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Prologue

As the Human Immuno-Deficiency Virus, the cause of AIDS, continues to spread in many parts of the world, women are now said to constitute an increasingly large proportion of those infected worldwide.

This statistic has mainly been attributed to the fact that until lately, women did not have an independent method of protection by which they could help shield themselves from both pregnancy and infection of sexually transmitted diseases, including HIV.

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Violence against women and girls is defined in the United Nations Declaration on the Elimination of Violence Against Women as

> ... any form of gender based violence, that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life (*Population Reports*, 1999).

At least one in every three women in the world has been beaten, coerced into sex, or otherwise abused in her lifetime. Most often, the abuser is a member of her own family. Increasingly, gender-based violence is recognized as a major public health concern and a violation of human rights. Most of these women live in developing countries and come from among the poorest in their societies. For cultural, social, and economic reasons, many of these women do not have equal status with men in society. Treatment and information are hard to come by for most women, which prevents them from making informed choices. They may be financially dependent, lack assertiveness or control over decisions that affect their own lives. They are often isolated and stigmatized within their communities (*Gender-AIDS*, 2000).

Violence Against Women Linked to Spread of AIDS

The United nations is concerned over growing evidence of a new link between the spread of AIDS and rising violence against women, which is only now beginning to receive the

international recognition it deserves.

Peter Piot, UNAIDS chief mentioned,

> [v]iolence against women causes more death and disability in the 15-44 age group than cancer, malaria, traffic accidents and even war (Deen, 2000).

He also pointed out that domestic violence, rape and other forms of sexual abuse are gross violations of human rights. They are also closely linked to some of today's most intractable health issues, including the spread of HIV. Recently he said

> [a]s for any problem, leadership is "key." No money can replace courageous leadership at all levels. This is not only at the top of the country, it is at every level. Success comes from sustained and comprehensive approaches on prevention, treatment, and mitigating the disease's impact (Deen, 2000).

Addressing the UN Commission on the Status of Women, Souad Abdennebi of the Economic Commission for Africa said that one of the major concerns of the African continent is the alarming increase in HIV-AIDS and its impact on the social and cultural fabric and the economic productivity of the people. In the developing world, adult mortality from HIV/AIDS is projected to reach about 40 percent by 2000. More than half the adolescents in the developing world today will die before reaching the age of 60. Abdennebi said that women, the most powerless, were the hardest hit by AIDS. (Deen, 2000)

Violence and HIV/AIDS in Developing Countries

Women have paid a great cost in Africa. Whenever they speak out about violations of their rights, they are told that they are becoming "western-ized" or that they are adhering to the views of international agencies. It is disturbing that violence against women is escalating in Africa, largely due to the increasing conflict on the continent. The old forms of culturally-based violence, as well as those emerging from socio-economic disparities, are evident.

Another cause of anxiety is the exposure of African women to life-threatening illnesses such as HIV/AIDS. The women in villages are often "sitting ducks waiting to be shot" (Jewkes, Penn-Kekana, Levin, Ratsaka, & Scheiber, 2000). Their husbands return to their homes for the weekend and often refuse to use condoms. In the rural sectors, women are the engines that drive these economies. It is, therefore, time to support an end to the violence against them in order to ensure the success of ongoing efforts to promote sustainable development on the continent.

UNAIDS points out that lack of education about the virus is "a growing liability." Studies have confirmed that better-educated young girls tend to start having sexual relationships later. Studies have shown that women (for biological reasons) are more vulnerable than men to sexually transmitted diseases and other opportunistic infections such as HIV (UNAIDS 2000).

In Africa, the rate of infection in teenage girls is six times higher than in women over 35. About one in four teenage girls lives with HIV, compared to one in 25 teenage boys. India one study says between 18 and 45 percent of married men acknowledged abusing their wives. In India, many truck drivers believe they must have sex every 250 miles, other-wise their bodies will get overheated in the cab of the truck, and they risk having an accident. In India, interviews with HIV-positive women revealed that, despite public information campaigns, they learned about the protection that condom use offered after they had become infected. Research findings are helping public health officials and AIDS organizations target information more effectively. Influencing policy is one of the

key goals of the program. Partnerships between women's rights activists, HIV advocates, and policy makers provide a basis for action and information to empower women to take appropriate decisions about the disease, to learn skills in assertiveness to negotiate safe sex and resist sexual violence, and to provide women with the economic resources to face the new challenges that are pushing them into poverty (Jewkes et al., 2000.)

2000 Facts & Figures

- Of the 34.7 million adults living with HIV/AIDS, 47 percent—or 16.4 million—are women;
- 46 percent of adults newly infected with HIV in 2000 were women;
- 52 percent (1.3 million) of all AIDS deaths in 2000 were women;
- Since the beginning of the epidemic, over 9 million women have died from HIV/AIDS-related illnesses;
- Women were 40 percent of HIV/AIDS-infected adults in 1995, 41 percent in 1997, 47 percent in 2000, and 48 percent in 2002 (Gender-AIDS, 2002).

Trends

The percentage of women infected in 1997 was 41 percent. By 2000, it had risen to 48 percent.

