

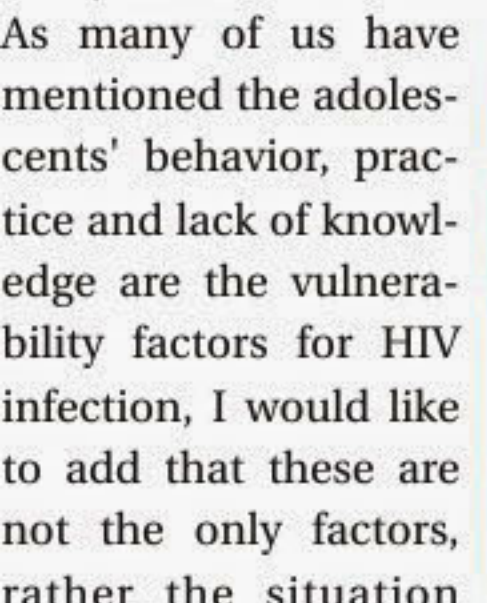
Mr. Saleh Ahmed, Executive Director, Bandhu Social Welfare Society



Addressing the social issues, we know the young people are still at the center of the global HIV epidemic in terms of rate of infections, vulnerability impact and potential for changes. I would like to share our experience. There are number of studies. I am sharing program based experiences. The program we run in the country, you know we have unique setup in every field offices. We found large number of young people coming to our physicians. Our counselor, through the counseling process, identified that they are having male to male sexual practice. But for us the main concern is the age concept. Because you know in accordance to the UN definition and of the government of Bangladesh, we cannot denote the sex issues when the boys or girls are below 18. It is also important to talk about the policy issues. Due to our policy bindings we cannot move far. So we have to think about the Policy formulation as well.

As many of us have mentioned the adolescents' behavior, practice and lack of knowledge are the vulnerability factors for HIV infection, I would like to add that these are not the only factors, rather the situation and environment they live in also make them vulnerable to HIV infection since they are often abused and exploited both physically, sexually and mentally. Especially, I would like to focus on the street children and internally displaced adolescents in this regard. I think empowerment and ensuring human rights of the adolescents, along with appropriate education, is crucial. Again as we are saying that the teachers and parents may play an important role in educating the adolescents on these issues we need to consider whether they know what to say and how to convey these sensitive messages to the adolescents in a given cultural and social environment of Bangladesh. Therefore, to reduce the vulnerability of HIV infection among the adolescents it needs comprehensive interventions that involve multiple sectors and both adults and adolescents, tailored to address the specific needs of the specific target population

Dr. Samir Kumar Hawlader, HIV Focal Person, IOM, Dhaka



While discussing about the adolescent we mean that includes the students and youths of the society. And when we speak about them I think we should distinguish between the students and youths of the city and the villages, students who have access to information and student who don't have access, and whose guardians are quite educated and they know how to plan a society, and students whose parents are not so educated. These social conditions have their impact on HIV. Let me share with you a recent experience. I went for a two-day workshop in a satellite town in Brahmanbaria. The program was about literacy and MDGs. There were 75 participants, 40 of them were girls, 35 of them were boys and all of them were of class 9. In the MDG session, when I spoke about HIV and AIDS I saw there were a lot of curiosity among them. Some of them were laughing, some of them were not so easy and some of them did not look at me when I spoke about sex and other related things, but after the end of the session, almost all the participants, specially the girls, came to me and they wanted to know more about HIV and AIDS. Because I gave references to my daughter who is also a student of Intermediate, and told them I have a daughter like you and I speak to them about HIV and AIDS. They said that they had heard about HIV but did not know about its impact. So, as we speak about strategic information, how strategic could we be in sending out our information to the young people and students of the villages. When we adopt strategy to disseminate our information and our policy we should look at these variations of the society.

I must congratulate UNFPA and The Daily Star for organing this timely discussion. In the present world young people are at the centre of the HIV epidemic. Youths and adolescents, in this special part of their lives, have to face many risks including drug abuse, sexual abuse and violence etc. which may ultimately expose them to HIV infection. Currently, throughout the world about half of all new HIV infections are among young people who are 15 to 24 years old. More than five young people are being infected with HIV every minute. However, unfortunately very few of them know about their HIV status. HIV among the Injecting drug users has been identified as a frightening driver of HIV transmission, especially in Eastern Europe, Central Asia and South and Southeast Asian region. Around ten percent of all new HIV infections worldwide are due to injecting drug use. In Bangladesh HIV is also alarmingly increasing among the injecting drug users, which has already increased to 11% in a neighborhood in Dhaka city.

