

HIV/AIDS: DEFINITION AND HISTORY

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Introduction of the Topic

To start the session on HIV/AIDS the Facilitator should introduce the topic first and then discuss the topic elaborately. The session may be started with the definition of HIV and AIDS.

What is AIDS?

AIDS = Acquire Immune Deficiency Syndrome is a fatal disease for which no medicine has so far been produced for treatment and cure.

What is HIV?

AIDS is caused through a virus which is called HIV = Human Immunodeficiency Virus

AIDS is the late stage of HIV, which can take more than 8-10 years to develop after infection is caused. A HIV infected person can live symptom free life for years, however most people in developing countries die within three years of being diagnosed with AIDS

Sources of HIV Infections:

HIV is transmitted mostly through semen and vaginal fluids during unprotected sex without the use of condoms. Globally, most cases of sexual transmission involve men and women, although in most developed countries homosexual intercourse remains the primary mode of transmission.

Besides sexual intercourse, HIV can also be transmitted during drug injection by the sharing of needle, contaminated with infected blood; by the transfusion of infected blood or blood products; and from an infected woman to her body- during pregnancy, during birth or after delivery through breast feeding.

In short, there are 4 main routs of HIV infection:

1. Unprotected sex
2. Sharing drugs through infected needle/syringe
3. Transfusion of Infected blood
4. From infected mother to child

Apart from the above modes of transmission, HIV is not spread by any other way.

What are the Symptoms of AIDS?

- Two major signs
- At least one minor sign
- Absence of known causes of immunosuppression

Major Symptoms:

- A loss of 10 percent body weight within a short period
- Chronic diarrhea persisting for more than a month
- Chronic fever for more than a month

Minor signs:

- Persistent cough for more than a month
- Germanized itchy skin lesions (dermatitis)
- Generalized enlargement of lymph nodes

(Source: WHO)

How HIV does not spread?

The participants with the help of some pictorial illustration may be informed that none can get HIV infection by:

- Taking food together with an infected person
- Taking bath in a same pond with an infected person
- Using same cloth of an infected person
- Hugging or kissing an infected person
- Using condom for sexual meeting with an infected person
- Using cleaned needle for injecting drug
- Insect or mosquito bite

History of HIV/AIDS:

- The first AIDS case was reported in USA in 1981. Since then AIDS has spread throughout the world assuming the dimension of a truly global pandemic.
- HIV/AIDS in Asia was first detected among MSM in several Asia Pacific countries such as Australia, Japan, Malaysia, New Zealand, Singapore, and Hong Kong during the early 1980s.
- The first patient with AIDS was found in Thailand in 1984.

- In most Asian countries HIV infections were reported in 1986 or later
- The first case of HIV in Bangladesh was reported in 1989 and the first case of AIDS followed in 1990
- Although Africa was struck with HIV/AIDS many years before Asia, it was expected that by the end of 2000 the number of persons infected by HIV every year in Asia would far exceed those in Africa.
- The estimated number of people infected with HIV in South East Asia region as of mid-1997, was 3.7 million

What is STD?

How STD links with HIV/AIDS?

STD is Sexually Transmitted Disease. It causes damage to the inner lining of the genital tract, thus facilitating the entry of HIV into the body. STD is caused by unprotected sexual activity. It enhances the transmission risk in the general population. Early treatment of STDs like genital ulcer and discharge reduces the risk of contacting HIV from infected partners.

Prevalence of STDs in Bangladesh:

STDs such as gonorrhoea and syphilis are widespread in Bangladesh. Nationwide, perhaps as many as 4 in 1000, women of child bearing age, has contracted an STD.

Studies have shown high rates of STD in various populations. In 1989, a syphilis rate of 56% and 39% were found among floating and brothel based sex workers respectively.

In the third and last round of national HIV and behavioral surveillance syphilis infection was found among brothel based sex workers 43.2% ; street sex workers 42.7% male sex workers 18.2% and truckers 5.7%

Analysis of country situation:

Bangladesh, with its 127 million populations is still fortunate to be a low prevalent country. Since 1989, when the first HIV case was reported in Bangladesh, the number of

infected people has gradually increased with a slow pace. By the end of 2001, the number of HIV infected rose to 188 including 19 AIDS cases. 13 of the AIDS patients died. The previous year (2000) the total number of HIV/AIDS reported cases were 157. It means that in one year time 31 new HIV infected cases were reported. Average 2.5 persons were infected in each month.

According to third round of national HIV and Behavioral surveillance report published in November 2001, the infection rates remain low, but it is now clear that this situation will not continue unless there are radical reductions in risk behavior. Sex workers in Bangladesh report among the highest number of partners per week in Asia, and condom is lower here than in other Asian country in which it has been measured.

