DHAKA WEDNESDAY DECEMBER 1, 2010

# Roundtable on "Strategic Information and HIV Prevention among Adolescents"

A Roundtable on, "Strategic Information and HIV Prevention among Adolescents," was organised by the UNFPA and The Daily Star on 2 November, 2010. The roundtable was attended by NGOS, development partners, physicians, and other distinguished personalities including teachers and educationists. We publish important excerpts of the discussions. -Editor

and environment should be the main focus for this

young generation, because from childhood they

Mahfuz Anam, Editor, The Daily Star Welcome to everybody. Welcome to the Daily Star

and UNFPA roundtable on HIV AIDS prevention and strategic information. It is our great privilege that we are doing it together. We are strongly committed to the issues of national concern like HIV. We are delighted to host the event. I would like to assure you that we do not want to look at it as a one off event. We would like to be a continuous partner of yours. We are committed to be a partner in this whole proces;s as you have seen we do many campaigns. This is one of our major engagements.

Mr. Arthur Erken , UNFPA Representative,



Bangladesh, especially among the young people. We want to give young people a voice, because this is about them; this is about their future and also about the future of Bangladesh. But what is important is that we hear from them; and it for us to try to issue in Bangladesh because it's not an issue to easily mobilize people around and make people aware of. Even though Bangladesh is still a low prevalence country, we are not out of the danger zone. So it is important that we work for young people, hear from them, listen to them, and cooperate with them. One thing is very obvious in Bangladesh - people have heard about HIV and AIDS, but have very low levels of understanding and knowledge about it. I think this is one of the main challenges we are facing here in Bangladesh. That will be the key to ensuring that the epidemic does not spread among the general population. The discussions will be preceded by a presentation by Dr Ezazul Haque. Over to Dr. Haque.

Dr. Khandaker Ezazul Haque, HIV Officer, UNFPA, Bangladesh Our selected topic on



is a burning issue at this moment in Bangladesh; we need to be very focused on this issue, especially on risk and vulnerability. In addition to adult population, there are most at risk population for HIV transmission among youth and adolescents. We need to concentrate on these groups in addition to most at risk adult population. As you we know, this is a phase of their rapid

youth and adolescence

logical maturity, and process of social integration. During this phase, they have to face, and are exposed to multiple societal experiences, both in negative and positive sense. At this crucial stage, they need correct information, relevant service and appropriate life skill education so that they can take responsible decision in terms of sexuality. Hence, we need to appropriately address this group during their development phase as I mentioned earlier. Now, what is the importance in

development in terms of physiological & psycho-

terms of HIV/AIDS transmission considering this phase of their development? First of all, considering their level of social skill and maturity, they are sometimes at a vulnerable stage of exploitation and violence. As they lack in information and experiences, they are at risk of sexual exploitation, unsafe sex and HIV transmission. Also, they have tendency of trial of new experience without knowing the harmful impact in relation to their experiment. In this context, it is vital to provide them all basic information and relevant life skill education at the very beginning of their life. Through this vital intervention, it is expected that they will be judicious in terms of safe sex and develop confidence and moral strength to say not to drugs and unsafe

need to identify other actors and factors within our society around them for their vulnerability for HIV transmission and drug use. In addition to parents, guardian, teachers, local formal and informal leaders, religious person can support them for creating congenial environment for their healthy social and psychological development. Moreover, we also believe that family members

Sometimes we blame youth and adolescents for

their deviation from the societal norms. But, we

try to copy behavior, practice and attitude from adults. So, if we want their real positive development, we need to focus on positive family roles and contribution for congenial family support for a healthy next generation. In addition, we also need state support for adolescent friendly policy, strategies and interventions. In fact, we need to amalgamate and harmonize all these family, social and state support which can present us a healthy youth and adolescents population for our country. We know that HIV/AIDS related issues are included in the school text book curriculum.

