

# Roundtable on “Strategic Information and HIV Prevention among Adolescents”

A Roundtable on, “Strategic Information and HIV Prevention among Adolescents,” was organised by the UNFPA and The Daily Star on 2 November, 2010. The roundtable was attended by NGOs, development partners, physicians, and other distinguished personalities including teachers and educationists. We publish important excerpts of the discussions.

-Editor

## Mahfuz Anam, Editor, The Daily Star

Welcome to everybody. Welcome to the Daily Star and UNFPA roundtable on HIV AIDS prevention and strategic information. It is our great privilege that we are doing it together. We are strongly committed to the issues of national concern like HIV. We are delighted to host the event. I would like to assure you that we do not want to look at it as a one off event. We would like to be a continuous partner of yours. We are committed to be a partner in this whole process; as you have seen we do many campaigns. This is one of our major engagements.

## Mr. Arthur Erken, UNFPA Representative, Bangladesh



I would like to thank The Daily Star for hosting this roundtable on young people and HIV prevention. There is a lot of expertise and experience here to help us and enlighten us as to what to do and how to prevent HIV in Bangladesh, especially among the young people. We want to give young people a voice, because this is about them; this is about their future and also about the future of Bangladesh. But what is important is that we hear from them; and it for us to try to address their concerns. It is a different and difficult issue in Bangladesh because it's not an issue to easily mobilize people around and make people aware of. Even though Bangladesh is still a low prevalence country, we are not out of the danger zone. So it is important that we work for young people, hear from them, listen to them, and cooperate with them. One thing is very obvious in Bangladesh - people have heard about HIV and AIDS, but have very low levels of understanding and knowledge about it. I think this is one of the main challenges we are facing here in Bangladesh. That will be the key to ensuring that the epidemic does not spread among the general population. The discussions will be preceded by a presentation by Dr Ezazul Haque. Over to Dr. Haque.

## Dr. Khandaker Ezazul Haque, HIV Officer, UNFPA, Bangladesh



Our selected topic on youth and adolescence is a burning issue at this moment in Bangladesh; we need to be very focused on this issue, especially on risk and vulnerability. In addition to adult population, there are most at risk population for HIV transmission among youth and adolescents. We need to concentrate on these groups in addition to most at risk adult population.

As you know, this is a phase of their rapid development in terms of physiological & psychological maturity, and process of social integration. During this phase, they have to face, and are exposed to multiple societal experiences, both in negative and positive sense. At this crucial stage, they need correct information, relevant service and appropriate life skill education so that they can take responsible decision in terms of sexuality.

Hence, we need to appropriately address this group during their development phase as I mentioned earlier. Now, what is the importance in terms of HIV/AIDS transmission considering this phase of their development? First of all, considering their level of social skill and maturity, they are sometimes at a vulnerable stage of exploitation and violence. As they lack in information and experiences, they are at risk of sexual exploitation, unsafe sex and HIV transmission. Also, they have tendency of trial of new experience without knowing the harmful impact in relation to their experiment. In this context, it is vital to provide them all basic information and relevant life skill education at the very beginning of their life. Through this vital intervention, it is expected that they will be judicious in terms of safe sex and develop confidence and moral strength to say not to drugs and unsafe sex.

Sometimes we blame youth and adolescents for their deviation from the societal norms. But, we need to identify other actors and factors within our society around them for their vulnerability for HIV transmission and drug use. In addition to parents, guardian, teachers, local formal and informal leaders, religious person can support them for creating congenial environment for their healthy social and psychological development.

Moreover, we also believe that family members

and environment should be the main focus for this young generation, because from childhood they try to copy behavior, practice and attitude from adults. So, if we want their real positive development, we need to focus on positive family roles and contribution for congenial family support for a healthy next generation. In addition, we also need state support for adolescent friendly policy, strategies and interventions. In fact, we need to amalgamate and harmonize all these family, social and state support which can present us a healthy youth and adolescents population for our country.

