THE SITUATION OF HIV/AIDS IN BANGLADESH: AN EXPLORATION

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Abstract:
The situation of HIV/AIDS throughout the world is gradually becoming alarming. Many countries have already taken different effective measures to tackle this incurable disease. But unfortunately we and our government are still oblivious towards the threat of HIV/AIDS. A large number of people of our country even do not know what HIV/AIDS is, and therefore this low level of awareness among our people could be proven more threatening. This paper explains HIV/AIDS in detail and also discusses the situation of HIV/AIDS in Bangladesh. Efforts have been made in the paper to explore different possibilities to prevent HIV/AIDS from spreading in our society. Gender disparities and other related issues which help spread HIV/AIDS have also been discussed here in the context of our country. The paper tries to present the overall picture of HIV/AIDS of Bangladesh keeping in view the danger of this deadly HIV virus.

Introduction
AIDS indeed is a terribly dangerous disease found almost everywhere in human society. But of course it has not affected all the societies equally throughout the world. People having AIDS are always under the threat of death and the very disease is caused by the Human Immunodeficiency Virus, usually known as HIV. HIV is a kind of virus which makes the human body almost incapable of fighting any kind of infections. At first HIV virus was detected among the homosexual males in USA in 1981. The scientists are not sure yet about the origin of this deadly virus, though it is widely believed that probably Africa is the origin of this virus (Uddin, Siraj; 2005). The spread of this virus is unprecedented, infecting millions of people all over the world. According to the report produced by WHO in December, 2004, 4.5 million people were newly infected with HIV virus and the death toll because of AIDS in 2004 was 3.1 million. The total number of HIV infected persons has been shown as 39.4 million and 21.8 million people have died of AIDS from 1981 to 2004. In the United States, around 1 million people have been estimated suffering from HIV or AIDS.

It is also said in the report that more than 3 million people die every year from AIDS-related illness all over the world. In South- East Asia, the prevalence rate of AIDS is 0.6% (adults). Our neighboring country, India, has the highest number (5 millions) of HIV infected people and Thailand, Myanmar, Indonesia are also affected to a greater extent because of AIDS.

There are conflicting figures often presented regarding the exact number of HIV/AIDS patients living in Bangladesh. The government says there are 282 people found infected with HIV/AIDS in our country (Hossain, Sorowar; 2003). Another report published in 2005 says Bangladesh has 465 people with HIV virus (Uddin, Siraj; 2005). But the real figure of HIV/AIDS patients in Bangladesh has been estimated more than 13 thousand people and the experts have classified the AIDS situation in Bangladesh as concentrated epidemic (Hossain, Sorowar; 2003). The estimates of HIV affected population in our country could be anything but undoubtedly firm. Different organizations and individuals working in the field of HIV/AIDS hold the opinion that the actual figure is much higher than the figure given by the government. It is believed that most of the HIV infected people do not disclose the fact of having HIV virus and are hardly interested to ask for treatment and health care because of mainly social stigma associated with HIV/AIDS and also due to fear of discrimination. The danger lies here. If the people hide their HIV status then the possibility of spreading the disease goes extremely high. That is what is happening in Bangladesh. HIV/AIDS patients are often scared of getting ostracized from our society and they also fear of becoming rejected by their loved ones if disclosed. So HIV/AIDS situation in Bangladesh should be analyzed in this context.

Dissemination of HIV/AIDS
In our country most of the people have a kind of wrong belief regarding the ways HIV/AIDS disseminate. The HIV infection is not possible through saliva, sweat, spit, tears, air, insects, food, water, toilet sheets, swimming pools, clothing and a handshake. Earlier, both traveling and migration used to be held mostly responsible for spreading HIV/AIDS worldwide. Later the epidemics are facilitated by homosexuality, female sex workers and their clients, intravenous drug users, heterosexual transmission, etc. HIV is mainly transmitted through anal, vaginal and oral sex or somebody may get HIV if s/he comes into contact with HIV infected blood, semen, or cervical and vaginal fluids. Apart from this, infected mothers transmit the disease to their children and intravenous drug use, blood transfusion, tattooing, piercing etc also play major role in transmission. Even injecting equipments such as needles or syringes, blades, skin-piercing equipments...
may sometimes be instrumental in spreading HIV/AIDS. Homosexuality is still considered as one of the most important routes for the transmission of HIV/AIDS throughout the world since anal sex is often practiced in it which results in rectal bleeding, paving the way for easy transmission of HIV. In fact, in the beginning most of the HIV/AIDS cases were discovered among the homosexual people (Uddin, Siraj; 2005 & Hossain, Sorowar; 2003).

