

# Promoting Child Rights

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## EXPERTS ON HIV-AIDS

### No room for complacency



AKRAM HOSEN

BEING the most densely populated country in the world, the prevalence of many deadly diseases in Bangladesh is very high. Notwithstanding this, more than two decades after the first case of HIV was detected in the country, the estimated number of people living with HIV in the country at present is only around 7,500. Compared to most of the world, Bangladesh has done a good job of keeping the spread of HIV under one percent of the total population. According to a recent global report published by UNAIDS, the number of new infections and the number of people who died last year have significantly lowered around the world, thanks to awareness campaigns and medical assistances. According to State Minister for Health and Family Welfare, Dr. Captain (Retd) Mujibur Rahman Fakir, the people and the government of Bangladesh have been successful in preventing HIV/AIDS. "The programmes that made us successful will continue in the days to come", he maintains. "To prevent HIV effectively, technical informa-

tion, skilled human and other resources are needed. I call on people to do more research on public health and disseminate the information to create awareness. "I think Bangladesh is among the most successful countries to contain the spread of AIDS", he said, adding, "The role of media is also crucial in creating awareness and preventing the spread of HIV. There is no alternative to creating mass awareness about the nature of the disease." Albeit he cautioned, "However, the disease is prevalent in our neighbouring countries and we need to be alert about that, too." What is of concern for us, however, is that the Asia Pacific, Bangladesh, Indonesia, Sri Lanka and the Philippines are the region and countries where "...commercial sex work, injecting drug use, man to man sex, and migration -- the elements that are responsible for spreading HIV -- are present in this country"

the numbers of new infections have not declined. Rather, since 2001, the rate infections has been rising at about 25 percent, informs Leo Kenny, UNAIDS Country Coordinator in Bangladesh. "Last year, we had 450 new infections in Bangladesh and that was about a third higher than the year before. "As a result, in Bangladesh, we still have the risk of a much bigger epidemic if we can't keep the affliction at the proportion it is at the moment," he says. The first HIV infected patient in Bangladesh was identified in 1989. UNICEF HIV/AIDS specialist Dr M Ziya Uddin agrees that the spread of the disease was not very high over the years. "Nevertheless, commercial sex work, injecting drug use, man to man sex, and migration -- the elements that are responsible for spreading HIV -- are present in this country," he says. He also explains that there is a geographical factor to the risk that HIV poses to the country. "We have thousand kilometers of border with Myanmar and India. In Assam, Tripura, Manipur and Nepal, HIV is highly prevalent. Bangladeshi people's mobility in these areas is also high." The low social status of women, widespread poverty and lack of awareness on HIV also increase the risk of spreading the disease in the country. "Considering all the risk factors, it is evident that when HIV enters the country, it will create havoc," says Ziya. In a similar note, Dr Saima Khan, UNAIDS Strategic Information Adviser says, "Since the number of HIV positive people of this country is really low, we don't take it very seriously. But the problem is that while we are not paying enough attention on the issue, the disease may begin to spread, in which case we will have nothing to do." "Considering the population density of Bangladesh as well as the limited coverage of information and services, we need to focus more on the vulnerability of the larger population in addition to the population at risk, everyone is at risk of HIV," says Dr. Tajudeen Oyewale, Chief, HIV/AIDS, UNICEF Bangladesh. Bangladesh's success in containing HIV is admirable. There is also an estimable investment of over 76 million US dollar in response to HIV for the next few years, up until 2016, informs Leo Kenny. He hopes that the HIV will not become a major epidemic in the country. What we need at present is widespread awareness on the nature of the disease.



Injecting drug with shared needle

### How safe are children?

STAFF CORRESPONDENT

"I was diagnosed with HIV and I still haven't had the courage to tell my family or friends about it," says Rina (not her real name), 18, who comes from a middle class 'liberal' family in Dhaka. "I know what people will immediately think -- I am a depraved woman with no morals or values -- and I will be an embarrassment and a burden to my family." Rina says she is always fearful that her family will recognise her symptoms. The constant lies and hide-and-seek has taken more of a toll on her body than the disease itself. "I don't see the point of living like this anymore," she shares ruefully. Rina's refusal to speak up about her condition is a result of local attitudes regarding HIV and AIDS. People still have many misconceptions about the disease and overtly criminalise and discriminate those affected or infected with it. As a result, there is an impenetrable silence surrounding the issue as most patients try to hide their condition for fear of rebuke and repercussions. Many children and adolescents with HIV got it from their parents, like Peu whose mother and father

