American Journal of Public Health Research, 2021, Vol. 9, No. 4, 161-164
Available online at http://pubs.sciepub.com/ajphr/9/4/6
Published by Science and Education Publishing
DOI:10.12691/ajphr-9-4-6

Women and HIV/AIDS in Low to Middle-income Countries

Shakeel Mahmood[1,2,*]

[1]HDR Representative, School of Humanities and Social Science
[2]College of Human and Social Futures, University of Newcastle, Callaghan NSW 2308, Australia
*Corresponding author: shakeel.mahmood@uon.edu.au

Received May 03, 2021; Revised June 11, 2021; Accepted June 20, 2021

Abstract The preliminary confusion that acquired immune deficiency syndrome (AIDS) was a sickness of men, which can be recognized, possibly to historical misfortune [1]. The AIDS disease first categorized in the United States of America (USA), nevertheless, this deadly disease mainly contracted men [1]. However, from the beginning of the worldwide pandemic, it was visible that women were also susceptible to human immunodeficiency virus (HIV) and AIDS, and, within in a year, there were statistics to recommend that women were no less than as likely to become infected as men [2].

Keywords: *Women, Surveillance, HIV/AIDS, Low to Middle-income Countries (LMIC)*

Cite This Article: Shakeel Mahmood, "Women and HIV/AIDS in Low to Middle-income Countries." *American Journal of Public Health Research*, vol. 9, no. 4 (2021): 161-164. doi: 10.12691/ajphr-9-4-6.

1. HIV/AIDS and Women in Worldwide

Clearly, AIDS cases concerning women were not counted for much. A cover story in *Discover*, a popular science magazine, terminated the view of a major epidemic in women in mid 80s. Because the 'rugged vagina' in difference to the 'vulnerable anus', was meant for the wear and tear of birthing and intercourse, it was dubious that women could ever be susceptible to HIV in large numbers in heterosexual intercourse. According to Farmer, *"AIDS is presently and is expected to remain, largely the deadly price one can compensate for anal intercourse"* [2]. In 1991, in big cities of USA, AIDS was the leading destroyer of young women [3].

It documented that AIDS pose enormous coercions to poor women, but perception arises after the event. Globally, millions of women are ill and complications with this disease. AIDS is already the principal source of death amongst young African American females, who are residing in USA. In Mexico, the female and male proportion of HIV infection increased from 1: 25 in 1984 to 1:4 in 1990. In San Paolo, Brazil sero-prevalence amongst pregnant women has raised in six times in only 3 years [4].

2. HIV/AIDS and Women in Low to Middle-income Countries (LMIC)

Correspondingly, distributing trends recorded elsewhere globally, particularly in LMIC, where 98% of all children and 90% of adults contracted with HIV. In several Sub Saharan countries, there are now additional new HIV infections amongst women than men. In 1992, the United Nations Development Program (UNDP) assessed that on single day an extra 3000 women contracted with HIV and 500 HIV infected women die. Moreover, mostly, the age group were from 15-to 35 years old. In 2000, The World Health Organization (WHO) has forecasted that from six and 8 million women will get infected with HIV [5].

For some women, HIV is the foremost tragedy on their lives. On top of many others issues, AIDS is just another problem. Indeed, those in the earlier group, HIV infected women is an overall unparalleled disaster; are in the marginal. The women with HIV/AIDS, typically discloses it to be the newest in a series of catastrophes. Anthropologist Martha Ward notes that for these disenfranchised women, AIDS is just an extra challenge they accused for and have to take accountability. They questioned that how they are going to take care of their family. Now they have placed food on the table. They do not think AIDS is a challenge! They got genuine challenges [6]

The vigorous of HIV amongst women and answers to its advance disclose much about the multi-layered relationship between power and/or powerless, and sexuality. Most of the women, who are sexually active expose to biological risk to some degree, nevertheless it is apparent that the AIDS pandemic among women extremely designed with social, not biological appearances [2]. Though many people agree that gender and inequality are the sturdiest enablers of risk for exposer to HIV, however, this subject has been ignored in both the social science and biomedical narrative on HIV/AIDS [2].

