

HIV and AIDS in Bangladesh



BACKGROUND

The first case of HIV/AIDS in Bangladesh was detected in 1989. Since then a total of 874 cases of HIV have been reported (as of the end of December 2006). However, the Government of Bangladesh and UNAIDS estimate that the number of people living with HIV in the country may be as high as 7500, which is within the range estimated by UNICEF's State of the World's Children Report 2007*. Yet, due to the limited access to voluntary counselling and testing services, less than 5 per cent of them are believed to be aware of their HIV status.

Bangladesh, still considered to be a low prevalence country, is in the unique position to do what no other country has yet been able to do: keep the AIDS epidemic from expanding beyond this current low prevalence. Country after country in similar situations has lost this opportunity as HIV has moved from vulnerable groups to mainstream groups.

However, Bangladesh is extremely vulnerable to an HIV epidemic, given its dire poverty, overpopulation, gender inequality and high levels of transactional sex. The emergence of a generalised HIV epidemic would be a disaster poverty-stricken Bangladesh could ill-afford.

ISSUES

Women require special attention in HIV interventions in Bangladesh, given their social, economic and political status (or lack thereof). 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, counselling and medical care. They are often subjected to early marriage, sexual abuse and violence in intimate and marital relationships. Because of their reduced opportunities culturally, an increasing number of women are forced to sell their bodies as the only way to survive, for them and 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?" Women have little negotiating power in relationships and can end up having unprotected sex.

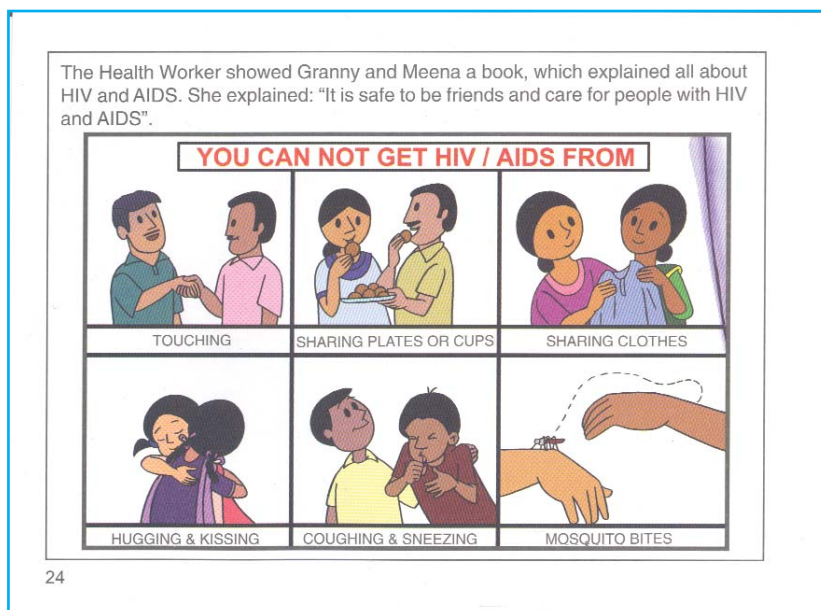
Bangladesh's thriving sex industry has one of the highest client turnovers in Asia - with sex workers averaging 19 clients a week. Consistent condom use among men who buy sex is very low, both among those patronizing women in brothels (4 per cent) and for those who buy sex in the streets (2 per cent) Active syphilis rates among sex workers are 1.5 to 12.2 per cent. Most 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.

This low condom use, risky behaviour and general lack of understanding about HIV is not

*UNICEF's State of the World's Children's Report 2007 estimates 6400 to 18,000 people in Bangladesh live with HIV/AIDS.

limited to clients of sex workers. In fact these traits are widespread and heighten the chances of an HIV epidemic in Bangladesh. Although many people may 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 anyway to prevent it. This was lower for men, at six per cent (BDHS, 2004).

Among youth, aged 15-24, 85 per cent had heard of HIV, but only 22 per cent of them knew how to prevent HIV transmission. And only 22 per cent knew of two routes of HIV transmission. Very few youth believed they were at risk of getting HIV, with 22 per cent of unmarried males reporting premarital sex and almost 60 per cent of them had never used condoms (Baseline HIV Survey among Youth in Bangladesh, NASP, 2006). Further highlighting this low condom use are the facts that 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.



