

ROUNDTABLE

# HIV prevention in Bangladesh

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gender issues, changing attitudes, compassion to fellow human beings etc. It's a gradual process and situation is slowly changing to better direction in comparison to the situation prevailed ten years back.

#### Dr. Nazmul Alam, ICDDR,B

We established Men Involvement Forum, it did not work. With the collaboration of FHI we conducted a survey among 9000 men with innovative procedure like using ballot box which gave good results. In Matlab, we did another research focusing on the male only but the programme did not survive due to financial constraints. We need more concentration from our policy makers and higher managements to sustain these projects. The 2008's Asia Commission Report stated that half of the infected are not practicing risk behaviour rather they are infected by their male partners. We could not start male involvement as a holistic project. We should remove these hindrances.

#### Brother Ronald Drahazard, Executive Director, Apon

In Bangladesh most of the young people who are addicted start taking drugs before the age of 20. They start sexual activity long before becoming adult. So we have to start our work from the young people so that we expect the adult to be using their position, authority and power positively. Another important pocket is the street children, 10% of them are drug users and also HIV positive. There may be 4-5 hundred thousand street children in Bangladesh. This is a very high percentage. If even half of those become street adult then it is horrible. So we have to do something to take them out from the street. We need to help this people so that they can be made skilled in any job and can find a job off the street and are able to live a responsible life.

#### Md. Gias Uddin, Project Manager, FPAB

Our national programmes for HIV and SRH are very vertical. Some NGOs are working on HIV and some on SRH. But there is no integration among them; the coverage is very poor. The least number of people are getting services and information. On the other hand, some NGOs are addressing the sex workers with condoms and information, but what about their partners. They are out of the service. We are not covering the male people. Similarly, some NGOs are working with the young people but their focus is mainly on SRH not on HIV. If we integrate both the programme we can get better services at minimum cost.

#### Hasnain Sabih Nayak, International and Culture Editor, TOITOMBOOR

In our country, whatever programme we are implementing in the social or cultural context, it is not able to make much dent. Still there remains a taboo in discussing about sexual diseases. If you take HIV as a medical discussion even that is not possible to be discussed in public other than in selected forums. We should counter such mindset with specific social intervention to change the mind set.

I want to further broaden the topic of street children that it is not only the street children but children in general also. When the children are born you do not know who might be on the street or who might not be. We should focus on the social and cultural transformations during their childhood. When we are making any strategy and policy, we have to think in long term perspective to make it effective.

In our society we find that if anyone has bi-sexual relation and have HIV infection we disassociate from him thinking he is a victim of his fault. This attitude should be changed.

#### Bridget Job-Johnson

We are seeing more and more men's involvement in the medical treatments. Now, we find husbands in the hospitals when their wives are delivering babies. The paradigm is shifting. When men go to hospital there is a need to suggest to them to take HIV test.

Rape within marriage is another issue. How is that to be dealt with? In that situation the woman is not able to negotiate about condom use which exposes her to the risk of getting infected.

Before formulating policies we have to learn more about man's different behaviours in different roles. They are father, they are the bread winner and they are



Arthur Erken



Dr. Hashina Begum



Dr. Khandaker Ezazul Haque



Bridget Job-Johnson



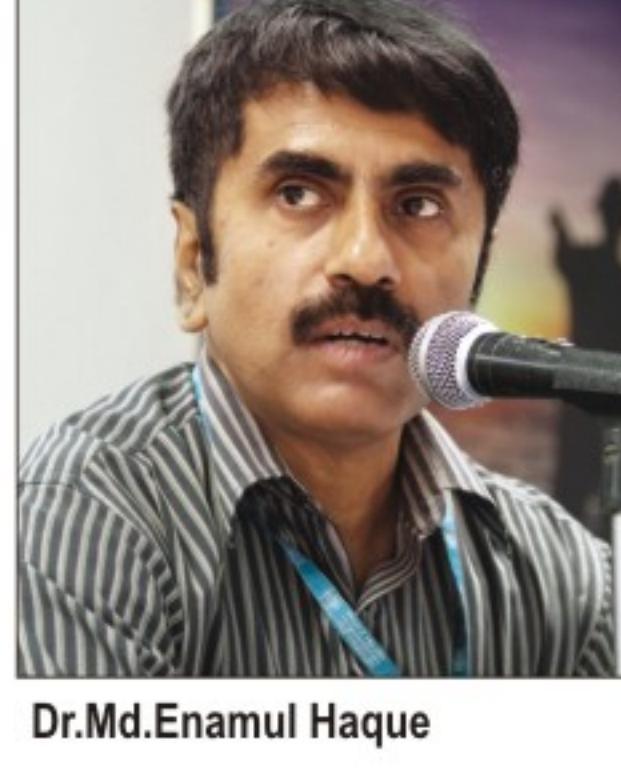
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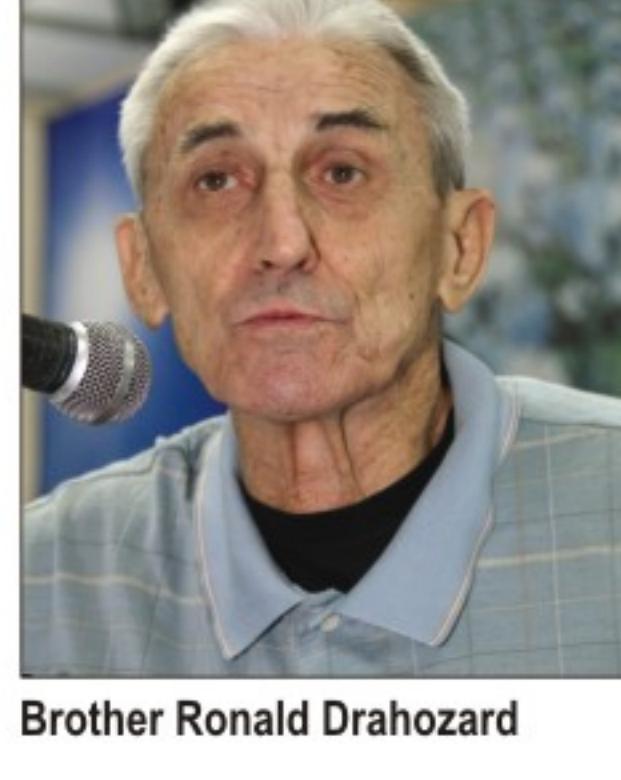
Misti McDowell



