

# HIV and AIDS in Bangladesh



## BACKGROUND

The first case of HIV/AIDS in Bangladesh was detected in 1989. Since then 1495 cases of HIV/AIDS have been reported (as of December 2008). However UNAIDS estimates that the number of people living with HIV in the country may be as high as 12,000, which is within the range of the low estimate by UNICEF's State of the World's Children Report 2009. The overall prevalence of HIV in Bangladesh is less than 1%, however, high levels of HIV infection have been found among injecting drug users (7% in one part of the capital city, Dhaka<sup>1</sup>). Due to the limited access to voluntary counseling and testing services, very few Bangladeshi's are aware of their HIV status.

Although still considered to be a low prevalence country, Bangladesh remains extremely vulnerable to an HIV epidemic, given its dire poverty, overpopulation, gender inequality and high levels of transactional sex. The emergence of a generalized HIV epidemic would be a disaster that poverty-stricken Bangladesh could ill-afford. It is estimated that without any intervention the prevalence in the general adult population could be as high as 2% in 2012 and 8% by 2025<sup>2</sup>.

Bangladesh is in the unique position to succeed where several other developing countries have not: to keep the AIDS epidemic from expanding beyond this current level by initiating comprehensive and strategically viable preventative measures, avoiding a gradual spread of HIV infection from high-risk groups to the general population.

## ISSUES

Injecting drug users, sex workers and men having sex with men are considered most at-risk groups to HIV infection in Bangladesh.

Between 20,000 - 40,000 people in Bangladesh inject drugs<sup>3</sup>, 57% borrow needles and only one in three used sterile equipment. This percentage is much higher in female injecting drug users (74%). More than half (57%) of injecting drug users (IDUs) are married and most IDUs are sexually active (with an average of two partners)<sup>4</sup>. In Bangladesh's capital city, Dhaka, the HIV rate among IDUs is 6.4%<sup>5</sup>.

Commercial sex work occurs in Bangladesh as it does in other Asian countries. Most

<sup>1</sup> Bangladesh Serological Surveillance Survey 2006

<sup>2</sup> Government of Bangladesh World AIDS Day Report 2008

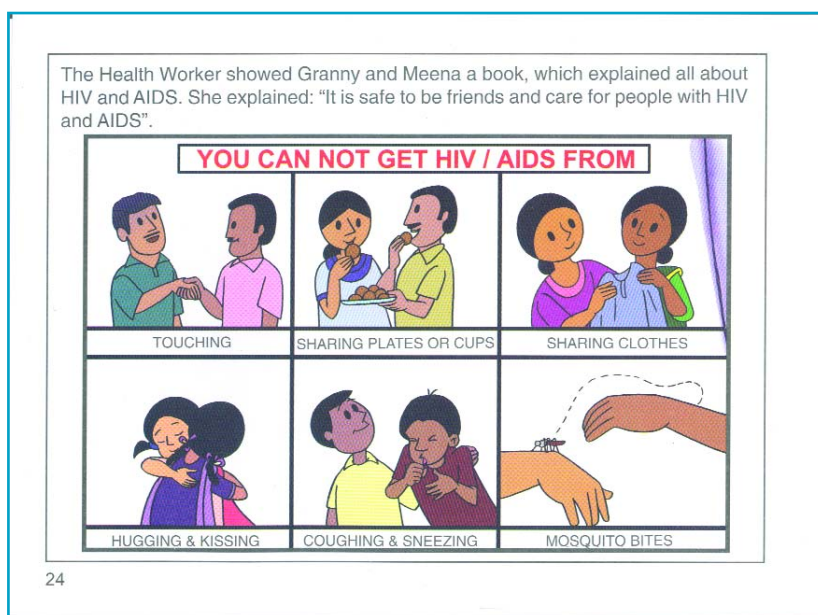
<sup>3</sup> National AIDS and STD Program 2005

<sup>4</sup> Bangladesh Serological Surveillance Survey 2006

<sup>5</sup> UNAIDS 2008 Report on the Global AIDS epidemic

married men who have unprotected sex with sex workers continue to have unprotected sex with their wives, exposing them to infection with HIV and other sexually transmitted diseases. Low condom use, risky behavior and general lack of understanding about HIV is not limited to clients of sex workers. In fact these traits are widespread and heighten the chances of a HIV epidemic in Bangladesh. Although many people have heard of HIV, their knowledge is limited in regards to how it is transmitted and how they can protect themselves. Nearly one in five ever-married women who had heard of AIDS did not know if there was any way to prevent it. This was lower for men, at 6%<sup>6</sup>.

Men having sex with men are largely hidden due to the powerful stigma and discrimination they face in Bangladesh. Many men who have sex with men are bi-sexual and do not necessarily identify themselves as such. Men buying sex from other men rarely use condoms and many continue to have sex with their wives.



