Kala-azar Fever in Bangladesh: An Awareness Study of Six Unions of Trishal Upazila in Mymenshing District, Bangladesh

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ABSTRACT: Kala-azar or Leishmaniasis is an acute vector-borne infectious disease caused by parasites of the genus *Leishmania*, also simultaneously called Leishmania donovani, which is transmitted to human body through bite of a female phlebotomine sandfly. Recently it has been found very much prevalent in an acute manner in 34 districts of Bangladesh, causing a serious threat to the community. Kala-azar has become endemic in nine districts of the country which includes Rajshahi and Mymenshing. It is reported that people's awareness in many of these districts is extremely low and discouraging; and in this context, the community leaders' involvement is also quite unsatisfactory. This paper for that reason, is an attempt to provide information on community leaders' perception about *kala-azar* in a district in Bangladesh.

INTRODUCTION

In recent years, Kala-azar (most commonly pronounced as Kā lā zōr)[1] or leishmeniasis has become an acute health-problem in some villages of Trishal Upazila in Mymensing District in Bangladesh. It has been learned from multifarious sources that there has had occurred quite a large number of kala-azar incidences in a few specific villages of the six unions of Trishal in Mymenshing. The situation seems to be very alarming, as it was reported that there had been a few death-cases in the villages of Trishal Upazila. Accordingly for that reason, we, on behalf of the ICDDR-B have conducted a research mainly focusing on the situation of Kala-azar in these selected areas of the country[2]. As part of it, we have interviewed six chairmen from the six selected union parishads of Trishal Upazila. We would like to incorporate the findings of these interviews very briefly to know about the situation of kala-azar in these areas of the country[3].

KALA-AZAR PREVALENCE AROUND THE WORLD: A SITUATIONAL BRIEF

Kala-azar or visceral Leishmaniasis has had prevalence in many parts of the world including Bangladesh, India, Nepal, Brazil and Sudan. But infrequently, it also occurs scattered and widely in some other regions; many kala-azar victims are also found endemically in a few central and south American nations like Peru and Bolivia (Karim and Mondal, 2012). But kala-azar has always been regarded as a serious disease in Indian sub-continent since long past. It was first detected in Bengal and Burdwan in India and it was found occurring epidemically and endemically in different parts of India like Assam, Bihar, West Bengal and the eastern districts of Uttar Pradesh and Sikkim and in a lesser extent in Tamil Nadu and Orissa (see Epidemiology of Communicable Diseases, n.d.). It is suspected that kala-azar entered Bangladesh across the border belt

of India (see Banglapedia, 2004). The disease is now endemic in 34 districts of Bangladesh and among them, 9 are very severely affected (Mondal *et.al.*, 2008; Bern and Chowdhury, 2006)). However, it is evidenced that there are several hundred cases of kala-azar incidences in Europe every year and a very of such cases are found in North America.

STUDY REGION AND METHODOLOGY

As mentioned, the research has been conducted in the areas covering six Union Parishads of Trishal. These six unions are: (i) Trishal Union (ii) Harirampur Union (iii) Kanaihari Union (iv) Rampur Union (v) Sakhua Union, and (vi) Trishal Pourasabha. The six chairmen from their respective Union Parishads were interviewed most extensively, to know about various aspects of kala-azar fever. From emic point of view, these interviews provided us with enough information collected through a technique of narratives of the situation. They acted as the spokesmen for the whole community and explain the situation as they observe as members of the society.

