

Men's involvement in the context of HIV prevention in Bangladesh

UNFPA and The Daily Star organised a roundtable on 'Men's involvement in the context of HIV prevention in Bangladesh' on 20 November 2011. We publish a summary of the discussions.

--Editor

Mahfuz Anam, Editor and Publisher, The Daily Star

We are much better off than many but the fact that we are better off makes us complacent. We are in some sort of uncharted middle ground where, because of social economic, cultural and religious reasons, HIV is not that prevalent as in many other countries. However, that fact of not being prevalent is making us complacent about taking measures which we should. This is exposing us to vulnerabilities which we must seriously guard against. Given our particular culture we are a bit shy talking about sexually transmitted diseases. Sex as a topic never comes in the public domain. I think we have done a clever job of not saying it directly but saying it indirectly and campaigning with innovative languages about the whole threat of sexually transmitted diseases. However taboo covered it is, it has to be brought in the public domain and we will have to face the fact as it is and prevent HIV from spreading. As a media institution we would be happy to collaborate in every way possible.

Arthur Erken, Country Representative, UNFPA

Bangladesh is still a low prevalence HIV country, but we are not immune for a full blown epidemic. And since men and male sexual behavior are the main drivers for the spread of the infection, we need to get much more serious about their role and responsibilities. And we need to target men in their multiple roles in society: as husbands, policy makers, community leaders, law enforcers, but also as drug users, or clients of sex workers. So, we need a holistic approach to address male sexual behaviour. To address male sexual behavior, we have to ensure that we look at their particular needs for sexual and reproductive health information and services. Too often, we see a man as simply a 'target' of interventions, not as a beneficiary of and an active participant in HIV-related programme interventions. Therefore, in the mainstream family planning and reproductive health programme, we should be looking for ways to reach men with sexual and reproductive health, including HIV & AIDS, information and services. The purpose of this dialogue is to look for better ways of involving men in HIV & AIDS programming.

Dr. Khandaker Ezazul Haque, UNFPA

I am going to start with some brief background of HIV situation. Considering the global and national context, HIV/AIDS is not only a health problem, it is a socio-economic problem as well. Since the beginning of infection, a specific group of people commonly known as "Key affected population" previously known as "Most at Risk Population" bear the brunt of HIV infection. Global epidemiological data says that the transmission of HIV is mostly heterosexual. Though we commonly say, everyone is potentially susceptible, but social circumstances do leave this group particularly vulnerable. In most of the cases this vulnerability is associated with men's unsafe sexual behavior, gender inequity and gender based violence which is further aggravated by associated stigma and discrimination as imposed mostly by men. Considering this context, interventions for HIV prevention, mostly address the women and girls to counter their detrimental role of unsafe sex practice and violence against women.

A study shows that more than 1 in 3 (36.8%) married Bangladeshi men reported physically and/or sexually abusing their wives in the past year. This study shows that Bangladeshi men who perpetrate intimate partner violence represent a greater threat to the sexual health of their wives compared with non-abusive men, based on increased rates of extramarital sexual behaviour and acquisition of STI. So, there is justification to focus on women and girls in HIV prevention.

Moreover, programmes which addresses gender issues for HIV prevention, have an inclination to mainly target women, focusing on 'empowerment discourse' with an objective of social and economical emancipation and



achieving decision making power for safe sex practice and prevention of HIV. According to my opinion, men have long been portrayed as 'the problem'; this rarely functioned as an incentive to work for gender equality by engaging directly with them for safe sex practices. This tendency of ignoring the potential of men's involvement is being questioned whether women, who have learnt about their rights in empowerment projects, can exercise these if there has been no male involvement.

HIV prevention programmes aim at empowering women by improving their access to information, skills, services and technologies. This approach, when used alone, has every chance of failure if gender power relation between men and women is not considered in wider societal context and dynamics. The acquired skill and information will not work unless and until we have get support from men for prevention of violence and safe sex practice.

So, I think, in HIV prevention, closer linkages between women's empowerment and male involvement need to be established. To me, this women's empowerment and men's involvement are two side of one coin which supplement and complement each other. Moreover, I believe like women, men also have sexual and reproductive health need. We should not forget that masculinity attitude and unsafe sex practice also leave men vulnerable to HIV. They have unmet sexual and reproductive health needs, and if these needs are adequately addressed, men's support for women's safe practice will be spontaneously ensured.

I am confident, that if men have good and supportive attitude towards women, this can facilitate the empowerment process manifold. I am not against the prototype or existing women's empowerment process, but, I think, if men's support can be ensured, process of women's emancipation will be easier and less time consuming. My urge, we should think on this issue very seriously to harmonize the empowerment process with men's involvement as they are the good and trustworthy partners for their mutual benefit.

Men are argued to have influence on women's sexual behaviour, which implies that working only with women is not enough. Men are therefore should be encouraged to use this power positively, take the first step towards change and take responsibility for and with women.

Bridget Job-Johnson, HIV Specialist, Unicef

We have to look at needs to bring change in the society. We need a major shift in terms of how men are seen vis a vis sexual and reproductive health services.

Dr. Fadia Sultana, Senior Manager, Coordination and Capacity Building, Save the Children

Regarding HIV prevention, Bangladesh has

clear priorities, partnership for prevention of HIV with a solid vision for Zero new HIV infections. Zero discrimination. Zero AIDS related deaths where we are committed for. Under the leadership of Ministry of Health and family Welfare and National AIDS STD program Bangladesh started early responses, addressing most risky behaviors, factoring awareness raising campaigns into behavior change program under GFATM resources have contributed for impact.

