Bangladesh National Consultation Report
With vulnerable young people
Dhaka, Bangladesh
9-10 May 2004

Integrating Young People’s Voices into the International AIDS Conference
Bangkok 11-16 July 2004

UNICEF
Bangladesh Country Office
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Introduction

HIV/AIDS is an emerging public health concern in Bangladesh. While HIV prevalence is still very low (less than 1%) among all high-risk groups except IDUs in central Bangladesh (4%), the findings of the recent result sero surveillance (June 2003) has moved Bangladesh further towards the critical status of concentrated epidemic. The potential risk situation is exacerbated by factors such as low risk perception among high-risk behaviour groups, low condom use (especially among clients of sex workers), and a high rate of needle sharing among intravenous drug users, notwithstanding various interventions.

The evidence presented in various published research reports in Bangladesh confirms that in spite of a strong social disapproval against premarital sexual activity, more than half of all unmarried males and one fourth of all unmarried females are sexually active. It also reports low condom use among this group and sexual health outcomes such as pregnancy and STIs. The young people are placed at further risk due to low level of knowledge and widespread myths and misconceptions regarding transmission of HIV/AIDS.

In order to maintain the low prevalence status among the young population who are the future parents and labour force of Bangladesh, UNICEF initiated young people’s participation at HIV/AIDS-related policy and programme level since 2002. The process began with introducing the training programme on life skill education. The programme so far has trained 400 adolescents, as master facilitators, and about 80 thousands as peer educators. One of the major components of life skill education is HIV/AIDS. In order to build informed and aware adolescents in the HIV/AIDS era, UNICEF has also distributed more than 300,000 sets of Reproductive Health communication booklets called Nijekte Jano. Nijekte Jano (Know Yourself) is a four-set communication material that contains text on adolescence, reproductive and sexual health problems and transmission and prevention issues of HIV/AIDS.

A workshop was held in Dhaka on May 9-10, 2004 with the purpose of identifying issues and obstacles with respect to access to information, necessary skills and services for HIV and AIDS prevention, and recommendations to address or advance them. The workshop was also intended to identify and prepare two participants who will represent the young people of Bangladesh in the forthcoming International AIDS Conference 2004, to be held in Bangkok on July 11-16 2004.
Methodology
Thirty young people, aged between 15 and 22 years, who attended the workshop were representative of various socio-demographic backgrounds – school-going, non-school going, working, MSM, and HIV positive (rural/urban, children living in the street/slum, children with disability).

The workshop format featured a peer-approach involving six Adolescent Facilitators (Afs) (see annex 1 for details): three females and three males. The AFs received one day of training prior to the workshop. The trainer briefed the AFs on the issues to be explored in the workshop. The AFs were also taught various techniques for conducting the workshop so as to elicit information from the participants and to keep them motivated and engaged throughout the day. For example, the sessions on access to services used dramas by adolescents in order to identify problems in access to services.

The following section presents the findings of key issues explored in the consultation workshop.

Consultation Section
The first day was divided into three sessions. The first session of the first day was devoted to identifying gaps in access to information and determining steps to be taken to improve access to information and to develop an enabling environment for the young people to fight against HIV/AIDS. The second and third sessions focused on issues of access to skills and services, respectively. On the second and final day of the workshop, participants selected two young people to attend the International AIDS Conference. The workshop concluded with three presentations by participants, who had previously attended conferences in foreign countries, on their experiences (experience sharing was conducted prior to election process).

Access to Information
In order to run the session on “gaps to access to information,” adolescent facilitators divided the participants into two equal groups. Both groups took about half an hour to brainstorm key issues that hinder access to information. They also identified recommendations. The issues or problems and recommendations to address them were written on colored cards and presented to the group. From the discussion, it was evident that attitudinal problems—including cultural stereotypes and non-supportive attitudes towards receiving information from and being educated on safer sex practices by young people—are the prime obstacle in accessing to information. Attitudinal problems are found at all levels of the society, from policy makers to family members. Lack of positive attitudes towards HIV/AIDS related information by religious and local leaders poses a particular constraint to access to information in some places in Bangladesh.
Attitudinal problems were further analysed and several issues were identified as contributors to this problem. They included lack of knowledge, awareness and skills of duty bearers or gate-keepers (parents, immediate family members, teachers, local and religious leaders), and lack of resources to remove these obstacles.

