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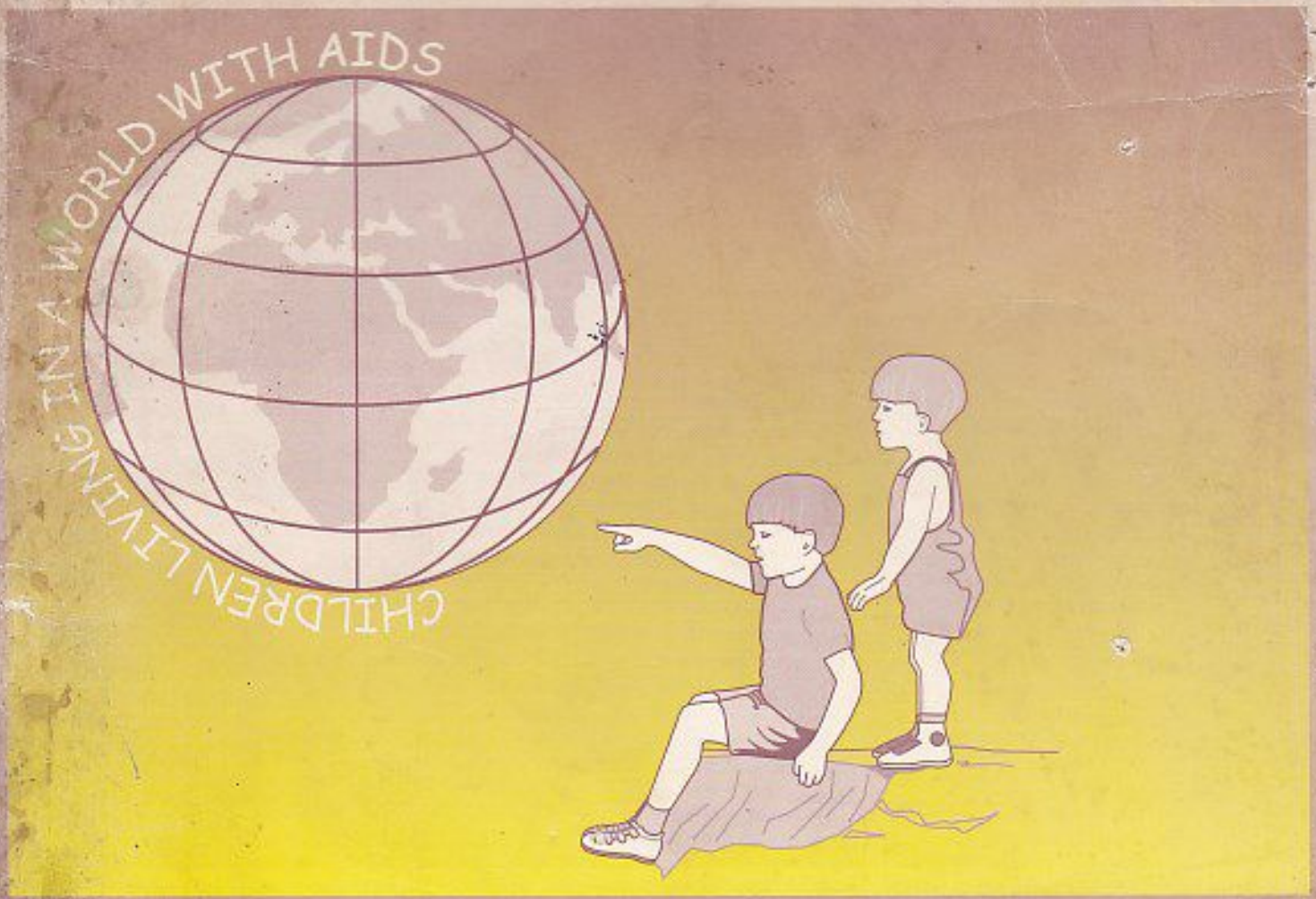
GREEN VOICE

SPECIAL ISSUE ON
THE WORLD AIDS DAY '97



CEDAR CONCERN FOR ENVIRONMENTAL DEVELOPMENT AND RESEARCH

WORLD AIDS DAY 1997 CAMPAIGN

'CHILDREN LIVING IN A WORLD WITH AIDS'

'এইড্‌স আক্রান্ত বিশ্বে শিশুরা'

CEDAR
CONCERN FOR ENVIRONMENTAL DEVELOPMENT AND RESEARCH

THE GREEN VOICE
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IN THIS ISSUE

WORLD AIDS DAY MESSAGE 1997

The theme of this year's World AIDS Campaign and Day is -**"Children Living in a World with AIDS "**. Although AIDS is a global problem and everybody in society is at risk from it, the impact of AIDS on children is doubly severe. The disease not only effects them directly but indirectly as well, through the debilitation of afflicted family members and care-givers, resulting in the loss of care and support from the family which is so essential for a child. Children who lose parents to AIDS suffer grief and confusion like any orphan, but their grief is often worsened by prejudice and social exclusion, which can lead to loss of education, health care, and even the loss of personal property which they are entitled to inherit. The resulting poverty and isolation can create a vicious circle, placing them at a greater risk of contracting HIV themselves.

The first prerequisite of this situation is to recognize the danger early on and not wait for disaster to strike. Society must create support systems and safety nets which protect these children before they are sucked into the vicious circle of deprivation, increased vulnerability to poverty and HIV. AIDS in children and young people is not just a human tragedy but has major economic implications as well, and the economic consequences of a nation loosing a substantial number of its future productive citizens, the children and young, will be severe.