The disease is almost ‘incurable’ so far. Whatever treatments are available right now for AIDS are also very expensive. The scientists are struggling hard to invent an effective vaccine against HIV but could not succeed yet. HIV virus is too smart, disguising itself in such a fashion so that the defense systems of the body become most vulnerable as the virus rapidly mutate its genetic material causing failure on the part of the scientists’ efforts for developing vaccine against HIV/AIDS. The antiviral drugs available in the market for HIV/AIDS treatments are highly costly and of course cannot cure AIDS at all but by using the drugs the patients may survive for a bit longer. It is usually said that one can survive from 3 to 15 years after getting infected with HIV virus.

**Immunology and HIV/AIDS**

HIV virus causes gradual destruction of immune system of human body, reflecting a decrease of CD4 T cell counts. Significant immune destruction helps opportunistic processes develop and thereby infections start taking place in the body. The development of different kinds of tumors is usually seen during this time. In fact, our human body heavily depends on the immune system to fight infections, the same way it depends on the digestive system to digest food. The immune system also prevents some types of cancer from taking place in the body. If the immune system is totally destroyed then a person will have to die even from a simple infection like cold or flu.

The immune system may be considered as an army of the body fighting all kinds of infections and white blood cells are the soldiers always active against infections. They are called lymphocytes. There are special lymphocytes called CD4 helper lymphocytes. They coordinate to guard the immune system of the body from the attack of foreign organisms. As HIV infects the body, it destroys CD4 helper lymphocytes by using them to make copies of itself. This prevents the immune system from working in a smooth way. We know HIV stands for Human Immunodeficiency Virus. The word ‘Immuno’ means the immune system and ‘Deficiency’ means lacking. Lymphocytes and HIV fight each other for years. Each day human body produces billions of CD4 cells and the HIV virus uses them to make even more of its own copies. Most of the time HIV virus eventually wins the battle, making the immune system ineffective. However, the application of latest medications can make it a bit difficult for HIV to win. The moment our body gets infected with HIV the CD4 cell counts starts going down gradually. The normal count of CD4 cells is 600 to 1000 per unit of blood and when the count drops down below 200, the immune system of the body stops working. In fact, when the CD4 cell count goes to 200, any kind of simple infections may cause lot of difficulties since the body becomes unable to fight it off (Uddin, Siraj; 2005).

**Types of disease after HIV infection**

(a) Acute primary illness like glandular fever like illness
(b) Asymptomatic period like longest period of illness
(c) Symptomatic period that is AIDS.

Actually the symptoms of HIV and AIDS vary from person to person. The symptoms may be discussed according to the following stages:

- Very initial stage of a person when he gets HIV at first
- Early HIV stage
- Late HIV stage
- Early AIDS stage

It is difficult for people to understand that they have received HIV virus when initially infected. Sometimes some of the infected people may develop a brief flu-like illness for 2 to 6 weeks after getting the virus. Since this kind of symptoms are similar to normal cold or flu therefore they usually go unnoticed. Even the HIV virus may not be detected for 8 to 9 years while the battle between CD4 cells and HIV virus goes on. At the early stages of HIV virus, no symptoms are noticed on most people. This early stages end with mild infections or chronic symptoms such as:

- Swollen lymph nodes—considered to be one of the first signs of HIV infection
- Diarrhea
- Weight loss
- Fever
- Cough
- Shortness of breath

Later on more serious symptoms are usually noticed. They are as follows:
Persistent and unexplained fatigue, soaking night sweats, shaking chills or fever higher than 100 degree F for several weeks, swelling of lymph nodes for more than 3 months, chronic diarrhea, persistent headache etc. A person is diagnosed as AIDS patient when opportunistic infections start developing in the body and a person with a healthy immune system does not get this kind of opportunistic infections (Uddin, Siraj; 2005).

**Diagnosis of HIV and AIDS**

HIV/AIDS may be diagnosed through detection of antibodies, detection of antigen, viral load test, CD4 count and clinical features. If somebody wants to be tested to know whether s/he is HIV positive, then the person requires signing a consent form before undergoing HIV test. But without taking the consent of the person nobody is allowed to have his or her HIV test. Usually a confidential test is carried out with the permission of the person and if the test proves to be positive then that is reported to the state health department but not to be given to anyone else. It is always suggested that pregnant mother should undergo HIV test, because if the mother is tested positive then the treatment with antiretroviral drugs during her pregnancy could greatly reduce the chances of her baby to be infected. The human body produces HIV antibodies to fight HIV virus. The body usually takes 6 to 12 weeks to produce HIV antibodies and therefore the test cannot be positive if done earlier before at least 6 weeks after an infection. If the HIV test proves to be positive then another test is necessary which checks HIV proteins in the blood. If both the tests are found positive then a person is usually diagnosed with HIV (Uddin, Siraj; 2005).