- 55 percent of all HIV-positive adults in Sub-Saharan Africa are women; teenage girls are infected at a rate five or six times greater than their male counterparts;
- In one Kenyan study, more than one quarter of teenage girls interviewed had had sex before 15, of whom, one in 12 was already infected;
- A Zambian study confirmed that fewer than 25 percent of women believe that a married woman can refuse to have sex with her husband; only 11 percent thought they could ask their husbands to use a condom;
- In Trinidad and Tobago nearly 30 percent of young girls said they had had sex with older men—as a result HIV rates are five times higher in girls than in boys aged 15-19;
- By the mid-1990s, more than 25 percent of sex workers in India tested positive for HIV—by 1997 the prevalence rate reached 71 percent (Source: UNAIDS, 2000).

Gender Dimensions of the Social and Economic Impact

Poverty eternalizes and is eternalized by the HIV/AIDS epidemic. When a woman dies or falls ill, the whole society feels the impact of her loss. AIDS takes the lives of women in their prime, workers and care-givers, whose contributions to the household economy, and the nation, dies with them. Children are left behind to suffer from malnutrition, ill health, and social marginalization. Surviving grandmothers are often left to care for 20 to 30 orphaned children. Children are commonly withdrawn from school so that their labor can offset the loss of that of their mothers. This is reversing trends of formerly increasing female school enrollment in Sub-Saharan Africa, perpetuating the cycle of poverty.

Poverty is a great partner of disease. Economic dependence often denies women the ability to remove themselves from relationships that may put them at risk. Without opportunities to earn livelihoods independent of men, many women and girls turn to, or are forced into commercial sex, an occupation that puts them at tremendous risk. For example, 46 percent of female sex workers in Georgetown, Guyana, tested positive for HIV and a third said they never used a condom with a client. Increased economic and educational opportunities for women are necessary steps in reducing the spread of HIV/AIDS (Source: Gender-AIDS, 2001).

Bangladesh

Bangladesh is second in the world when it comes to violence committed against women by men. A United

Nations Population Fund (UNFPA) report says Bangladeshi women are one of the most battered in the world with 47 percent being assaulted by men. Papua New Guinea tops in the world, with 67 percent of women affected. (*South Asia Digest*, 2000), but in another source, it was found that, in Nicaragua, 52 percent of women said they were physically abused by a partner at least once (Gender-AIDS, 2000).

Nearly 1,000 women, many of them as young as six, suffer rape violence in an average year in Bangladesh, according to the rights groups. According to a Home Ministry statement in Parliament, in the five years preceding March 1996, more than 3,500 women became victims of rapists (*Bangladesh Observer*, 2001).

Rape, wife beating, maiming by acid, and physical and verbal harassment are just a few of the many forms that violence takes in Bangladesh, the report added, and according to newspaper reports, husbands, boyfriends and men who approach women but are rejected, all resort to assault. "The situation of women is really deplorable," the UNFPA report said, adding, "gender-based violence was endemic" (*South Asia Digest*, 2000).

Bangladesh was followed closely in the world rankings by India, where 40 percent of women were assaulted by men. In South Korea, 38 percent of women said they were abused by their husbands; In Egypt, 35 percent of women surveyed said they were beaten by their husbands at some point during their marriages. Western countries were not exempt—in the United States, 28 percent of women reported at least one incident of physical violence from an intimate partner. In Canada, 29 percent of women were assaulted, followed by 20 percent in South Africa.

The State of the World Population Report 2000, warned "the price of inequality is too high to pay" and that inequality and discrimination against women violated human rights and damaged the prospects of the country's development. In Bangladesh, where both the prime minister and opposition leader are women, nearly 50 percent of murder cases against women are linked to marital violence and an inability to meet dowry demands and to handle polygamous men (*South Asia Digest*, 2000).

Financial Cost

Discrimination against women and girls not only harms individuals, it cripples economic growth, the report observed. Women's second-class status carries a financial and social cost, and not just for women. Men and society in general also pay a price.

The report highlighted the gender gap in education as a key influence on gross national product (GNP), stating that in countries where the ratio of women to men enrolled in primary or secondary school is less than three to four, GNP per capita is roughly 25 percent lower than elsewhere.

> It has been estimated that a one percent increase in female secondary schooling results in a 0.3 percent increase in economic growth (UNFPA report, n.d.).

The relationship between female secondary education and economic growth is so strong because economic returns on women's education exceed those of men. The UNFPA report said,

> [o]ne reason is that women who use their skills to increase their income, invest more in child health and education. Gender-based violence also has a sizeable impact on the economy, though its cost is difficult to assess. Costs include health care for victims, missed work, emergency shelters, and police protection. In the United States, employees pay an estimated four billion dollars a year for absenteeism, increased health care expenses, higher turnover, and

lower productivity (UNFPA report, n.d.).

