

Baseline HIV/AIDS survey among youth in Bangladesh 2005

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Key terms

STI: sexually transmitted infection. **Gatekeepers:** policy makers, religious and community leaders, teachers and parents who maintain religious, cultural and social norms, and wield strong influence on societal behaviour. **HSV2:** herpes simplex virus 2. **SRH:** sexual and reproductive health.

The issue

The prevalence of HIV is still low in Bangladesh. The results of the few behavioural studies, including national behavioural surveillance, indicate that risky sexual behaviour is common and condom use is low. Youth (aged 10 to 24 years) constitute one-third of the 140 million people in Bangladesh, and although some information on sexual behaviour and STI prevalence among youth does exist, it is insufficient and does not match the interventions to be implemented under the GFATM 'Prevention of HIV/AIDS among young people in Bangladesh' project. A baseline survey was planned to measure knowledge, prevalence of risky sexual behaviours and prevalence of specific STIs among a nationally representative sample of youth, and to survey the knowledge of parents, guardians, service providers and policy planners about HIV/AIDS, and their attitudes towards effective preventive measures.

The research

A multi-item, structured, sex-matched survey was applied to a representative sample of young people (aged 15 to 24 years) selected using data from the Bangladesh Bureau of Statistics. A total of 12,729 youth, 727 parents/guardians, 722 teachers and community/religious leaders, 875 health service providers and 10 policy planners were interviewed. The population of young people was stratified by urban/rural and married/unmarried. Blood samples were collected from a subsample of youth, and males who were aged 18 years and above, out of school and earning money were assessed separately as a potential target group.

Key knowledge

Youth knowledge

More than 85% of youth had heard of HIV/AIDS, however knowledge regarding transmission and prevention was poor. Only 21.7% of youth had correct knowledge of at least two routes of HIV/AIDS transmission, and only 22% could identify at least two ways of preventing HIV/AIDS.

Youth misconceptions

Many misconceptions related to transmission and prevention of HIV/AIDS were identified.

Transmission: More than half of the youth believe that coughing/sneezing can spread HIV, while 50% believe that sharing food and water with an HIV infected person can cause infection.

Prevention: Fifty-seven percent of youth interviewed believed that washing after sex and 73% that using a lubricant during sex can prevent transmission of HIV. More than half of the youth believe that antibiotics can protect them from infection.

Youth perception of risk

Only 2.2% of males and 1.1% of females perceived themselves at risk of HIV infection.

Youth risky sexual behaviour

Risky sexual behaviour is common among youth and condom use is low.

Premarital sex: Around 22% of unmarried males and 2% of unmarried females reported a history of premarital sex. The most common sex partner for males was girlfriends (58%), however in more than 25% of cases, the partners were sex workers.

Condom use: Fifty-five percent of youth with a history of premarital sex reported that they had never used condoms. Only 35% percent of males reported that they used condoms in the last sex act. Among married youth, 7% had a history of extramarital sex and the most common sex partners were sex workers (57%).

Youth STIs and treatment seeking

Knowledge about STIs was poor among the youth. More than 50% of males and 75% of females had not heard about STIs, while 33% of males and 14% females had correct knowledge about two or more methods of prevention. Over 20% of youth reported symptoms suggestive of STIs in the last year, with higher symptoms reported among youth with histories of premarital and extramarital sex. Of these, approximately 63% visited some type of health service providers, however only 10% visited hospitals

or clinics. Laboratory testing found 0.6% of youth had been previously or currently infected with syphilis, and 1% of married males below the age of 24 was positive for syphilis. Over 16% of youth had exposure to genital ulcer disease (herpes simplex virus 2) before the age of 24, and of them 10% were currently infected.

Gatekeepers

Around 80% of parents, 97% of community/religious leaders and 100% of teachers were aware of HIV/AIDS, with 96% believing that the epidemic is likely to spread among youth in Bangladesh. However, only 8% of parents, 30% of teachers and 18% of religious/community leaders know that unprotected sex with a HIV/AIDS infected person is a leading cause of transmission. All three groups were in favour of HIV intervention programmes: 94% of parents and community/religious leaders supported the participation of youth in HIV prevention programmes and 94% of teachers were in favour of providing such information to youth in school. Although more than 90% of these gatekeepers agree that condoms should be used for prevention of sexually transmitted infections only 25% of them support condom sales to unmarried youth.