Migrant workers are another important group identified as a priority in the Bangladesh National Strategic Plan for HIV and AIDS 2005-2010. Approximately 250,000 people leave Bangladesh for employment every year. The risk is that they will get infected during their stay abroad and return to Bangladesh where they may transmit the virus to others especially their wives who could in turn transmit infection to their babies.

Migrant workers account for a significant number of HIV cases in Bangladesh, primarily because they are subjected to mandatory HIV testing. According to the International Center for Diarrhea Disease Research (ICDDR), 47 of the 259 cases of people living with HIV between 2002-2004 were infected as a result of migration. Of these, 29 were males returning from abroad, seven were wives of migrant workers, and four were children of HIV-positive migrant workers. In 2004, data from the National AIDS/STD (Sexually Transmitted Disease) Programme showed that 57 of the 102 newly reported HIV cases were among returning migrants<sup>7</sup>.

According to the recent Children and AIDS, Third Stocktaking Report 2008 published by four UN agencies, only 16% of girls aged between 15 and 24 have a comprehensive knowledge of HIV in Bangladesh. There is a high level of misconception among youth. More than half believe that HIV/AIDS can be spread by coughing or sneezing and 50% believe that HIV can be spread through sharing food or water with a HIV infected person<sup>8</sup>.

Although young Bangladeshis are at risk of HIV very few believe so - 22% of unmarried

<sup>6</sup> Bangladesh Demographic and Health Survey 2004

<sup>7</sup> HIV Vulnerabilities of Migrant Women from Asia to the Arab States, UNDP 2008

<sup>8</sup> Baseline HIV Survey among Youth in Bangladesh, NASP, 2006

males reported having premarital sex, almost 60% of whom had never used condoms<sup>9</sup>. This has impacted on the rate of STIs; almost one in five men, and two in five adolescent boys, reported having at least one symptom of a sexually transmitted infection (STI) in a 2004 health survey<sup>10</sup>.

Women also require special attention in HIV interventions in Bangladesh, given their social, economic and political status. Women are four times more likely to contract HIV than men. Women's lower social and cultural status also causes them to have less access to education, employment opportunities and health care, including opportunities for HIV tests, counseling and medical care. Women are often subjected to early marriage, sexual abuse and violence in intimate and marital relationships. An increasing number of women are forced to sell their bodies as the only way to survive and provide for their children. Men who buy sex from women are often reluctant to use condoms. As one man said: "Why should I use a condom when I am paying to get pleasure?" Because women have little negotiating power, even within their marriages, they may have unprotected sex with their spouses who might be engaging in one or more high-risk behaviors and be exposed to HIV.

The HIV prevalence among the general public is not fully known; currently available surveillance data only covers high risk groups. This ambiguity is partly because voluntary and confidential counseling and testing (VCT) services are not widely available in Bangladesh. While HIV tests are available in some private health settings, in many cases there is no counseling support and no confidentiality guarantee. Many HIV positive people tested both in private and government facilities have seen their names and other personal details published in the local or national media. Social values, lack of adequate information, the stigma attached to HIV and AIDS, and the lack of confidentiality are not conducive for people, especially the younger population, to seek out HIV tests.

All of these factors are compounded by unsafe blood transfusions and the reuse of injection syringes; an increased rate of external and internal migration by people seeking work or a better economic environment; and the fear, stigma and secrecy attached to STIs.

### ***How do we prevent an epidemic?***

Prevention should be a key element in the national response to HIV. One of the four key priorities of the UNICEF and UNAIDS global Unite For Children, Unite Against AIDS campaign - 'preventing infection among adolescents and young people' - is especially pertinent in Bangladesh.

The cornerstone of HIV prevention is safer sex. Young people need practical help in the form of appropriate life skills and youth-friendly health services where they can seek advice, have their queries answered and obtain condoms and treatment for STIs.

Young people need and have the right to access comprehensive information about STIs, HIV and AIDS prevention and positive living and to make informed decisions about sex and sexuality.

## **ACTION**

UNICEF has played a significant role in maintaining the low HIV prevalence status of

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<sup>9</sup> Baseline HIV Survey among Youth in Bangladesh, NASP, 2006

<sup>10</sup> Bangladesh Demographic and Health Survey 2004

Bangladesh through its management of the HIV/AIDS Prevention Project (HAPP) from 2004 to 2007 and the HIV/AIDS Targeted Interventions (HATI) project from January 2008 until it is handed over to the government during 2009. UNICEF manages the procurement of NGO services to implement prevention activities among the most at-risk populations - injecting drug users, sex workers, mobile populations, men who have sex with men, and clients of sex workers. Services were provided through 146 drop-in centers (DICs) in 44 districts of Bangladesh.

In the DICs, major activities include: medical care for STIs, management and other health problems, resting/recreation facilities, crisis care shelter, peer education, counseling and health education, referral services, outreach services.

