



Bangladesh: Transforming the lives of young people



About the International HIV/AIDS Alliance

We are an innovative alliance of nationally based, independent, civil society organisations united by our vision of a world without AIDS.

We are committed to joint action, working with communities through local, national and global action on HIV, health and human rights.

Our actions are guided by our values: the lives of all human beings are of equal value, and everyone has the right to access the HIV information and services they need for a healthy life.

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About Link Up

Link Up, an ambitious five-country project that ran from 2013-2016, improved the sexual and reproductive health and rights (SRHR) of over 8000,000 young people most affected by HIV in Bangladesh, Burundi, Ethiopia, Myanmar and Uganda. Launched in 2013 by a consortium of partners led by the International HIV/AIDS Alliance, Link Up strengthened the integration of HIV and SRHR programmes and service delivery. It focused specifically on young men who have sex with men, sex workers, people who use drugs, transgender people, and young women and men living with HIV.

For more information visit www.link-up.org

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Designed by: Jane Shepherd/Garry Robson

Unless otherwise stated, the appearance of individuals in this publication gives no indication of either sexuality or HIV status.

Executive summary

Link Up in Bangladesh focuses on specific young key populations, including young men who have sex with men (MSM), young transgender people, young people living with HIV, young women who sell sex and vulnerable young people aged 10-24, such as garment workers and pavement dwellers.

1. Context

Bangladesh remains a low HIV prevalence country. A total of 3,674 cases of HIV have been registered, however, the estimated number of people living with HIV is around 9,500.¹ Social and economic factors could trigger a dramatic rise in the number of new HIV infections unless appropriate strategies and actions are urgently taken. Child marriage is widespread in Bangladesh: 11% of young adolescent girls (aged 10-14) and 46% of young people aged 15-19 are married. In rural areas, 85% of girls are married by the age of 16. Often the husbands are much older, which puts them in a position of control over the girls' sexual and reproductive health.

Young people are excluded from the limited sexual and reproductive health (SRH) services offered to the general population. Currently, very few mechanisms are in place to disseminate information and education in order to address young people's needs, apart from projects funded by international agencies. These, however, are sporadic and there is no sustained effort by the government at the national or district level to fill this gap. Effective comprehensive sexuality education is rarely provided in schools. Many pupils - especially girls - drop out of school and get married very early, and are completely ignorant of their rights in a marital relationship, including their right to contraception. In rural areas, young people do not have access to the internet. Consequently, their knowledge of sexual and reproductive health is gleaned from their peers, older siblings or friends. There are no centres specifically aimed at informing young people of their sexual and reproductive health and rights (SRHR); government hospitals are not youth-friendly and are likely to discourage young, unaccompanied people from seeking services or information. Young people, particularly girls and sexual minorities, who are married or in sex work, cannot buy condoms or lubricants from pharmacies and depend on their partners for this.

Laws relating to different key populations in Bangladesh vary. Transgender people were recognised by the government as the third gender in November 2013. By contrast, section 377 of the law - dating back to the British rule - penalises homosexual sex even between consensual adults. There are no plans in Bangladesh to change this antiquated law. A group of gay men and other men who have sex with men (MSM) formed their own NGO, entitled Bandhan, many years ago.

¹National AIDS/STD programme (2015), 'Bangladesh global AIDS Response progress report, 2015'.



Sex work is legal in Bangladesh and thousands of women live and work in licensed brothels in crowded urban areas.² A study conducted by the Population Council for this project found that large numbers of sex workers engage in unsafe sex, particularly with non-paying partners. Faced with an unintended pregnancy, many sex workers resort to abortion (“menstrual regulation” is legal up to the tenth week of pregnancy) and unsafe, illegal abortion (beyond ten weeks) which puts their health and lives at risk.

2. About the project

Within Bangladesh, the project is being implemented in seven districts, in partnership with 16 NGOs who have had considerable experience in the field of SRH and HIV prevention programmes over the last few years. The project is in line with the country’s national AIDS/sexually transmitted disease (STD) programme and the data collated from the Link Up project is being incorporated into the national management information system.