Young people also identified problems such as lack of child-appropriate messages regarding prevention of HIV, myths and misperceptions regarding transmission and prevention of HIV/AIDS, and fear among general population regarding HIV/AIDS. The key gaps, as cited by participants, follow:

**Key information access gaps**
- Lack of positive attitudes in society
- Lack of knowledge among family members, teachers
- Lack of media outreach to remote areas
- Myths and misperceptions about HIV/AIDS
- Lack of HIV/AIDS related information appropriate for children
- Lack of enabling environment in the school

**Key recommendations for information gaps**
The participating young people provided recommendations on how to address the various gaps discussed in the session. The need for improved training was pivotal to most recommendations, including training for parents and other duty bearers. In Bangladesh, as elsewhere, conventionally parents do not communicate with their children directly to inform them about the biology of sex, reproduction, and most importantly safer sex or sexual health related issues through which young people can protect themselves. Through effective training, a supportive pool of individuals can be developed who can build and help to sustain the enabling environment. Specific recommendations included:
- Training for duty bearers or gate-keepers to increase knowledge about HIV/AIDS, raise awareness of the potential impact of HIV/AIDS, and build skills for better communication with children
- More information on mass media, advocacy, and campaign strategies
- Develop children-friendly prevention of HIV messages
- Provide recognition to those working in HIV/AIDS
- Develop platform for dialogue exchange between children and gate-keepers
- Special attention to eradicate cultural taboo on HIV-prevention messages

**Access to Skills**
To obtain information on access to life and other skills, participants were divided into four groups. Each group spent one and a half hours preparing a set of problems and recommendations, which were later presented to the whole group. The final set was developed after discarding any duplicate points.
Key skill access gaps
Most participants acknowledged the lack of opportunity to acquire life skills. They noted that this gap results from insufficient resources, including trainers, and lack of parental and social awareness and support. It was further added that there is a dearth of opportunities for young people to be trained on hands-on skills such as correct use of condom and hands-off skills such as ability to say "no" to sharing needles or unprotected sex. Participants pointed out the major reason for the lack of these skills is that young people feel embarrassed or uncomfortable in raising them. Since these skills are regarded as the domain of adults and married people in the Bangladeshi context, young people are not comfortable to show an interest in learning them. The key access gaps to skills include:

- Lack of training centres to acquire or improve skills
- Lack of trainers to provide skills
- Lack of available resources to acquire skill-training
- Lack of family support to access necessary skills
- Lack of social empathy and support to acquire skills
- Lack of scope to learn the skill to say "no" to sharing injectables or unprotected sex
- Lack of scope to learn about the correct use of condom
- Embarrassment in accessing information and training on life skills

Key recommendations for skill gaps
In response to the gaps identified in accessing skills, the participants provided some recommendations. They underlined the need for a trainer with correct knowledge about HIV issues and an understanding of young people’s needs and the skills to impart the information in an effective way. Participants raised the issue of the number of available trainers, recognizing that a team of skilled trainers can serve a large number of young people. In order to eradicate feelings of embarrassment regarding HIV prevention skills, they pointed to the need to develop social acceptability towards young and unmarried people’s safer sex education. In this regard, it was suggested that there should be innovative ways to impart skills to the public, such as showing videos on the correct use of condom in hospital waiting areas for general viewing. These steps are expected to break the ice as well. Social awareness and self-control were identified as important skills that need to be imparted by expert trainers and reinforced by society and family. It was interesting to note that Bangladeshi young people reflected on one grave social problem—the deteriorating law and order situation—which they recognized as a potential impediment to female youth acquiring skills. Given the lack of security, parents usually do not allow their daughters to go out alone, especially after dusk, which effectively limits women’s mobility and participation in various activities and development. The key recommendations are presented below:

