

World AIDS Day

'Force for Change : World AIDS Campaign with Young People'

by Dr Shah Md Mahfuzur Rahman

Young people — the golden asset of the society — have the power to change the course of epidemic. They are not only being infected and affected by HIV/AIDS but they are as well a key resource in mobilising an expanded and effective response to HIV/AIDS

AIDS, the Acquired Immune Deficiency Syndrome — a fatal illness, a universal health and development problem — is caused by Human Immunodeficiency Virus (HIV). HIV attacks and slowly destroys the important cells of the body's immune or defence system that protects the body from invasion of various microorganisms as well as clear away a number of cancer cells — resulting in AIDS. The period between HIV infection and development of AIDS varies from six months to 10 years or more. The period is usually shorter among the people of developing countries than those in developed countries due to poorer health and nutritional status.

HIV is transmitted in three main ways:

Sexual transmission: HIV is transmitted through unprotected sexual intercourse as well as oral sex or sex involving mouth with someone who has the virus. The presence of a sexually transmitted disease or infection (STD/STI) increases the chances of transmission or infection from HIV.

Parenteral transmission: HIV can be transmitted through transfusion of blood or blood products, use of syringes, needles, surgical instruments etc. contaminated with HIV.

Mother to child transmission: HIV can be transmitted from infected mother to her child during pregnancy, childbirth or breastfeeding.

It may be mentioned here, HIV is not transmitted through social contacts like shaking hands, social kissing, use of the same toilets, sharing cups, cutlery, crockeries, towels, bed linens, house or flat or workplace with someone who is infected. It is not also transmitted

through insect bites, coughing and sneezing.

AIDS was first identified in the gay community of San Francisco, USA in 1981. The virus is spreading at an alarming rate globally. At present, more than 30 million people are infected by the HIV in the world. Of them 9 out of 10 do not know that they are infected. There are 16,000 new HIV infections every day, 90 per cent of which are in the developing countries.

Of them, over 50 per cent are now occurring in young people of 10-24 years age group. Seven thousand people in this group are infected with HIV every day — five in each minute in the world, with an estimation of 700,000 each year in Asia and the Pacific. Furthermore, more than half of the 333 million new cases of STDs/STIs per year are young people — who are high risk for infecting with HIV.

Factors responsible for rapid spread of HIV world-wide are:

- unprotected sexual contact
- sexually transmitted diseases/infections
- sharing skin piercing or cutting instruments including syringes among the intravenous drug users.
- rapid increase in global travel
- population explosion
- urbanisation
- socio-economic instability.

In Bangladesh, first AIDS case was detected in 1989. Till June, 1998, a total of 102 cases have been detected. Report on the global HIV/AIDS epidemic published by UN AIDS and WHO in June, 1998, estimated the number of people living with HIV/AIDS in Bangladesh at the

end of 1997 as 21,000; mostly between the ages of 15-49 years. According to an official estimate available until 1996, Bangladesh has about 2.3 million cases of STDs/STIs.

Bangladesh is at risk of a rapidly spreading HIV epidemic. Unawareness about the HIV transmission, common premarital and extramarital sex, increasing number of commercial sex workers, STDs/STIs, high number of drug addicts, unscreened blood transfusion in most cases, urbanization, international migration, a large number of HIV/AIDS cases in neighbouring countries, have put Bangladesh at high risk for HIV epidemic.

Considering the existing global situation of HIV/AIDS, the theme of the World AIDS Day, 1998 has been selected as 'Force for change : World AIDS campaign with young people', aimed at mobilising the young people to reduce the spread of HIV infection and to strengthen support for young people infected and affected by HIV/AIDS as well as to promote and protect their human rights.

The messages of the day's campaign to promote young people's active participation designed by the UNAIDS are:

- young people care about making the world a better place and can be a force of change in promoting health and human rights when they are supported by adults
- young people can be mobilised and trained as health promoters for their peers and friends
- through direct participation, young people can further develop a genuine sense of their own competence and responsibility

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— young people can play a valuable and lasting role if their participation is taken seriously by adults and aimed at developing their competence and strength

— openness on the part of adults, specially parents, to listen to and communicate with their children is a necessary part of young people's health and development.

Young people have the right to be protected from discrimination and exploitation irrespective of their sex, sexual practices and HIV status. Meeting and protecting human rights to information, education, skill development, recreation, safe and supportive environments, access to health services (must be of good quality, confidential, affordable and provided with respect) and employment is fundamental to reduce new infections.

At present, it is well-known that awareness about the HIV/AIDS is the only effective weapon to prevent HIV transmission.

