



Voices, visions and priorities: Key issues of young people living with and affected by HIV in Bangladesh

As part of a global consultation led by Link Up consortium members Global Youth Coalition on HIV/AIDS (GYCA) and the ATHENA Network, a consultation was held in 2013 in Bangladesh with young people living with and affected by HIV, to find out their views and experiences of accessing HIV and sexual and reproductive health (SRH) services. Focus group discussions and community dialogues took place in and around Dhaka and Mymensingh, with the help of Ashar Alo Society, SERAC-Bangladesh and Bandhu Social Welfare Society.

Key issues and priorities that were identified by young people in Bangladesh highlighted the need for the integration of HIV and SRH for young people living with HIV, young sex workers, young people who use drugs and young people from LGBTI communities.¹

These included:

Human rights, including sexual and reproductive rights

- **Young women living with HIV fear disclosure of status** in government clinics and hospitals; they prefer to use community-based organisations (CBOs) to access HIV testing and services; similarly young men who have sex with men (MSM) feel comfortable accessing HIV testing at services at a CBO for MSM but fear government clinics, where the perception is that there is no proper counselling and a lack of confidentiality.
- **Awareness of their sexual and reproductive health and rights (SRHR) among young women living with HIV is very low.** Young women living with HIV did not know whether abortion is legal or illegal; they said that it was not available or accessible to them because it would be considered a sin to have an abortion. Most decision-making related to their sexual and reproductive health is made by others – either their husband or their female family members, especially their grandmothers.
- **Young MSM face a lot of stigma, discrimination and exclusion** and generally do not feel safe disclosing their sexuality or gender identity, unless to other openly gay men.

- **Young *hijra* or transgender persons are denied recognition** by society and are forced to live as women/girls; “Society doesn’t treat us as a gender, Society treats us as mentally sick or [with a] physical problem.”

Comprehensive sexuality education

- **There was a very strong sense of taboo around the discussion of sex and sexuality.** In discussing what is meant by sexuality “a large number of participants felt shame and fear and also said it is sin to discuss with others.”

Access to safe and comprehensive services, and knowledgeable, ethical, supportive and qualified health service providers

- **Access to quality HIV services is through non-governmental organisations (NGOs) rather than through government facilities;** this also applies to information on aspects of SRH such as family planning counselling.
- **Young women, including young women living with HIV are more likely to give birth at home,** attended by their grandmothers, other relatives and/or a skilled birth attendant than in a hospital or clinic.
- **Young MSM do not feel that youth-friendly services tailored to their needs exist in government facilities,** and would like to see more services that promote their needs, including around family planning and mental health.
- **Access for *hijra* to community-based voluntary counselling and testing (VCT) providers** that are tailored to their needs. They expressed feeling safe using this type of service, but are not comfortable using “regular” services. There are no specialised clinics for accessing antiretrovirals and they feel much less comfortable going through the organisation of people living with HIV.
- ***Hijra* and MSM talked about the need for mental health services,** which are currently lacking.
- **There are no specialised services to support *hijra* with hormonal treatments** (e.g. to increase the size of their breasts or reduce facial hair growth).

1. Participants of community dialogues in Bangladesh were young women living with HIV (102 participants); young people who use drugs (2 participants); young men who have sex with men (16 participants); Young *hijra* or transgender persons (13 participants); young people who engage in sex work (12 participants); and, young people who chose not to identify with any one group (13 participants). All quotes are from young people who took part in the community dialogues

- Young *hijra* who experience sexual violence and rape have no recourse to treatment, support and justice services; “I was raped by up to 13 men a few days ago and I could not see a doctor as there is no doctor available.”

Meaningful youth participation in all aspects of decision-making

- Young women living with HIV have very little knowledge of laws and policies in relation to SRHR, which affect their lives, either positively or negatively.
- Young MSM were more aware of specific laws that impact their SRHR, in particular, section 377 of the Bangladesh Penal Code.
- The decision-making capacity of young women living with HIV seems to be very limited in relation to SRHR at the household and intimate level as well as at the public and policy level.

Addressing gender-based violence

- Most young women living with HIV, and other married young women, do not feel free to make their own decisions about when and whether to have children; they unanimously agreed that their husband makes these decisions.
- Young women and young transgender persons often feel pressured into having sex when they don't want to, and do not feel safe talking about sex and their sexuality.
- When asked about sexual rights in Bangladesh, many young people interpreted this as male sexual privilege over women; “The right that is exercised by the husband on his wife” “What husband demands to his wife is right.”
- Strong gendered notions of “men” and “women” emerged in the dialogues among young women living with HIV; “Female is a woman and works at home and cares for their babies” “Male is a man and husband of female. He is a chief in family and earns money.”
- Young MSM are often unable to make decisions about sex when they are with older men, especially if the older man is paying for sex or supporting the young man financially; for young *hijras* engaged in sex work, their clients determine when, how and where sexual encounters take place.
- Young MSM face exclusion and violence, including sexual violence and rape, on the basis of their sexuality.
- Young *hijras* experience high degrees of stigma, discrimination, exclusion, rejection and marginalisation, including being kicked out of their homes, refused work and housing, and sexual harassment and physical violence; “I cannot tell to others who I am. If I tell them, about my sexuality and desire then they can even kill me.”
- *Hijras* engaged in sex work also experience high levels of sexual violence and rape, both by clients and the police; “Sometimes clients are bad, they want to rape me. It's happened with every *hijra*!” “Last month I was raped by policemen. Three policemen took money after raping me.”



In 2013, Link Up consortium members Global Youth Coalition on HIV/AIDS (GYCA) and the ATHENA Network led a consultation with young people living with and affected by HIV. Nearly 800 people from

every region of the world responded to a **global online survey** that collected quantitative and qualitative data in five languages, and over 400 young people participated in a series of **community dialogues and focus groups** with national partners in Ethiopia, Uganda, Burundi, Bangladesh and Myanmar.

These face-to-face dialogues focused on and created a platform for key stakeholder groups, specifically young women living with HIV, young people engaged in sex work, young people who use drugs, and young LGBTI people. The consultation aimed to learn directly from young people living HIV and from key affected populations about their

lived experiences of accessing HIV and SRH services; participating in decision-making as young people most affected by HIV; and their vision for realising their sexual and reproductive rights.

KEY PRIORITIES EMERGING FROM THE CONSULTATIONS

- ✓ **Human rights, including sexual and reproductive rights**
- ✓ **Comprehensive sexuality education**
- ✓ **Access to safe and comprehensive services, and knowledgeable, ethical, supportive and qualified health service providers**
- ✓ **Meaningful youth participation in all aspects of decision-making**
- ✓ **Addressing gender-based violence**