This day provides us an opportunity to create awareness within society, the community, and families, to the plight of children affected by this disease. It provides us with an opportunity to show solidarity with the over eighty three thousand children estimated to be living with AIDS and the twenty two million people who are today estimated to be living with AIDS and whose children are likely to be placed in extremely difficult circumstances. We, also, on this day, remember the many children who have already died from this disease. I urge all people in Bangladesh to be supportive and accepting of people and children with AIDS in your community, and to support AIDS prevention and HIV/AIDS awareness activities.

DAVID E. LOCKWOOD
Chairperson UNAIDS Theme Group & UN Resident Coordinator

MESSAGE

It gives me immense pleasure to know that CEDAR is going to publish it's second special issue to mark the World AIDS Day '97.

This year's theme is **"Children Living in a World with AIDS"**. The theme has been rightly chosen as more and more children are being infected with HIV/AIDS. HIV/AIDS is rampant throughout the world and left no continent on this earth unaffected. It affects everyone irrespective of age, sex, color and creed. This day would be a great opportunity for us to increase awareness on issues relating to children and AIDS and help mobilizing efforts and to share the burden and care the already infected HIV/AIDS children.

According to UNAIDS, the number of children infected with HIV will reach one million by the end of 1997 with over 90% being in developing countries. Everyday, 1,000 children are being infected with HIV and since the beginning of the epidemic, well about 3 million HIV positive have been born to HIV positive mothers. HIV/AIDS has a dual effect on the children - firstly, children themselves are infected and secondly they are orphaned by AIDS thereby put them at a greater risk of HIV.

Bangladesh, being a developing country with very low prevalence of HIV/AIDS does not rule out the impending outburst of AIDS epidemic. And if it explodes, the disease would wipe out the improvements in infant and child mortality so far achieved during the last two decades.

So, we do need to maximize our effort for social mobilization, sensitizing the general people on HIV/AIDS epidemic with significant importance on children, their families and the community they live in. Irrespective of the stage of infection, children, their parents and associates should be well informed about the importance of HIV/AIDS, it's relation with children. Both Government and Non Government Organizations should come forward to care and share infected children and steps should be taken to stop further spread and transmission of HIV.

I like to send my best wishes for CEDAR effort to publish this special issue of 'Green Voice' which would no doubt create awareness and relay messages relevant to this World AIDS Day's theme.

I appreciate your initiatives and wish it every success.

Prof. Md. Nazrul Islam
Project Director
Bangladesh AIDS Prevention & Control Program & STD Project
Member Secretary
National AIDS Committee

MESSAGE

1st December 1997 **"World AIDS Day"** is commemorated under the banner of **"Children Living in a World with AIDS"** The theme of this year puts children in the focus as more and more children are being infected with HIV/AIDS. It is a matter of serious concern that every day 1000 children become infected world wide.

This day provides a special opportunity to increase awareness on HIV/AIDS. The result should lead to more discussion and new actions. Children are at greater risk of contracting HIV than adults. In Bangladesh this adds an extra dimension as more than 50% of the total population are children and they suffer from Diarrhoea, Respiratory infections, Malnutrition and so on. Poverty and ignorance magnify the problem, a co-ordinated effort to prevent and control HIV/AIDS is therefore needed.

I believe this is a chance to renew commitment and revitalise the campaign and include children for better meeting the challenge of HIV/AIDS.

I am encouraged that CEDAR, a partner of the Disability and AIDS Co-ordination Unit of ACTIONAID Bangladesh implements a programme for prevention of HIV/AIDS with transport workers, with an emphasis on lorry drivers.

I appreciate this publication and the observance of **"World AIDS Day"**, 1997.

Ton van Zutphen
Country Director
ACTIONAID Bangladesh

বাণী

আমি জেনে অত্যন্ত আনন্দিত যে, 'সিডার' ০১ ডিসেম্বর ১৯৯৭, 'বিশ্ব এইড্‌স দিবস' উপলক্ষে তা'র মাসিক পত্রিকা 'Green Voice' এর দ্বিতীয় বিশেষ সংখ্যা প্রকাশ করার উদ্যোগ গ্রহণ করেছে। আমি জানি গত দুই বৎসরেরও অধিক সময় ধরে 'সিডার' ট্রাক ড্রাইভার ও হেলপারদের মধ্যে এইড্‌স বিষয়ে সচেতনতা ও প্রয়োজনীয় পরামর্শ প্রদানের লক্ষ্যে আরিচা'তে কাজ করছে। সাম্প্রতিককালে তারা দিনাজপুরের হিলি এবং যশোরের বেনাপোল-এ আরো দুটি সেবা কেন্দ্রের মাধ্যমে কাজ শুরু করেছে। আমার জানা মতে 'সিডার'ই প্রথম সংগঠন যারা ট্রাক ড্রাইভার ও হেলপারদের সামাজিক, মানসিক ও স্বাস্থ্য সচেতনতা বৃদ্ধির লক্ষ্যে সেবামূলক কর্মতৎপরতা চালাচ্ছে। এবারের 'বিশ্ব এইড্‌স দিবস'-এর মূল প্রতিপাদ্য ***'এইড্‌স আক্রান্ত বিশ্বে শিশুরা'*** - এই বক্তব্যকে সামনে রেখে বাংলাদেশে এইচ, আই, ভি/এইড্‌স প্রতিরোধে সিডার-এর মত অন্যান্য সংগঠনও ভবিষ্যতে এগিয়ে আসবে বলে আমার বিশ্বাস।

ট্রাক ড্রাইভার ও হেলপারদেরকে নিয়ে সিডার এর প্রচেষ্টা সফল হোক, স্বার্থকতা লাভ করুক এই শুভকামনা জানিয়ে শেষ করছি। খোদা হাফেজ।

24.11.97

মোঃ ইসমাইল হোসেন
সভাপতি
বাংলাদেশ ট্রাক শ্রমিক ফেডারেশন।

EDITORIAL

GREEN VOICE

Since the dawn of humankind, the world had experienced a number of pandemic but HIV/AIDS pandemic outnumbered all. HIV/AIDS starts sweeping from one corner of the world and crossed all the borders with it's extravagant speed. Till date, there is no hope to be very optimistic about the course of HIV infection and the AIDS epidemic is ragging out of control in more and more areas and turned it's face towards Asia.