Dr Md. Mozammel Hoque, HIV / AIDS Advisor, UNODC



Evidences throughout the world suggest that HIV education for the young people and development of their life skills, greatly improve their ability to make the right choices, for example, delay to start the sexual debut until they are matured enough. In this part of their life, support and guidance from elders in the family, teachers and peers, are very critical for them to make safe choices. In addition, youth-friendly health services could create congenial atmosphere for them to get proper counseling and treatment for sexually transmitted infections. It also can help them to become cognizant about responsible choices for sexual and reproductive health.

However, no strategy can be effective unless the rights of young people are strongly defended. In this regard, strong advocacy and social mobilization can play critical roles. Finally, it is very essential to empower the young people for their effective participation in all planning and implementing process in the HIV prevention programs addressing the young people.

Ms. Mohuya Leya Falia, Program Manager-Rights of the Marginalized, Manusher Jonno Foundation

At the age of puberty, youth goes through physical and psychological progression and they do not have any scope to know on how to cope with all these. Today's needs, therefore, of youths are information about healthy sexuality, positive relationship, violent behavior specially sexual abuse, responsibility in sexual relation and

Dr.Nazneen Akhter, Executive Director, HASAB



I just really want to communicate something from different perspective to think in a bigger box. In terms of demography, we are passing through a transitional stage where a large number of young people are passing into the at risk stage. So, if we do not consider the age cohort group and if we do not put important inputs at the right time, in the right way, in the right manner, then it will be really a fatal impact at a later stage. Nutrition is also an important issue to be considered with due importance.

Kazi Ali Reza, Officer-in-Charge, UNIC

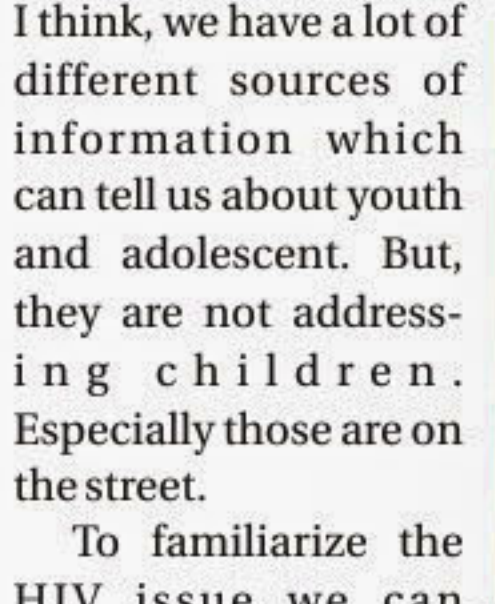


Considering all these, I want to propose a campaign for 3Rs- rights, respect and responsibility campaign for the youth. Where adults will respect young people, understand their need and involve them in development activities, support youth's right to act responsibly. And as parents, as students, as organizations, health care providers or members of the society we can all start to practice that 3 Rs for a better future and to secure the life of the youths.

There needs to be comprehensive approach to both situations, public sector should incorporate more HIV services and drop-in centers should incorporate general health and reproductive health services including family planning.

Ms. Azmarina Tanzir, Program Officer (CSE), Family Planning Association of Bangladesh

Dr. Tasnim Azim, Head of Scientists, HIV Program and Virology Laboratory, ICDDRDB



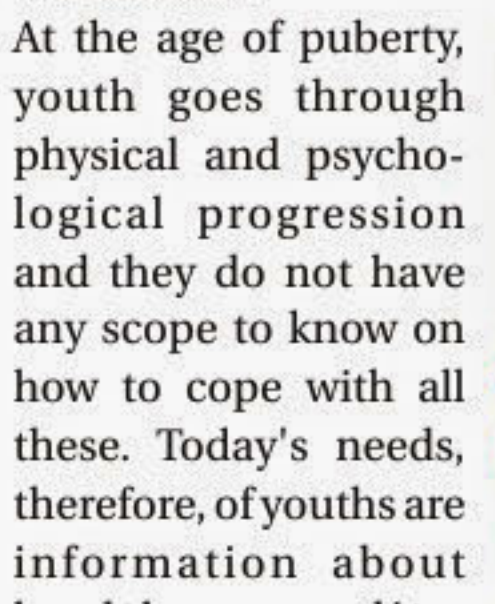
We need a comprehensive program. As a young person I do not feel interested in the ongoing HIV campaign. We have to work out different strategy to approach the youths. Relationship is important to them, so we need to talk to them about safe and responsible relationship in terms of HIV. I think it will yield good result.