We know that HIV/AIDS related issues are included in the school text book curriculum. Different anecdotal evidences suggest that some teachers feel shy or discouraged to discuss these issues in classrooms. And the parents also discourage teachers to discuss this issue with their students. Further, in some instances teachers think it is unnecessary to put HIV/AIDS related question in the school examination. We need to think very seriously how we can disseminate the basic facts of sexuality and HIV/AIDS related issues through an effective and acceptable process.

Different studies and research suggest that the positive family relationship, sound school environment, spiritual beliefs and practice have positive impact in preventing early sex debut, drugs abuse and depression. So, in this context, stakeholders need to work together for an adolescent friendly environment.

Most at risk adolescents, as I mentioned earlier, have tendency of unsafe sex, sexual relation with multiple partners, and use of drugs without safe needles and syringe. The other category is combination of these two - those who have unsafe sex with multiple partners and take drugs through used syringe and needles. This category is usually drug user who sells sex for purchase of drugs. If they need money only through selling sex, they will have to engage in unsafe practice to buy drugs. So, they are comparatively at most risk to transmit HIV to others and acquire it from others as well. We should not delay in addressing this issue seriously and comprehensively.

For risk and vulnerability of HIV transmission, there are certain immediate and underlying factors, and it is essential to address them both. Drug users and sex workers are marginalized, and associated social stigma and discrimination force them to hide from society, and consequently prevent them from accessing services and commodities. In these particular cases inaccessibility of condom, and associated stigma and discrimination should be addressed adequately for a favorable environment for a HIV free society.

We need to keep in mind that, youth and adolescents are vulnerable to sexual harassment by adults, and need support from all strata of society, I mean from teachers, policy makers, administrator, political and religious leaders, law enforcing agencies, against this exploitation.

Theoretically, solution to the problem which I mentioned earlier is very simple. For example, if we can ensure that no single adolescent will enter into sex work or have unsafe sex and inject drugs, we can easily prevent HIV/AIDS. We call it primary prevention.

Secondly, if sex workers intend to quit sex work, and adopt alternative profession and drug users stop using drugs, it also become easier to prevent HIV transmission. This process we term as secondary prevention.

Thirdly, those who do not want to or cannot quit sex work and drug use, we can provide them information and commodities for prevention of HIV/AIDS. So far we are dealing with this third option for prevention of HIV through risk reduction as well harm reduction. We are not in a position for the primary and secondary prevention directly.

In relation to vulnerability, this is an issue related to external factors such as poverty. In this particular case, to maintain livelihood, a youth or an adolescent, due to poverty, has to sell sex, more frequently through unsafe sexual practice. In certain cases, this is the root cause of HIV/AIDS related problem. These youths and adolescents who by nature do not want to accept unsafe sex, but due to poverty, they are bound to adopt unsafe sexual practice.

Certain social environment factors and culture are also related to the vulnerability. Because of economic dependency on men, women or girls can not ask or put pressure on their husband to use condom during intercourse. As most of the women and girls in our society have no social and economical empowerment, they cannot negotiate with their husband for safe sex, and this makes them vulnerable to HIV transmission. Gender inequality, which is a socially constructed norm, make women and girls more vulnerable for HIV transmission.

The issues I raised are theoretically sound and simple, but the task is very difficult if all strata of society are not committed and mobilized for active and meaningful participation. I am referring again to all the socioeconomic and cultural factors, the public and private sectors, the stakeholders, for a well concerted, integrated and mainstreamed effort for a very pragmatic intervention and very successful result in the long run.

## Ms. Bridget Job Jonson, UNICEF, HIV/AIDS Specialist, UNICEF, Bangladesh



We need to start with first of all by acknowledging the reality. That is the fact that the young people are sexually active. They are engaging in HIV risk behavior. We should know how young is young? In Bangladesh, the average age to enter in sex work is about 13 years.

We have two categories. We have the new generation of young people who don't live by the old people's moral rules.

The challenge is that how do you reach them with the right information and right services. And it means if we are saying 10 years, 11 years, 13 years, it means we need to start work earlier.

If we go by the presentation that was made by the Dr. Ezaz that means before they actually get into these behavior stop them, prevent them of taking these behavior. So, it means the skills, the knowledge that we need to give them before age 11, before age 12.