**HIV situation in Bangladesh**

People of Bangladesh are mostly religious and therefore we generally feel that the HIV/AIDS situation is not that much alarming here like many western countries. But the reality is different. Our younger generations no longer uphold the moral religious values that they used to hold earlier. Obscene activities are often frequent and thereby the moral value system is getting degraded day by day. Apart from 14 well established prostitutions, many residential hotels, river ports, seaports etc are believed to be the hub of flesh trade. Nobody knows the exact number of floating sex workers working in different parks, especially in Dhaka city and other urban areas throughout the country. It is believed that about half a million males’ everyday go to the female sex workers. A large number of youth and single female textile and garment workers are suspected to be involved in different illegal and unsafe sexual activities. Premarital and extramarital sexual relationships of course exist but usually do not come into light. Different types of illegal sexual relations take place in the society behind the curtain, though not acknowledged. Even it is never ruled out that both homosexual and lesbian relationships do harbor in different parts of our country. Innumerable unmarried women undergo abortions every year and the statistics of unmarried mothers is unknown. These women are no doubt vulnerable to AIV/AIDS since it may be true that most of them do not have any knowledge about the disease. It is also alleged that truck drivers driving through longer routes often go to commercial sex workers without taking any precautions against HIV infections. Spouse staying away for a long time for different reasons causes extramarital relationships in urban as well as rural areas which may turn into HIV infections if precautionary measures are not taken. These facts should be taken into consideration while the spread of HIV/AIDS in Bangladesh is being analyzed (Hossain, Sorowar; 2003).

The members of our different law enforcing agencies are suspected as one of the most vulnerable groups to HIV/AIDS in our country due to many reasons. Especially, low ranking law enforcers who are unable to keep their spouse along with them and are also not allowed to enjoy leave very often could be described as high-risk groups. It is found not only in our country but throughout the world. Allegations are frequently made by the sex workers in Bangladesh that the police maltreat them and do not pay any money after having sex at night. Sometimes the sex workers express their frustration and helplessness for being inhumanely treated by our police personnel and other law enforcing agencies.

Homosexuality and lesbianism have been identified as the key for spreading HIV/AIDS all over the world. In fact, homosexuality is specially emphasized for causing HIV infections. But unfortunately any kind of discussion on homosexuality is almost a taboo in our society. Since homosexual relations may cause HIV infection therefore we must investigate this kind of sexual relationship and warn the people regarding the risk associated with it. It is a fact that homosexual and lesbian relations do exist in Bangladesh but people involved in it keep this unusual relation secret and most of them do not have any idea about the risk of having HIV infection out of this kind of relations. In rural areas of Bangladesh the situation is worse. Rural people neither have the knowledge of homosexuality nor have the knowledge of HIV/AIDS. Therefore, relationship of this kind usually goes unnoticed there. A few having the knowledge of homosexuality in the rural areas does not have any knowledge about the connection between homosexuality and HIV/AIDS. At best homosexuals are ridiculed both in rural and urban areas of Bangladesh.
But most of the people seriously lack the knowledge as to how homosexuality could be very dangerous for spreading HIV/AIDS in our society. It is said that students' hostels, prisons, slums, labor colonies, barracks, dormitories established for different purposes are major areas where gay relation is very much found. So mass awareness campaign must be launched to combat HIV/AIDS both in rural as well as urban areas of Bangladesh keeping the above-mentioned reasons in mind.

