



AIDS threat looms up: Aggressive surveillance needed

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HEALTH officials and concerned citizenry in the country are grappling with the national implications of AIDS crisis that hovers over lands beyond the borders of Bangladesh and have been trying to come up with means to combat the new threat that it poses to Bangladesh. Experts see clear indications that the disease that once was supposed to be confined to some specific areas is now spreading to wider residential neighbourhoods.

The alarm bell is ringing at the door. Figures so far available in India are restricted to the so-called high risk groups-prostitutes, heterosexuals, drug addicts, truck drivers and migrants. Africa disproportionately bears the burden of the HIV/AIDS pandemic. Although only 11% of the world's population lives in Africa, roughly 67% of those living with HIV/AIDS are in Africa. In Africa there were 22.4 million people living with HIV and the country recorded 1.9 million new infections in 2008. An estimated 14 million children in Africa have been orphaned as a result of HIV/AIDS. Officially, no exact statistics are available that speak of the country's middle class becoming AIDS victims as yet. Reports that pour in from the neighbouring country, India indicate that there are about 5.134 million HIV infected people in India, constituting about 0.6% of the total population. Although the percentage is small, the numbers are staggering, the highest of any country, overtaking South Africa. All these reports make people genuinely concerned, since in no time, the virus may cross the borders with the traveling people and can play havoc in the country.

On the other hand, that the reported HIV positive numbers in the country still remain relatively quite low, not anything to cause alarm, is no surprise. It reflects the general level of ignorance and a sort of apathy of the people and administration. The actual number infected with the virus may be quite high. The majority of the people who are infected now don't even know they are ill. We are now talking about a generation that will have developed AIDS sometime after the year 2020 or later. And the country simply does not have the wherewithal to deal with any such crisis.

Complacency and ignorance do not always pay as it did not in the CIS (previously USSR) countries. Unicef reports that abuse of injected drugs accounts for most of the region's infections of HIV, the virus that causes AIDS. However it noted that sexual transmission is on the rise in Belarus and Ukraine. The total number of infections in the region more than doubled from 4,20,000 in 1998 to 1 million in 2001. While that is small compared to 28.5 million in sub-Saharan Africa, the rate of infection in some East European and CIS countries is the world's highest.

Most worrisome, the virus now percolates insidiously and afflicts low risk individuals like house wives and children of wealthy people. Speaking about India, a doctor who heads the Mumbai-based AIDS research and control centre says, "infected housewives and children are a clear indication of just how much the AIDS virus has advanced in India. He estimated that one out of 10 HIV patients is a housewife.

In our country, the first HIV patient was detected in 1989. Till the end of 1996, the country registered just 79 HIV positive cases, officially known, out of which 15 were female. It was officially known from Health Ministry sources that 82 AIDS-infected persons died last year and the number of deaths so far recorded was 472 in the country.

However, UNAIDS estimates that the number of people living with HIV in the country may be as high as 12,000.

Although still considered to be a low prevalence country, Bangladesh remains extremely vulnerable to an HIV epidemic, given its overpopulation, dire poverty, gender inequality and high level of multiple sexual relationships. UNAIDS estimates that without any intervention the prevalence in the general adult population could be as high as 8% by 2025. Social researchers grimly say, "In our country with all the economic problems-rising unemployment and drug abuse, only AIDS was missing. Now we, too have not been spared. If the number continues to rise, it will be especially ominous for the country, since the country does not have medical facilities, physicians or drugs to adequately treat the disease. Noticeably, in the United States, it took more than a decade of massive public education and millions of dollars in research before the appalling number of HIV cases finally stabilized. Speaking about Bangladesh, the country today is so economically weak that it can't even treat the scourge of prevalent disease like diarrhea, malaria, tuberculosis etc., let alone fund its anti-AIDS effort. "It is, as if, we're standing on the beach, watching a giant wave coming right at us", says one medical expert in the country. "We know it, we see it, and we can do almost nothing about it. We are just going to be swept away."

In our country what we have to be careful is about the possibility of transmission of this deadly scourge through "heterosexual" chains. At least in India as well as our country, that mode accounts for almost two thirds of almost all HIV positive cases. In India as well as in our country, promiscuity is the single most important way by which this scourge has the possibility of spreading. People must know its incubation period, that keeps the virus hidden for a long time and after a certain time it explodes in a virulent form almost as an epidemic. The most potent reason for its rapid transmission is

AIDS by the numbers

40-fold

Increase in access to antiretroviral therapy since 2002.

More than 10% of people living with HIV in low- and middle-income countries are aged 50 years or above

35.3

million people living with HIV in the world.