The Government of the People's Republic of Bangladesh is well committed to HIV/AIDS prevention and care. In May, 1997, the Bangladesh cabinet approved the 'National Policy on HIV/AIDS and STD related issues'. The government, NGOs, representatives of various communities in Bangladesh and development partners developed the 'Strategic Plan for the National AIDS Programme of Bangladesh 1997-2000' in May 1997.

Young people — the golden asset of the society — have the power to change the course of epidemic. They are not only being infected and affected by HIV/AIDS but they are as well a key resource in mobilising an expanded and effective response to HIV/AIDS aimed to their own health and development as well as for national and international health and socio-economic development.

The writer, until recently joining the PhD course, worked at the Institute of Public Health, Dhaka.

For an AIDS Information System

by Dilara Begum

If provided with necessary financial, personnel, technical and infrastructural facilities for the creation of such information system, Bangladesh will hopefully witness the free flow of AIDS information across its many rivers, towns and villages. And this kind of awareness through information services will amply prove the saying "prevention is better than cure."

AIDS alarm up in Asia! Bhutan steps up war against AIDS. 'AIDS awareness is growing' — these are some headlines from newspapers. Because AIDS, the Acquired Immune Deficiency Syndrome, sometimes called 'slim disease', is a newly described, usually fatal condition caused by a retrovirus known as the Human Immunodeficiency Virus (HIV) which breaks down the body's immune system, rendering the victim vulnerable to a host of life-threatening opportunistic infections, neurological disorders or unusual malignancies, some of which then become the direct cause of death.

AIDS as a syndrome was first described in the USA and subsequently in western Europe in 1981. AIDS kills about 100,000 people a year worldwide, compared with one million deaths from malaria, four million from diarrhoeal diseases and 1.2 million from cardiovascular diseases, but it can be fast increasing. By the end of the century the annual death toll from AIDS will probably be 400,000 a year.

It is estimated that up to 12 million adults are infected with HIV, or one in 150 of the world's adult population. One million children had contracted HIV by early 1992. More than 80 per cent of all these cases are in developing countries. Because it is predominantly transmitted through sex between men and women, it kills many people in the 20-40 age group, the economically productive section of society.

Much of the publicity about HIV/AIDS has focused on Africa, but the Asian Development Bank says that by the year 2000 most of the projected 40 million HIV infections and 40 million adult AIDS cases worldwide will be in Asia. The group identified as at risk worldwide are:

- Male homosexual/bisexuals.
- Intravenous (IV) drugs users.
- Persons born, residing in, or travelling to countries where heterosexual is the primary mode of transmission.

- Sexual contacts of HIV infected individuals.
- Hemophiliacs.
- Blood transfusion recipients.
- Children born to seropositive.
- Occupationally exposed personnel.

Bangladesh is no more an AIDS free country, but AIDS is not yet a health problem in Bangladesh. According to WHO, the prevalence of HIV infection in Bangladesh is still low. However, general feeling is that epidemic may also start in Bangladesh.

In the backdrop of the global challenge to communities and individuals presented by AIDS in mid-80s, the government of Bangladesh did not think it appropriate to remain inert. A National AIDS Committee (NAC) was formed as early as in 1985 to gather preliminary information about the disease and to advise the government.

In 1988 a team of WHO consultants was invited by the government of Bangladesh. The team in consultation with the NAC and officials of the Ministry of Health and Family Welfare, drew a short term plan of action (STPA) for prevention and control of AIDS in Bangladesh.

AIDS is a peculiar social disease. It does not stop after killing a man. One after another it kills husband, wife, parents, children, friends and neighbours. Their undue death is pathetic and strikes our society as well as the core of our nation.

The eastern countries are similarly threatened like the western ones. In this context it is the prime time for us to take coordinated measures to protect our society. If we fail the nation will suffer. Nobody can escape from the responsibilities. Everybody will be liable to the next generation. By the time government of Bangladesh (GOB) has taken some initiative. NGOs (Non Government Organization) are with them. Beside this, there is an STD/AIDS Network consisting more than 72 NGOs. Voluntary Health Services Society (VHSS) is the secretariat of the network.

Almost all of the above organisations have functional libraries and information centres. But the picture in most of these libraries is not encouraging. There is a paucity of personnel in the libraries which in turn affects quality and quantity of service offered. In fact, AIDS research in Bangladesh has not been accompanied by the setting up of a national AIDS information infrastructure and related services. In absence of a national information policy, it seems a good strategy to formulate and adopt sectoral national information policy for AIDS/HIV.