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are both positive. "We don't disclose the fact to anyone except our immediate family," says Peu's mother, Henna. "God only knows how they will treat my child in school, if they would even allow him to go to classes." A person living with HIV in Bangladesh has to face constant discrimination, isolation and exclusion from the family, society and the state if he/she do divulge his/her positive status. "If a diabetes patient can disclose his sickness, why can't we?" asks 17-year-old Rahela (not her real name) whose husband transmitted the disease to her. "People still think they can contract the disease from talking to us, eating with us or touching us. I know many people who have been thrown out of their homes because they told their families," she says. Rahela herself was only twelve when she was married off to a thirty-year-old migrant worker. Fifteen days after the wedding, he left her to go back to Saudi Arabia. Two years later, he came back, sick, and after spending three months in the hospital, he died. She was fourteen when she was diagnosed with the disease -- two days before her SSC exams. "When my husband passed away, my in-laws blamed me for his death. They said I was the reason he died," she shares. Now both her in-laws and parents understand that she is not to blame for her condition or her husband's death. She is scheduled to wed her husband's brother next month. When asked if she consented to the marriage, she says, "Who else will marry me? People used to send a lot of marriage proposals to my house but we couldn't tell them about my disease. So then my in-laws suggested that I marry their younger son and my parents agreed." There is a real need to address mainstream views about HIV and AIDS so that those affected with it can continue to lead normal life.



Their safety has to be ensured

The treatment process is long and difficult, and a patient needs support and acceptance of friends, family and community to sustain the protracted battle against HIV. Oftentimes, however, given our socio-cultural reality, it is people's attitudes, rather than the disease itself, that prove to be more deadly.

### Migrant workers carry the curse more than others

STAFF CORRESPONDENT

ACCORDING to the Global AIDS report released on World Aids Day last year by UNAIDS, of the total 45 new HIV infections in 2011, 138 were migrant workers, while 94 were housewives -- mostly wives of the migrant workers. "If we look at the new infections in recent years, we will see that more than 50 percent of the new infections were from migrant workers who run the risk of spreading the infection to their spouse and children and thereafter in the general community," says HIV/AIDS specialist Dr M Ziya Uddin. Migrant workers have to undergo a series of mandatory tests before they can go to work abroad, which include an HIV test. However, the travel agencies or medical agencies that take care of the medical paperwork do not explain to the workers what tests have been done on them, says Habiba Aktar, Executive Director of Ashar Alo Society, an organisation that provides various support and services to HIV/AIDS infected and affected people. "There is no counseling to let them know that they HIV and how to protect themselves from becoming infected", she argues. "In the Arab countries, it is required that any foreign worker diagnosed with HIV must immediately be sent back. Once the workers are diagnosed with HIV in those countries, they are deported by their employers, without an explanation. "They are afraid that if workers are told they have HIV, they might escape and stay in the country as illegal immigrants," says Shawkat (not his real name), who was deported from Saudi Arabia in 2001. Shawkat was woken up at the crack of dawn by his employer and taken to the airport. He was told that he was "sick" and was being given a holiday for three months to take care of his health. Confused, Shawkat came back, not knowing what was actually wrong with him. After a series of medical examinations, the doctors finally asked him to do an HIV test. He was found to be positive, but by that time, not only had he transferred the virus to his wife, but she had conceived a child. Oftentimes, however, the workers do know that they are positive, but they refuse to tell their wives for fear of exclusion and discrimination. "I am positive, and I was diagnosed five years ago, but I still haven't told my wife. She will leave me if she finds out, and then who will marry me in this condition?" asks Shiraj (not his real name). Another deported migrant worker named Kuber (not his real name) was driven away from his neighborhood in Keraniganj when people knew that he was HIV positive. Not even his parents showed any sympathy towards him. Experts suggest that many Bangladeshi women migrant workers in the Arab states are also particularly vulnerable to contracting HIV, and have to face physical and sexual abuse at the hands of their employers.

### Future at risk?

SUSHMITA S PREETHA

MAMUN (not his real name), 16, says he uses a new needle every time to inject analgesic drugs into his bloodstream. "Well, not every time," he confesses, after close questioning. "Sometimes, when I am in a group, and if there is a shortage of needle, and it appears too much trouble to get a new one, I do share it with others," he says. When asked if he has ever been tested for HIV/AIDS, Mamun laughs it off. He admits, however, that he has partaken in unprotected sex in the recent year. Young, impressionable and impulsive, Mamun seems oblivious of the fact that his imprudent acts make him, his drug-addicted friends, and his partners particularly susceptible to HIV/AIDS. All over the world, HIV/AIDS infection is the highest among people between the ages 15-24. In fact,



33 percent of the total population living with HIV/AIDS globally belong to that age group. In Bangladesh, too, adolescents are particularly vulnerable due to a series of complex factors, but there is no official or reliable statistic to denote the actual number of infected adolescents. "In the national survey, only people who are above 20 are counted. That is a serious limitation," says Dr Tajudeen Oyewale, Chief, HIV/AIDS, UNICEF Bangladesh. "We have to find a systematic way to track and support the adolescents who are infected as well as ensure that those who don't have it remain safe." It is also possible that a considerable number of infected adolescents, in the absence of mass awareness on HIV and easily accessible test facilities, are actually ignorant of their positive status. Like Mamun, they can then unconsciously spread the virus to their peers and partners, thereby putting the whole population at risk. As many as 90 percent of all IDUs in Bangladesh share needles and syringes, and according to a comprehensive study by UNICEF and National AIDS/STD Programme (NASP), only 8 percent of all IDUs had full knowledge about transmission and prevention of HIV/AIDS. It is no surprise then that the rate of HIV infection is increasing at an alarming rate among IDUs in Bangladesh. Street children are particularly vulnerable because they lack education and can be easily exploited -- sexually and otherwise. An overwhelming majority of them use drugs and are forced into illegal activities such as drug peddling.

