AIDS and the Family

Confronting the Catastrophe

by Parvez Babul

"LIFE is lonely enough as it is. If you have a family and you have people that are helping you, it makes a huge difference." —*US President Bill Clinton.*

Families, in their many forms, are an important social context for any human activity, human development and for the development of nations. The forms that they take vary within and across cultures and generations. They are affected by increasing urbanization, poverty, political and economic migration, changes in labour market structures, the changing roles of women and men and by numerous other factors.

Many families have been and will be seriously affected by the pain of the deaths caused by an epidemic called AIDS. Yet many of these families do not cease to exist when someone die. In fact, the most striking and also horrifying images of the HIV/AIDS epidemic are seen in the families, where the family members continually have to care and nurse someone who will eventually die of AIDS.

Because a family is formed and sustained by the desire of their members to stay together and to support and care for each other.

The HIV/AIDS epidemic places immense psychological and economic pressure on families. Many families may well disintegrate under the strain. These burdens can be lightened through appropriate programmes of assistance and support based on the principles of participation, representation and consensus building.

Families are at the centre of sustainable human development, where the objectives of development are defined in terms of the eradication of poverty and promoting sustainable livelihoods.

The HIV/AIDS epidemic makes sustainable human development more difficult to achieve, but at the same time, ever more important. The eradication of poverty and the creation of enabling frameworks are critical for the capacities of families to be strengthened in face of the multiple challenges of HIV and AIDS. The number of people falling ill as a result of HIV/AIDS infection will rise dramatically in the coming years, regardless of the prevention efforts being made today.

Since AIDS is a chronic disease lasting for months or years, the home is increasingly the care option of choice for both sick individuals and also healthcare systems depends heavily on the family to perform into task.

In the majority of people living with AIDS are to receive care within the family, a comprehensive range of medical, nursing and counselling services must exist from hospital to home.

The best care depends on a continuity of services, with links and referrals to help the sick receive comprehensive services as close to the home as possible.

When the services moves out of health care centres to the family, community dynamics is strengthened. People living with AIDS, and sometimes the families caring for them may be stigmatised or excommunicated. Without any support to counter this, communities and families may abandon their traditional caring roles; and AIDS patients may be left homeless.

In considering family care, we must not forget that the effect of HIV/AIDS on a family is enormous. People with AIDS are usually unable to work for many hours a day, so other relatives have to reallocate their time and priorities. And greater spending on healthcare for the person with AIDS may put a burden on the amount available for the healthcare of other family members.

Providing AIDS patients home care can bring a family closer or it may also drive it apart. In either case, the family dynamics will be affected. In crowded families struggling with poverty it may be difficult to provide home care. Caution is needed to avoid the full burden falling on female members of the family and communities should develop supportive networks composed of neighbours, religious groups and clubs etc.

Only a selected few will probably have appropriate training, and many may be worried about their lack of knowledge and skills at nursing, or about giving emotional support to someone who is terminally ill. They may also fear of catching AIDS themselves, even though there is no danger of contracting AIDS provided the nurse covers any cuts or wounds on the patient and is careful not to touch fresh blood coming from an AIDS victim.

AIDS care in the family setting has to be developed and supported in the midst of poverty, inequality and discrimination. These challenges can be met provided that families and communities are seen as full partners in a system of comprehensive care.

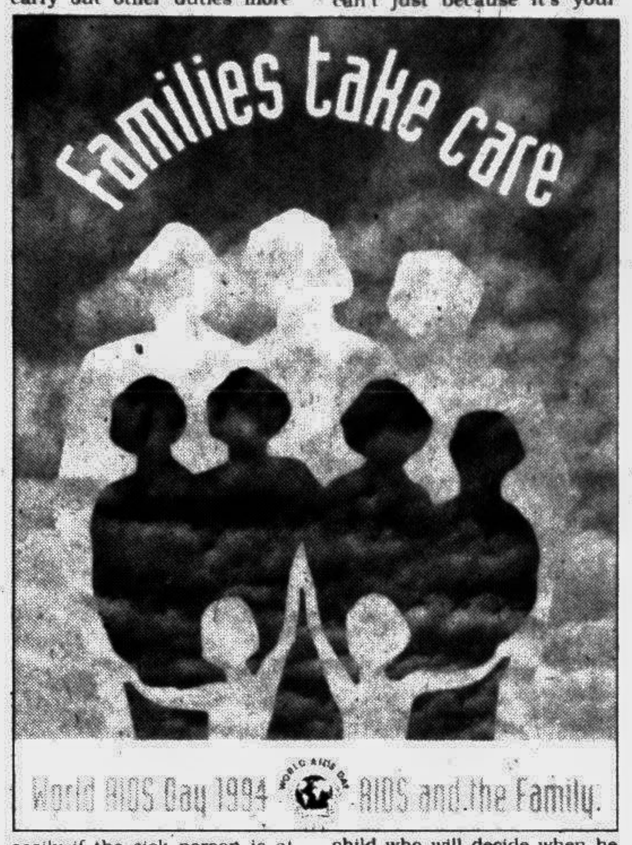
Why AIDS-care in the family?