According to UNAIDS, more than 23 million people are infected with the HIV virus. Everyday 8,500 adults including 1000 children are being infected with the virus. The second special issue of ***Green Voice*** is being published to commemorate the World AIDS Day '97. The theme of this year is **"Children Living in a World with AIDS"**. The messages and articles in this journal has tried to bring out the issues relating to children in context to HIV/AIDS. Besides, CEDAR has been carrying out intervention programs on STD/HIV/AIDS among the truckers and short summary of these activities has been being reported along with brief discussion on the other fields, CEDAR has been working.

I like to express my appreciation to Tariqul Islam, Project Coordinator, Wahiduzzaman, Program Manager and Jamal Khan, Research Coordinator, CEDAR for their continuing support. I shall be failing in my duty if I do not mention about the valuable help received from every contributors who inspite of their busy schedule took the trouble to write for this issue. This journal could only be possible and timely published due to the untiring efforts of Saiful Islam, Program Officer and Abu Zahid Miah, Computer Programmer. I would like to thank them for their patient and devoted works.

Data, opinions expressed or information appearing in the articles are the responsibility of the contributors and do not reflect the opinion of the Editor or the Organization. The Editorial trimmings might have inadvertently resulted in some mistake, for which I own the responsibility.

Last but not least, I also keep on records and thanks to every CEDARians whose inspiration help to publish this journal. In fine, I would appreciate if you have any comments or suggestion, do write to the Editor.

Children Living in a World with AIDS

Md. Ahsanul Kabir

At the fag end of 1970s, unbeknownst to the world, a virus called HIV (Human Immunodeficiency Virus) gained a foothold and began its onslaught, forever dividing the 20th Century into two eras - before and after AIDS. The AIDS era is likely to be an enduring one, stretching far into the century ahead. There is no foreseeable end in sight. Since after it's inception, the world has seen what appeared at first to be an illness largely confined to homosexual men and drug injectors in developed countries become a pandemic affecting millions of men, women and children on all continents.

It was 1st December, 1988 which was observed for the first time as an annual day to move ahead to create and raise awareness about HIV/AIDS throughout the world. The observance of World AIDS Day (WAD) is designed to expand and strengthen the worldwide effort to stop this disease. It means talking about HIV infection and AIDS, caring for people with HIV infection and AIDS, and learning about AIDS to sustain and reinforce the global effort to stop its spread (WHO). As a result, it made it possible to open avenues of communication, forged a spirit of social tolerance and strengthened a greater exchange of information and experience. Since then, countries all over the world has joined together in making a far-reaching declaration of principle on action to curb the AIDS pandemic.

1st December, 1997, people all over the world will observe World AIDS Day for the tenth time since 1988. The theme of this year is not confined to a slogan rather direct a sub-population. The objectives of the day is to create awareness among the people how best possible ways to prevent and control HIV/AIDS and reduce the impact on the individual, group, community and thereby on the society by and large.

The theme of this year is **"Children Living in a World with AIDS."** This theme has aptly been chosen as more and more children are being infected with HIV/AIDS. The objective of this year's theme is to increase awareness on issues relating to children and AIDS, and to strengthen the impact of mobilization efforts around the world and to share the burden and care the already infected HIV/AIDS children. The promotion and safeguarding of children's rights is major objective of the ***"Children Living in a World with AIDS"***. We need to remember that these activities relating to World AIDS Day (WAD) should not be confined to 1st December rather direct activities throughout the year and translate the theme into action and putting the children at the center of focus.

Children living in a world with AIDS on WAD' 97 urges everyone to work hand in hand to prevent and control the spread of HIV through a concerted effort among the children. World AIDS Day is a good avenue to provide support and care to all these children who have been affected by the epidemic. This is a day of compassion and solidarity with around 3 million voices of children who have contacted the infection since the epidemic started and hundreds of thousand of children who have already died.

Medical Officer, STD Project, Institute of Epidemiology, Disease Control & Research (IEDCR), Mohakhali, Dhaka - 1212

AIDS is no more a adult or old age disease. Rather it affects the children as one of the important ways of HIV transmission is from infected mother to child (About 90% of children under the age of 15 years who become infected with HIV, acquire the virus from their HIV-positive mothers, usually during pregnancy or delivery, or through breast feeding). Besides, children (The United Nations ***Convention on the Rights of the Child*** defines children as all human beings under the age of 18) can contact HIV/AIDS through sex, drug use and HIV infected blood transfusions. Babies run a 1 in 7 risk of becoming infected with HIV through breast feeding. In addition, child abuse, survival/casual sex, poor child protection etc. have placed the children at the risk of health hazards including HIV infection. This has been well documented in a recent study carried out by ***"INCIDIN"*** with the assistance from ***RED BERNETT*** of ***Save the Children of Denmark*** among the street children of Dhaka city who were somehow or the other been sexually abused and became child sex worker. A total of 298 floating male children below the age of 13 years were studied from 11 Metropolitan areas of Dhaka City. 36% of these children knew about HIV/AIDS and they came to know about HIV/AIDS from their clients as they stated. 12% knew about STDs. Male children came to this profession at an earlier age than female children. The profile of clients as these children mentioned were Gentle Men 36.67%, Truck Drivers 20%, 10% Petty Businessmen, 8% Students, 4% Police and 17% others. 85% of the studied children didn't know that condom can prevent STD/HIV and it's significance. 66.66% of these children blamed their luck, 9% blamed their fate for coming to this profession. This study has revealed how male children are being sexually exploited and vulnerable to STD/HIV/AIDS.