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Adolescent girls are four times more likely to contract HIV/AIDS than boys due to sexual violence and exploitation, early sexual initiation and inability to demand safe sex. They often do not have access to education, opportunities and contraceptives and do not have the bargaining power, whether in marriages or outside of it, to exert their reproductive and health rights. Underage commercial sex workers are in high demand in Bangladesh, and many young girls are forced to it their bodies as the only means of their survival. Although studies suggest that female sex workers are aware of the importance of contraceptives in preventing unwanted pregnancies and sexually-transmitted diseases, oftentimes they cannot dictate to their clients the need to use condoms. The men who engage with them not only put the health of these women in danger but also that of their wives or other partners. National surveys and international studies highlight that there is an extreme lack of knowledge



Awareness building across the country is need of the hour.

about HIV/AIDS and sexual and reproductive rights among adolescents. In a country where sex is rarely talked about in public, especially premarital or extramarital sex, adolescents do not have proper or adequate scope to make informed decisions. Dr Oyewale believes that we need to make information and services available to all young people, irrespective of their gender, class and location, if we want to address the risk of an HIV/AIDS epidemic. "In Bangladesh, only 17 percent of young people have comprehensive knowledge of HIV. We can conduct sex education and awareness programmes that are appropriate for the culture, religion and age group," he says, adding that it is better for adolescents to have full knowledge and take safety precautions than for us to pretend that risky behaviours do not take place in Bangladesh. It is also crucial that testing facilities are easily accessible so that any adolescent can walk into them and ask for tests or treatments without fear or shame. In addition to mass awareness programmes, we also need to address the root causes that make particular groups, like poor youth and girls, especially vulnerable. The government should expand social services and enable easy access to child protection and other schemes, argues Dr Oyewale.

### Lack of awareness leads to helplessness

STAFF CORRESPONDENT

ALTHOUGH 68 percent of new HIV infections in the country is among males at present, women's lower social status makes them more vulnerable to HIV infection. Our culture allows women lower access to education and healthcare, including opportunities for HIV tests. Moreover, the prevalent social stigma, lack of knowledge, and superstition about AIDS become most oppressive to HIV positive mothers and pregnant women.

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According to a 2004 demographic and health survey, nearly one in five married women, who had heard of AIDS, did not know if there was any way to prevent it. "Our society still doesn't accept the fact that the child of HIV positive parents can be negative and healthy," says Protima (not her real name), an HIV positive mother. Most people of the country are unaware that regular monitoring and treatment with anti-retrovirals can prevent mother-to-child infection during pregnancy. "There are global regimens which are available in Bangladesh that can reduce the risk of transmission of HIV by more than 95% from an infected mother to the new born" says Dr. Tajudeen Oyewale, Chief, HIV/AIDS, UNICEF Bangladesh. Protima didn't know that she and her husband were HIV positive until she was nine months pregnant. Her daughter was born one week after she started taking medicines prescribed for HIV positive women. However, her daughter was not born with HIV.



Mothers must not remain vulnerable for dearth of information.

Protima and her husband's family still don't believe that the child, almost six years old now, does not have HIV. What is more unsettling is that Protima has to hide that she is HIV positive from most of the members of her family, let alone her neighbours. Many women with even more heartrending stories come to Aashar Prodiop, an organisation that helps and supports HIV infected and affected women everyday. 25 years old Sharmin (not her real name) informs that she was infected with HIV through her husband, who was deported from Saudi Arabia, because he was HIV positive. Her husband died two months after her marriage. She was only 15 years old when she gave birth to a daughter. Few months after her birth, the child became sick but Sharmin's family didn't let any doctor see the child, fearing that people would know that she was HIV positive. "I didn't even get a chance to get my daughter tested for HIV. I don't know if she was positive," says Sharmin. Her daughter died before reaching her first birth anniversary. Both of the mothers agree that the reason behind such discrimination is widespread ignorance. "The reason why they do it is because that they don't know. I wish there were more awareness campaigns in the media," says Protima. In Bangladesh, an increasing number of women become sex workers to provide for their children. Most married men who have unprotected sex with sex workers continue to have unprotected sex with their wives, exposing them to infection with HIV. It had also been reported that Bangladeshi men are reluctant to use condoms when they buy sex from sex workers. As a result, many housewives also become infected with HIV through their husbands.