3. A Way Forward

Former President of the International Commission of Jurists and former President of the appeal of New South Wales, Australia and of Solomon Islands and special Representative of the Secretary General of the United Nations for Human rights in Cambodia in an interdisciplinary international conference on AIDS- Law and Humanity, held in December 6-10, 1995, maintain*"…Judges, as leaders and teachers, must play their part in responding to AIDS"* [7]. In the same conference former President of Colombia University maintain "…*Only through extensive joint collaboration among all our nations and our peoples can we collectively and meet the challenge of AIDS"* [8].

3.1. HIV an Imperative Area to Research in Low to Middle-income Countries LMIC

There is increasing interest in building the capacity of researchers in these LMIC to address their health policy problems and national priority health. Yet, the number and type of partnerships and funding arrangements can produce management problems for LMIC research institutes. An international NGO, called 'International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b)', also assists agencies of the GOB in investigating and responding to outbreaks and epidemics of potentially infectious disease, including prevention and treatment of HIV/AIDS [9].

In Bangladesh Common believe among experts on STIs is that the STIs are on the increase, but the rate of such increase and its correlation to HIV is an imperative area to research. Research on STIs related subjects, such as healthcare, surveillance, assessment, impact, and so on are in need of development and strengthening, in varying degrees. Sexual behaviour and sexual practices in Bangladesh population should constitute another important area for research. However, sufficient funds should be made available by the donor agencies for training, research and development in important areas [10].

3.2. The Role of Media and Awareness

As we know that AIDS can neither be cured by drugs nor be prevented by vaccines, it is imperative that AIDS has to be prevented by creating awareness of the disease among the people. Development of awareness among the general people is a long-term process. Therefore, in view of preventing AIDS in the country it is better to attempt creating awareness among the susceptible groups of people. However, necessity of long-term measures should not be ruled out [10].

The media should talk more about the global access to health care for people living with HIV/AIDS (PLWHA) [11]. Ms. Marina Mahathir, AIDS activist stated in Manila Congress on HIV/AIDS in 1997 that in South East Asian Region because of the rapid changes in the norm and values, women has become more vulnerable to HIV/AIDS [12]. Regarding Social Changes vs. HIV prevention, Dr. Peter Piot's remark was most significant: *"The biggest gap of all is between what we know how to do & what we are actually doing"* [13]

3.3. Government and Business Sector

He also urged to foster cooperation between government & business sectors because both power & wealth needed for the fight against HIV/AIDS. It is for this purpose the business sector should represent in National AIDS committees of every countries [14] of LMIC.

Among the issues that have contributed to the spread of HIV and AIDS, denial and ignorance, and increase in industrialization and mobility have been crucial. The development of the international trade and global economy and travel have facilitated the quick spread of HIV disease and have had a social and financial impact on business [15].

3.4. New Change and Social Forces

The late General Choudhury of Bangladesh, former Chairman, National AIDS Committee stated in a meeting for GPA staff & STD/HIV/AIDS Consultants for prevention & Control of STD/HIV/AIDS in South-East Asia SEAR Region in 1995 in Chiang Mai that any change for better should always be welcome. In support of this, he quoted following two lines from a famous poem:

"Old order changeth yielding place to new
Least one good custom may corrupt the world"

He further illustrate that "the greatest success of this century has been the eradication of smallpox from the planet. Smallpox is dead now. The credit for this success largely goes to WHO. It is hoped that with the proposed change, our fight against this scourge will be more strengthened & HIV/AIDS will also meet the same fate as that of smallpox in 'not-too-distant' a future [14]. In addition he maintain "The existence of the complex interaction between HIV infections on one hand and factors such as poverty, ignorance, illiteracy, social inequalities and various other inimical societal forces on the other, has undoubtedly made the situation extremely complicated in a country like Bangladesh" [16].

3.5. Reducing Poverty and Sex Education

A key to reducing poverty and abortion and empowering women is comprehensive sex education. There are instances that comprehensive programs are effective. Though the global and United Nations (UN) agreements are not necessarily prioritised, it is a prominent characteristic that access to accurate and complete STIs and HIV and other health information is widely known as a human right by UN [17].