Another important factor which is often held responsible for HIV infections is sexually transmitted diseases (STDs). In our country, STDs are believed to be rampant. Sexually transmitted diseases (STDs) are mostly detected among the sex workers, drug users, and truck drivers. Even many common people are also affected because of sexually transmitted diseases. In many cases STDs cause HIV infections and people generally do not know it. Most of us also do not know that condom could play a great role in preventing sexually transmitted diseases from spreading. In reality the use of condom in our country is definitely very low. Apart from patriarchal values, there are other socio-economic and cultural reasons which usually discourage our people using condom. Therefore, in Bangladesh, sexually transmitted diseases are suspected to be instrumental in spreading HIV infections. Injecting drug use (IDU) is on the rise throughout the country, which is also very risky in terms of getting HIV virus. The needles that are used by injecting drug users are often shared, making the drug addicts dangerously vulnerable to HIV infections. It is estimated that around 25,000 injecting drug users could be found mostly in Dhaka, Rajshahi, and other metropolitan cities including small towns and border areas of Bangladesh (Hossain, Sorowar; 2005). Generally it is believed that sexually transmitted diseases (STDs) infect the drug users to a greater extent and therefore they are also vulnerable to HIV/AIDS. Apart from that, as it has already been said, India is our neighboring country and has been severely suffering from HIV/AIDS, and intermixing between the people belonging to both the countries is definitely high, which is again very risky in terms of HIV/AIDS infections for the people of Bangladesh. Even a large number of people from Bangladesh every year frequently go to Middle East and come back to the country and thereby spreading HIV/AIDS silently in our country. Some people have already been identified as HIV infected in Bangladesh who have just come back from Middle East.

Gender and HIV/AIDS

It is believed that women are increasingly infected with HIV/AIDS around the world. The situation could be described worse for the women, especially in developing countries because of low level of awareness among them. The data reveal that more than 90 per cent women carrying HIV virus in developing countries is totally unaware of having HIV infected (UNAIDS; June 1998).

It is indeed alarming that the specific age-group of the population getting mostly HIV infected these days is changing fast. Comparatively younger population is increasingly becoming the victims of HIV/AIDS. Unbelievably, 50 to 60 per cent of HIV/AIDS patients belong to 15 to 24 years of age and very unfortunately most of them are girls and young women (Chowdhury; 1996, p.6). There are various reasons as to why the young women often become the victims of this dangerous infection. In many developing countries like Bangladesh, a strong belief is found existing that the males infected with sexually transmitted disease could be cured if they can marry really a virgin girl. The guardians try to get their STD (Sexually Transmitted Disease) infected sons married as soon as possible and thereby help the chance of spreading and infecting HIV/AIDS to both husband, wife and the children as well. Apart from that, the younger married women of our societies usually do not have any say in sexual matters with their husbands or in other words they have no control over the situation in which sexual intercourse takes place with their male partners (Baden; 1998, p.14).

It should be kept in mind that where heterosexual transmission dominates, women are always at a greater risk of getting infected by men (Baden; p.6). A number of studies have already shown that due to many biological factors, the HIV virus spreads more easily from men to women than vice versa (Baden; 1998, p.11, Pavri; 1996, p.10). Biologically, women have the greater chance to have the sexually transmitted infection (STIs) even from a single sexual act with partners having sexually transmitted infection (STIs) than her counterparts (Mukhopadhyay, et al 2001, p. 4).

Gender discrimination against women is a normal phenomenon in Bangladesh. Young girls are married off at their very early age and they are often the victims of unequal distribution of food and nutrition. These married young girls are sometimes forced to procreate children as many as possible, though their body is not fit for taking child any more. Therefore, it is not surprising that a large number of Bangladeshi women have been suffering from serious nutritional deficiencies. Most of the Bangladeshi women suffer from iron-deficiency related anemia and low levels of Vitamin A. These deficiencies make the tender-aged women more vulnerable to contacting HIV/AIDS. The problems of this kind are frequently found.
especially in rural Bangladesh and the slums located in urban areas in the country as well. Women suffering from anemia may have to require blood transfusions after delivery, raising the probability of infection of HIV/AIDS through transfusion. Deficiency of Vitamin A hurts the immune system of the body and prevents mucous membranes from functioning well (Baden; 1998, p.17). So it is obvious that Bangladeshi women have a greater risk to be infected with HIV virus due to absence of adequate levels of iron and Vitamin A. But of course we do not have reliable data through which we might have known the exact percentage of women suffering from sexually transmitted infection in our country.

Apart from biological vulnerability of women, there are many social barriers playing vital role for not taking appropriate treatments in case of women suffering from sexually transmitted infection. In our country, talking about sex and sexuality, especially for women, is almost a taboo and a matter of shame too. Many women suffering from sexually transmitted infection (STIs) are very much reluctant to share it with others since social stigma is associated with the disease, preventing them ultimately from seeking proper treatment. In this Indian sub-continent, women are sometimes accused of being unfaithful if their suffering from sexually transmitted infection (STIs) is made public. These women are neither welcome by their husband and in-laws nor by their parents, pushing them into a state immense misery (Mukhopadhyay & Sivaramayya, 337). Even in many occasions, the women themselves are sometimes blamed if their husband suffers from sexually transmitted infection (STIs). In Bangladeshi culture, the identity of women is mostly linked to their marital status and their reproductive role. Here, marriage and sexuality for a woman are often considered as her ability to produce children. Women are not in a position to negotiate anything related to sexual life with their husband since they are socio-economically dependent on their husband. So the cultural structure of our society may be described discriminatory against women, placing them at a position which is more vulnerable to STIs that may lead to HIV/AIDS. The above-mentioned factors must be taken into account while analyzing the vulnerability of Bangladeshi women to HIV/AIDS.