Dr. Nazmul Alam



Dr. Md. Enamul Haque



Brother Ronald Drahazard



Md. Gias Uddin



Hasnain Sabih Nayak



Dr. Samir Kumar Howlader



Safat Hasan



Dr. Md. Abdul Waheed



Dr. Shamim Jahan

community leaders. Do we know whether they talk about these things or want to hear? We need to know what they think.

#### Dr. Samir Kumar Howlader, IOM

I want to focus on the migrant population. They are highly vulnerable to HIV not because of migration but problems associated with the migration process, when they come back with infection and they spread the infection in their wives or partners. So here again men come to be highlighted to address their needs. So we should not blame the man rather they should be looked at as partners not as a burden. I am in favour of parallel programmes not only for man or woman but comprehensive programmes including both for preventing HIV or sexually transmitted disease.

#### Safat Hasan, National Youth Forum-UNFPA

We the young generation already know about HIV infection and its prevention. But the problem is that we only know the general concepts, not in depth. We follow the radio, TV, tag lines, advertisements which contain messages on HIV. These are the worst things. We only know but do not care. It seems we are not educated. When we have to face a situation we are blank and get infected. We have to incorporate young people. There are medical centres but we feel shy to go there. Steps should be taken like online centre or hotline so that privacy could be secured. Another problem is that we are not free with our teachers not even our parents. In our academic syllabus our teachers usually do not talk of the HIV chapters. We have to get out of such mind set.

#### Dr. Md. Abdul Waheed, NASP

In Bangladesh the main reason of HIV transmission is heterosexual behaviour. Though the reported number of HIV victims is comparatively low but still it exists in our society because of low number of condom use, lack of information and increasing injection of drugs. I would like to focus on gender discrimination. In our patriarchal society women are having less power. They cannot even take decision about their health. It is reported that a large number of women in our country are infected by their husband. Different sources say that even sex workers are aware that using condom will save them from HIV, but the male clients refuse to use condom. This is high time for the male to ensure their responsibility not only towards women but also towards their own health, no matter the woman is his wife or a sex worker. It is a good point that our government is working hard to minimize the gender disparity. In Bangladesh men should be more responsible. Increasing the negotiation power of women and providing them universal access to health care regarding reproductive health, can make real change.

#### Dr. Khandaker Ezazul Haque

Men's involvement issue also needs to address the mainstreaming of HIV and gender issues. It means that we need full time dedicated personnel, sustainable financial commitment, and administrative support at relevant ministries and sectors. Questions might be raised why we need mainstreaming while

we are talking about men's involvement in HIV prevention. Answer though not simple, but I believe not complicated; in fact it facilitates active engagement of all stakeholders, ensure quality and wider coverage of services. As I mentioned earlier it will also ensure to address both side of the coin, the empowerment process of women and men's involvement.

In terms of targeted intervention for "Key affected population", I think we should also emphasize on this issue. Anecdotal and research findings depict that sex workers are well aware about the safe sex practice, but due to undue influence and detrimental roles of men and local power structure, they can not negotiate with clients for safe sex practice. In this context, we also need to think seriously on this issue of clients involvement for safe practice during buying sex. In fact men's involvement is not only an issue of Ministry of Health and Family Welfare, but other relevant ministries required to be involved. We need policy advocacy for active engagement of different ministries to coalesce on a single platform on this issue to devise a mechanism and strategy for men's involvement in Bangladesh.

#### Dr. Hashina Begum, Assistant Representative, UNFPA

We are talking about men, but we need to focus on young boys as well because they will be ultimately the men in near future. So, from now on, we need to inform them about different aspects of HIV and sexual and reproductive health through different comprehensive programmes. I believe, then they will be responsible regarding the HIV/AIDS and SRH when they will reach adulthood.