The Link Up project addresses the health needs of most young key populations, including:

1. life skills
2. maternal health
3. sexually transmitted infections (STIs) and HIV
4. gender-based violence
5. drug abuse
6. sexual and reproductive health and rights.

The project has strengthened the capacity of all local partner agencies so that services can be provided either in the community or nearby, through mobile services and at fixed locations. The key agents of change are peer educators who, because of their own experience and understanding of their issues, are able to spread messages that will bring about a qualitative change in young people’s lives.

One of the unique features of the Link Up project is that it serves young people aged 10–17. It is unique in that most of the programmes supported by the government, donors and international agencies meet the needs of young people above the age of 18. Link Up therefore addresses the vulnerability of pre- and early teenage girls who are married and even have their first child by the age of 15 or 16. The project also supports a number of underage women who sell sex who would not otherwise be able to receive accurate SRH information, gain an understanding of SRHR or obtain access to health services, including free condoms.

One of the outcomes of the project is that young key populations have increased knowledge and self-belief which enables them to make positive

²Population Council (2015), ‘Sexual and reproductive health among young female sex workers in Bangladesh brothels - baseline findings from Link Up’. Available at: http://www.popcouncil.org/uploads/pdfs/2015HIV_BangladeshFSWbrief.pdf

choices about their health and wellbeing in supportive families and communities. This is achieved through face-to-face discussions with peer educators, training and community events to raise awareness as well as through the direct provision of health care, with the support of Marie Stopes Bangladesh and other partners.



Sex-workers from Bhashantek area having a group session in a railway station platform.
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Empowering young women who sell sex

Odoro - whose story is below - sold sex even before she was 16. She is one of many young women who sell sex in Bangladesh's big cities, around railway stations, in urban and rural slums and on the streets. Poverty is one of the main causes. Girls leave home in search of employment to pay for food for themselves and their families and then find themselves prey to traffickers, and ultimately forced into sex work. At the age of just 11 or 12, they have little understanding of the dangers that surround them, and no skills to negotiate safer sex. They have fallen through the safety net of child protection services. Therefore, when a project such as Link Up reaches out to them, it triggers an extraordinary change in their lives.

Odoro's journey

Odoro lives in one of the slums in Dhaka. She was married at the age of 14 after a great deal of pressure from a prospective father-in-law who wanted her for his son, aged 21. He had been pursuing her parents over the previous two years and kept telling them that she would be 'spoiled' by some man in the neighbourhood as she was such a beautiful girl. In that area, many girls get married at a very early age even though marriage is illegal for girls under the age of 18. Reluctantly, Odoro agreed to the marriage but one of the conditions was that she would not go to her husband's home before the age of 16 or 17 in order to avoid punishment under the law. However, her husband regularly visited her in her parents' house. Completely innocent and unaware of sex and her own sexuality, a few months later, Odoro began to feel very unwell. When she related her symptoms to her mother, she realised that she was over four months pregnant. She was 15 when she delivered her son, and after a while moved to



her husband's house. To her dismay, she discovered that he was involved in dealing and using drugs and often there were unknown women in her house. When her son was a year or so old, she took him to her mother's house. Odhoro decided to visit some relatives in Mymensingh, north of Dhaka, and boarded a bus. She fell asleep; when she woke up it was nearly midnight and she was miles away from Mymensingh. She was overcome by panic and fear, and she realised that she had been drugged en route although she is not clear how it happened. The bus driver, however, assured her that he would take her to his house for the night and that he had a daughter her age and his wife was also there so she need not worry. It was raining very heavily, she was in an unknown place and she realised that she had no alternative but to go to his house. It gradually dawned on her that she was in a dangerous situation.



A group session for awareness raising at Doulatdia Brothel. © 2016 Syed Latif Hossain/ International HIV/AIDS Alliance.

Her suspicions were confirmed when the bus driver, with the assistance of his wife, raped her several times that night. She was kept confined for a further six nights during which many men were brought to have sex with her. She finally managed to escape. Three months later, she realised she was pregnant again, and managed to find a doctor who agreed to terminate her pregnancy even though it was past the legal limit for such a procedure. She had to pay a considerable amount of money. When her husband found out, he said he could not trust her and she was 'spoiled.' She returned to her parents' home. Her husband refused to give her any money which she desperately needed to take care of her son and her basic needs. Ultimately, she turned to sex work to survive.