Different anecdotal evidences suggest that some teachers feel shy or discouraged to discuss these issues in classrooms. And the parents also discourage teachers to discuss this issue with their students. Further, in some instances teachers think it is unnecessary to put HIV/AIDS related question in the school examination. We need to think very seriously how we can disseminate the basic facts of sexuality and HIV/AIDS related issues through an effective and acceptable process. Different studies and research suggest that the

positive family relationship, sound school environment, spiritual beliefs and practice have positive impact in preventing early sex debut, drugs abuse and depression. So, in this context, stakeholders need to work together for an adolescent friendly environment. Most at risk adolescents, as I mentioned earlier, have tendency of unsafe sex, sexual relation with

multiple partners, and use of drugs without safe needles and syringe. The other category is combination of these two- those who have unsafe sex with multiple partners and take drugs through used syringe and needles. This category is usually drug user who sells sex for purchase of drugs. If they need money only through selling sex, they will have to engage in unsafe practice to buy drugs. So, they are comparatively at most risk to transmit HIV to others and acquire it from others as well. We should not delay in addressing this issue seriously and comprehensively. For risk and vulnerability of HIV transmission, there are certain immediate and underlying factors, and it is essential to address them both. Drug

ciated social stigma and discrimination force them to hide from society, and consequently prevent them from accessing services and commodities. In these particular cases inaccessibility of condom, and associated stigma and discrimination should be addressed adequately for a favorable environment for a HIV free society. We need to keep in mind that, youth and adolescents are vulnerable to sexual harassment by adults, and need support from all strata of society, I mean from teachers, policy makers, administrator,

users and sex workers are marginalized, and asso-

political and religious leaders, law enforcing agen-Theoretically, solution to the problem which I mentioned earlier is very simple. For example, if we can ensure that no single adolescent will enter into sex work or have unsafe sex and inject drugs,

we can easily prevent HIV/AIDS. We call it primary

Secondly, if sex workers intend to quit sex work, and adopt alternative profession and drug users stop using drugs, it also become easier to prevent HIV transmission. This process we term as second-

Thirdly, those do not want to or cannot quit sex

work and drug use, we can provide them information and commodities for prevention of HIV/AIDS. So far we are dealing with this third option for prevention of HIV through risk reduction as well harm reduction. We are not in a position for the primary and secondary prevention directly. In relation to vulnerability, this is an issue related to external factors such as poverty. In this

particular case, to maintain livelihood, a youth or an adolescent, due to poverty, has to sell sex, more frequently through unsafe sexual practice. In certain cases, this is the root cause of HIV/AIDS related problem. These youths and adolescents who by nature do not want to accept unsafe sex, but due to poverty, they are bound to adopt unsafe sexual practice. Certain social environment factors and culture are also related to the vulnerability. Because of

economic dependency on men, women or girls can not ask or put pressure on their husband to use condom during intercourse. As most of the women and girls in our society have no social and economical empowerment, they cannot negotiate with their husband for safe sex, and this makes them vulnerable to HIV transmission. Gender inequality, which is a socially constructed norm, make women and girls more vulnerable for HIV transsociety are not committed and mobilized for active and meaningful participation. I am referring again to all the socioeconomic and cultural factors, the public and private sectors, the stakeholders, for a well concerted, integrated and mainstreamed effort for a very pragmatic intervention and very successful result in the long run. Ms. Bridget Job Jonson, UNICEF, HIV/AIDS Specialist, UNICEF, Bangladesh situation, they have less negotiation skills. We very

The issues I raised are theoretically sound and

simple, but the task is very difficult if all strata of

We need to start with first of all by acknowl-



edging the reality. That is the fact that the young people are sexually active. They are engaging in HIV risk behavior. We should know how young is young? In Bangladesh, the aver-We have two categories. We have the new generation of young people who don't live by the old

people's moral rules. The challenge is that how do you reach them with the right information and right services. And it means if we are saying 10 years, 11 years, 13 years,

it means we need to start work earlier.

If we go by the presentation that was made by the Dr. Ezaz that means before they actually get into these behavior stop them, prevent them of taking these behavior. So, it means the skills, the knowledge that we need to give them before age 11, before age 12.

We need to think how we do this business. Young are part of global community. They have cable TV, they have internet. They try to copy those things what they see young people around the world do. So, it is the challenge that you really seat around and come up with a very pragmatic way. Dr. Salil Panakadan, UNAIDS Country

prevalent and high



not transmit into the general population significantly. But the most addressed population are the vouths. the country the proportion of young people are 28-30%, that is below 25 years. Young women and

vulnerability situation.