a) Good basic care in the home enables the ill to be as active and productive as the disease allows.

b) Terminally sick or dying people often prefer to stay at home, especially if they know they cannot be cured in hospitals.

c) Sick people are comforted being in their homes and communities, with family and friends around.

d) Relatives may be able to carry out other duties more



easily if the sick person is at home rather than in hospital requiring frequent visits.

e) Home care is usually less expensive for families, and sometimes hospital care is not possible within the reach.

f) Home care offers opportunities for educating families and communities about AIDS prevention.

Role of parents

In an ideal world, parents would teach their growing children all about love and sex. But most of the children do not have any authentic of knowledge or some of them can try to learn from friends, TV, movies, magazines etc. And these days, with a deadly virus running loose, that is dangerous because there is too much wrong information out there in the open to mislead a growing adolescent.

Teach your children the value of abstinence. They need to understand that postponing sexual intercourse is a sensible option with rewards that go far beyond freedom from AIDS, unwanted pregnancy, or sexually transmitted diseases.

It's not enough to say to your child 'no sex', or 'you can't just because it's your child who will decide when he or she is ready. You must, therefore, also teach them about safer sex and the harm caused by promiscuity.

Don't wait for your children to ask about sex. Children are smarter than the parents think they are. They know what's happening. Talk to them early, before they've formed their own decisions about sexuality.

If your children do come to you to tell you that they have been active or are thinking about it , be there to help. Tell them you are proud of them for having the courage to bring the subject up or for wanting to know how to themselves. If you sense that your children are not comfortable to talk with you about sex, homosexuality, or HIV/AIDS, or if you cannot give them the information they need, give them the name of a school counsellor or a health care provider with whom they will feel easy to talk.

One should also talk to their children about drugs. One must make sure that they know the facts about drugs and HIV/AIDS interrelations.

Role of the government

a) The government showed affirm the importance of protecting the future generation from AIDS; proclaim policies which discourage the isolation of children infected and affected by HIV; and emphasis the need for human care.

b) Families and communities must be helped to provide for the children's needs, and men must be encouraged to share responsibility for care.

c) Recognise the close linkage between the vulnerability of women to HIV/AIDS and also, that of the children. Governments should aim to increase the educational and employment opportunities of women and remedy inadequate social support for both women and children.

d) Children require knowledge to help them delay intercourse and practise non-penetrative forms of sex. For young people already engaging in sexual intercourse, it should be well informed that they must use a condom which is the most effective protection against HIV/AIDS. As prevention is always better than are all of the governments as well as nongovernmental organizations, mass media, journalists, teachers, religious leaders, public leaders, doctors, nurse, health workers, i.e. all classes/ categories of people should be made aware to prevent HIV/ AIDS, before being infected.

Ten points on HIV/AIDS

1. All communities can be affected by AIDS because the human immunodeficiency virus, HIV, can cause the AIDS virus to cross all boundaries-geographical and social.

2. Fortunately, HIV can only be spread in three ways: a) sexual intercourse, b) blood transfusion, and c) from infected mother-to-infant.

3. To know how HIV spreads is also to know how to prevent the infection. HIV can be spread by sexual intercourse — from man to woman, from woman to man and from man to man. HIV can also be spread through blood in two major ways, by receiving a transfusion contaminated blood; or if needles or other skin-piercing instruments are used more than once without being properly cleaned and sterilised after each use. Finally, HIV can spread from infected mothers to their infants, wither before, during, or after birth.