Developing the AIDS prevention activities depends not only on the generation of new scientific and research information but on the timely delivery of that information to the intended users. Considering the enormous amount of research information generated in the world, including Bangladesh, the task of information delivery has become exceptionally complex. When we talk about information system, the word 'system' is applied not only for processing of bibliographic information, but also arrangement for collecting the information from sources around the world and for its dissemination to users the world over. Considering the above definition Bangladesh should have an AIDS information system to:

- monitor and pick up, control, and process all local/national AIDS/HIV information, both conventional and non-conventional;
- build up a strong collection of AIDS literature from within and outside the country to meet the reference need of AIDS researchers, extension workers, policy makers; compile and publish bibliographies and indexes on the subject;
- act as a clearing house for exchange of AIDS information at the national, regional and international level;
- maintain computerised

database to compile subject bibliographies, directory of research projects and directory of researchers dealing with AIDS/HIV;

- participate in regional and international information systems;
- prepare Bengali-language extension manuals for extension workers;
- Establish and maintain a document delivery service;
- Prepare low-cost teaching and training aids;
- select, plan and produce media packages like video cassette, poster, banner, etc;
- establish and maintain a centralised audio-visual materials production facility in support of AIDS/HIV information dissemination;
- organise and conduct seminar, discussion meeting, study circle, workshop and training programmes for AIDS extension workers, practical information users;
- observe the World AIDS Day;
- use modern information technology like CD-ROM, E-mail and internet.

The network system will help foster inter-library cooperation which may lead to co-operative acquisition, bibliographic exchanges and control, centralised processing of materials, better inter-library lending and photocopying services among the participating libraries and information centres.

It is admittedly a highly ambitious undertaking. However, if provided with necessary financial, personnel, technical and infrastructural facilities for the creation of such information system, Bangladesh will hopefully witness the free flow of AIDS information across its many rivers, towns and villages. And this kind of awareness through information services will amply prove the saying "prevention is better than cure."

Renewing the Pledge on World AIDS Day

by Habiba Tasneem Chowdhury

EVERY year on 1st December the World AIDS Day is observed globally as a mark of respect and solidarity with those that fought a losing battle and eventually succumbed to it. Every year the event is charged emotionally in remembrance of those close and distant who suffered and died of AIDS while the world watched helplessly. Every year the occasion bears witness to strong and yet stronger commitment to rise up to the greatest challenge besieging humanity.

Yet HIV/AIDS persists — and spreads beyond segments, communities and territories destroying men, women, and children even babies in its wake.

But the world is gradually learning to stunt its progress. And 'prevention' is universally accepted as the only way to fight HIV/AIDS till a vaccine is developed. There is strong evidence that as long as the prevalence is low among sex workers, injecting drug users, immigrant workers and transport workers, the segment that is exposed to high risk behaviour generating environment, there is a window of 2 to 3 years before it starts spreading in the general population. It was also found that this group is the most marginalized segment of the population in almost all countries of the world. This fact alone has contributed to the rapid-fire spread of HIV/AIDS. And in case of Bangladesh the marginalized group also lacks cooperation from its own community and more often than not they are victims of extreme socio-economic repression.

The pandemic status of HIV/AIDS has expanded rapidly in the neighbouring countries increasing in double the exposure odds for Bangladesh. CARE Bangladesh has been working with communities for nearly four decades. Working with communities to help themselves and in the process involving larger structure of the government as supportive partner is CARE's approach to development work. With the view to controlling the spread of HIV/AIDS in the country CARE Bangladesh began SHAKTI (Stopping HIV/AIDS through Knowledge and Training Initiative) project in 1995 with the extremely marginalized group of brothel sex workers exposed to high-risk behaviour generating environment. In 1996 the programme expanded with the second intervention among street sex workers in Dhaka City. Injected Drug Use, which in some communities like the Manipur in West Bengal, the highest source of transmission, is the third intervention amongst the injecting drug users in the street of Dhaka City, which began, in early 1998. The basic premise of CARE Bangladesh's HIV/AIDS project is to create an enabling environment where the individuals of the community work together to take care of themselves. Therefore, the intervention functions through peers and outreach workers who are trained in batches to carry out the work. Peers and Outreach Workers of each community are the SHAKTI, which means strength of this project.