Mr. Shuvhashish Roy, Member, UNFPA Supported National Youth Forum



I think that only, "say no to HIV or drugs," will not really work. So, we have to go differently to the point and use the slogan definitely like 'use condom' and there will be a tag line that you rely on or you die. It is also important to spread this message to youngsters. Now how to disseminate the message? As a representative of youth groups of cities, I can tell about the city people. We really hang on face book and we have to think out how we can use face book. We can first use opinion leaders like united nation youth and student association and so many youth groups. They can spread the message. We can make games on HIV awareness; we can bring young celebrities because youths really follow celebrities.

Ms. Mohuya Leya Falia, Program Manager-Rights of the Marginalized, Manusher Jonno Foundation



HIV programs are expanded to the global fund including maternal child health with HIV. It is an important entry point. Because, for girls how to handle adolescent pregnancy, how to handle adult care and post- adult care is very crucial learning. 50% of Bangladeshi sex workers are under the age of 24 years. The sex worker needs help on the first pregnancy, delivery as well as caring of the baby. That is why, I think integration approach is essential. I don't know how and why we still have less than 1% infected population. We need to explore further what magic plays in Bangladesh. We know that Intervention programs are here. Policy and government support are also being given. But there are many things we do not know yet. We need to explore more than what we know. The largest coverage to reach the young and adolescent people can be possible

finally, self-esteem.

Thus, the HIV program design should consider promoting life skill education beyond the existing setting, it should relate to sexual health as well as other factors in a young person's life other than only reproductive health issues that might be called life planning education and can be merged with public health frame work.

This is the time now for right based HIV programming, not in compartmental basis but integrated. For example, access to information about reproductive and sexual health is our right. Rights based programming will have a vision of a society where adolescent and youth are valued and sexuality is viewed as a normal and healthy part of being human, of being a teen, of being alive. In such a society parents will play an essential role in helping the young make healthy responsible choices. Communication within the family will be a norm, providing information to protect their health.

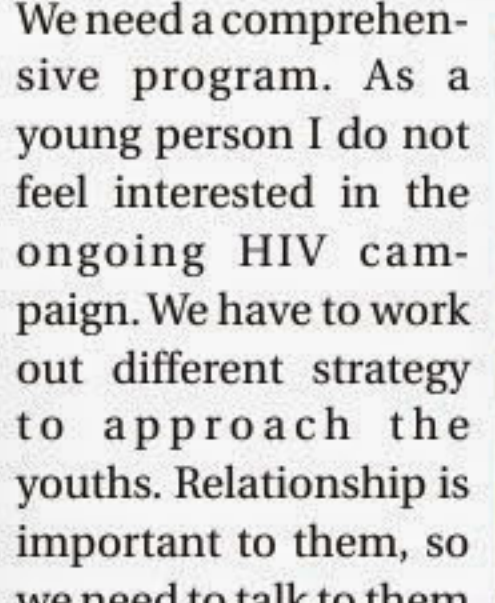
Ms. Misti McDowell, Country Director, FHI, Bangladesh



We need to have comprehensive programs that include HIV. In Bangladesh donors tend to fund vertical programs; the HIV program is the perfect example. Currently most people in Bangladesh, including the young generation, cannot even access HIV services because they are not integrated in the public sector. Most HIV services are only at drop-in centers for most-at-risk-population (MARPs) and these MARPs cannot access general health services because the drop-in centers only receive money for HIV services.