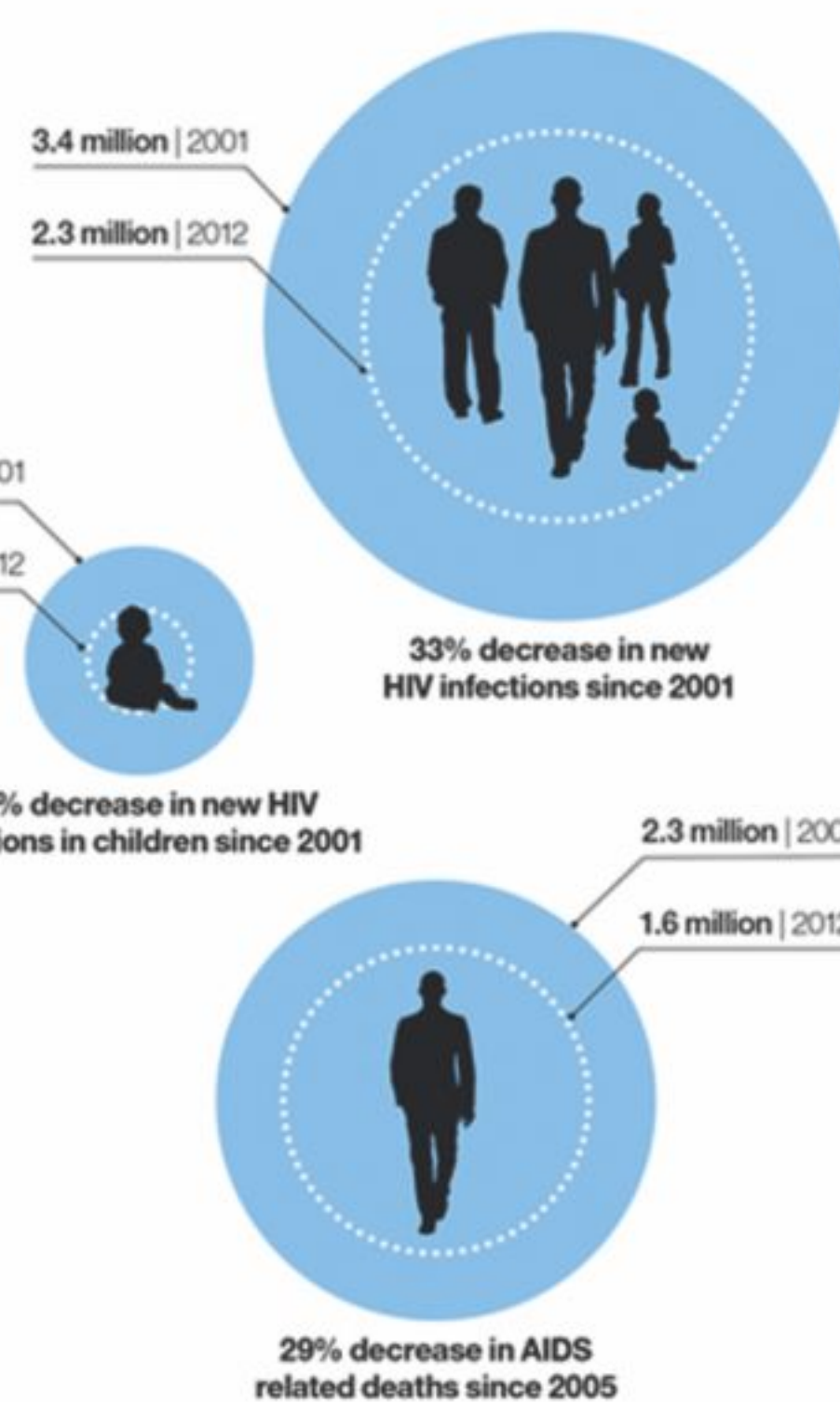
People accessing treatment

9 700 000

UNAIDS

because the symptoms take an average of five years to show up. So an infected person can pass the virus unknowingly to scores of people. This is unlike other sexually transmitted diseases where the symptoms appear in the first few weeks or months of infection itself and the other reason is that middle class never believed that they were vulnerable to the insidious culprit.

Shockingly, the old concept of societal ethos, mores and morality seem to be breaking down. Most revealing, a recently released research data conducted by a West Indian based Institute on the sexual mores of middle class and upper class Indians reveals that of the 16,154 persons surveyed as many as 43 per cent of them admitted to having had pre-marital sex. Among those who were married, one out of



Every hour 50 young women are newly infected with HIV.

recently, many people in our country considered AIDS a scourge of the libertine West that posed no threat to a conservative society like ours based on monogamous marriages. Bangladesh, these days, has hundreds of thousands of sailors, construction workers and other professional groups who work abroad for a time and a continual tide of students and business men returning from overseas. The virus has either spread or is likely to spread from returnees carrying this insidious infection because they were not tested on their arrival. Most people in the country and the government prefer to ignore it. Unsurprisingly, the first AIDS case surfaced in the country in 1989 – the carrier being a returnee from abroad.

Social scientists point out that the growing affluence of a certain class of people and the influence of movies have something to do with the changing moral values. And without contradiction, one can say that the influence of the West is not an escapable factor. Shockingly, we have borrowed the gloss but not the ability to fight a crisis. While in the West, maintaining multiple sexual relationship is now considered a "high risk" behaviour, in our country it has become just a symbol of liberation. At the same time, women are shedding their inhibitions and sexual ambitions of both the groups are running high.