Meanwhile, migrant workers and men who have sex with men (MSM) are two other important groups identified as priority groups in the Bangladesh National Strategic Plan for HIV and AIDS 2005-2010. It is expected there are more than 250,000 people leaving Bangladesh for employment every year (UNICEF Bangladesh website). MSM are

largely hidden due to the powerful stigma and discrimination they face in Bangladesh. Men buying sex from other men rarely use condoms and many continue to have sex with their wives.

Injecting drug users (IDUs) are another vulnerable group in Bangladesh. Although the overall prevalence of HIV in Bangladesh is less than 1 per cent, higher levels of HIV infection have been found among IDUs in Central Bangladesh (at 4.9 per cent). There is also a high rate of needle sharing among IDUs.

The situation for the general public is not fully known, currently available surveillance data only covers certain at risk groups. This ambiguity is partly because voluntary and confidential counselling and testing services are not widely available in Bangladesh. While HIV tests are available in some private health settings, in many cases there is no counselling support, and there are no guarantees of confidentiality. Many of the 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 even in hospitals.
- An increased rate of external and internal migration, by people seeking work or a better economic environment.
- 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 planks of the UNICEF/UNAIDS global Unite For Children, Unite Against AIDS campaign, to "Prevent infection among adolescents and young people" is especially pertinent for Bangladesh.

The cornerstone of prevention is safer sex. Young people need practical help, in the form of youth-friendly health services where they can seek advice, get their queries answered, get condoms and obtain treatment for sexually-transmitted infections.

Young people need and have rights to:

- know about sex and their sexuality
- know the basic facts about HIV and AIDS and have the necessary life skills to protect themselves from HIV and other STIs
- know their HIV status
- know how to protect themselves if they are living with HIV
- know where to get medical, emotional and psychological support if they are living with HIV
- know how to protect their peers and families from HIV
- know how to protect those in their communities who are living with HIV
- know about and participate in HIV education programmes tailored for youth
- know their rights and entitlements, and the commitments that government has made to them
- know how to protect, claim and realize these rights

ACTION

UNICEF, with partners such as the US-based media organization Internews and UNAIDS, has supported events such as a "Bangladesh Media Leadership Meeting on HIV and AIDS" to promote more accurate and sensitive public discourse on HIV and AIDS. It continually advocates for the rights of children affected by HIV and AIDS, as well as for the need for more prevention systems. UNICEF's South Asian girl character Meena has also been used in the region to raise awareness about HIV and AIDS.

UNICEF has played a leading role in HIV and AIDS related initiatives and supported the Government to implement two components of the HIV/AIDS prevention project (HAPP) funded by the World Bank and the United Kingdom's Department for International Development (DFID). UNICEF manages \$11.5 million of HAPP money to support the implementation of HIV prevention activities among drug users, women working as sex workers and mobile populations. UNICEF has also supported the development of the National Communication Strategy for HIV 2005-2010).

FUTURE ACTION

HIV and AIDS have become a major cross-sectoral focus area for UNICEF Bangladesh. It has set itself the target that by 2010:

30 per cent of adolescents will have the information and skills needed to reduce their vulnerability to HIV and 80 per cent of HIV affected children will be receiving care and support.

UNICEF Bangladesh already provides life skills based education through its adolescent empowerment project Kishori Abhijan (KA). KA will include a HIV prevention focus, mainly disseminating information about HIV. However, through building life skills such as decision making and self esteem, KA aims to empower adolescents to make positive life choices in all areas of their lives, including critical thinking and decision-making about safe sex. UNICEF also supports the inclusion of life skills based education on healthy living, including HIV, into the formal secondary school curricula, teacher training and extra-curricula activities.

There will also be an emphasis on increased community support, care and services for children orphaned and made vulnerable by HIV and AIDS, especially those children in the Chittagong Hill Tracts and urban poor communities.

Also, it is planned by 2010 that 80 per cent of HIV-positive pregnant women, their spouse and children receive comprehensive PPTCT packages including ARV (Anti Retroviral) prophylaxis, treatment and support. To achieve this, a comprehensive approach to prevention of parent-to-child transmission (PPTCT) of HIV will be promoted. It will include support to HIV positive couples, primary prevention of HIV among women and couples of reproductive age and technical support for policy development.