



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

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 Myanmar 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 Yangon and Magway-Magway, with the help of YWCA Myanmar and Radanar Ajar/GYCA.

Key issues and priorities that were identified by young people in Burundi highlighted the need for 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

- Incidences of HIV testing without consent in private clinics, when client had presented for other issues, such as sexually transmitted infection (STI) diagnosis and treatment; in one case a participant was refused treatment for an STI after having tested positive for HIV.
- Difficult for LGBTIQI people to negotiate condom use during sex.
- Decisions about where, when and how to have sex, including use of condoms or other forms of contraception, are mainly made by male partners.
- Health service providers in government facilities demand bribes to administer drugs and provide other services, even when these are supposed to be free.
- Young women living with HIV are afraid to have children and women living with HIV feel the eyes of the community upon them if they decide to have children (as a result of HIV-related stigma and discrimination).
- Blame, stigma, and discrimination are barriers to service access and to disclosure.
- Pregnant women are routinely tested without consent for HIV in antenatal care (sometimes without even being told they are being tested).

Comprehensive sexuality education

- Lack of discussions on sex and sexuality within the home as these are seen as culturally restricted, taboo or shameful subjects and not considered an appropriate subject to speak about publicly. Children sometimes get inaccurate information from their peers or learn on their own through feelings and experiences as they go through puberty.
- Some information on sexual and reproductive health and rights available through peer education trainings implemented by non-governmental organisations (NGOs).
- Information on family planning and birth-spacing often comes from peers rather than health providers or school curricula.
- Peer support cited as crucial to information and access to services; “We need to be healthy so that we can help our sisters who are HIV positive and we do not need to be depressed at all.”
- There is a lack of comprehensive sexuality education both in formal and non-formal education systems for in- and out-of-school young people

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

- Condoms widely available but expensive for young people to access; some are distributed freely by NGOs but there is limited access to this.
- Young people are uncomfortable asking for condoms to be used during sexual encounters.
- Limited access to antiretroviral treatment and opportunistic infections clinics.
- Limited knowledge among young people and young people from key populations regarding what services are available to them and what they are eligible to receive – more outreach and education is needed to address this.
- Access to contraception in Myanmar is much cheaper today but young people lack knowledge and awareness on sexual and reproductive health, and many do not receive professional sexual and reproductive health services.

1. Participants of community dialogues in Myanmar were young women living with HIV (23 participants); young people who identify as lesbian, gay, bisexual, transgender, or intersex (LGBTI) (6 participants); young people who engage in sex work (3 participants); young people living with HIV (3 participants); and migrants (6 participants). All quotes are from young people who took part in the community dialogues.

- Access to safe abortion is limited by restrictive laws around abortion and by cultural attitudes. The “black market” for abortion is extremely risky. Sex workers in particular require safe abortion services, which include pre-abortion counselling, safe abortion and post-abortion care.
- HIV services are lacking in rural areas; “One of the participants from rural area said that her husband died because he did not have any access for treatment.”
- NGO clinics are easier to access, more friendly and welcoming, and often also offer free services. Participants from all the dialogues reported easier access through NGO clinics rather than government.

Meaningful youth participation in all aspects of decision-making

- Extremely limited opportunities for young people to participate in decision-making.
- There is a lack of promotion and funding for community-based organizations, in particular organizations and networks of people living with HIV.

Addressing gender-based violence

- Both women and men who have sex with men experience some sexual coercion; men who have sex with men and transgender persons have limited negotiating power during sex due to criminalization of same-sex practices, and fear of arrest or attack
- Sex work is also illegal and this makes sex workers more vulnerable to violence; sex workers also experience difficulties in negotiating condom use – some clients refuse to use them.
- Women expressed fear of negative reactions from male partners on disclosure of HIV positive diagnosis; “They are afraid to tell their partners about the result because they are afraid that their partners might blame them and leave them.”



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