In the face of the impending AIDS threat that is likely to jolt the country by the end of the year 2025, as UNAIDS predict as the tide of migrant workers returning home continues to increase, the government from now on, will have to launch an intensive programme to halt the spread of the disease with some practical steps. Health ministry must ensure that hospitals and clinics conduct safe blood transfusion of patients and think seriously about screening those who they thought might be using drugs – focusing mainly on unemployed young men and IV drug users. Lastly, both the administration and people must contend with the fact that AIDS is no longer a medical problem, it is a social problem. And the startling rise in the number of cases of sexually transmitted diseases, health officials contend, is an early warning about the spread of the dreadful AIDS. The National AIDS surveillance programme unveiled in 1997 has done a pretty good job by promoting safe blood supply, rational use of blood and blood products through screening, provision of care and support systems and amendment of laws to prevent discrimination of people living with HIV/AIDS. In most of the countries of the world, the AIDS virus has spread beyond the most vulnerable groups and into the society's mainstream. It robs economies of the workers, families of their support and children of their parents.

THE WRITER IS A COLUMNIST OF THE DAILY STAR.

Responsible behavior and HIV/AIDS

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HIV/AIDS was first detected among a few homosexual men. Gradually the proportion of women infected by HIV has risen. Of the total infected persons globally, 48% are women. Among them majority are young and adolescent, many are married and have had one partner i.e. their legal husband. Married women who are

faithful to their husbands and had no history of pre-marital or extra-marital relationship are not less vulnerable to HIV infection. In the recent report published by UNFPA (State of world population 2005) it was stated that sex within the bondage of marriage is not always safe and cannot give protection against HIV infection. The percentage of women becoming infected by their legal partner is increasing alarmingly. In India 90% of HIV infected women were virgin when they were married, had no history of pre-marital sex and remained faithful to their husbands (State of world population 2005). The scenario in Bangladesh is almost the same as that of India. Unfortunately there is no authentic data on how many married women got HIV infection from their husband. In the voluntary counseling and testing (VCT) center of CAAP, 6702 samples of blood

had been tested for HIV since 1996 to date and 451 persons were found HIV positive. Out of them 159 were women. Except a few of these unfortunate women all of them got the infection from the legal bondage of marriage, i.e. from their husband. It has been observed that community leaders, religious leaders, even civil society and elites have believe that one cannot get HIV infection within the legal relationship of marriage. This strong belief/misconception is dangerous. HIV has no

respect for legal relationship within the bondage of marriage or illegal relation without marriage. HIV can infect anyone, married or unmarried, if someone has sexual contact (irresponsible behavior) with any HIV infected person without the protection of condom. Use of condom, or protected sex, is the responsibility of men. Married women all over the world cannot negotiate safe sex with their husband even though they are aware of their husband's extra marital relations. Because of their subordinated status, women cannot even challenge the fidelity of their husband. Yet they are the victims. Men's responsible behavior can save the situation.

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Success story of Sabekun Nahar

SABEKUN Nahar is a 28-year-old woman from who has become a role model to her community for standing up against gender-based violence (GBV). Sabekun Nahar married Jahangir Alam in 2002 according to Muslim law. Jahangir Alam demanded that her poor parents give him TK. 20,000.00 as dowry for furniture and other necessary things, which they agreed to because they wanted Sabekun Nahar to have a happy married life. Sabekun Nahar is a gentle and hard-working woman.

The new couple passed their married life happily for about a year. After that, her husband started demanding more dowry in cash or kind. When she failed to produce it, he would torture her both physically and mentally. Her husband also had suspicions about her character and used this to justify the physical and mental torture that increased day by day. Her mother-in-law and sister-in-law both tortured her for household chores. Her husband and mother-in-law did not provide her with proper food and clothing, either. Despite this adverse situation, Sabekun Nahar wanted to continue her married life for her 2 daughters and their future. She tried her best to keep the family happy, but the intolerable torture was increasing every day. In July 2013, her husband demanded even more dowry. When she did not agree to give him more money or anything else, he beat her brutally and threw her out of the house.

In these helpless circumstances, Sabekun Nahar came to the UNFPA-supported Woman's Support Center (WSC) in January of 2013. After hearing her story, office authorities suggested that she stay in the shelter home in order to ensure her safety. After field investigations, WSC found this to be a Gender-Based Violence case. WSC sent a notice to her husband and other perpetrators to force them to come meet for arbitration. During this period, psychosocial counseling was provided to Sabekun Nahar for her mental strength. On October 6, 2013, a successful arbitration was held in WSC with the presence of senior members of both families to help solve their problems. Sabekun Nahar and her husband expressed their opinion to continue their family life with the following conditions demanded by Sabekun Nahar: Her husband, Jahangir Alam, would work regularly for earning; her husband would never torture her for any reason; and her husband would provide support for her and their children's livelihood.

Sabekun Nahar's husband realized that his behavior had been unacceptable and agreed with all of the conditions. Sabekun Nahar returned to her home in a happy moment with her husband. During her stay in the WSC shelter, Sabekun Nahar completed her vocational training successfully on handicrafts. Now Sabekun Nahar is continuing her handicrafts business and contributing monetary support to the family along with her husband. The couple is maintaining communication with WSC and has become an example in their community to end Gender based Violence.