- Develop good trainers to provide skills
- Increase number of trainers
• Increase number of peer educators
• Provide appropriate means to eradicate embarrassment and discomfort with sensitive issues
• Introduce HIV/AIDS related issues to curriculum
• Arrange innovative ways to teach skills (life skills)
• Encourage self-awareness and self-control
• Ensure security, especially for females, to take part in training

Access to services (HIV and AIDS prevention)
Participants were divided into two groups for the third session that started after afternoon tea. They were asked to prepare a short drama choosing any theme to highlights service gaps to access HIV and AIDS prevention. Participants spent some time to decide the themes they were going to present and to assign roles. Interestingly, both groups presented similar themes that reflected on access gaps to services, presented below. Among the gaps identified by participants, particular emphasis was placed on the lack of access to “quality services” as opposed to gaps in access to services of any kind. In this regard, participants noted that greed and other self-interests compromised the quality of services. They have shown in their dramas that doctors, nurses, sex workers and drug users do not comply with HIV preventive measures for the reason of not being responsible or being able to resist the temptation to enrich themselves even if it meant compromising the quality of services for which they are responsible. For example, a doctor, knowing that blood should be tested before transfusion may act completely irresponsibly, or, a sex worker may sell sex if offered more money to perform sex without condom.

Key services access gaps
• Lack of awareness among health service providers
• Compromised quality services resulting from the irresponsibility or greed of service providers

Key recommendations for services gaps
Participants sat in a group after presenting the dramas and recorded the gaps presented and recommendations to address them. In this session, the government’s commitment to adopt relevant policy and introduce necessary support services emerged as a central theme of the discussion. Participants also expressed the need to train service providers. In addition, the characteristics (greed, irresponsibility) of service providers were also discussed at length. Though a consensus was reflected that the negative characteristics that hinders HIV and AIDS prevention have to be addressed, an effective way to do so was not definitively identified in the workshop. Participants pointed out a few anti social activities such as importing drugs or selling blood for a small amount of money, that fuel at risk behaviours for acquiring HIV.

• Introduce supportive policy for mandatory blood transfusion and re-use of injectables, and condom outlets in various places
• Provide training on HIV/AIDS for medical doctors and nurses
• Take necessary steps (policy and law enforcement) to control drugs
• Stop any anti social acts that fuel at risk behaviours for acquiring HIV

**Selection process of young people for IAC**

The selection of young people who will participate in International AIDS Conference in Bangkok was conducted on the second day. Facilitators organised an election to choose two young people. The election was held in a close-door session in which no adults were allowed. The electoral procedure excluded participants who had previously visited foreign countries. Eligible participants were divided by sex. After receiving same-sex votes, two females and two males were selected for the final voting. From these four finalists, the participants voted a second time to select one male and one female delegate.

**Summary of the Consultation with Young People**

The key findings on information, skills and service access gaps and recommendations obtained from the consultation with the participants are the following:

**Key information/skills/services access gaps**
- Lack of positive attitudes among larger society to access information, skills and services (particularly for adolescents and young people)
- Lack of knowledge among family members and teachers (religious leaders)
- Unavailability of correct information with regards to HIV and AIDS prevention and stigma
- Lack of mass media to deliver messages to remote areas
- Myths about and misperceptions surrounding HIV/AIDS
- Lack of opportunities (resources, trainers) to receive life skills training
- Deteriorating law and order situation that makes it difficult for young people to move about securely
- Quality of services compromised by the irresponsibility or greed (incapability and inefficiency) of service providers

**Key recommendations for information/skills/services gaps**
- Eradicate cultural taboo regarding sexuality, and HIV and AIDS
- Training for duty bearers or gate-keepers to:
  - increase knowledge about HIV/AIDS
  - raise awareness about potential impact of HIV/AIDS, and,
  - build skills for better communication with children
- More mass media (including fold and traditional media), advocacy and campaigns
• Introduce supportive policies for HIV and AIDS prevention
• Provide training on HIV/AIDS for all health providers (and social workers)
• Involve adolescents and young people in HIV prevention activities
• Provision of Life Skills education for adolescents and young people
• Include HIV/AIDS related information in school curriculum
• Raise awareness on stigma and discrimination associated with HIV and AIDS
• Stop anti social acts that raise the risk of contracting HIV