We need to think how we do this business. Young are part of global community. They have cable TV, they have internet. They try to copy those things what they see young people around the world do. So, it is the challenge that you really seat around and come up with a very pragmatic way.

## Dr. Salil Panakadan, UNAIDS Country Coordinator



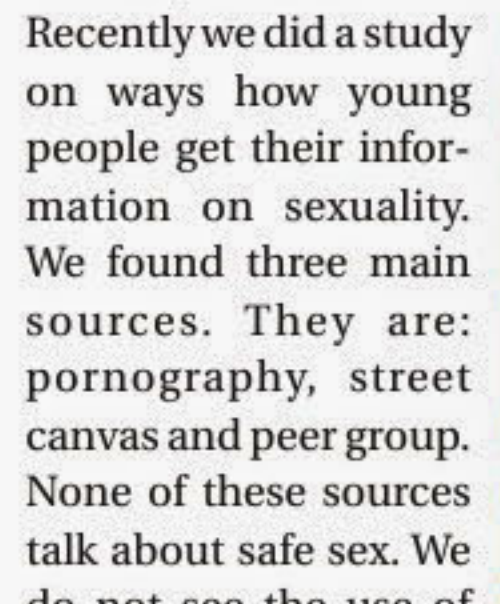
Bangladesh is in a low prevalent and high vulnerability situation. Fortunately, the problem is in most-at-risk population, and it does not transmit into the general population significantly. But the most addressed population are the youths, who are adolescent and young, if one look at recent data. If we look at the estimates of HIV infections in the country the proportion of young people are 28-30%, that is below 25 years. Young women and young girl are more vulnerable to HIV.

We have assessed in terms of starting curriculum interventions in school. There are differences in effectiveness of the interventions in different schools. Most often across the world the teachers and parents hesitate to adopt sex education and life style education. We have to ensure proper access through services for adolescents and young people to protect themselves from HIV and other sexual diseases.

If we go by the presentation that was made by Dr. Ezaz, which means that before they actually get into these behavior we need to stop them, prevent them of taking these high risk behavior. So, it means the skills, the knowledge that we need to give them before the age of eleven or twelve.

We need to think how we do this business. Youth and adolescents are part of global community. They have cable TV, they have internet. They try to copy those things that they see young people around the world do. So, it is the challenge that you really sit around and come up with a very pragmatic solution.

## Ms. Ishrat Jahan Baki, Program Officer, Youth Friendly Services



Recently we did a study on ways how young people get their information on sexuality. We found three main sources. They are: pornography, street canvas and peer group. None of these sources talk about safe sex. We do not see the use of condom in any of these sources. Other things are that the negotiation skills which are very important are simply not there for the young people. If we talk about girls, because of our socioeconomic



situation, they have less negotiation skills. We very often forget that young boys do not have negotiation skills either. They do not know how to negotiate with their peers. They do not know how to negotiate with the social pressure.

It might be a good idea to work with young boys and to tell them the message like real man use condom or real men do not hate women. It is a challenge that how to make condom use appealing to them because condom is much stigmatized. Also, what we feel while working with the young people is that the policies and strategies we make, unless you give the young people the ownership of it, fail to change their behavior. We do not really see young people involved in government policies and strategies. When you give young people power to design their own services, they take the ownership of the policy, and they spread the message among their peer groups.

## Ms. Afsana Taher, Operations Manager, UNFPA, Bangladesh



In Bangladesh where family bonds are important, families have significant influence over an adolescent, and that influence can last a lifetime. I believe congenial and sound environment within the family helps to solidify healthy behaviors and relationships, and it provides opportunities to the adolescents to share their concerns with their parents.

Usually, when we talk about HIV prevention, traditionally, we focus on the individual and not the family. Yet, families can have both positive and negative impact on sexual and drug using behaviors that put an adolescent at risk of HIV.

I believe you will agree with me that family attachment and parent-adolescent communication is the key to ensuring healthy behavior. Likewise, when families are not connected, and adolescents feel they can't talk freely to the adults in their lives, there is a greater risk of unhealthy behavior.