The project has also been working to:

- increase condom use (more than 6.6 million condoms were distributed to the target group between January and September 2008)
- increase care for those with STIs (37,275 received services from DICs)
- decrease needle and syringe sharing among drug users (more than 2 million syringes and 1.3 million extra needles were distributed).

Under the HAPP project, a 'Peer Educator's Guidebook' and a 'Supervisor Guideline for Peer Education' were developed to encourage peer education programmes. Training sessions were conducted to equip implementing NGOs with adequate skills and knowledge for STI management, peer education and outreach work, advocacy and management.

Through the Prevention of Parent to Child Transmission (PPTCT) program in Bangladesh, UNICEF is piloting interventions in three selected health care facilities (one is currently operating, two to begin in 2009). The facilities provide anti-retroviral prophylaxis, treatment and support for HIV positive pregnant women and their families. Comprehensive Voluntary Counseling and Testing (VCT), care and support are provided for infected children and pregnant women. A leaflet about PPTCT has been developed and will be distributed to relevant service providers in contact with the most at risk to support PPTCT counseling and ensure referral to PPTCT pilot facilities. This programme is important since most HIV positive children acquired their infection from their HIV positive mothers. HIV transmission can occur during pregnancy, labor or delivery, or during breastfeeding but the efficiency of such transmissions can be reduced to less than 2% if proper interventions are provided. However there is no clear data on how many children could be infected with the HIV virus. The number of pregnant women living with HIV needing antiretrovirals to prevent mother-to-child transmission is estimated to be between 200 and 500.<sup>11</sup>

Through the Adolescent Empowerment project, Kishori Abhijan, UNICEF and NGO partners are informing adolescents on HIV and AIDS and its preventative behaviors. The project encourages adolescents to become actively involved in the prevention drive. Under the project, peer leaders receive life-skills training that equip them to tackle issues of HIV and AIDS among others. Adolescents become agents of change by encouraging conversations within communities and breaking some of the taboos surrounding reproductive health. In 2008, 30,000 adolescent peer leaders involved in the project, helped coordinate World AIDS Day rallies and other awareness raising activities including Interactive Popular Theatre, disseminate information and encourage dialogue about HIV and AIDS.

HIV/AIDS is one of four key issues being covered under the Life-Skills Based Education

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<sup>11</sup> UNAIDS 2008 Report on the global AIDS epidemic

(LSBE) project, being piloted in secondary schools in 10 districts of Bangladesh. UNICEF supported the government to integrate LSBE into secondary school curriculum to bring about behavior change among Bangladeshi adolescents. Life-skills based education - including HIV/AIDS prevention - is also provided to 166,150 urban working children through the project 'Basic Education for Hard-to-reach Working Children'.

UNICEF is also increasing its emphasis on community support, care and services for orphans and vulnerable children, including children orphaned and made vulnerable by HIV/AIDS in the Chittagong Hill Tracts and urban poor communities.

UNICEF supported the development of the National Communication Strategy for HIV 2005-2010, the national PPTCT guidelines and other key documents. UNICEF's South Asian girl character Meena has also been used in the region to raise awareness about HIV and AIDS.

## IMPACT

Through the HATI project in 2008 more than 110,000 clients received services and information from the 146 drop-in-centers and 4,195 were referred to VCT service providers. In 2008, a total of 849,200 people attended education sessions on HIV/AIDS. During the previous years, the project had reached over 3.4 million people with such education sessions. By the end of 2008, 37,275 patients received STI services. In the previous three years, a total of 139,780 people benefited from STI services.

Among the targeted groups, some behavior change has been observed over the four year period. More sex workers are capable of convincing their clients to use condoms - 44% of male and 67% of female sex workers used a condom with their last client<sup>12</sup>. There has been an increase in the overall demand for condoms among all target groups and more people at risk received VCT support. In addition, the attitude of communities towards street-based sex workers and HIV/AIDS has changed positively and harassment by law enforcing agencies has reduced. 34% of IDUs used sterile equipment at their last injection<sup>13</sup>.

In the first year of the PPTCT pilot project, VCT services were provided to 59 pregnant women of whom five who were HIV positive received necessary treatment and care.

Among the 66,000 adolescents reached by the Adolescents Empowerments project, the knowledge on HIV/AIDS is much higher than in the rest of the population with same age, as over 80% know about HIV/AIDS. More than 145 adolescents (60% girls) were equipped with knowledge to carry out peer-to-peer session to adolescents in 28 intervention districts.

Under the Life-Skills Based Education pilot project, a manual for teacher training and a teachers' guide have been developed; 50 teacher trainers received training; project orientation has been delivered to 50 national and field office level staff and principals to ensure effective monitoring and evaluation; and 3450 secondary school teachers have been trained

*Updated March 2009*

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<sup>12</sup> UNICEF, UNAIDS and WHO, Children and AIDS: Country Fact Sheets 2008

<sup>13</sup> UNICEF, UNAIDS and WHO, Children and AIDS: Country Fact Sheets 2008