Editorial

HIV Epidemic Situation in Bangladesh: An Overview

Received: February 9, 2017 Accepted: March 29, 2017
doi: http://dx.doi.org/10.3329/jemc.v7i2.32649

Bangladesh is one of the countries of the world where there is low human immunodeficiency virus (HIV) prevalence, but is still considered to be at high risk because of presence of many risk factors for spread of HIV. The national prevalence among the key population groups remains low – people who inject drug (PWID) (1.1%), female sex worker (FSW) (0.3%), male sex worker (MSW) (0.4%), men who have sex with men (MSM) (0.4%) and transgender (TG)/hijra (1.0%); but it remains extremely vulnerable due to its socio-economic and cultural settings.[1] After all, knowledge and practice are reducing risk factors of getting HIV in Bangladesh and higher level of socio-demographic and economic status, especially among the men work to prevent HIV.[2] The first case of HIV in Bangladesh was detected in 1989 and till December 2015 the total number of detected cases was 4143, of whom 658 died, leaving 3485 known people living with HIV. Less than one-third of detected people living with HIV are women; but the majority of infections are likely to remain undetected, and the total national estimate is about 9,000 people living with HIV. HIV prevalence has never exceeded 0.1% in the general population and has remained below 1% for most key populations.[3]

According to the NASP (2016) report, key populations have high HIV prevalence in certain geographical areas. Among the TG/Hijras, the HIV prevalence was 7.1% in Hilli which is a small border town in the Northwestern part of Bangladesh bordering the Indian State of West Bengal.[4] The prevalence was 1.6% among casual sex workers in Hilli though HIV prevalence was below 1% in most groups of female sex workers; on the other hand, HIV prevalence among males who inject drugs in Dhaka city has increased steadily over the years from 1.4% in 2000 to 7.0% in 2007 and it was 5.3% in 2011.[4] The pattern of behaviors that boost the spread of the HIV infection is well established in the Bangladesh society.[5,6] By the study of icddr,b (2011) among male injecting drug users indicated that nearly 44.2% of the PWID share needles and syringes and PWID male visiting female sex workers was estimated 21.9%.[7] Although a significant portion of the male injecting drug users reported to use condom during their last sex with sex workers, condom use with their regular partners or spouses was reported by only 27.7%.[7]

Selling sex to procure drugs is quite common in many parts of Bangladesh. Evidence shows that some female drug users in Bangladesh turn to sex workers out of financial necessity to support their addiction.[8] The overlap between sex work and injecting drug use is considered as one of the most dangerous conditions for rapid spread of HIV and other sexually transmitted infections (STIs) and there are more possibilities for transmission to the general population.[9] Women who are involved in commercial sex are very often largely dependent on their partners for the procurement and use of drugs. There are well-documented reports of risk behaviors among MSM in Bangladesh. A behavioral survey conducted in a sample of MSM in Dhaka indicated that 71% of MSM reported having anal sex with commercial or non-commercial male partners within the month prior to the survey, and only 26% reported use of condoms during their last anal sex. Moreover, 30% of the respondents bought sex from female sex workers and another 46.7% purchased sex services from male sex workers in the last one month preceding the survey. It is also found that nearly 17.7% of MSM reported at least one symptom of sexually transmitted infection (STI) in the past one year.[10]

A recent behavioral survey conducted by icddr,b in 2010 among TG/Hijras in Dhaka reported that most TG/Hijra (87.5%) had anal sex with male partners in the last month and only 19.4% used condom during the last sex act.[11] A substantial proportion of youth have multiple sex partners; drug users share and re-use their needles; sex workers have poor condom use and high STI prevalence; unscreened blood transfusion and increasing high-risk sexual behaviors are common.[6] The frequency of pre-marital and extra-marital sex and the large number of sexual acts with

sex workers are commonly known factors associated with the transmission of HIV in Bangladesh. Among the general population, approximately 10% of men reported purchase of sex from female sex workers.[12] Another study on unmarried young people revealed that almost one in three (28 percent) of them reported one or more symptoms of STI in the past 12 months.[6] All these risk behaviors have been contributing to the continued HIV transmission among key population groups and, if appropriate measures are not taken, it may spread to the general population. To overcome the situation, appropriate intervention should increase comprehensive knowledge on HIV and STIs across communities and also the information on sexual and reproductive health as well as importance of safer sexual practices, condom usage, use of sterile injecting equipment and access to treatment for STIs needs to be disseminated among both the communities and the key population. It is also recommended to ensure age disaggregated monitoring of prevention, care and treatment programs in all 64 districts of Bangladesh.

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