THE VIEWS AND OPINIONS REGARDING KALA-AZAR: A SITUATIONAL ANALYSIS OF TRISHAL UPAZILA

Trishal upazila is comprised of six unions of Mymensing district. It has been learned from different sources that kala-azar has become a crucial problem for the people in many villages of these six unions[4]. As of today, there has not been any significant research on aspects of kala-azar, and for that reason, it is very much difficult to ascertain the real situation in this context. Yet, our respondent-speakers from six unions

TABLE 1

Narratives of the kala-azar situation, in six unions of Trishal upazila in Mymensing

Name of the union	Name* of Chairman interviewed	Chairman's own assessment of the situation	Views regarding the victims	Suggestive measures
Trishal Union Parishad	Abu Hani Ratan	Kala-azar situation is Quite acute and three villages are worst affected	The victims are extremely poor. Illiterate and he suspects 15 to 20 cases of victims in union.	Preventive Measures should be taken. It is necessary to take the people aware of the situation
Harirampur Union Parishad	Md.Kutubuddin	Four villages are worstly affected	There are many patients, but does not have any acurate information. At least 3 to 4 people died so far in two years.	It is required to make people aware of creating an healthy environment
Kanihari Union Parishad	Md. Hazarat Ali	Many people from different villages were affected	It is reported that 15 to 20 persons died. This report seem to be a little over-stated, or it may happen to that Mr Hazarat Ali made a total list for the last 5 to 10 years	Preventive Measures should be taken to kill the sand fly
Rampur Union Parishad	Giasuddin Mollah	It has spread throughout the union	In the last two years, one person died	Mud-house may be replaced by other house materials
Sakhua Union Parishad	A.K.M.Rahamatullah	At least there are 10 per cent patient in this union	No accurate number of victims. But many people died	To create awareness about the environment
Trishal Pourasabha	Alhaj Chowdhury Andalib Hossain	In some places, the kala-azar situation is acute	As compared to remotest villages, the case of victims is lesser here.	To make the people aware their health and sanitation

*To maintain anonymity, the names of six chairmen have been changed, but all other information however, remained as it was found in our research.

told us there are at least 2 or 3 patients of kala-azar in almost all the villages, and in some villages, the situation is very much acute. Even, they informed us that a few villagers even died of kala-azar.

RESULTS AND DISCUSSION

a. The UP leaders however, have a kind of idea about the kala-azar disease, and through our conversation, we learned that according to them, the main reason of having affected by kala-azar is to living in mud-houses. They know it very well that the kala-azar germ is carried, and transmitted by a kind of sandfly, which lives very safely in the cracks of mud-walls. And for that reason, the people living in the mud-houses are badly affected by it. This is proved when the victims are found to be lesser in Trishal Pourasabha areas, as compared to other areas of the upazila.

b. Whatever may be the cause of this disease, the victims are found to be all poor, coming from extremely low economic background, and having no education at all. As the villagers are illiterate, they do not have any ideas about healthy environment. The UP chairmen believe that kala-azar insects can survive comfortably in the unclean surroundings. The kala-azar patients are coming from different age-groups, but it is however, very common among the children.

c. Most of the victims of kala-azar are often unable to consult the trained doctors, as it is very much expensive. For that reason, at the initial stage, after being attacked with kala-azar, the patient often ignores taking any treatment. After few months, when it becomes really severe, they are then taken to the hospitals. After having treatment from the hospitals, when these patients return home, they even can not complete their full-course of medicine. And in many cases, the fever revives and they become sick again. At that time it makes them totally shelterless, and eventually many of them, actually die of it.

d. With a view to understanding the real problems and difficulties that the villagers face, the UP chairmen unhesitatingly told us that there is no preventive measure for eradicating the disease, nor there is any serious step to stop kala-azar in these areas. The UP leaders appear to have a clear conception that the villagers generally think that they would receive some sort of clinical protection from the Government through the union parishads. In actuality, it does not happen, and the union parishad do not have any such programs through them. The UP chairmen felt it clearly that they should organize seminars and symposiums in the villages to mobilize the local people which will make them aware of the situation.

e. It was also learned from the sources of the UP chairmen that Trishal upazila is very much vulnerable to kala-azar fevers. There are a big number of victims in this context, who do not get any proper treatment. As we indicated before, this is absolutely because of their ignorance, and severe economic crisis. Many of the patients still are found to consulting the local untrained doctors or *kobiraj* (village doctor without any medical degree), and thus remain totally detached from a proper treatment, which is very much discouraging from the context of national health.