I think that, in order for families to play a much more effective role in prevention of HIV/AIDS, they need support and access to information regarding HIV prevention issues. Most of the HIV prevention programs acknowledge that families play a large role in determining risk behavior, but few programs offer interventions for families or access to information for them.

In this regard, I believe, in addition to existing intervention, programs designed to provide access to information for families and parenting centers are also needed.

Another issue is that, we must not forget that when we talk about HIV/AIDS & its prevention, we only talk about the behavioral aspect and somehow stigmatize the issue but fail to emphasize on the fact that it's a health issue as well. Probably if we also emphasize on the health aspect of HIV/AIDS, people will not be so apprehensive in discussing the prevention part.

## Mr. Abul Hussain Deputy Secretary, National Parliament Secretariat

It is beyond any question that the young people are at the core of HIV epidemics. It is not only that they are disproportionately infected but also that if we can properly utilize this force perhaps we will be able to easily reverse this epidemic. Now in the present world, about 50% of all the infections are among the young people who are between the ages of 15 and 24 years. Not only that, in some of the regions the infection rate among young people is almost 70 to 80%, especially if we consider Central Asia and Eastern Europe. In our region it is also increasing alarmingly every year. Mainly the youth are more vulnerable to HIV for some factors. We can call them the behavior trials; personality factors, environmental factors and so many things are included in that. For many of the developing as well as developed countries, the

early sexual behavior is a very important personal factor. Similarly, poverty, environmental factors and drug abuse practice are related to the adolescent and young people making them more vulnerable to HIV. If we consider these issues perhaps we will be able to properly design the program. If we say that Bangladesh is in the primitive stage to prevent HIV among the young people that will be wrong. We have some experience through our works during last few years and we had a very large project especially addressing the prevention of HIV among the youths. Based on those experiences, if we can properly target special groups and design our program, hopefully we will be able to control the epidemic. As I mentioned that youth friendly health services are going on especially under GFATM project, and we must congratulate their success on this area of prevention. However, I think still a lot of things is to be done. We have to make the health services more youth friendly, especially for those who are out of school and who are always marginalized in the society. Some experiences tell that, although we have included HIV education in the general curriculum in the primary and higher secondary education, still there are so many problems. The teachers do not feel comfortable, the students do not feel comfortable to discuss in the classroom on HIV. So we need to do some more in that study to find out why it is happening. The HIV issue has been included in the education curriculum perhaps four five years ago, but still such type of problems continue. So we need to do more in-depth studies and better design the program. If there are something wrong then we need to revise those programs, we should revise even the HIV curriculum in the school and higher secondary school education. Another important issue is that still we have not involved the young adolescent in designing the program, policy formulation, strategy formulation and we need to give more stress on that.

We have some international obligations as you know. If we want to achieve MDG 6 then we need to specially put emphasis on main three indicators that are likely to reduce HIV infection among those young pregnant girls and women who are within the ages of 15 to 24. So we need to give more emphasis on women, especially on the adolescent and young girls. Promoting use of condom is very important because it is also our commitment and one of the key indicators to increase the condom usage rate in the risky sexual act. Currently, we are focusing the high-risk young people to provide them targeted intervention. This sort of program needs to be more expanded and scaled up in future. So we need to have some plan for that. Although we have received a good fund for that but we do not know what will happen after few years. So we must involve more young people in such programs.

## Mr. Hasnain Sabih Nayak, Career Counselor, Independent University, Bangladesh

The curriculum of HIV is in the textbook but the teachers are not teaching the text. If we go back 30-40 years we can see in Biology of secondary level there was a chapter on human reproductive system. Teachers felt shy to talk to students, to discuss with students on the topics. That is a social phenomenon. We have to consider that even if you put it on the text it may not be discussed with the students. That is the reality.

There is religious pressure. It is not a permissive society. When you say safe sex, it can be between a man and woman whether they are officially married or not. Our religious minded people have reservation. So we have to consider that as well. I am not saying that this is right or this is wrong. But I am trying to say that these issues are to be addressed in the most creative manner, so that we do not hurt any group of people or the existing beliefs and norms.

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