Fortunately, the prob-

lem is in most-at-risk

population, and it does

oung girl are more vulnerable to HIV. We have assessed in terms of starting curriculum interventions in school. There are differences in effectiveness of the interventions in different schools. Most often across the world the teachers

life style education. We have to ensure proper access through services for adolescents and young people to protect themselves from HIV and other sexual diseases. If we go by the presentation that was made by Dr. Ezaz, which means that before they actually get into these behavior we need to stop them, prevent them of taking these high risk behavior. So, it means the skills, the knowledge that we need to

and parents hesitate to adopt sex education and

give them before the age of eleven or twelve. We need to think how we do this business. Youth and adolescents are part of global community. They have cable TV, they have internet. They try to copy those things that they see young people around the world do. So, it is the challenge that you really sit around and come up with a very prag-

Friendly Services Recently we did a study on ways how young

Ms. Ishrat Jahan Baki, Program Officer, Youth

matic solution.



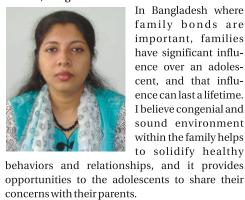
tant are simply not there for the young people. If we talk about girls, because of our socioeconomic ate with their peers. They do not know how to negotiate with the social pressure. It might be a good idea to work with young boys and to tell them the message like real man use condom or real men do not hate women. It is a

often forget that young boys do not have negotia-

tion skills either. They do not know how to negoti-

challenge that how to make condom use appealing to them because condom is much stigmatized. Also, what we feel while working with the young people is that the policies and strategies we make, unless you give the young people the ownership of it, fail to change their behavior. We do not really see young people involved in government policies and strategies. When you give young people power to design their own services, they take the ownership of the policy, and they spread the message among Ms. Afsana Taher, Operations Manager,

In Bangladesh where family bonds are important, families



UNFPA, Bangladesh

have significant influence over an adolescent, and that influence can last a lifetime. I believe congenial and sound environment within the family helps to solidify healthy

Usually, when we talk about HIV prevention. traditionally, we focus on the individual and not the family. Yet, families can have both positive and negative impact on sexual and drug using behaviors that put an adolescent at risk of HIV. I believe you will agree with me that family

attachment and parent-adolescent communi-

cation is the key to ensuring healthy behavior.

Likewise, when families are not connected, and adolescents feel they can't talk freely to the adults in their lives, there is a greater risk of unhealthy behavior. I think that, in order for families to play a much more effective role in prevention of HIV/AIDS, they need support and access to information regarding HIV prevention issues. Most of the HIV prevention programs acknowl-

edge that families play a large role in determin-

ing risk behavior, but few programs offer inter-

ventions for families or access to information for

In this regard, I believe, in addition to existing intervention, programs designed to provide access to information for families and parenting centers are also needed. Another issue is that, we must not forget that when we talk about HIV/AIDS & its prevention,

we only talk about the behavioral aspect and somehow stigmatize the issue but fail to emphasise on the fact that it's a health issue as well. Probably if we also emphasise on the health aspect of HIV/AIDS, people will not be so apprehensive in discussing the prevention Mr. Abul Hussain Deputy Secretary, National

It is beyond any question that the young people

are at the core of HIV epidemics. It is not only that they are disproportionately infected but also that if we can properly utilize this force perhaps we will be able to easily reverse this epidemic. Now in the present world, about 50% of all the infections are among the young people who are between the ages of 15 and 24 years. Not only that, in some of the regions the infection rate among young people is almost 70 to 80%, especially if we consider Central Asia and Eastern Europe. In our region it is also increasing alarmingly every year. Mainly the youth are more vulnerable to HIV for some factors. We can call them the behavior trials; personality factors, environmental factors and so many things are included in that. For many of the developing as well as developed countries, the

early sexual behavior is a very important personal factor. Similarly, poverty, environmental factors and drug abuse practice are related to the adolescent and young people making them more vulnerable to HIV. If we consider these issues perhaps we will be able to properly design the program. If we say that Bangladesh is in the primitive stage to prevent HIV among the young people that will be wrong. We have some experience through our works during last few years and we had a very large project especially addressing the prevention of HIV among the youths. Based or those experiences, if we can properly target special groups and design our program, hopefully we will be able to control the epidemic. As I mentioned that youth friendly health services are going on especially under GFATM project, and we must congratulate their success on this area of prevention. However, I think still a lot of thing is to be done. We have to make the health services more youth friendly, especially for those who are out of school and who are always marginalized in the society. Some experiences tell that, although we have included HIV education in the general curriculum in the primary and higher secondary education, still there are so many problems. The teachers do not feel comfortable, the students do not feel comfortable to discuss in the classroom on HIV. So we need to do some more in that study to find out why it is happening. The HIV issue has been included in the education curriculum perhaps four five years ago, but still such type of problems continue. So we need to do more indepth studies and better design the program. It there are something wrong then we need to revise those programs, we should revise even the HIV curriculum in the school and higher secondary school education. Another important issue is that still we have not involved the young adolescent in designing the program, policy formulation, strat-

