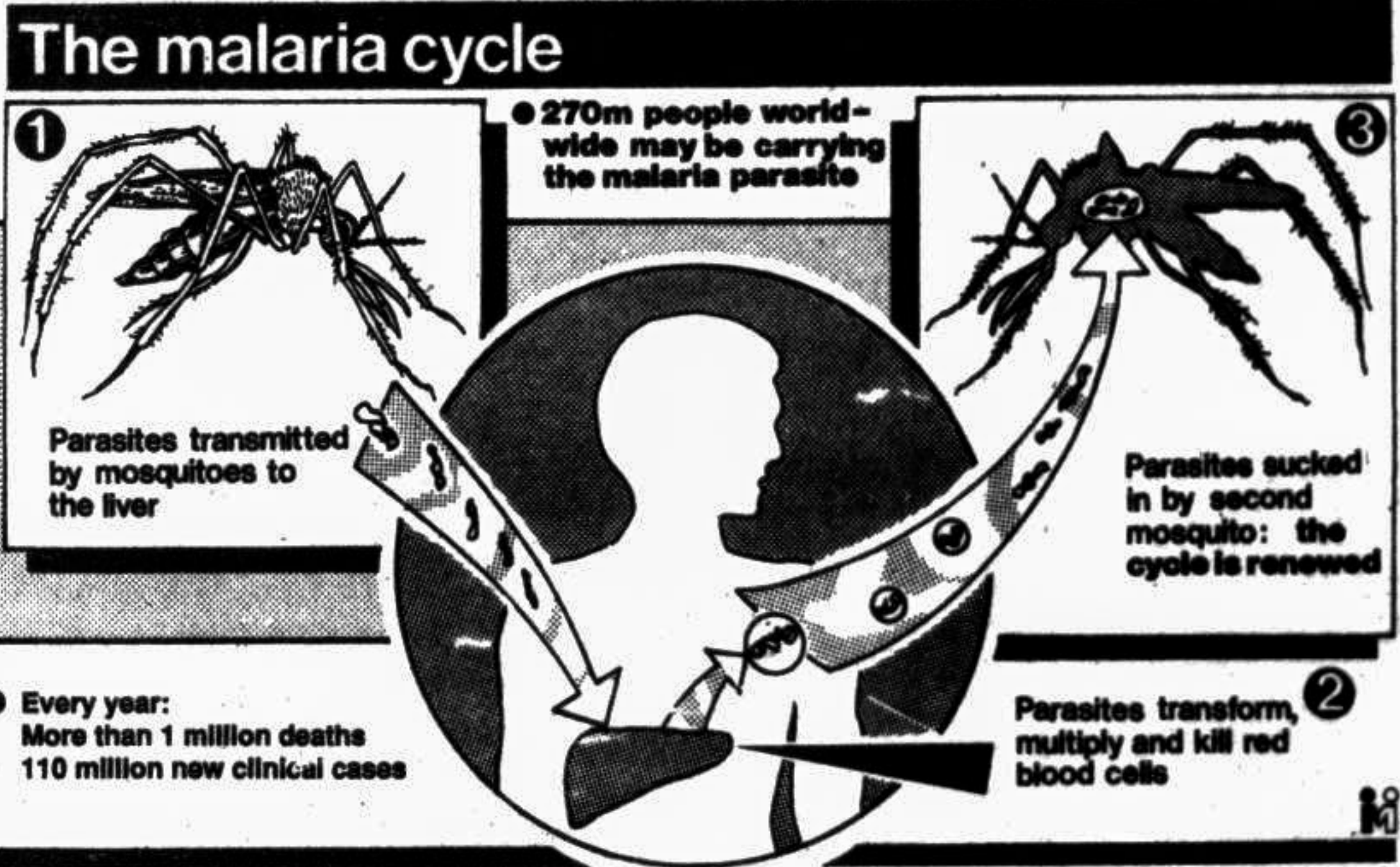
You do not have to be an expert like Luta to know that many common tropical plants can cure or prevent medical conditions. Solomon Islanders, says Freenter George from Gatokae Island, who was



Mosquitoes collected from households being identified and prepared for radioimmunoassay to detect malaria.

brought up by his great-grandmother, know that guava cures diarrhoea, that pawpaw and chalu (like sunflower) are antiseptics, that puchupuchu (a local plant name) cures runny noses and coughs.

Green coconut juice is the best rehydration fluid, coconut root stops toothache, a cer-



## Human Disease Prevention and Control

FOUR CRPs are currently in progress relating to nuclear medicine in communicable diseases.

One of them is funded by the Government of Italy and concentrates on the epidemiology of malaria using the immunoradiometric assay (IRMA) with monoclonal antibodies.

The second is an interregional CRP using the IRMA with synthetic polypeptide antigens.

Two other CRPs, one for the Asia-Pacific region and the other for Latin America have recently been started with the aim of diagnosing extra-pulmonary tuberculosis and blood borne infections using 32p-labelled DNA probes.

Four CRPs are operative in the field of in-vitro diagnostic

methods with radionuclides, such as radioimmunoassay (RIA), which is an in-vitro microanalytical method.

Screening for neonatal hypothyroidism by using indigenous produced RIA reagents is the subject of two of them, one global, and the other in the Latin American region.

The third CRP seeks to investigate the usefulness of alpha-feto protein measurement in serum by RIA as an accurate discriminator of malignancy in space occupying lesions of the liver. The fourth investigates the acceptability and cost effectiveness of nuclear and non-nuclear analytical methods in the investigation of liver disorders.

In the area of in-vitro diag-

nostic nuclear imaging methods, three CRPs are in course. After the successful transfer of radioaerosol technology to countries in the Asia-Pacific region, it was first used in the early diagnosis of chronic obstructive pulmonary diseases. Presently, the same technology is addressing the impact of environmental air pollution on the lungs of normal non-smoking individuals.

A second CRP in the same region is comparing the diagnostic capabilities of two imaging modalities (radionuclide and ultrasound imaging) from the point of view of cost-effectiveness in diagnosing hepatic diseases, which have a very high prevalence in this geographical region.

The third CRP has just been initiated to study the value of immunoscintigraphy with 99 Tc-m labelled monoclonal antibodies in the early detection of colonic cancer.

The dependence of modern health care upon technology makes quality control and preventive maintenance of all medical instrumentation a vital necessity.

To help the safe and reliable operation of the US \$150 million worth of nuclear medicine equipment in the developing world, the Agency guides four CRPs on the subjects in Africa, Asia and the Pacific and Latin America. The majority of participants in all the CRPs come from the developing world. — IAEA