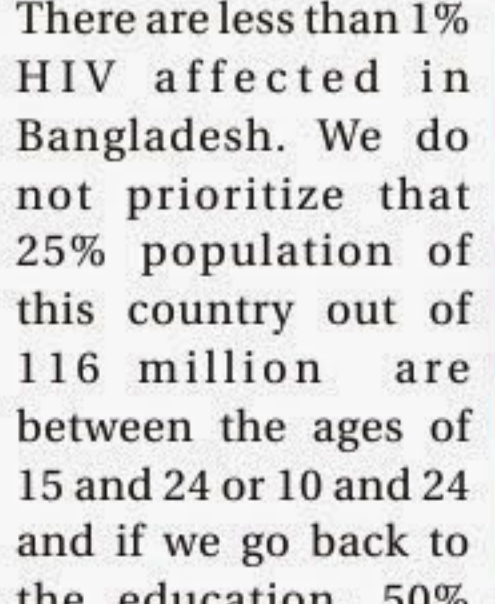
Ms. Sanaur Rahman, Project Executive Officer, Life Skills Education Program, DSHE

Dr. Dipak Kumar Biswas, Director Program, HASAB



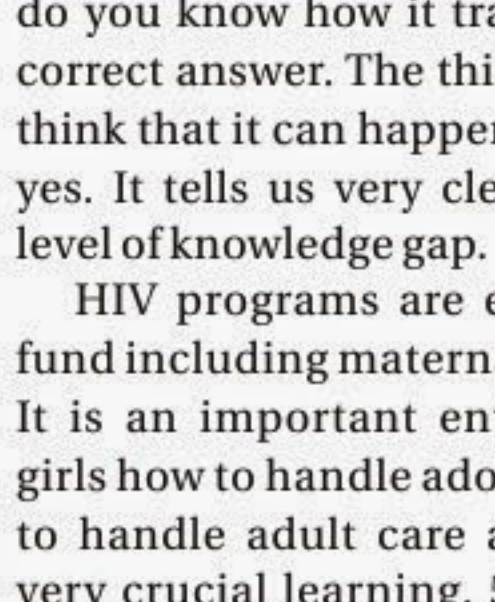
I would like to mention some strategic information regarding the programmatic point of view. I would like to mention two separate "togetherness". For implementation of the program the government and the NGOs should work together, that is one togetherness. Another togetherness is between formal and informal sectors; between national and the local level. That is very important. The other togetherness can be between the personal approach and the social approach. If the society is sensitized the person will awake.

Ms. Farzana Binte Hassan, Moderator, UNFPA supported National Youth Forum



As an adolescent I face the problem of generation gap between my parents, teachers and myself. I want to know about HIV but they feel constrained. So, communication channels should be developed to reduce this gap.

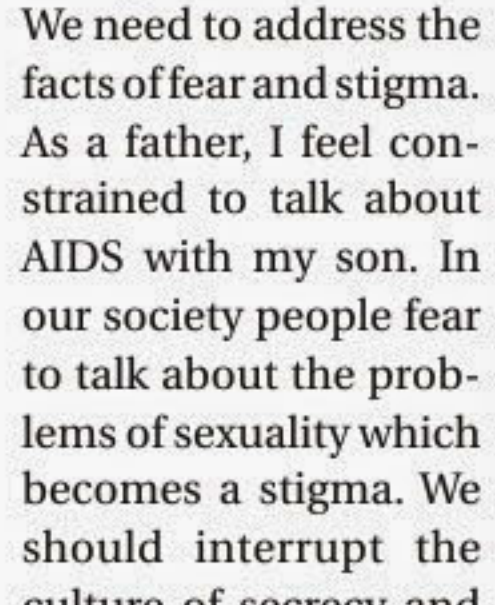
Dr. Hashina Begum, Assistant Representative, UNFPA, Bangladesh



I just want to highlight that this disease is very much linked to different risk behavior. Evidence from 52 countries reported by WHO revealed, there are some risk (e.g friends who are negative role model) and

through not only HIV but also through education, reproductive health and all other issues of importance.

Dr. Hasan Mahmud, Deputy Program Manager, NASP, DGHS



We need to address the facts of fear and stigma. As a father, I feel constrained to talk about AIDS with my son. In our society people fear to talk about the problems of sexuality which becomes a stigma. We should interrupt the culture of secrecy and think of it as a disease, not as a stigma.