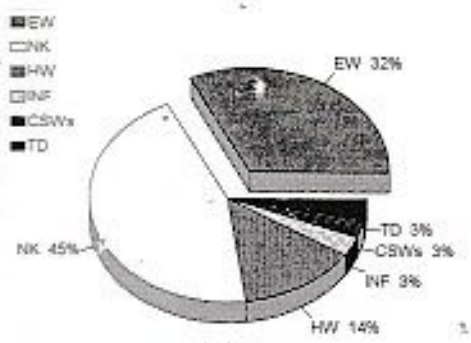
Every day 1,000 children are being infected with HIV and since the beginning of the epidemic, well about 3 million HIV positive children have been born to HIV-positive mothers. By the end of 1997, the number of children infected with HIV will reach one million (UNAIDS) with more than 90% being in the developing countries. In 1996, an estimated 400, 000 children under the age of 15 became infected with HIV. The total number of children living with the virus in the world stood upto 830,000 by the end of 1996. Out of 1.5 million people who died of AIDS in 1996, 350,000 were under the age of 15. By mid - 1996, nine million (9) children under 15 years old had lost their mothers to AIDS. More than 90% of these were living in Sub-Saharan African countries. Sub-Saharan Africa is the worst-hit region where the numbers of AIDS orphans has greatly outnumbered the orphans in the rest of the continents. In Thailand, more than 100,000 children under the age of 15 will have lost their mothers to AIDS by the turn of the century. ***"AIDS is foremost a disease of the young"***, says the United Nations Children's Fund (UNICEF). Childhood AIDS in developing countries meet death faster than in industrialized countries of the West. So we should not allow HIV to tear apart children from their parents and not must it be allowed to tear the world apart into those who can hope for care and support, and those who can not.

AIDS is not the biggest killer of children - diarrhea diseases alone killed more than 2 million children in 1996 but the overall impact on the future generation and future working force of a nation is at stake. AIDS is deadlier than any other contagious diseases. Because detection of the disease is an infallible verdict of an inevitable painful death. In Sub-Saharan Africa, the United States Bureau of Census has predicted that the disease will wipe out the improvements in infant and child mortality achieved during the last one decade. By the year 2010, if the spread of HIV is not contained, AIDS may increase the infant mortality by as much as 75% and under-five mortality by more than 100% in the worst affected regions. ***AIDS in children and young people is not just a human tragedy, but has major economic implications as well.*** One fifth of the global population is between the ages of 10 and 19, and in developing countries young people (upto age 25) often constitute more than half of the population. At the same time, the economic consequences of a substantial number of people dying in their early years are likely to be severe.

Is Bangladesh free of AIDS? No, Bangladesh is already inflicted by HIV/AIDS and a total of 85 HIV positives which included 10 AIDS cases as of November, 1997 (**Source:** BAPCP).Out of these 10 AIDS cases, 6 had already died. And till 31st December, 1996, out of 76 (Reported HIV positives), 14% are House Wives, 3% Truck Drivers, 3% CSWs (Commercial sex workers) and 3% Children ***(Source:*** *Meeting the challenges of HIV/AIDS in Bangladesh, December, 1996 - Maj. Gen. M. R. Choudhury, P-23).* Though these figures do not reflect the whole situation of Bangladesh, but it warns the impending epidemic in the years to come.

By now, the prevalence of HIV infection is not limited only to the core group rather it effects the general population including house wives and children. In Bangladesh, more than 50% of the total population are below the age of 19 years. So, as HIV has already infected the mothers and the infants, we should not remain complacent. It presents us with an emergency situation; unless every effort is made immediately to stem the further spread of HIV, countless new infection will occur among the mothers and thereby to their babies through vertical transmission and inexorably progress to AIDS, adding their weight to the over-whelming burden of suffering, death, familial disruption and socio-economic havoc already inspired by the pandemic.

Occupation of HIV Positives



n=76

EW-Emigrant Workers, NK-Not Known, HW-House Wife, INF-Infants, CSWs-Commercial Sex Workers, TD-Truck Drivers. Source: *BAPCP, mrc*

For a child to die of AIDS is tragic, even more tragic is for the mother to discover that the baby get the infection from her and that she herself may soon die, leaving the other children which she has borne without a mother. These are among the legacies of AIDS - a pregnant woman infected with the HIV who passes it unknowingly to her unborn child. If the father is infected with HIV as well, those other children will one day become complete orphans.

HIV/AIDS affects children in two ways -- indirectly by beorphans and directly by infecting the children. Being orphans by losing parents to AIDS suffer grief and confusion. These are again complicated and worsened by prejudice and ostracism and ultimately lead to the loss of education, health care, and the loss of familial property which they are supposed to get. As a result, poverty and social discrimination put at greater risk of contacting HIV. According to UNAIDS, 9 million children under 15 years old had lost their mothers to AIDS by mid-1996 and more than 90% of those were living in Sub-Saharan African Countries. And when children are being infected by HIV, the scenario is very grave especially for the developing countries where poverty, overcrowding and malnutrition increase the susceptibility of the children to HIV infection by many folds. Because, overcrowding and poverty promote the spread of tuberculosis, respiratory and diarrhoeal diseases, where malnutrition weakens the body's immune system and make them prone to HIV/AIDS. In one study in Europe had shown that 80% of HIV-infected kids survive at least until their third birthday while in African countries, more than 50% of HIV-positive children had died within two years. If there would have been epidemic in Bangladesh, the scenario would not be different from that of Africa. Because all the factors (poor nutrition, poor health services, tenacious health budget and widespread infectious diseases) responsible for rapid spread of HIV are prevalent in Bangladesh.