know. If we want to achieve MDG 6 then we need to specially put emphasis on main three indicators that are likely to reduce HIV infection among those young pregnant girls and women who are within the ages of 15 to 24. So we need to give more emphasis on women, especially on the adolescent and young girls. Promoting use of condom is very important because it is also our commitment and one of the key indicators to increase the condom usage rate in the risky sexual act. Currently, we are focusing the high-risk young people to provide them targeted intervention. This sort of program needs to be more expanded and scaled up in future. So we need to have some plan for that Although we have received a good fund for that but we do not know what will happen after few years So we must involve more young people in such

egy formulation and we need to give more stress

We have some international obligations as you

The curriculum of HIV is in the textbook but

Mr. Hasnain Sabih Nayak, Career Counselor,

Independent University, Bangladesh

the teachers are not teaching the text. If we go back 30-40 years we can see in Biology of secondary level there was a chapter on human reproductive system. Teachers felt shy to talk to students,

to discuss with students on the topics. That is a social phenomenon. We have to consider that even if you put it on the text it may not be discussed with the students. That is the reality. There is religious pressure. It is not a permissive society. When you say safe sex, it can be

between a man and woman whether they are officially married or not. Our religious minded people have reservation. So we have to consider that as well. I am not saying that this is right or issues are to be addressed in the most creative manner, so that we do not hurt any group of people or the existing beliefs and norms.

The Paily Star

# SPECIAL SUPPLEMENT ON WORLD AIDS DAY- 2010 DHAKA WEDNESDAY DECEMBER 1, 2010

I just really want to

transitional stage

where a large number

of young people are

passing into the at risk

stage. So, if we do not

While discussing about

the adolescent we

mean that includes the

students and youths of

the society. And when

we speak about them I

think we should distin-

guish between the

consider the age cohort group and if we do not put

important inputs at the right time, in the right

way, in the right manner, then it will be really a

fatal impact at a later stage. Nutrition is also an

Kazi Ali Reza, Officer-in-Charge, UNIC

finally, self esteem.

of demography we are called life planning education and can be merged. We need to address the

This is the time now for right based HIV pro-

gramming, not in compartmental basis but inte-

where adolescent and youth are valued and sexu-

thing from different setting, it should relate to sexual health as well as

with public health frame work.



Social Welfare Society

dobal HIV epidemic in terms of rate of infections, vulnerability impact and potential for changes. I would like to share our experience. There are number of studies. I am sharing program based experiences. The program we run in the country, you know we have unique setup in every field offices. We found large number of young people coming important issue to be considered with due importo our physicians. Our counselor, through the

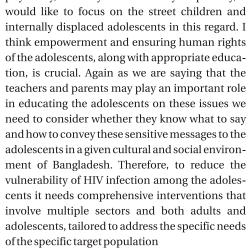
Addressing the social

ing male to male sexual practice. But for us the main concern is the age concept. Because you know in accordance to the UN definition and of the government of Bangladesh, we cannot denote the sex issues when the boys or girls are below 18. It is also important to talk about the policy issues. Due to our policy bindings we cannot move far. So we have to think about the Policy formulation as Dr. Samir Kumar Hawlader, HIV Focal Person, IOM, Dhaka As many of us have mentioned the adolescents' behavior, practice and lack of knowl-

counseling process, identified that they are hav-

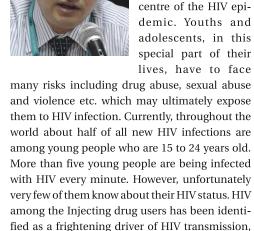
### edge are the vulnerability factors for HIV

infection, I would like to add that these are not the only factors, rather the situation and environment they live in also make them vulnerable to HIV infection since they are often abused and exploited both physically, sexually and mentally. Especially, I