M.S. Mukti, Executive Director, Mukto Akash, Bangladesh

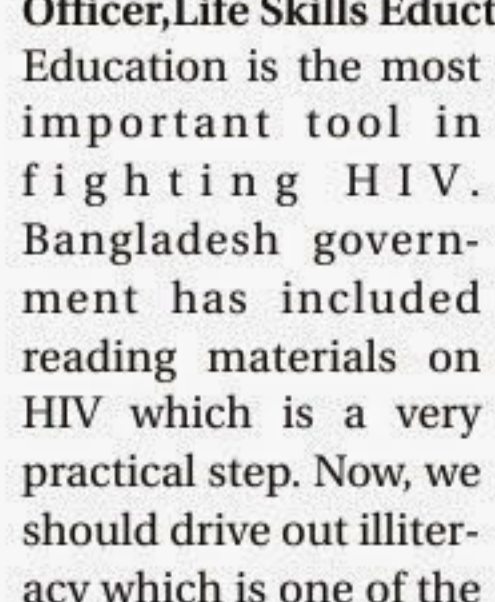


From the discussion we are informed that young and adolescent people are aware about HIV/AIDS through newspapers, posters, leaflets, internet, face book etc. This opportunity is only for the literate youth and adolescent. But from my own experience, I

would like to inform that most of the HIV positive persons in Bangladesh are very poor, illiterate and come from very remote areas. Their age limit is between 18-24 years. They cannot read newspapers, posters or leaflets, much less, able to browse internet. So, how they will be informed about HIV/AIDS? We have to find an easier way for them to access information. Otherwise, they will be in the dark and all our works to prevent HIV/AIDS will fail.

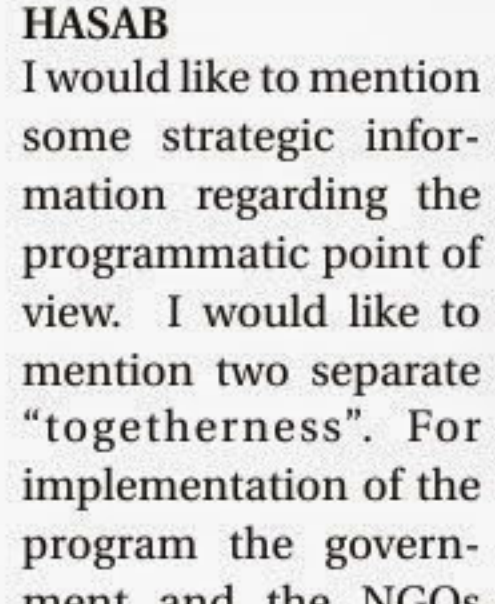
In Bangladesh, many organizations are supporting People living with HIV (PLHIV). That support is only for (Anti-retroviral) ART supply, but we also know that PLHIV need more support like nutrition, psycho-social and education support for children etc. It is true that very few are thinking of them, and we need to put emphasis on their betterment, besides ART. To prolong the life of PLHIV, nutrition is very much essential like ART. But most of the PLHIV are not economically sound so that they could not manage their daily requirement of food. Sometimes they are taking ART without food. Another thing we know, in Bangladesh there is lack of child formula of ART and 2nd line ART. When we will make the future plan, we have to think for those supports for PLHIV.

Brig Gen Shahedul Anam Khan (Retd) Editor, Defense & Strategic Affairs, The Daily Star.



In our discussion on strategic information, no one raised the issue of media's specific role. I think media can play important role in disseminating strategic information on HIV and implementing prevention programs. Society's intervention and government intervention should be effectively coordinated.

Mr. Arthur Erken, UNFPA Representative, Bangladesh



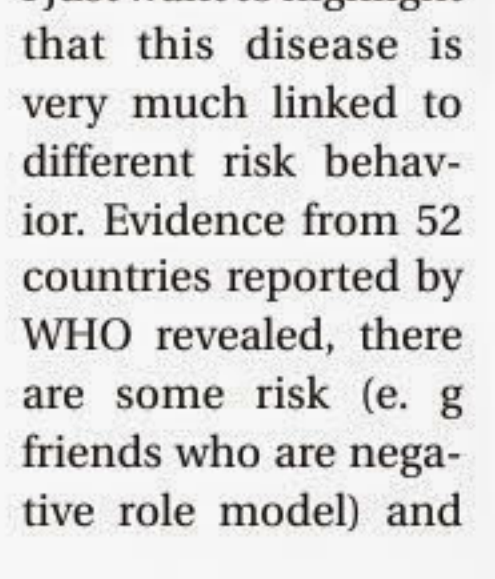
Even after the inclusion of HIV/AIDS issue in textbooks, the teachers and parents often feel embarrassed to discuss it with adolescents. Bangladesh is not an exception in that regard. I am from a rather liberal country, the Netherlands. Teachers in the Netherlands often face the same difficulty. I am a parent as well. I am working in this field for twenty years, but that doesn't make it easier for me to talk about these issues with my two daughters. This is a tough issue. Let us focus on teacher's training to develop their capacity and skills to address these sensitive issues in classrooms. And, we talk about the young people, their teachers, but we do not talk about the skills of parents. Parents will always be in a difficult position to talk openly about HIV. If they can do it, it would be very good, but if they cannot do it well, it will create an information gap. The role of the media is also very important. The media is a broad source of information. The media could help parents deal with the difficulty of communicating with their children about HIV and AIDS by publishing articles explaining the correct ways of preventing HIV infection like how this disease is transmitted, what is the picture of Bangladesh on HIV/AIDS, where is it located? Who are affected, who are addressed? That is the first and foremost role of the media. Then there is the enormous power of the social media, such as Facebook, Twitter and many others. This is because young people hook on to these things. Young people having a discussion on the social media would be a very good idea to mobilize them. Yes, they are vulnerable but they are at the best potential of change.