HIV is potentially today's most dangerous communicable disease. At present, there is no vaccine against HIV nor is there any cure for AIDS. It thrives not just on the body but on human ignorance, fear and resistance to change. Thereby it potentially affects us all by actual infection, by the threat of infection or by devastating consequences of infection-on children their families, friends and communities. HIV/AIDS threatens not only individual's health and life but also individual dignity, autonomy and human rights. Generosity, support services and care of the infected and affected are the norm but denial, discrimination and exploitation of orphans or HIV positive children or orphaned by AIDS are also common. So orphans have therefore become a tragic legacy of AIDS in the AIDS era. They are taunted or harassed by their associates as soon as their positivity came to the public. Even, the children of HIV infected parents were not allowed to education and denied the services that are basic to their life. In Europe, America and Africa, the HIV infected children are specially taken care off by different NGOs and fostering of orphaned children by the unrelated families or the neighbors. But, in a country like Bangladesh where poverty, superstitions, social taboos are deeply rooted, fostering of HIV-infected or AIDS orphaned children does not seem realistic.

What needs to be done :

- encourage children participation in AIDS campaigning
- promote children's awareness on their vulnerability to HIV/AIDS
- start dialogue between adults and children
- right reservation of the children infected with HIV/AIDS and orphaned to AIDS
- start sex education to the in and out-of-children
- provide STD care services and AIDS counseling to the sexually abused children
- must have policies and strategies to safeguard the children.
- formation of support group for the HIV infected children
- community based organizations should come forward as care givers for the infected and affected
- start talking to people in the community/work place/place of recreation what people know about HIV/AIDS. Tell people that children and young people are vulnerable to HIV virus.
- to observe World AIDS Day, activities should be planned in a coordinated way which would help raise people's awareness of HIV issues relating to children.

An effective way to assure these measures is by enacting social mechanism and political will to overcome discriminatory attitudes towards children who has AIDS and disseminating proper information and education material to blot out misconception and scourge of AIDS from people's mind. Above all, HIV should not be viewed as STD rather it should be looked upon as a life threatening health illness.

HIV/AIDS being a delicate issue in the perview of our social norms and values, policy makers, educationists, psychologists, Human right activists, care givers, IEC experts, health educationists and above all parents should have round table dialogue how can they be best addressed about this delicate issue without creating any debate.

Recognizing the overall situation of HIV/AIDS in the world prevailing, the whole mankind is challenged by the HIV and as the epidemic pursue their course, the social, economic and demographic inputs of it, in particular in the developing world are likely to exacerbate the burden on individuals, communities and countries. Though the introduction of retro-viral drugs "Zidovudine" and very recently the "triple therapy" pips hopes into the minds of hundreds of thousands of millions but not satisfactory and far beyond the reach of imagination for the people of developing countries. The one and the only hope is HIV infection can be preventable and it needs to act timely. So if we don't intervene the upsurge, the time will run out and we would loose the control to ward off the ***million murdering causative agent - HIV.***

Children are both infected and affected - a double tragedy

WORLD AIDS Campaign 1997 : The Window of Hope for Bangladesh

Md. Enamul Kabir*

In a country like Bangladesh where hundreds of thousands of children fail to observe their first birth day, HIV/AIDS, in the absence of effective control measures, will be placing an additional and growing burden on the countries development programs with implications far beyond health sector. Close geographical proximity to high prevalent countries such as India and Burma, high migratory work force (both internal and external), growing size of population with risk behavior including unprotected sex, increasing number of drug users, professional blood donors (in the absence of screening procedure), accentuated by false belief of security, have already placed the country in a vulnerable situation. At least the experiences from the neighboring countries as well as from across the world gives us a signal that the epidemic of HIV/AIDS in Bangladesh is only allowing us a space to breath before it takes a devastating role. Uganda, for instance, happened to be in a situation like Bangladesh ten years back when the prevalence was quite low but in few years time, it appeared to be the major threat for the development of the country. In many states of India, where the first HIV positive or AIDS case was found only in the early 80's and in ten years time the number of cases have shot up to a threatening level. It needs no mentioning that Bangladesh is already facing a challenge of high child and maternal mortality and has made considerable progress in reducing the mortality and burden of diseases over the last couple of years but this achievements are likely to wipe out if spread of HIV/AIDS is not contained.