Key messages for the global AIDS Conference

• Provision of correct information (and access to information)
• Build positive social attitudes
• Increase opportunities for the participation of young people

Conclusion

The consultation with young people repeatedly highlighted that many of the well conceived efforts to reduce HIV risk are either delayed or fall short of their objectives due to cultural and religious stereotypes. Attempts should be taken, first and foremost, in breaking the ice among religious and local leaders, teachers and family members regarding sexual issues in order to place the reality of public health support needs above local customs, cultural practices, religious beliefs and values. As a result suggestions for “culturally appropriate change” may not be a viable option any more. Instead, a safer culture needs to be created where human lives will be valued above any other traditions or social norms that conflict with contemporary reality and needs.
## National Consultation with vulnerable Young People, 9 – 10 May 2004

### List of Adolescent Facilitators

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Schooling</th>
<th>Organisation</th>
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<tbody>
<tr>
<td>Farzana</td>
<td>16</td>
<td>SSC/ Gonobhaban Govt. High School, Commerce</td>
<td>Resource Bangladesh</td>
</tr>
<tr>
<td>Sabina</td>
<td>15</td>
<td>Class 10, Commerce, Choto Bashalia High School</td>
<td>KKS, Tangail</td>
</tr>
<tr>
<td>Ubanu</td>
<td>17</td>
<td>Class 10, Commerce</td>
<td>BNKS, Bandarban</td>
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<td>Sumon</td>
<td>17</td>
<td>First year, Mirpur Govt Collage</td>
<td>Resource Bangladesh</td>
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<tr>
<td>Runu</td>
<td>15</td>
<td>Class nine, Commerce Rayer Bazar High School</td>
<td>NCDP</td>
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<tr>
<td>Babul Hasan</td>
<td>17</td>
<td>Second year, University Laboratory Collage</td>
<td>CWFD</td>
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Annex 2
National Consultation with vulnerable Young People, 9 – 10 May 2004
List of Participants

<table>
<thead>
<tr>
<th>Name</th>
<th>Organisation</th>
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<tbody>
<tr>
<td>Mohammad Shafiqul Islam</td>
<td>Polli Kollayan Songstha</td>
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<tr>
<td>Mohammad Saiful Alam</td>
<td>Aparajayo Bangladesh</td>
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<td>Nazma Boyati</td>
<td>Aparajayo Bangladesh</td>
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<td>Ubanu Marma</td>
<td>BNKS</td>
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<td>Farzana</td>
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<td>Rafiqul Islam</td>
<td>Jhinuk Mala</td>
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<td>Ashraf Siddiki Hiru</td>
<td>Prottoy</td>
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<td>Nesar Uddin Ahmed</td>
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<td>Moni Aktar</td>
<td>BUK</td>
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<td>Mohammad Ziaul Islam</td>
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<td>Mir Mahfuzur rahman</td>
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<td>Upoma</td>
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<td>Nasima Sultana</td>
<td>JJS</td>
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<td>Sajjad</td>
<td>TCSD</td>
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<td>Ruma</td>
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<td>Jesmin</td>
<td>ODPUP</td>
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<td>Ayesha Akter</td>
<td>FHI</td>
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<tr>
<td>Mohammad Shawkat Hossain</td>
<td>AAS</td>
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<tr>
<td>Mohammad Nazrul Islam</td>
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<td>Mohammad Abdullah Zobair</td>
<td>CRCD</td>
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<tr>
<td>Mohammad Shahidul Islam</td>
<td>SCA</td>
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<tr>
<td>Mohammad Mamun</td>
<td>NCTF/Children’s Council,</td>
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<tr>
<td>Maya</td>
<td>KKS,</td>
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<tr>
<td>Mahbub</td>
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