Prevention Strategies of HIV/AIDS

There are four separate steps considered to be effective to prevent HIV/AIDS from spreading. These are sexual abstinence, practice of monogamy, safer sex and use of latex condom. Needles or syringes used for injecting drugs, steroids, vitamins or for tattooing, body piercing etc should not be shared. Even equipment used to prepare drugs for injection must be avoided. Monogamous relationship with a healthy partner needs to be encouraged to prevent the infection of sexually transmitted disease from spreading. Unprotected sex may be made safe through using a male latex condom which can reduce the risk of having STDs/HIV/AIDS to a greater extent if used correctly, but no forms of protection works 100%. It is also suggested that razors and toothbrushes should not be shared either. One needs to be careful enough to have the contact of blood of other people. If the pregnant mother feels that she might be having HIV virus then she must undergo HIV test and if the test is HIV positive then receiving appropriate treatments can reduce the chances of passing HIV to her baby.

Preventive measures for fighting HIV/AIDS in Bangladesh

People of Bangladesh are mostly religious. Religious values have a great impact on the life of the people, though the practice of actual religious values has been declining these days in our country. Most of our people are the followers of Islam and a small portion of our population is Hindu, Buddhist and Christian. Every religion condemns the act of illegal sexual activities and always puts emphasis on the moral values that the people are expected to internalize. There is a need to encourage the people to follow the actual religious values of their respective religion which would play a very effective role to fight HIV/AIDS spreading in our country. People should be made aware of the fact that extra-marital sex is prohibited in Islam. Western and other foreign cultural components in relation to sex not consistent with our religious as well as social values must be avoided. Unhappy conjugal life sometimes derails the spouses and thereby pushes them to the risk of getting HIV virus infected. Therefore, conjugal life needs to be made conflict free and meaningful. All the media including printing and electronic one can play a very vital role to make the people aware of HIV/AIDS. Children of all ages should be educated with our long-cherished moral values. Drug addicts may be prevented from taking open intravenous drug and the people interested to have unsafe sex must be asked to use condom carefully in order to stop the infection of HIV virus to others. Monogamous family system is to be established as our principal value in the society. Counseling about HIV/AIDS and sexually transmitted infection (STIs) is a must for those going abroad. Blood must be tested before the patients take it and the blood of the people coming from abroad needs to be immediately tested. Seminar, meeting, workshop etc may be conducted to raise awareness among the people of all walks of life about HIV/AIDS. The text-books of secondary and higher secondary levels of education can incorporate HIV/AIDS related articles for the students to realize the danger of the disease. Political, religious as well as local-level leaders may be encouraged to work on building awareness among the
people regarding HIV/AIDS. Homosexuality and lesbianism should be discouraged. People employed away from home should be allowed to enjoy leave from time to time. Purified syringes and other necessary instruments must be used while doing operation. Commercial sex workers need to be educated about HIV/AIDS and sexually transmitted infection (STI). Non-government organizations can play very effective role to make people aware of HIV/AIDS. Conducting street play on HIV/AIDS could be very instrumental in preventing HIV/AIDS from infecting others. There is a need to work on HIV/AIDS infection and the danger associated with the disease among the rural people of Bangladesh. People may be suggested to consult the doctors immediately if anybody suffers from sexually transmitted disease (STD). Pervasive sexual activities incited through pornography, video-tape, internet etc need to be controlled to fight HIV/AIDS effectively (Das, 2005).

Conclusions

There is no doubt that HIV/AIDS in Bangladesh could be described as a looming threat. The denial of the fact would be definitely dangerous. India is our neighboring country which has got highest number of AIDS patients all over the world, making our country most vulnerable to the disease. Although we do not have reliable official data about the number of HIV/AIDS patients living in Bangladesh, thousands of Bangladeshi are feared to be suffering from the disease. The fact must be recognized and all out efforts need to be given immediately on the part of the government so that spreading of HIV/AIDS in Bangladesh could be stopped effectively. Turning blind eye to the fact would be disastrous for all of us and in that case the epidemic will have a free space to spread resulting in killing innumerable people of our country.

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