With this national context, may we now shift our attention from those who are potentially vulnerable to HIV infection to those affected by the impact of AIDS in the society or in families - the children in particular-living in a world with AIDS. The central message of this year's world AIDS campaign is *"Children Living in a World with AIDS"* reflects the fact that AIDS affects all children around the world because it is part of the world in which they live. These children, according to the United Nations Convention on the Rights of the Child, include all human beings under the age of 18. Globally, the number of children living with HIV is expected to reach one million by the end of this year. More than one fifth of the total deaths from AIDS in 1996 were children under the age of 15 and more children are contracting HIV than ever before. Children are vulnerable to infection through mother-to-child transmission, unsafe blood and injection practices, sex-including sexual abuse, coercion and commercial exploitation and injecting drug use. Many of these vulnerabilities already exist in Bangladesh. If we take into consideration the high proportion of commercial sex workers being children, the growing number of intravenous drug users among younger ages and the ignorant sex behavior among adolescent and weigh them against chances of becoming vulnerable to HIV, we can easily imagine what disaster it might bring

* Project Director, HASAB NGO Support Program, Shyamoli, Dhaka

for this poor nation. The disease is already here and is expected that a number between 20,000 to 30,000 have already contracted the virus unnoticed. We do not know if we already have someone in our family infected with the virus but only accusing the sex workers, homosexuals, or 'foreigners' of having started or spreading the disease. Sex is a natural biological phenomenon but the culture, society, beliefs and environment defines its nature and course, whether penetrating or non-penetrating, vaginal or anal or oral or something else, homosexuals or heterosexual or both, depending on individual's choice, convenience and comfort. Some people term abnormal sexual behaviors as perversions. Whatever the terms are, whoever defines them, these practices are there in our society-living together without marriage, pre-marital/ extramarital sex and polygamy is not rare these days in Bangladesh, if not very common. Lets think of our own sexual behavior- the number of unprotected sex with known and unknown partners we were engaged in; the sterilization and surgical procedure that we might have had in our life and screening procedure for blood transfusion and the ante-natal/ delivery services/ practices in our society- its quite likely that we have already contracted HIV and are silently transmitting to our near and dear ones. The women, due to their sub-ordinate status in a conjugal life, fails to negotiate safer sex with their male counter parts and fall victims of many debilitating sexually transmitted illnesses including AIDS - innocent children share the burden by contracting through pregnancy or delivery or through breast feeding. HIV pathologically weakens the immune system of the body and invites infections and what will happen to the children of Bangladesh who are already victims of malnutrition from their life in the womb and catch HIV. Poverty is the main reason why children are more likely to die quickly of AIDS in developing countries such as Bangladesh, where crowding from dense population promotes spread of communicable diseases. Budget constrained Bangladesh will come under increasing pressure from this additional burden of disease and children with HIV is likely go untreated. What will happen if in Bangladesh, as in some places of Uganda, 4% families are headed by orphan children under the age of 16 years? What implications it might have on the economy as well as overall development of the country when the most productive part of the population wipes out?

It is very timely for Bangladesh when the world AIDS campaign 1997 has created an opportunity to bring to the attention of the concerned authority the facets of the epidemic's impact on the lives of the children and has opened an window of hope for influencing future course of AIDS epidemic.

This briefing tends to summarize how the epidemic is having impact on children who would be infected by HIV, those affected and or the children who are at risk of HIV infection. It outlines and hopes to trigger the thinking process of our policy makers to realize how and what impact HIV is going to pose on our society and think around possible actions needed to support and save our children as they face life in a world with AIDS. Education to change behaviors combined with the promotions of children's rights are believed to be key to HIV/AIDS prevention. To protect their rights, we should all be working together, however, understanding their needs and perceptions will be critical.

Let's Support our children

CHILDREN WITH HIV/AIDS : CARE AND SUPPORT

Dr. Mohammod Abdus Sabur*

The situation in which millions of children living under threat from HIV/AIDS epidemic world wide is increasingly becoming dramatic. Everyday 1,000 children become infected with HIV. UNAIDS estimates that, by the end of 1997, 1 million children under the age of 15 will be living with the virus and suffering the physical and psychological consequences of infection. Since the beginning of the epidemic, well over 2 million HIV positive children have been born to HIV- positive mothers, and hundreds of thousands of children have acquired HIV from blood transfusion and through sex or drug use.

In some of the worst - hit African communities, there are only children and old people- the age groups in between have been almost wiped out. No one yet knows what affect this will have on children and their future. In all countries, families and the traditional safety net of the extended family are coming under increasing pressure. A recent survey of social care in seven participating in the European Collaborative Study showed that, by age eight, 60% of children born to HIV-positive mothers lived in alternate care.

Treatment for Children with HIV/AIDS

For children who are already infected and sick, the situation remains very grave. This is particularly so in many poor countries. Children in poor countries are at greater risk of contracting HIV and eventually dying of AIDS. Poverty is the main reason. Overcrowding that promotes the spread of tuberculosis and other respiratory diseases, where malnutrition weakens the immune system and where lack of clean water encourages the spread of waterborne diseases such as diarrhoea. Expensive drugs and small government health budgets in poor countries are major obstacles, therefore unable to benefit from the recent advances made in anti-viral therapy and where even inexpensive medicines to treat HIV- related illnesses and reduce suffering are often unavailable. In Europe, 80% of HIV-infected kids survive at least until their third birthday and 20% reach the age of 10. In Zambia, in contrast, a recent study showed that nearly 50% of HIV-positive children had died by the age of two. In another study from Uganda, 60% of HIV infected children were dead by the age of three. Pediatric HIV/AIDS treatment and care in developing countries has been constrained in many ways, The more rapid course of pediatric AIDS in poor countries is mainly explained by poor

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nutrition, poor health services and widespread infectious diseases to which children are particularly vulnerable. These hazardous conditions make childhood AIDS in poor countries and rich countries rather different disease. In developed countries, childhood AIDS resembles adult AIDS. The most common symptoms are a severe, rare form of pneumonia called pneumocystitis pneumonia, a virulent yeast infection of the mouth known as oral thrush and cryptococcal meningitis, a fungal infection of the fluid that bathes the brain and spinal column. These infections are rare in general population, but common among both children and adults with AIDS. In Sub-Saharan Africa however, illnesses in HIV-positive children resemble ordinary childhood illnesses, only there are more frequent and severe in children with HIV-infection whose immune defenses are low. HIV-positive children commonly experience wasting and delayed development and are often killed by typical childhood diseases like diarrhoea, measles, tuberculosis and other respiratory infections.