### Star for organing this timely discussion. In the present world

Dr Md. Mozammel Hoque, HIV / AIDS Advisor,



UNODC

adolescents, in this lives, have to face

I must congratulate

UNFPA and The Daily

young people are at the

percent of all new HIV infections worldwide are due to injecting drug use. In Bangladesh HIV is also alarmingly increasing among the injecting drug users, which has already increased to 11% in a neighborhood in Dhaka city. Evidences throughout the world suggest that HIV education for the young people and development of their life skills, greatly improve their ability to make the right choices, for example, delay to

especially in Eastern Europe, Central Asia and

South and Southeast Asian region. Around ten

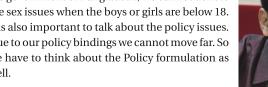
start the sexual debut until they are matured enough. In this part of their life, support and guidance from elders in the family, teachers and peers, are very critical for them to make safe choices. In addition, youth-friendly health services could create congenial atmosphere for them to get proper counseling and treatment for sexually transmitted infections. It also can help them to become cognizant about responsible choices for sexual and reproductive health.

However, no strategy can be effective unless the rights of young people are strongly defended. In this regard, strong advocacy and social mobilization can play critical roles. Finally, it is very essential to empower the young people for their information about

effective participation in all planning and imple-

menting process in the HIV prevention programs

addressing the young people.



Mr. Saleh Ahmed, Executive Director, Bandhu Dr. Nazneen Akhter, Executive Director, HASAB

the city and the villages, students who have access to information and student who don't have access, and whose guardians are quite educated and they know how to plan a society, and students whose parents are not so educated. These social conditions have their impact on HIV. Let me share with you a recent experience. I went for a two-day workshop in a satellite town in Brahmanbaria. The program was about literacy and MDGs. There were 75 participants, 40 of them were girls, 35 of them were boys and all of them were of class 9. In

the MDG session, when I spoke about HIV and

AIDS I saw there were a lot of curiosity among them. Some of them were laughing, some of them were not so easy and some of them did not look at me when I spoke about sex and other related things, but after the end of the session, almost all the participants, specially the girls, came to me and they wanted to know more about HIV and AIDS. Because I gave references to my daughter who is also a student of Intermediate, and told them I have a daughter like you and I speak to them about HIV and AIDS. They said that they had heard about HIV but did not know about its impact. So, as we speak about strategic information, how strategic could we be in sending out our information to the young people and students of the villages. When we adopt strategy to disseminate our information and our policy we should look at these variations of the society. Dr. Tasnim Azim, Head of Scientists, HIV Program and Virology Laboratory, ICDDRB different sources of information which

#### the street. To familiarize the HIV issue we can integrate other pro-

grams with that like reproductive health, eve

I think that only, "say

no to HIV or drugs,"

special part of their teasing, pregnancy, and so on. We need to identify more and more issues where HIV can be linked up. Mr. Shuvhashish Roy, Member, UNFPA Supported National Youth Forum

can tell us about youth

and adolescent. But,

they are not address-

ing children.

Especially those are on

we have to go differ- and if we go back to ently to the point and the education, 50% a tag line that you rely on or you die. It is also important to spread this message to youngsters. Now how to disseminate the message? As a

representative of youth groups of cities, I can tell about the city people. We really hang on face book and we have to think out how we can use face book. We can first use opinion leaders like united nation youth and student association and so many youth groups. They can spread the message. We can make games on HIV awareness; we can bring young celebrities because youths really

positive relationship, violent behavior specially

sexual abuse, responsibility in sexual relation and

Foundation At the age of puberty, youth goes through physical and psychological progression and they do not have any scope to know on how to cope with all these. Today's needs, therefore, of youths are

healthy sexuality,



Ms. Mohuya Leya Falia, Program Manager-Rights of the Marginalized, Manusher Jonno

helping the young make healthy responsible think of it as a disease, not as a stigma. choices. Communication within the family will be a norm, providing information to protect their Considering all these, I want to propose a campaign for 3Rs-rights, respect and responsibility campaign for the youth. Where adults will respect young people, understand their need and involve them in development activities, support youth's right to act responsibly. And as parents, as students, as organizations, health care providers or members of the society we can all start to pracstudents and youths of tice that 3 Rs for a better future and to secure the life of the youths. Ms. Misti McDowell, Country Director, FHI, Bangladesh tend to fund vertical

example. Currently most people in Bangladesh, including the young generation, cannot even access HIV services because they are not integrated in the public sector. Most HIV services are only at (MARPs) and these MARPS cannot access general health services because the drop-in centers only receive money for HIV services. There needs to be comprehensive approach to both situations, public sector should incorporate more HIV services and drop-in centers should incorporate general health and reproductive health services including family planning.