With regard to the condom use, we need to talk more about this issue. Our policies and strategies that have been actually initiated very early in Bangladesh, and that could be one of the reasons that still we have a very low prevalence of HIV. But we are still confused about some areas where usage of condom is very low, and we do not know whether our programmes are effective or not. The question demands that if we have a very effective intervention, condom use rate should go up, but on the contrary, still it is actually not going up at a rate as expected. We always talk about the negotiation skill of the most at risk population, specifically the sex workers, but what is the scenario in the sex trade? The sex workers now have condom, and can negotiate for safe sex, but men denies to use condom because they are not fully aware of the risk and not changing their attitude and behavior. Experiences from other countries like Senegal or Thailand, we come to know that if we could have a very good targeted intervention involving men, the STI can be reduced and condom use rate could be increased. Also, we need research to know why we are not able to overcome the barriers, and despite of intervention, and why men's involvement is not up to the mark. If we are able to aware the man about the benefit of safe sex practice, their meaningful involvement will be facilitated. The best example is the EPI. If you look at the national immunization day, usually men take leave from the office, and take their babies to the immunization centre.

Another thing is that we need more study on the good practices of men. We also need to look into the monitoring and evaluation regarding what we are doing, and whether that is really effective because with our

resources we need to have a very good intervention that really yields the result on HIV/AIDS.

#### Hasnain Sabih Nayak

I would like to reiterate two things. One is whatever initiative we take we should consider the cultural sensitiveness and long term strategy which will bring about attitudinal change in the mind set of our society. Another thing is that there are pieces or chapters in our curriculum but in most of the schools those chapters are not taught. This is a gap. If we could monitor and act upon that we would be able to overcome the gap.

#### Dr. Shamim Jahan, Technical Director, FHI 360

There are lots of success stories involving men in the HIV programme that need to come out. If we share those success stories among us that will be of great benefit. Another is working with the media. If we involve the media, bringing them within the programme, then it would be a boon.

#### Dr. Nazmul Alam

One of our studies shows that internal migrants are vulnerable to HIV as they are the increasing client of the sex workers. They should be properly informed about the risk of getting infected. Another thing is sustainability. If we can identify good practices and recommend so that the government programmes can integrate those at a larger scale.

#### Bridget Job-Johnson

We have to disseminate the messages through social media. The messages need not to be in the brushier but to be in the social media. We need youth friendly services to disseminate the knowledge.

#### Dr. Khandaker Ezazul Haque

I think fidelity, mutual trust, respectfulness and good understanding are very important on this issue being discussed. Men should be proactive, and play a forwarding role for safe sex practice. As, based on socio-cultural and other associated conservative context, women can not raise this issue to their husbands openly, and men should understand this complexity, and be sensible and reasonable to protect their wives and partners.

#### Bridget Job-Johnson

Unicef has a research monitoring component. A project was launched looking at girl's empowerment and the project realized that if you do not include boys it is not going anywhere. The project was redefined and included boy and parents, and then it was successful. Government now takes over the programmes for a larger period.

#### Dr. Md. Enamul Haque

We do not have enough data. We need a good survey.

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

The question of attitude of men and empowerment of women is correlative. Prevention is a battle for the mind too. It is not enough only to learn but we have to learn how to react to particular situation. And that is where the media can play a vital role. Talking about HIV is a taboo. If we fail to inform general people we would not be able to intervene successfully. There is no gap for strategic cooperation with media.

#### Arthur Erken

I would like to sum up our discussion, by highlighting the following points:

First, if you want to address certain aspects of human behavior and try to change human behavior, in this case male sexual behavior, we have to start programme interventions at an early age! If we want an HIV-free society in future, we need to focus our attention on programmes aimed at children, including street children, and young adolescents.

Second, we need consistency in our grammatical interventions and approaches. If you want to change society and social behavior, one has to look at long-term sustained interventions, not just five-year projects. Exercising discipline in pursuing a certain approach is very important.

Third, we are still missing vital data and statistics on sexual behaviour.

Fourth is programme design. We have to make HIV information appealing to men, especially young people. Also, for designing meaningful programme interventions targeting men, we need to know the language that men speak and understand when it comes to sexual behavior, reproductive and sexual health.

Fifth, we cannot deal with HIV prevention effectively without taking into account the power relations in society. Hence, dealing with issues related to gender equality and women's empowerment are vital when addressing the role of men in HIV prevention.

Sixth is stigma. Time has come to break the stigma surrounding HIV & AIDS. Failing to do so will make it very hard for HIV prevention programmes to succeed.

Seventh, migrants (both external and internal) and transportation workers are very important, and to some extent new, target groups to be taken into account in designing HIV prevention programmes.

Finally, we do not find much coverage in the mainstream media when it comes to HIV & AIDS. We have to involve media in our programmes so that people can be better informed about the importance of the issue. Moreover, we have to tap into the new social media outlets to reach people with correct information about HIV prevention.