Health service providers

All health service providers interviewed were willing to support and contribute to HIV/AIDS activities by counselling on prevention and condom use. Almost all the providers believe that condoms should be used to prevent spread of STI (99%) and HIV/AIDS (98%). Although they all approved condom sales to married youth, only 60% approved condom sales to unmarried youth.

Policy planners

All policy planners agreed that youth in Bangladesh are most vulnerable for HIV/AIDS infection and concerted efforts are essential for prevention. The most important programme activities identified by policy planners are i) increasing awareness; ii) introduction of HIV/AIDS education in the school curriculum; iii) ensuring youth-friendly health services; iv) involving community/religious leaders in prevention programmes; and v) more active involvement of policy planners in prevention programme development.

Summary

The current survey shows that although youth in Bangladesh have awareness about HIV/AIDS they also have many misconceptions and very low risk perception. These misconceptions and low risk perception may lead them to risky behaviour and a reduced sense of vulnerability. Information about HIV/AIDS is important but knowledge is not enough. Television is the preferred source of information however all forms of public media reach important segments of the general youth population. Risky sexual behaviour is common among youth, and although condom availability is high, their use is unacceptably low due to the social norms and stigma associated with purchase. As a result, a significant number of youth are exposed to sexually transmitted infections, but diagnosis and care facilities are limited. Gatekeepers' awareness about HIV/AIDS is high but knowledge on transmission and prevention is low. They are willing to act but few have taken any action, and know very little about existing prevention programmes in Bangladesh. General support for school-based HIV/AIDS education exists, however barriers regarding sex and condom education also exist.

Key messages

- Sexual transmission accounts for more than 90% of HIV transmission globally but less than 15% of youth in Bangladesh know about such transmission. More than one-third of youth do not know about transmission of HIV/AIDS and do not know how to prevent HIV/AIDS.
- Campaigns on HIV prevention should focus specifically on sexual transmission of HIV. This heightened awareness may help in increasing condom use. Efforts should continue to maintain awareness and knowledge, however there is a need to better understand what impact misconceptions will have on HIV/AIDS prevention practices among youth and how these can be modified.
- Youth at risk do not perceive their risk for HIV. Appropriate interventions to increase the perceptions of risk are essential.
- Knowledge about STI symptoms also influences care-seeking behaviour. As STIs increase the vulnerability to HIV/AIDS, knowledge about STI symptoms will improve care-seeking behaviour.
- Condoms have been introduced in Bangladesh as a contraceptive method and are mainly used in pregnancy prevention in non-commercial sex. The role of condoms in the prevention of HIV and STIs needs to be emphasized to increase condom use in commercial sex. Strong barriers to accessibility of condoms for unmarried youth must be removed, which requires strong public sector support.
- Parent and community resistance must be addressed in programme planning. Windows for discussion of sexual and reproductive health (SRH) issues must be made available to youth. Youth believe that such issues should be discussed in school so including SRH issues in the school curriculum might be considered.

- Knowledge related to HIV/AIDS transmission and prevention is low among gatekeepers. It is time to think about intervention programmes that will help to increase their knowledge and participation in HIV/AIDS prevention.
- Approximately 25% of youth have symptoms related to STIs. Health care facilities should be improved to accommodate the sexual and reproductive health care needs of adolescents, including the provision of STI services (youth-friendly health services). Adequate training and continuing education for service providers is required, as are evidence-based practice guidelines to ensure uniformity and quality of care.
- Priority must be given to a concerted HIV/AIDS prevention effort. Involving all segments of society is essential for the prevention of an HIV/AIDS epidemic among youth in Bangladesh. Policy planners and service providers must be directly involved in programme planning at all levels.

Further information

ICDDR,B

www.icddr.org

GFATM Bangladesh

www.bdnasp.net/gfatm_project.htm

National AIDS/STD Programme (Bangladesh)

www.bdnasp.net

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