We have national strategies, commitment and investment in place in the area of HIV prevention, care and support through national program. The country is awarded three Rounds of GFATM funding support for HIV and AIDS program, Round HIV 2 project focus on the young people who are belongs to 15 to 24 from 2004 to 2009; a large number of them are young male.

The programme went through a systematic baseline survey to understand the knowledge, perception level of the young people and the programme was designed to address gaps in information and service. It targets to institutionalize access to information through life-skill teaching and service utilization to bring the young people under the youth friendly service institutions in the government and private sectors. We usually do not think that young people have high risk behaviour but baseline survey shows that there is very high risk behaviour among the young people and self risk perception was low.

Considering country gap and prevalence, Round 6 HIV project given focus on Most-at-Risk populations particularly drug injecting people and female sex workers and infected and affected people with HIV and "Rolling Continuation Channel (RCC)" stated from 2009 to be continued till 2015.

The strategies include scaling up prevention program among most at risk population particularly IDUs & Female Sex Workers Men sex with men and transgender, scaling up prevention programs among young and vulnerable youth and workplace intervention through Partners.

In Asia most of the women are infected by their partners and in Asia PLHIV rate is about 35 %. So we have to take special care of the partners. In relation to male involvement she said that defining male for addressing through HIV program is key looking at HIV prevention program, male as population having risk behavior like Injecting drug user, client of sex workers who need essential services, on the other hand male as law enforcing agency, parents, religious leaders to involve for creating enabling and supportive environment for increasing service access and utilization.

Data suggests that a significant proportion of new HIV infections within key populations at higher risk In Dhaka city the prevalence has remained stable at 7% among Injecting Drug Users (IDU) which has reduced according to

recent 9th sero surveillance.

Regarding achievements HIV prevalence remains low which is less than 1%, active syphilis has declined among Injecting Drug Users (IDUs)

- Knowledge has increased considerably

among Young people, in endline survey in comparison to baseline at beginning of the project.

- Study shows that condom use has increased among Young People from 40% to over 55% and also among the young clients of hotel based female sex workers from 14.1% to 48.3% which ultimately reduces the risk of HIV transmission
- 556 people living with HIV are in ART treatment that will reach to 600
- HIV is included in the national education curriculum from grades VI-XII and Teachers and SMC members are trained.
- 14,000 IDUs, and 28600 FSWs are reached through 114 Drop in Centres (DICs) in 52 districts under GFATM HIV program.
- Save the Children through three grants of GFATM generated evidence for use for quality improvement and resource mobilization

Regarding general information besides surveillance, BDHS is the only source where we can only see the knowledge level of HIV, but unfortunately we cannot see the practice level like condom usage for prevention of HIV. The rate of using condom among the base line people was really a very low. But in the recent years we can see a tremendous increase of this use which occurred because of knowledge. The school base education curriculum and in text book can be a good media so that the people would get correct information. So that in adulthood or any time in their life cycle they can take the right decision. Regarding male involvement in SRH programmes she requested is to use existing community based infrastructure of the government. Existing family planning and maternal and child health services to be attracted by and facilities to be ready to address SRH needs to support male. The word condom was stigmatized; even it was not mentioned in any media. But now there is huge change because of the planned campaign such as "Bachte hole Jante Hobe". These changes are made possible because of the government leadership and government owned programmes. Government allowed the media and the people to get the right information.

The country needs to continue and scale the comprehensive HIV prevention and care, treatment and support programmes for most at risk population and People with HIV and at the same time individual risk factors to be analyzed. Men's have to get proper information from where they usually get services about STI related problems, about self risk. VCT could be an entry point for prevention. We have to expand the VCT programme and standardize services. We need more facilities beside government efforts.

- Based on our experiences and lessons learnt priorities in programming would be continued to focus on most at risk and most vulnerable populations for maximum coverage with evidence-based

approaches, strengthening health systems and it's linkages with most at risk population and People living with HIV and AIDS services along with integrated HIV program with SRH, reproductive, maternal and child health. Drop in centers to be linked with existing Government services

for Most at Risk population and facilities to be prepared to provide services irrespective to status so that Drug user, sex workers can get friendly services with respect interventions and in increasing condom use among youth clients of sex workers

- There are 13 focal points under key ministries on HIV AIDS. I would like to request activate existing focal points to review their role and incorporate men in HIV programme. At the same time district AIDS committee to be more functional under Directorate General of Health services for local accountability.

Misti McDowell, Country Director, FHI360

We have programmes to reach to the spouse of the female sex workers. That is very important to make them part of the solution. I think without involving men in the HIV programme we cannot get real success.

Dr. Md. Enamul Haque, National Consultant - HIV/AIDS, World Health Organization

It is very important to perform a proper situational analysis before any public health programmatic intervention initiated. Let us analyze strength, weakness, opportunity and threat in existing situation properly before any programmatic intervention. It is not cost effective for a programme to confront an undesired situation that has aroused in absence of proper situational analysis in the beginning.

Any programmatic intervention needs a proper exit strategy in the proposal. It helps in sustainability of programme continuation when donors withdraw their fund. Exit strategy should explicitly mention the time, place and person for proper hand over and it should be explicitly a part of any project proposal to donor. Clear exit strategy ensures better sustainability of any programme in developing countries.

Women suffer more discrimination and stigma in society than man. If a person belongs to marginal society e.g. sex workers, transgender, intravenous drug user etc, problem becomes more acute. When women or members of a marginal society suffers more stigma than man after HIV infection, its not an isolated phenomenon. The root of the problem lies inside the power relationship among men and women in society, financial independence, thus decision making capacity etc. In short, it depends on men's attitude how they see women in any social structure. In the light of this reality, there should be a comprehensive effort involving all sectors (education, women and social welfare, law, media etc; not only public health sector alone !) to make people aware about their due rights,