feel interested in the ongoing HIV campaign. We have to work out different strategy

Family Planning Association of Bangladesh

important to them, so we need to talk to them about safe and responsible relationship in terms of HIV. I think it will yield good result. Dr. Nizam Uddin Ahmed, Director HIV Sector and Advisor, SCF USA, BFO There are less than 1% HIV affected in Bangladesh. We do not prioritize that 25% population of this country out of

116 million

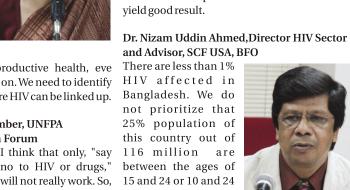
We need a comprehen-

sive program. As a

young person I do not

to approach the

youths. Relationship is



use the slogan defi- students never come to school and the other nitely like 'use con- 50% come to school at some level. Within that that is one togetherdom' and there will be—context we talk about young and adolescent in—ness. Another togetherness is between formal and terms of safety as well as preventing HIV. Ms. Tasneem mentioned some good points about the nation's first ever national survey. The sample was 12 thousand; three questions were asked to each of the individuals whose age was between 15 and 24. First, have you heard about

HIV? 90% said yes. Then the next question was, do you know how it transmits? Only 25% gave correct answer. The third question was, do you think that it can happen to you? Only 1.2% said yes. It tells us very clearly that there is some level of knowledge gap. HIV programs are expanded to the global fund including maternal child health with HIV.

It is an important entry point. Because, for girls how to handle adolescent pregnancy, how to handle adult care and post- adult care is very crucial learning. 50% of Bangladeshi sex workers are under the age of 24 years. The sex worker needs help on the first pregnancy, delivery as well as caring of the baby. That is why, I think integration approach is essential. I don't know how and why we still have less than 1% infected population. We need to explore further what magic plays in Bangladesh. We know that Intervention programs are here. Policy and government support are also being given. But there are many things we do not

know yet. We need to explore more than what

we know. The largest coverage to reach the

young and adolescent people can be possible

communicate some- promoting life skill education beyond the existing of importance. perspective to think in other factors in a young person's life other than Dr. Hasan Mahmud, Deputy Program Manager, a bigger box. In terms only reproductive health issues that might be NASP,DGHS

> grated. For example, access to information about AIDS with my son. In reproductive and sexual health is our right. Rights our society people fear based programming will have a vision of a society to talk about the problems of sexuality which

As a father, I feel con-



HIV/AIDS through and SBTP DGHS newspapers, posters, leaflets, internet, face discussed and raised in

pers, posters or leaflets, much less, able to browse aware of HIV. Media can play a very importa internet. So, how they will be informed about role. Rightly mentioned here, HIV is very mu programs; the HIV HIV/AIDS? We have to find an easier way for them related with behavior and the youth are the mo program is the perfect to access information. Otherwise, they will be in vulnerable. Our policy should be to educate the the dark and all our works to prevent HIV/AIDS In Bangladesh, many organizations are supporting People living with HIV(PLHIV). That support is only for (Anti-retroviral) ART supply, but we also know that PLHIV need more support like nutrition, psycho-social and education supdrop-in centers for most-at-risk-population port for children etc. It is true that very few are

their betterment, besides ART. To prolong the life

of PLHIV, nutrition is very much essential like ART. But most of the PLHIV are not economically sound so that they could not manage their daily requirement of food. Sometimes they are taking ART without food. Another thing we know, in can share with others very easily about chole Bangladesh there is lack of child formula of ART and 2nd line ART. When we will make the future Ms. Azmarina Tanzir, Program Officer (CSE), plan, we have to think for those supports for Mr. Sanaur Rahman, Project Executive Officer,Life Skills Eduction Program,DSHE Education is the most important tool in fighting HIV. Bangladesh government has included reading materials on HIV which is a very

## main factors in trans-Dr. Dipak Kumar Biswas, Director Program,

practical step. Now, we

should drive out illiter-

acy which is one of the

**HASAB** I would like to mention some strategic information regarding the programmatic point of view. I would like to mention two separate "togetherness". For implementation of the program the government and the NGOs should work together,

informal sectors; between national and the local level. That is very important. The other togetherness can be between the personal approach and

person will awake.