4. The most effective means of preventing the sexual spread of HIV is by remaining with a faithful, uninfected partner or not having sexual intercourse at all. Otherwise, a person should reduce their number of sexual partners as much as possible. Whenever having sexual intercourse with someone less known a condom should be used.

5. Infection through blood can be stopped in a variety of ways: Fortunately, blood for transfusion can be tested for infection with HIV and discarded if contaminated. Drug users can and should stop injecting drugs; if they continue, they should use only sterile needles and not share them with anyone.

6. HIV is NOT spread by casual contact at work or school, shaking hands, touching or hugging. It is not spread through food or water, by sharing cups or glasses, by sneezing or coughing, by insects, in swimming pools or on toilets. Knowing how HIV is not spread helps people understand that there is no real danger of becoming infected from causal contact with a victim.

7. There is no reason to fear people who are HIV-infected or have AIDS. They should not be discriminated against. They need our support to help them with the physical and emotional difficulties they face.

8. Some day, medical research may give us a drug to cure AIDS or a vaccine to prevent AIDS. Until then, we must rely on changes in personal behaviour to prevent the spread of HIV. Information and education are therefore vital in the fight against AIDS.

9. National AIDS programmes already exists in nearly all countries of the world. These programmes inform and educate people about AIDS, how to avoid becoming infected and how to protect others. National AIDS programmes are linked through the Global Programme on AIDS of the World Health Organization, which directs and coordinates the Global AIDS Strategy.

10. You can contribute to managing the AIDS menace by making sure that you understand the facts about AIDS and helping others to do the same. The risk of AIDS is not about who you are or where you are. It is about what you do.

Private Practice of Medical Teachers

by M Muzaherul Huq

BANGLADESH, a densely populated country with an agro-based economy and low literacy rate is one of the poorest countries of the world. Only recently a democratic government with a popular support has come to power to face with immense socio economic problems but with high expectation of its people after a long autocratic rule.

The health status of our people is very unsatisfactory with high infant and maternal mortality rate and a life expectancy of our people of about 55 years only. The health facilities in the country is quite inadequate with only 25116 hospital beds for 12 million people with a bed to population ratio at 1:4557 while doctor-population ratio is 1:6034 and nurse-population ratio is 1:13888 only.

The Medical education and health care delivery system needs immediate priority attention if the democratic government is actually willing to fulfill the expectation of our people. Our people are aware that better doctors and better services are available to our neighbouring countries like Pakistan, India and Srilanka. This frustrate them as most of our people cannot afford going abroad to avail these better services rather they expect same services here.

There is yet to be a health policy in the country though the government is trying to frame one soon. Bangladesh Medical Association (BMA) though late, has also started exercising to frame one. The health policy will definitely have two components, a) Medical education policy and b) Policy for health care delivery system.

The nation with the traditional health care system has yet to find a future plan for this. We should first organise a proper medical education system to develop needbased medical manpower. It needs an effective organizational setup. We must plan what number of medical teachers of what specialty we need to produce for our medical institutes as teaching manpower and also to plan how many generalist and specialists we need for our hospitals. We need an effective health care delivery system for our people as well as trained skilled medical manpower for its implementation.

Reorganisation of Directorate of Medical Education should get priority. A separate Directorate of Medical Education with an Additional Director General, five Directors and necessary deputies, assistants and auxiliary staffs can effectively take the administrative responsibility of medical education and teaching hospitals.

The teachings hospitals should have one Principal cum Superintendent with one Vice-Principal and one Director. The posts should be upgraded with other provisions and facilities. This will help to strengthen their administrative control over teachers and doctors.

The teachers and staffs of a teaching institute and hospital should be non-practicing and they should enjoy the benefit as offered by Bangladesh Medical Association in their last movement against the then government. A WHO recommendation in this respect can also be considered.

There should be more posts of consultants, registrars and Resident Medical Officers for teaching hospitals with some preferential facilities as they will also be involved in teaching.

The budget for health care should be increased with Govt grant as well as public payment. It should be remembered that no where in the world health care is offered free, even not in affluent countries, let us forget the petro-dollar-rich countries. The outdoor ticket money can be raised as well as all operation, investigation should be charged. In selected cases these can be free of charge. The policy should be that people can purchase the better service cheaper from the government hospitals than in the private clinics and the poor people can enjoy it free.