In the United States and Europe, treatment for symptomatic children includes antiretrovirals, e.g., AZT to fight the HIV infection and prophylactic treatment with drugs for Pneumocyctitis and other likely opportunistic infections. In addition to existing treatments for the opportunistic infections which arise, other approaches currently being explored for treating asymptomatic HIV positive children include administration of intravenous immunoglobin therapeutic vaccines. In addition, nutritional support for all HIV infected children is strongly recommended. Normal childhood vaccinations schedules are typically followed with the exception that live vaccines are not to be used for symptomatic children. In Thailand, symptomatic children are not given OPV, which is a live vaccine for fear of complications in an immuno-compromised host; however, because of the high risk of mortality by measles, that particular live vaccine is given. Some question of the safety of BCG for HIV infected babies have been raised in Thailand, where in the North, several cases of disseminated BCGitis have been observed with laboratory confirmation that the offending agent was the vaccine strain. But elsewhere no such problems have been observed. While managing pediatric HIV infected cases, often focus have been only on the child, without recognizing that quality of life can be improved if the coping capacity of the family is enhanced, either by increasing its ability to support itself or through direct social support.

Problems within the Medical Care System

Whenever a new disease appears, there is a period of uncertainty and unfamiliarity requiring adjustment on the part of the medical care system. In the case of a disease like AIDS, which is strongly linked with sexual and injecting drug using behaviors and has no cure, this adjustment can be particularly difficult. In Thailand, one of the initial problems medical care providers face in adjusting to AIDS is overcoming personal fears of infection. In case of pediatric AIDS cases, this led to situations in which many medical care professionals refused to go into the rooms with the pediatric patients or would completely avoid handling babies with AIDS. The problems in medical settings have not been confined only to those who deal directly with HIV infected infants. In some cases, laboratories have refused to process specimens from HIV infected children and in some cases have even discarded them. Many of the medical professionals have expressed a reluctance to work with people with AIDS or HIV at all, referring them unofficially to other physicians. In some hospitals, reluctance to make clinical diagnosis of pediatric AIDS were found. This stem from both a

lack of training in making such a diagnosis and a lack of experience. Handling the social problems of children with HIV/AIDS has also been difficult for the physicians. A related problem which has been seen in some cases is the rejection of HIV positive children by orphanages. Given that children born to HIV positive mothers can remain HIV positive themselves for up to 15 months, this has often left children, even those who are not infected, with no place to turn. The result is that the hospital often end up caring for child for an extended period. This incurs great expense and ties up resources unnecessarily. In general, physicians dealing with pediatric AIDS have felt that there is a lack of lack of trained counselors and clear guidelines for counseling on these issues. With the affected women and children, counseling must be ongoing process. There is too much material to be covered in a few one hour sessions and the psychological state and concerns of the women for their children and themselves must be taken into account. Doctors often do much of the counseling themselves and have found that the most effective way to present information to the women over an extended period of time, giving them time to absorb the information and opportunity to raise any concerns they may have personally. However few doctors are trained in counseling and most have limited time to spend because of competing responsibilities. Lack of private room suitable for counseling also makes it difficult.

Many doctors recommend abortions or sterilization in a directive fashion. Many view this as a civic responsibility: reducing the future burden of infected children born in the country. Some may be partially motivated by fears of having to deliver or care for HIV infected children.

Whatever the reasons, given the high status of doctors in society, their recommendations are taken quite seriously by their patient. However, doctors with their schedules may not be in the best position to understand the needs of their patients in so personal and area as childbearing and may make decisions which cause their patients serious distress. The high mobility of patient population resulting difficulty in providing quality of care and follow up.

Caring for Infected Children :

As time goes by, the number of children with HIV and AIDS in country will be increasing. Society must do what it can to improve their quality of life and keep them healthy. Several actions can contribute to these goals :

- Prepare and disseminate and set of locally relevant guidelines for differential diagnosis of pediatric AIDS, syndromic management of common opportunistic infections with limited diagnostic facilities and inexpensive treatment and prophylaxsis for these infections.
- Improve care of children in rural areas, provide appropriate training and guidelines for referral of pediatric AIDS cases to health workers.
- Develop guidelines and counsel mothers on home care for ill child, on the importance of regular medical follow up for infected children and on symptoms or illnesses requiring promote treatment.
- Explore alternatives for improving follow up in medical settings such as health care cards, to provide continuity of care for HIV positive mothers and children.
- Implement a system of nationwide compilation of existing data from hospitals on pediatric AIDS, maternal HIV and treatment of infected children on order to anticipate health care needs.
- Implement strategies to reduce the cost of and antiretrovirals and prophylactic drugs. Normalize HIV in medical settings by halting the referral of HIV positive patients or AIDS cases, avoiding separate care wards for HIV infection, removing financial incentives for caring for HIV and emphesizing the need for universal precautions with all patients.

Care Studies on two organizations of Thailand providing care support to children with HIV/AIDS

Tarn Nam Jai Baby's Home : The home is for abandoned babies of HIV positive mothers. It aims to provide a stimulating and caring environment during the early stages of development which is essential for a child to develop a normally. It is to be remembered that two thirds of the babies will not infected with HIV and will grow to lead perfectly normal productive lives. For babies who are infected HIV, the home provided a warm but medically supportive environment for the short duration of their lives. The earliest time that accurate diagnosis can be made to determine HIV status is 18 months. At this time the children who test negative are transferred to the care of department of Public Welfare which provides long term care and arranges adoption for orphaned children, whilst children who are infected with the HIV are cared for at the home until need hospitalization. It is estimated however that 75% of the children with the virus will die during the first year of their lives, though some may live for up to two and half years.