constrained. So, communication channels should be developed to

Dr. Hashina Begum, Assistant Representative, UNFPA, Bangladesh I just want to highlight that this disease is very much linked to different risk behav-

ior. Evidence from 52

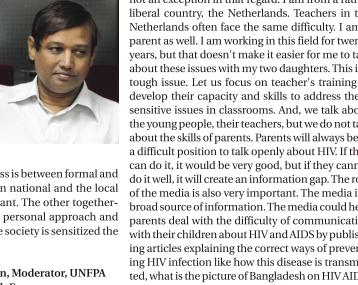
countries reported by

WHO revealed, there

are some risk (e. g

friends who are nega-

tive role model) and



tion gap between my parents, teachers and myself. I want to know about HIV but they feel



this is wrong. But I am trying to say that these

through not only HIV but also through educa- protective factors (e.g positive relationship wi Thus, the HIV program design should consider tion, reproductive health and all other issues parents) for adolescents that could influence the behavior. Program should also give emphasis

those underlying factors. For effective communication of HIV inform tion, we can also think about partnership with private sector. Most of the subscribers of mol phone are the young people. So we should thi how we can utilize that communication chanr

like using a toll free number for telephone cou

seling. As adolescent feel shy to ask for the sen

tive information, evidence shows that they fe

comfortable to talk about their reproducti

We have to continue promoting A-B-C strate for prevention. We can learn from the evidence the African countries that they reduce the H incidence significantly among young population just by delaying the first sexual exposure. Finally, I would like to emphasize on the con

health if privacy is ensured.

nuity of the program to ensure uninterrupted flo From the discussion of communication and logistical supply for pr we are informed that vention of HIV/AIDS. young and adolescent people are aware about Dr. Md. Abdur Rahman, Line Director, NASP

book etc. This opportu- this roundtable. One of nity is only for the these things is the lack literate youth and of correct information

adolescent. But from among the population. my own experience, I If we look at the root of would like to inform that most of the HIV positive transmission, unsafe persons in Bangladesh are very poor, illiterate and sex is responsible for

prehensive programs come from very remote areas. Their age limit is 80% to 90% of transthat include HIV. In between 18-24 years. They cannot read newspa- mission. They are not to disseminate the information that we have Government has 224 youth friendly service ed cation centers across the country.

ble to talk about AIDS.

Many things have been

population. Majority of our population live in the rural areas. They have limited access to inform tion. Information transmission from different sources should be increased. Education is thinking of them, and we need to put emphasis on important issue. Access to education will genera access to information. Government is designing program to cover all adolescents, to give them t right information about HIV. But we have to co sider our social context. In a dining table who mother, father, sister and brother sit together, o

malaria like diseases, but definitely it is impos

achievement. Government is working hard

disseminate information to make primary pr

Low prevalence of HIV is our importa

There is a difference between urban and ru

Brig Gen Shahedul Anam Khan (Retd) Editor, Defense & Strategic Affairs, The Daily Star. In our discussion on strategic information, no o raised the issue of media's specific role. I thi media can play important role in disseminati strategic information on HIV and implementing prevention programs. Society's intervention a

government intervention should be effective

Mr. Arthur Erken, UNFPA Representative, Even after the inclusion of HIV/AIDS issue in te books, the teachers and parents often feel emba rassed to discuss it with adolescents. Bangladesh not an exception in that regard. I am from a rath

about these issues with my two daughters. This i tough issue. Let us focus on teacher's training develop their capacity and skills to address the sensitive issues in classrooms. And, we talk about the young people, their teachers, but we do not to

broad source of information. The media could he parents deal with the difficulty of communicati with their children about HIV and AIDS by publis ing articles explaining the correct ways of preven ing HIV infection like how this disease is transm ted, what is the picture of Bangladesh on HIV AIL where is it located? Who are affected, who a addressed? That is the first and foremost role of t media. Then there is the enormous power of t social media, such as Facebook, Twitter and ma others. This is because young people hook on these things. Young people having a discussion the social media would be a very good idea mobilize them. Yes, they are vulnerable but they a at the best potential of change Young people should be engaged programme design as well. We should const with them. Actually young people should be giv the chance to run their own programmes.

more effective. Only information on the negati consequences of HIV will not work, we need create a positive image around the use of co

My last point is the issue of the promotion

condom use. This has a lot to do with our life sty

If you respect your partner, you will have

behave with responsibility. If we promote the u

of condom as part of our lifestyle, we would

doms as a way to protect one-self and one's pa ner from contracting HIV. Thank you all for coming and contributir

 $Hope \, we \, can \, move \, forward.$