CONCLUSION AND RECOMMENDATIONS

a. In conclusion, it may be said that there are many scattered incidences of kala-azar in the Trishal upazila of Mymensing, but people do not have any accurate information about these patients. Firstly, it is therefore very much urgent that there should be an authentic research covering the total area to ascertain the situation. After that, the next step is to identify clearly the patients and victims and to know about them in detail. While it is designed for collecting information, about the patients, the project must be comprised of medical scientists and anthropologists.

b. The patients and the victims must be directly consulted to ascertain their all way problems. It is learned from our conversations with the chairmen that the patients are so poor that they cannot afford the expenditure for treatment.

c. The Union Parishad chairmen and members must launch programs to make the people aware of the disease. The experts from research team may

frequently attend these seminars as principal speakers.

d. Finally, apart from Government initiatives, the private organizations may take plans to identify the patients and provide them full treatment in this regard.

NOTES

1. The word *kala-azar* came from India where in Hindi it is designated as black fever from a Hindi word. The disease is also often known as Indian Leishmanisis having initial symptoms of the patients' suffering from fever associated with appetite loss (amorexia), fatigue, enlarging of the liver, spleen and lymph nodes (this is however is a very uncommon symptom in Bangladesh). It is also accompanied by anaemia and weight loss. In the past, *kala-azar* often was also regarded by as *dumdum* fever. Based on protozoan investigation, kala-azar has also been termed as Leishchmania donavani where two British scientists named William Bog Leishman (a pathologist) and C. Donavan (a researcher) who in the year 1903 discovered about the protozoa that causes kala-azar.
2. Kala-azar has had occurred in many places of Bangladesh where it took a very serious shape in the districts of Rajshahi and Mymenshing. We have conducted a few studies in two of these places as part of our larger project of the ICDDR-B as indicated before and outlined below (see note 3). A few observations in this paper for that reason, have been supplemented by our previous research on kala-azar (see Modal *et. al*, 2008; Karim and Mondal, 2013).
3. Data for this part of the paper are taken from a larger project on vector control management in Bangladesh which was lead by Dr. Dinesh Mondal, a Medical scientist from the ICDDR,B at Dhaka in Bangladesh. This project also included team members: Mohammad Shafiul Alam (an entomologist), Dr. A. H. M. Zehadul Karim (anthropologist), Rashidul Haque, Marleen Boelaert and Alex Kroeger. The larger project was supported by Unicef, UNDP, World Bank/ WHO special program for Research and Training on Tropical Diseases (DA 60482).
4. This paper is based on the data provided specifically on Trishal Upazila in Mymenshing District in Bangladesh. As an anthropologist, I (Zehadul Karim) have analyzed these data with anthropological techniques. As team leader, Dr. Dinesh Mondal has always remained involved in all processes of the project, analysis of data and final write-up of the report.

REFERENCES CITED

Banglapedia 2004. *Banglapedia*. Asiatic Society Publication: Dhaka.

Bern, C and R. Chowdhury 2006. The epidemiology of visceral leshmaniasis in Bangladesh: Prospects for improved control. *Indian Journal of Medical Research*, 123:275-288.

Epidemiology of Communicable Diseases (nd). An article in the title of "Leismaniasis" was published in the volume, pp. 234-236.

Karim, A. H. M. Zehadul and Dinesh Mondal 2012. Kala-azar victims in Bangladesh: Their socio-cultural background and environmental surroundings. *South Asian Anthropologists*, 12(2):101-106.

Mondal, Dinesh, Mohammad Shafiul Alam, Zehadul Karim, Rashidul Haque, Marleen Boelaert and Axel Kroeger 2008. Present situation of vector-control management in Bangladesh: A wake-up call. *Health Policy*, 87: (2) 369-376.