1.7 per cent of the injecting drug users in Bangladesh have been found HIV positive and 0.5 per cent sex workers were identified as HIV infected. Two year ago there was no HIV infected drug user in a Vietnam city of Haiphong. Just within two years HIV prevalence in this group has risen above 60 per cent. In Bangladesh the drug users share needles more frequently that they do in Vietnam.

E: BEHAVIOUR

What is behavior?

There are many practices that people do during their every day life. Some practice or first experience in life gradually evolves as behavior, for example smoking tobacco.

It is very difficult to get rid from an adopted behavior, but it is not impossible. Again there is example of giving up smoking or drink of alcohol.

What is High Risk Behavior in the context of HIV/AIDS?

Sex without use of condom and injecting drug with a shared needle are the high risk behaviors and transfusion of blood without screening is the high risk practice in the context of HIV/AIDS

How a High Risk Behavior is linked with HIV/AIDS?

HIV is primarily associated with High Risk Behavior. It is estimated that 80% - 90% of all HIV infections in South-South Asia are being acquired through unprotected sexual practices followed by injecting drug use.

F: HIGH RISK POPULATION

Who are the High Risk Populations?

The following groups of people are in high risk of infection:

- Men with many sexual partners
- Migrant workers
- Sailors /Truckers/Rickshaw Drivers
- Injecting Drug Users
- Brothel based Sex Workers
- Floating Sex workers and Street Children
- MSM (Men having sex with men)
- Male sex workers
- Recipients of unscreened blood
- Medical Practitioners who use surgical instruments

Why are they vulnerable to HIV/AIDS?

Women are particularly at high risk of infection because of the inability to insist their male partner to use condom.

According to age groups, young people in all countries are at risk of being infected. The statistic shows that 5.3 million adults and child were found as new HIV positive in the world at the end of 2000. At present one third of the HIV positive are belonged to the youth community.

G: RESPONSE TO HIV/AIDS

In this session the participants should know what initiatives have so far been taken to prevent and control the spread of HIV/AIDS in the country by the Government, NGOs, Donors, and other stakeholders. The session can be started in a participatory way, sharing information in the plenary

National Response: The Government of Bangladesh, for example has formed the National AIDS Committee (NAC) to address the HIV/AIDS situation with multi-sectoral approaches in October 1985. A Technical Committee was constituted composed of experts from relevant fields to provide in-depth scientific, medical and technical advice to the NAC and the National AIDS Programme (NAP). By the end of 1990 a Coordination Committee came into being In 1987, Government decided to start AIDS prevention activities with the technical and financial assistance of Global Programme on AIDS (GPA)

It has developed a National Policy and Plan on HIV/AIDS and STDs. The Government runs a National STD/AIDS project and provides support to various NGOs and CBOs in carrying out their community based interventions, research and surveillance activities. In collaboration with International and UN Agencies like World Bank, WHO and UNDP, the Government has taken several programs in the areas of care and support besides awareness and legal reforms initiatives

In 1988, a Short Term Plan started, which focused on determining HIV/AIDS prevalence and in developing prevention measures, particularly in health sector. During 1989, a 3-year Mid-Term Plan was formulated followed by prevention activities with support from WHO in areas of surveillance, laboratory diagnoses, and strengthening technical, financial, health education and management capabilities.

The last cabinet of the government has approved an act on safe blood transfusion. 97 blood transfusion centers have been established through out 64 district hospitals and other medical colleges and institutions.

NGO Response: NGOs mainly support and supplement the Governments initiatives. As HIV/AIDS is not only a medical issue, therefore the NGOs in Bangladesh have taken this issue as a challenge to development. As such the NGOs have been countering every aspects of this challenge; be it economical, social, legal or cultural. At grassroots level, NGOs and CBOs are more active with their integrated community based interventions. There are other NGOs and CBOs, who have initiated focused group interventions for their target communities that include sex workers, msm, transgender (Hijra), injecting drug users, migrant workers, truckers and sailors and the people living with HIV/AIDS. Prisoners and men in uniform are the important community and the NGOs have been trying to reach these two populations.

Private Sector: In the private sector, there are SMC, Lions, Rotarians, and Pharmaceutical companies. Some of them are significantly involved in the fields of HIV/AIDS. Rotary and SMC (Social Marketing Company) are the two best examples

Donors/International Agencies: The donors and International Agencies play a major role in the response to HIV/AIDS. It is the donor which bears the major burden of financing any project designed in the context of HIV/AIDS. For example the UNDP has provided the financial assistance to undertake this project for HIV/AIDS Awareness Raising Via Media.” Similarly, other donors, national and international agencies provide financial and technical assistance to many large and small NGOs and CBOs to carry out their programs. Very recently the Government has signed an Agreement with the World Bank under which the later would give Bangladesh the required fund for implementation of the HIV/AIDS programs by the Government and through selected NGOs and CBOs.

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