Gender inequality also pushes up health care costs. Limited access to care among the poor has a greater impact on women than men, with poor women more likely to die because of pregnancy. UNICEF says civil society, including community and religious leaders, could promote an integrated approach to curb domestic violence by supporting legal literacy, education, and employment opportunities. The UNFPA's annual report, says that

> if women had the power to make decisions about sexual activity and its consequences, they could avoid many of the 80 million unwanted pregnancies each year, 20 million unsafe abortions, some 750,000 maternal deaths, and many times that number of infections and injuries. They could also avoid many of the 333 million sexually transmitted infections contracted each year (UNFPA report, n.d.).

> The needs of women are often "invisible to men," the report also notes. It also adds, "according to the report, until discrimination against women ends, the world's poorest countries like Bangladesh cannot develop to their potential" (UNFPA report, n.d.).

HIV/AIDS in Bangladesh 2002

An epidemic of HIV/AIDS has already started in this region. Bangladesh continues to be a low-prevalence area. This article explores some factors that make the people of this country extremely vulnerable to HIV/AIDS.

Factors, such as ignorance, illiteracy, superstition, poverty, rape violence, unemployment, low income, malnutrition, high prevalence of HIV infection in the neighboring countries, increased population dynamics, and lack of awareness of HIV infection, increasing rates of homosexuality, low popularity of condoms, lack of voluntary blood donors and dependence on professional blood sellers, slum housing, family fragility, unsafe practices in health service, unsafe sex practices, etc., have been shown to be linked to HIV/AIDS.

The incidence of vulnerable sex workers among the women of Bangladesh and female emigrants returning from abroad or departing immigrants are important factors in increasing the risk of HIV/AIDS at an alarming rate.

According to the data provided by Bangabandhu Sheikh Mujib Medical University (2002), of 248 infected patients, almost 80 percent (198) are male, and nearly 20 percent (50) are female. The infected include 111 migrant workers, 25 housewives, seven children, and seven sex workers while the professions of the remaining 88 was unavailable. A total 22 AIDS cases were detected of which 15 already died (MOHFW, 2002).

December 2003 (An Update)

The Ministry of Health and Family Welfare disclosed that 115 more people tested HIV positive in 2003 raising the total to 363, but as no one

Table 1
People living with HIV/AIDS as of Dec 1, 2002

Persons	HIV infected	AIDS
Male	198	19
Female	50	0
Total	248	19

(Source: Shohojogi, HIV/AIDS, 2000b)

knows the actual figure, these statistics are unreliable. Although many specialized laboratories in both the private and public sectors conduct HIV testing, the results are not provided to the Government/National AIDS/STD program. A recent publication by the SEA/WHO regional office estimated that, as of April 2001, about 13,000 adults live with HIV in Bangladesh. The report also mentioned a rate of HIV infection at 16 per 100,000 people (WHO, 2001).

Financial Costs of the Treatment of HIV/AIDS Patients

Due to the high cost of medicine and equipment, conditions of AIDS treatment are not adequate in Bangladesh. In India, the monthly cost of an AIDS patient is around Rs. 6,000. The cost would be a bit higher in Bangladesh (*Daily Ittefaq*, 2002).

HIV/AIDS Projection for Bangladesh

According to Prof. James Chin, professor of epidemiology, University of California,

> The only certainty regarding the future numbers and pattern of HIV transmission in Bangladesh is that HIV prevalence will increase and will occur primarily among those persons with known high-risk behaviors (having unprotected sexual intercourse with multiple partners and sharing drug injection equipment). The timing and magnitude of this increase cannot be accurately predicted because "those who predict the future, lie, even if they think they may be telling the truth" (Chin, 2001).

This ancient and wise Arabic saying sums up the uncertainty of HIV/AIDS forecasting.

Summary

This article strongly warns against the danger of "denial" and complacence. It recommends action almost on a war footing. The importance of appropriate education and counseling at all levels, including household, school, and out-of-school is emphasized. These are allied to investments in health and education, especially for women. Identification and in-depth knowledge of the sub-culture and education of adolescents can enhance the success of prevention programs related to HIV and STDs. Research organizations and clinical and behavioral support services must make a collaborative effort to develop programs to prevent an HIV/AIDS epidemic before disaster strikes. The caretakers and health service providers must be oriented to and sympathetic about the need of sexual health services for adolescent and street-based sex workers. Satellite and mobile clinics could be established to provide sex workers with outreach services. As preventive measures, using condoms, ensuring safe blood transfusions, using sterilized equipment and disposal blades in surgery, dentistry, and cosmetology, obeying religious rituals, and using mass media materials were mentioned.

Globally, more than 8,000 people die of AIDS every day, and, annually, the maternal mortality rate in Africa and Asia exceeds 90 percent (Population Reports, 1999). Its economic costs include lost contributions to the family, increased mortality among the surviving children, and increased burdens of home maintenance and child care to their survivors (UNFPA report, n.d.).

Epilogue

Fair play in all areas of education, health, the environment, and the economy are necessary for women to protect themselves from HIV/AIDS. A right is valueless, if it not realized. The right of health cannot be recognized without proper HIV prevention, care, and treatment of HIV/AIDS. AIDS is taking away millions lives, and

a country cannot advance without hale and hearty people. Bangladesh should immediately translate its HIV/AIDS policies into actions to benefit its people. Otherwise HIV/AIDS will destroy its economic growth.

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