The teaching hospital should be well equipped with proper medicare facilities and properly trained manpower. We need committed doctors and their accountability to our people.

The question of private practice of the teachers, of medical colleges, institutions, and health administration should be decided once for all. The issue is always creating, immense misunderstanding among doctors, the government and the BMA. Even in India, the best running Medical Institutes like AIIMS in New Delhi, PGIMR in Chandigarh and JIPMER in Pondicherey the teachers and staff are not involved in private practice. They are more devoted in teaching and research. The result is quality doctor and quality service in India.

Apart from the non-practicing allowance the teachers of the teaching institutes should also enjoy a free furnished accommodation in the campus or nearby. A reasonable transport and other allowances, will be considered further incentives.

Teaching departments should be provided with research facilities. Adequate fund for research should be made available to them so that the teachers can be involved in research activities. In academic visits, fellowship programmes at home or abroad, teachers should always get preferences.

Government policy should be always to encourage teachers to participate in national and international meetings, conferences and seminars.

If scientific or research papers of the teachers are accepted for presentation in any national or international meeting and seminar, the government policy should be to assist him with proper funding and resourcing. This will encourage teachers and is an incentive for them. We expect doctors to be with all human values and role models for others to follow. They deserve due recognition and respect with pecuniary and other benefits which should be different from other professionals. Everywhere in the world doctor-teachers enjoy it.

We hope that the present democratic government should consider all aspects of health education and health care delivery system. National meetings/workshops with different groups of medical specialties and experts be organised to have their opinion and exchange views to come to a consensus for a national health policy. They should keep in mind that the health policy is for our 12 million people and not for the medical professionals only. The doctors are the technical people to serve the nation.

It is the responsibility of the politicians to reflect the national expectation through the parliamentary apparatus. The ultimate responsibility of engendering a national health policy is of the government's and not of any professional organisation's.

The author is a medical educationist and presently a Project Director of a project related with medical education

Anabolic Steroids: How Much Should You Pay for Muscular Illusion

by Shawkat Haider

ANABOLIC steroids are drugs that resemble male hormones such as testosterone but they cause less virilisation than androgens in women. Their protein-building property led to the hope that they might be widely useful in medicine but this hope has not been realised. Athletes in such sports as track and field, weight lifting, and football take them in the hope of gaining weight, strength, power, speed, endurance and aggressiveness. Although research findings are divided, many scientists feel that they are effective in improving athletic performance. Their use as body-builders is quite unjustified but they are abused by athletes worldwide. A recent, alarming trend is young teen-agers taking these drugs to improve appearance and sex appeal.

Male hormones, principally testosterone, are partially responsible for the tremendous developmental changes that occur in boys during puberty and adolescence. Male hormones have both androgenic and anabolic effects. Androgenic effects are characterized by changes in primary and secondary sexual characteristics such as enlargement of the penis and testes; changes in voice; hair growth on face, armpit and genital areas; and increased aggressiveness.

The anabolic effects include accelerated growth of muscle, bone, RBC and enhanced neural conduction.

Anabolic steroids have been manufactured to enhance the anabolic or tissue-building properties and to minimise the androgenic properties (sex- linked). However, no steroid has completely eliminated the androgenic effects.

Uses of Anabolic Steroids as Medicine

Anabolic steroids like Nandrolone (Durabolin) and Stanozolol are used for treating osteoporosis in post-menopausal women and in cases of wasting.

Anadrogenic anabolic steroids are now widely used in the treatment of aplastic anemia, red-cell aplasia, hemolytic anemia, anemia associated with renal failure, leukemia and various other disorders. They also reduce the itching of chronic biliary obstruction. Stanozolol produces some fibrinolytic enhancement and is used to treat Raynoud's syndrome associated with systemic sclerosis. It is doubtful whether anabolic steroids should be used to increase height in children. Children initially experience accelerated maturation followed by premature closure of growth centres in the long bones so that the eventual height is same or less than without treatment. Some androgenic anabolic steroids are used as palliative measure for recurrent and metastatic carcinoma of the breast in women.

Dangers Associated with Anabolic Steroids

Steroid therapy can cause serious side effects. Although they improve athletic performance, the benefits are not worth the health hazards. The main side effects of anabolic steroids can be subdivided into (i) normal physiological actions of male hormones inappropriate in the recipient and (ii) toxic effects caused mainly by oral forms.