The low educational levels and poor economic status of women make them further susceptible to STIs/HIV. Therefore policymakers and employers must take this into consideration and enthusiastically offer adequate incentives and awareness training programmes to benefit the healthcare and economic conditions of this vulnerable group [18].

3.6. Equity and Rights

Women workers from Bangladesh and Cambodia specified that there were no upright ways for them to report cases of violence in their workplace. Even where there may be formal mechanisms in place, workers described these as ineffective [19]. Equity and rights concerning gender play a significant role in influencing women's vulnerabilities to HIV infection and violence and providing the ability of care and support for them, access to treatment, and coping mechanism when both infected and affected. The recent scope of HIV policies and interventions need to be broadened to make gender equity an essential element in the fight against HIV [20].

3.7. Key Population and General Women

In LMIC, in the absence of adequate preventive measures HIV infection first starts in the so-called key population constituted usually by the commercial sex workers, men who have sex with men (MSM) and Injecting drug users (IDUs) and their clients. This followed initially by slower and subsequently by rapid spread in the general population. Early intervention, while the infection still in the key population will prevent spread of the diseases to the general population. Obviously, the cost-effectiveness of the interventions drops sharply, when the infection moves from high-risk transmission key population to general population [21]. Globally renowned physician and scientists must search the possible for novel HIV prevention policies and comprehensive tailor-made interventions required to control the scourge amongst key populations [22].

3.8. Sexuality and Reproduction

All women have the same and equal rights regarding their sexuality and reproduction, but women who living with HIV need further counselling and care during their reproductive life. HIV infection increases the usual history of reproductive disorders, escalates the severity of others and unfavourably affects the capability to become pregnant. Furthermore, HIV affects the sexual health and well-being of a woman [20]. According to Choudhury and others from Bangladesh notes, there is now unmistakable evidence that strategies for a more effective global coordination & cooperation are to be developed without any further loss of time for counting the scourge, remembering the fact that *"Indeed we live in a 'global village', and millions of people are crossing the international borders every day. Thus none can remain isolation"* [23,24].

3.9. Society, Human Rights, Universal Access and Good Governess

Any diseases, such as HIV/AIDS poses as much of an epidemiological challenge as it does a challenge to good governance. No country in LMIC has been able to eliminate this dangerous deadly scourge. Nevertheless, it is possible to keep it under control [25]. Good governance is vital in safeguarding operational health delivery, and that revenues to reserves in health are little, predominantly in LMIC, and where governance topics not attended. Reinforcement the health system through better administration and operational use of means can develop health conditions and improve the quality of health delivery [26].

3.10. The Role of Donor Community, Intercountry and Regional Cooperation

Allocating adequate funds from donor agencies are also crucial for research and training so that "best practice' can be performed. Banks should distribute loans to the garment factory owners to develop their healthcare needs. Regional cooperation and coordination is another important factor to look into in LMIC [12].

In the same congress meeting, Dr. Peter Piot stated we have learnt important lessons over the period and we must consolidate the lessons learnt and experiences gained from various countries determining the "best practices" to be shared across the borders" [12].

UNAIDS will strongly advocate a forceful, effective and comprehensive global response to HIV/AIDS; will provide strategic and policy guidance; and will promote and support research on effective approaches and interventions, in all aspects of HIV/AIDS. UNAIDS will support to the establishment of intercountry and regional linkages. Some countries have already witnessed the tragic spread of HIV/AIDS, while others are still with low levels of infection. There is no time for complacency. We must all learn from those in the region and outside the region, who have been forced to confront the epidemic first [14].

It is strongly recommended that a research framework for regional coordination and cooperation should be formulated taking into consideration the state of affairs with regard to HIV/AIDS obtaining in different countries of LMIC. Particular focus should be given to those countries, where the prevalence of HIV/AIDS is still low. Concerted efforts should be made contain the spread in these countries [10].

4. Conclusion

In national surveillance in LMIC has only been conducted in key population. However, general women need to be included in the national surveillance as they are no less vulnerable than those of key population group.

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