Young people should be engaged in programme design as well. We should consult with them. Actually young people should be given the chance to run their own programmes.



My last point is the issue of the promotion of condom use. This has a lot to do with our life style. If you respect your partner, you will have to behave with responsibility. If we promote the use of condom as part of our lifestyle, we would be more effective. Only information on the negative consequences of HIV will not work, we need to create a positive image around the use of condoms as a way to protect one-self and one's partner from contracting HIV.

Thank you all for coming and contributing. Hope we can move forward.



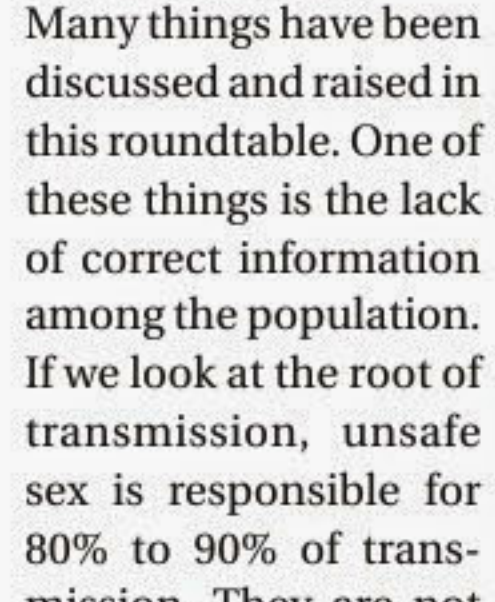
protective factors (e.g positive relationship with parents) for adolescents that could influence their behavior. Program should also give emphasis on those underlying factors.

For effective communication of HIV information, we can also think about partnership with private sector. Most of the subscribers of mobile phone are the young people. So we should think how we can utilize that communication channel like using a toll free number for telephone counseling. As adolescent feel shy to ask for the sensitive information, evidence shows that they feel comfortable to talk about their reproductive health if privacy is ensured.

We have to continue promoting A-B-C strategy for prevention. We can learn from the evidence of the African countries that they reduce the HIV incidence significantly among young population just by delaying the first sexual exposure.

Finally, I would like to emphasize on the continuity of the program to ensure uninterrupted flow of communication and logistical supply for prevention of HIV/AIDS.

Dr. Md. Abdur Rahman, Line Director, NASP and SBTP DGHS



Many things have been discussed and raised in this roundtable. One of these things is the lack of correct information among the population. If we look at the root of transmission, unsafe sex is responsible for 80% to 90% of transmission. They are not aware of HIV. Media can play a very important role. Rightly mentioned here, HIV is very much related with behavior and the youth are the most vulnerable. Our policy should be to educate them, to disseminate the information that we have. Government has 224 youth friendly service education centers across the country.

There is a difference between urban and rural population. Majority of our population live in the rural areas. They have limited access to information. Information transmission from different sources should be increased. Education is an important issue. Access to education will generate access to information. Government is designing a program to cover all adolescents, to give them the right information about HIV. But we have to consider our social context. In a dining table where mother, father, sister and brother sit together, one can share with others very easily about cholera, malaria like diseases, but definitely it is impossible to talk about AIDS.

Low prevalence of HIV is our important achievement. Government is working hard to disseminate information to make primary prevention.

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Mr. Arthur Erken, UNFPA Representative, Bangladesh

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