Care of AIDS Affected Children in Thailand (CO-AACT) : The program works with HIV infected families among Bangkok's poorest population. Many of these families initially came to city from up-country, looking for work. Some of these imigrant workers lose contact with their families at home and start their own family thus lacking the traditional Thai family support. When these families are faced with the fact that they are HIV infected, this often leads to a major catastrophe in the family's live. Without the support of their relatives and living in a community where everyone knows everyone else's business but without any emotional ties, the families often have no one to turn to for help and support. Often they are misinformed about HIV/AIDS and all they know is that they will soon die. Fearing being thrown of their houses, losing their jobs and being ostracized from society the HIV infection becomes the family's secret burden. They do not proper care of themselves and often these families move houses for fear of their secret becoming known. CO-AACT works with these families with the believe that it is of vital importance for the family to stick together and care for each other. Re-establishing contact with relatives up-country is seen as an important issue as here lays the future of the children and the care for the parents, when they become sick. CO-AACT has three programs, House/Family based care program, Shelter program and training and social activities program.

Having viewed the case studies, present status of HIV/AIDS in Bangladesh and available treatment for children with HIV/AIDS don't peep hopes in our mind. Though the infection rate of HIV/AIDS among the children in Bangladesh is significantly low, we should not remain complacence. Bangladesh is situated at the cross-roads of HIV/AIDS and the impending HIV outburst challenges the health sector. If the epidemic starts in Bangladesh, it would have a rampage effect on the socio-economic status, political, community and individual level and the tenacious health budget of Bangladesh would fail to combat the deadly infection.

So this is the need of the hour to have a comprehensive HIV/AIDS prevention and control program with prior emphasis to children which has been addressed in this year's World AIDS Campaign and the theme " Children Living in a World with AIDS ".

HIV/AIDS : A Disease with a Difference

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Ever since cases of AIDS began to appear in Asia during the mid 1980s those involved in efforts to contain the global epidemic have warned that the spread of HIV, the virus responsible for AIDS, could inflict social devastation in the world's most populous region.

This impending epidemic has reached Asia but as yet there is no Asian city or rural area where the impact has reached close to that experienced in some pockets of Africa. However, AIDS is no longer a stranger in the Asia Environment. If the rate of spread continues at its concurrent pace, Asia can expect around one million HIV infections a year by the year 2,000 by which time many of those now infected will have become sick with AIDS related illnesses and died.

One of the key lessons from experience is that presence of AIDS in a population has far wider implications than those exclusively concerned with health. There are a number of social and economic attributes in a given population - such as the degree of occupational mobility, the role and status of women, and taboos on the discussion of sexual behavior and sexually-transmitted disease which contribute to the spread of HIV. These, in turn, affect the ethical and legal environment informing responses to the HIV-affected.

Since AIDS is both incurable and fatal, the presence of the HIV virus tends to arouse fear, denial, and victimization of those infected. These emotions, operating within the family, community, and society, at large are important characteristic of the epidemic, negatively influencing personal and official responses to it.

In addition to the many social and economic factors which are part of the context of the epidemic, there are also a number of socio-economic impacts stemming from it. The most important of these is the loss of adults in the prime of their economic life: most cases of HIV infection occur in men and women between the ages of 20 and 45. This has major implications for family dependents of those with AIDS, particularly the elderly and the

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children, who then loose the safety net which keeps them above the poverty level. More, so for the children because they then become entangled in a vicious cycle of deprivation, loss of opportunity and vulnerability to HIV infection. The loss of adults in their prime results in depletion of the work force and ultimately affects the country's productivity.

It is important to recognize that an environment in which poverty is endemic, is an environment which favors endemic communicable disease. Bangladesh is not only of the world's most populous countries, but the vast majority of its people live below the poverty level. Their poverty is not only manifested in low income, but in weak purchasing power, poor life expectancy, high child mortality and low literacy levels. Where poverty is associated with low agricultural productivity, landlessness and population pressure, it is also a frequent cause of migration in search of wage and salary employment, and of family fragmentation.

Countries, like Bangladesh which are predominantly rural are also urbanizing fast. Some other countries with labor shortage -- Malaysia, Singapore -- attract migrants ; others -- Philippines, Bangladesh, Pakistan -- therefore annually witness large outmigrations to the Middle East and Japan.

The effect of population movements in the region is that an infectious agent such as HIV is provided with a larger and more porous environment in which to circulate. As significantly, it means that family life and set partnerships are more fluid, and personal bonds more fragile, as a product of industrialization and urbanization. Sanctions against breaches in social codes which operate in a traditional, essentially fixed, community evaporate in the big cities slum, the factory colony, where neighbors are people without long-standing connections. Tragically at this transient phase of the nation such a deadly virus has appeared which exploits this intrinsic social characteristic of the development process.

Increased mobility is also reflected in a rise in the numbers of those engaged in occupations which entail long periods of spouse separation. Professions such as soldiering, seafaring, transportation work are traditionally associated with need for short term encounters. Increased production, extraction and sale as well as expanded trade requires frequent travel for salesman well as businessmen. The changing pattern of economic life from traditional to modern modes of production and consumption also requires the development of a large transport sector. These people are vulnerable because of their frequent separation from spouses and lack of leisure and recreational facilities. Special emphasis should be given therefore to activities which help them to protect themselves and to find alternative leisure and recreational facilities during their temporary separation from their families.