CARE Bangladesh partici-

pates in World AIDS Day programme on 1 December through a colourful rally by the staff and community members of the three intervention in the morning merging with the government and other rallies. The injected drug users intervention would present 'Gombhira' folk song at the end of the rally. Participants in the rally would carry banners and festoons with messages on prevention. To mark the day a certificate giving ceremony for the largest batch of peers from the three intervention who have successfully completed training is organized from 10 am to 1:30 pm. A cultural programme by members of each intervention would follow the certificate ceremony and draw the curtain to the day's programme.

The feature of CARE Bangladesh's HIV/AIDS project is the concept of positive thinking and approach. The fatalistic aspect of HIV/AIDS has received more attention as a result the fact that an HIV positive person can lead a normal productive life for good many years is forgotten. SHAKTI works towards establishing that aspect. Communities are made to realise the economic and emotional loss of discriminating against an HIV positive person. Through education and establishing an enabling environment the project hopes to achieve acceptance of HIV positive people in the communities, prevent the spread of HIV and remove marginalization of some groups.

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All 13 years Domestic help Ambition: To be a pilot "Books, copies, going to school was my passion, but I never had the opportunity. One day my boss got me admitted to the school next door. Now I go to school everyday, for two hours. It is so much fun! I read... I can write!... My heart says that I will be someone great when I grow up."

This illustration is part of a campaign by the government of Bangladesh and Unicef to promote rights of the child. The Daily Star is devoting this space to the campaign to demonstrate solidarity with the children of Bangladesh.



Garfield ©



James Bond



by Jim Davis

Computers to Rescue Out-of-Work Kerala 'Beedi' Makers

T P Alexander writes from Thiruvananthapuram

THEIR chief vocation may be going up in smoke, but the makers of 'beedis' (leaf-rolled cigarettes) in the southern Indian state of Kerala are not too worried. Not when they have computers.

It may sound like an unlikely switchover, but that's exactly what the Kannur-based Dinesh Beedi Central Cooperative Society, which provides employment and vocational training to out-of-work beedi-makers, is doing.

The society, which recently entered the food sector as part of its diversification plans to stay afloat, has begun to set up a computer education programme at its main office and will soon offer one-year diploma and crash courses in computers.

Dinesh Beedi, the apex body of 22 primary cooperative societies, had earlier taken to production and distribution of coconut cream, 'chutney' (spicy vegetable sauce) powder, and pickles. It was a timely move as the beedi market was gradually slipping into the red following a drop in demand due to the anti-smoking campaign and emergence of new brands of mini

cigarettes. The diversification into computers is also expected to benefit the state as far as the dissemination of information technology in northern Kerala is concerned.

Dinesh Beedi, set up in 1969 to employ 12,000 jobless beedi workers of the Malabar region, has earned international recognition for its outstanding performance in the cooperative sector. It now employs 30,000 beedi workers and has total assets of over Rs. 260 million (\$6.19 million).

Under a Memorandum of Understanding, the Electronics Research and Development Corporation (ER&DC), a research organisation under the Telecommunications Department, will assist the society in framing the syllabi for the computer courses and recruiting teachers.

Society leader C.V. Kunjhiraman said in the second stage of the project, a data entry centre would be opened to handle work currently being done only at software technology parks in the state. The number of such

centres would depend on the actual volume of work available.

A technology park would eventually come up in the district with technical assistance from the Software Technology Parks of India and the ER&DC, he added.

According to the initial plan, the ER&DC would set up a router to provide Internet access and pave the way for the setting up of information technology units in Kannur. The state government has already assigned a specialist from the software park at Thiruvananthapuram to help the society with its latest project.

Dinesh Beedi would earmark 20 of the 30 slots in its first batch of computer trainees for educated beedi workers and their dependents.

Going by its previous record in diversification, experts here expect the new project to do well. The Dinesh Foods division of the society now has one unit each for making coconut cream, 'chutney' powder and pickles as well as a unit for packing, labelling and despatching. The units are manned by

workers shifted from beedi production. They were trained in food processing at the Central Food Technology Institute of Mysore, in neighbouring Karnataka state, and the Thiruvananthapuram Regional Research Institute.

Society officials said the coconut cream unit processed 400 coconuts a day and its capacity would be gradually enhanced to 10,000 a day. The society also produces 10,000 kg of pickles a year. But as that was inadequate to cater to the demands of even one district, the society is gearing up to increase production up to 100,000 kg a year.

Eight varieties of pickles are made by Dinesh Foods and moves are afoot to secure orders to supply the products to over 6,000 subsidised retail outlets for the defence services across the country and restaurants run by the railways in Kerala. There are also plans to start producing jams, squashes and syrups from January next year with the help of the Kerala Agricultural University.

— IANS