The physiological adverse effects include reduced testosterone production, testicular function and sperm cell production. Libido (sex drive) may increase or decrease. They increase fluid retention. Steroid therapy in women and immature children may induce masculinizing hair growth on face and body, deepening of voice, oily skin, increased sweating and baldness. In women some of these changes are irreversible. Women may also experience clitorial enlargement and menstrual irregularity.

Anabolic steroids can result in testicular atrophy and decreased sperm production. These changes may reverse themselves after usage stops but prolonged use may permanently disturb the delicate hormone regulatory system of the body. They also harm the immune system. They are thought to block the action of hormones called corticosteroids involved in breakdown and repair after a heavy workout. In reaction, the body increases the production of corticosteroids and their receptors. Corticosteroids suppress the immune system which fights off diseases. Athletes often get colds or flu when going off steroids because of the increased corticosteroids. Oral anabolic steroids such as methandrostenolone present the greatest risk of toxicity, particularly to the liver, because their structure has been altered to make them more biologically active. Such steroids concentrate in the liver much earlier and in greater quantity than the injectables. Prolonged use has been linked to severe liver disorders such as liver cancer, blood-filled cysts and bile duct obstruction.

Several factors in steroid therapy are linked to increased risk of coronary heart disease: high levels of cholesterol and triglycerides, high blood pressure and low level of high-density liporoteins.

Many weight-trained athletes use steroids from ten to more than twenty years, risking premature death from atherosclerosis. Hypertension is very common due to fluid retention.

A variety of other side effects have been reported including muscle cramps, gastrointestinal distress, headache, sore nipples and abnormal thyroid function some of these effects even show up in people who have only taken low doses for a short period of time.

The use of anabolic steroids in condition of general wasting is justifiable in extreme cases, such as severe ulcerative colitis, and in later stages of malignant disease they may make the patient feel and look less wretched.

Attempts have been made to use anabolic steroids to counter the unwanted catabolic effects of adrenocortical hormones when the latter are used over long periods, but without notable success.

Bringing Health to Rural Lao Communities

by Andrew Nette

IN a dimly lit hospital room in Phonsavan, the capital of Xieng Khouang province in northeastern Laos, a young Hmong boy lies ill with diarrhoeal disease. His mother, who sits beside him, walked for four days through mountainous terrain with the child strapped to her back just to get to a district town. There she caught a bus to the hospital.

"He has been sick at home for two months," she says. "Eventually I had to get him to a hospital or he would have died." Despite her effort, the doctors say he still may die.

The Lao People's Democratic Republic is one of the poorest countries in Asia. For the majority of its people, access to health care is a vital but unfulfilled need, particularly in rural areas, which are home to 85 per cent of the people.

But a new initiative, part of the Government's Safe Motherhood activities, aims to provide health care in isolated rural areas by training villagers to take care of their own medical needs. The idea goes hand in hand with Safe Motherhood's emphasis on the link between mother's and children's health.

For many Lao women, too many births too close together, combined with poor diet and hard physical labour — often right up until they deliver — all contribute to a progressive deterioration of health. In rural areas, just 15 per cent of pregnant women are vaccinated against tetanus and 19 per cent receive antenatal care.More than 90 per cent of births take place at home without trained assistance. The result is low birthweights and stunted growth.

Xieng Khouang is one of the country's most mountainous areas. Roads are poor, especially during the wet season, when whole communities are cut off for months at a time. In the even of a health crisis, most families walk to the nearest health centre because they are too poor to hire a car or go by bus.

Even for those who do make the journey, the official health services often have little to offer. The Phonsavan hospital, the main health facility in the province, is seriously short of everything from drugs to surgical instruments. Only one doctor is assigned to look after children and women. There is no regular supply of water, and electricity is available only four hours a day.

The situation is even worse at the district level. The Kham hospital, 50 kilometres east of Phonsavan, has no medical equipment and no electricity. The staff hauls water from canals used to irrigate rice paddies, wash clothes and bathe.

"Improving the official health structure in Laos is a longterm goal that requires a massive funding commitment to training, equipment and infrastructure," says Dr Khin Let Ya, UNICEF programme officer for health and nutrition in Laos. "We could not wait for this to materialize. In the short term we felt there had to be another way to ensure that services were delivered quickly to the people in rural areas who need them most."

The Safe Motherhood programme builds on the existing culture of self-help among rural communities. The programme provides additional training and essential drugs to midwives and auxiliary nurses who are already providing rudimentary health care services. In villages where even this type of health care has not been available, traditional healers and other motivated individuals are being trained. The programme is also bolstering district-level health centres to serve as referral centres for serious cases from the villages.

The village of Kouay has received UNICEF assistance for two years. The provincial authorities provided basic health and sanitation education and trained a village woman as a nurse. All the children have been immunized. In addition, a weaving programme has been set up to help the village women earn extra money.

Malaria used to be the number one health problem in the village, according to the headman, Mr Bounchanh. "Now we know what it is, we sleep under mosquito nets all year round," he says. The villagers have also dug pit latrines and a borehole for water.

Shortage of drugs remains a problem. "We haven't got the time to go to the provincial market, or the money to afford drugs," says Mr Bounchanh. Instead, the villagers rely on traditional medicines to treat common problems such as eye infections, diarrhoeal dehydration and fever. "With a supply of essential drugs, we could be even more effective," he says.

The birth rate — eight to ten children per woman — causes other health problems. The women are always tired and get sick very easily. Thus, the Safe Motherhood programme plans to educate people about the advantage of birth spacing and family planning.

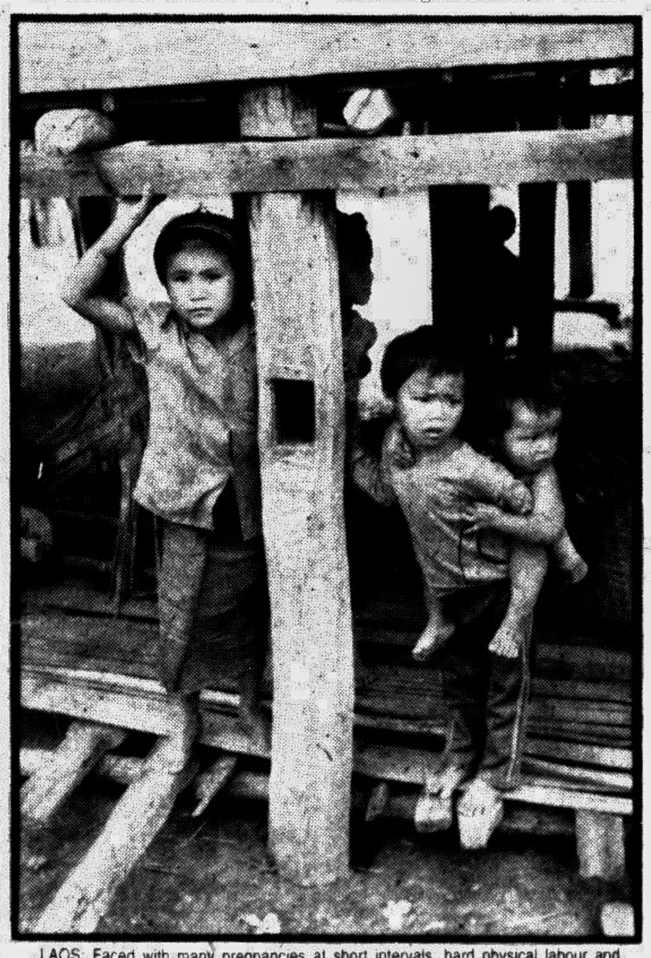
The success of this coordinated approach can be seen in nearby Xi Viengxay village, which has a nurse, a midwife and a supply of drugs. Villagers have been trained in sanitation, malaria control and family planning. Health improvements have led to a drop in infant mortality, which in turn has reduced the number of births.

In the meantime, the villagers are working on wider needs. They have built a primary school in cooperation with a neighbouring village and increased their food production.

Rural communities have been looking after their health needs for a long time.The Safe Motherhood programme builds on their skills and gives them the tools to do an even better job.

— UNICEF

The writer is a freelance journalist based in Laos.



LAOS: Faced with many pregnancies at short intervals, hard physical labour and inadequate diets, Loatian women often suffer from poor health which they in turn pass on to their children.