One day, Odhoro saw the Link Up project van, and began to attend their sessions on sexual and reproductive health and rights (SRHR). For the first time, she understood fully what she had been through. She was only 16 and a half years old, and the mother of a one-year-old son. She attended other training programmes and found that the one focusing on life skills changed her life. Until then, she had been very shy and hardly spoke in front of people. She developed self-confidence and the ability to speak out, learned how to keep herself safe

and how to insist on safer sex with clients. She soon got a job with the project - a major milestone in her life - and was able to provide for her son and herself. Her earlier experience of finding a doctor who would perform her abortion was bitter, but through the Link Up project she found health workers – doctors, laboratory technicians and nurses – who were all very supportive and understanding. She was able to share her past openly with them, not just of being trafficked but also of selling sex. No questions were asked or fingers pointed. The medical workers were sensitive, respectful and kind. She was very grateful as even her parents were unaware of the details of what she had been through. She was also relieved that the services included the provision of condoms as she would not have been able to buy them from local pharmacies since it is against the law for condoms to be sold to people under the age of 18. A further benefit of the project was screening for cervical cancer (for girls and young women) and hepatitis B. Cancer screening is crucial for women who have been involved in sex work.

In the one and half years that Odhoro has worked at the Link Up project, she has developed both personally and professionally. She has been given opportunities to travel to Chittagong, Cox's Bazar and even Myanmar (another Link Up project country).

During these trips, she found the courage to share her experiences and each time it became easier to speak about it. The shame and stigma have faded as she realised that what happened is not her fault: her early marriage to a drug addict, her abduction and rape and then her involvement in sex work were all part of life's events over which she had no control. Poverty, her gender, age and lack of education meant that her options in life were limited. Fortunately, the Link Up project, in addition to building her knowledge, skills and awareness of her SRHR, has given her another chance in life. She is undergoing training in tailoring, and hopes to find a job in one of the many garment factories and outlets in Dhaka. She may well have to carry on with sex work for a while, but she has taken responsibility for her health by negotiating safer sex with three or four regular clients, all of whom use condoms. Odhoro now realises the importance of regular health checks and treatment when necessary. She is empowered to say 'no' if she believes that there is any risk to her health. She has to be safe not just for herself but for her son too.

Now that Odhoro is 18, she feels confident enough to go to a pharmacy and buy condoms. She is willing to stand up for her right to do so, should she face any opposition: she has found her voice and has the strength to speak out to defend her choices. 'Health is wealth', she strongly believes. Link Up has turned her life around. She was previously unaware of her rights and felt hopeless about her future. Now she is exercising her rights and taking control over her life. She has a clearer vision for her own future and wants to earn enough money to ensure that her son has a good education and can make something of his life. She will not let him get married before the legal age and definitely not to a girl under the age of 18.



Enabling transgender people to realise their sexual rights

In the two years since the Bangladesh government recognised transgender people as the third gender, little has really changed for the community. While they are a visible force at certain social occasions, such as marriages and birth ceremonies, they face discrimination and abuse by their families and society in general. All of them are forced to leave home and many live in poverty. They are not welcome at family weddings or even funerals. Some of them have to visit their parents' graves secretly after the funeral and without their families' knowledge. Even in death, their bodies are draped in male clothing and their hair is cut, otherwise priests of all religions (Muslim, Hindu or Christian) would not allow the burial or cremation to take place.

Due to their lack of education, transgender people have few employment opportunities, apart from dancing, singing or begging. In the absence of financial or other support from family members, they supplement their livelihood by engaging in sex work. They can have up to 20 male clients a day, most of whom do not want to use condoms. The transgender community has been largely ignored by government and non-government HIV prevention programmes: this has only fuelled the risks to which they are exposed. They have for the most part been deprived of basic health services and information, denied access to condoms and other commodities as well as STI and HIV counselling and testing services. Link Up has, however, stepped in to fill these gaps in their knowledge by providing training and improving access to health services. Shameem's story below reflects the reality of life for many transgender people in Bangladesh.

Shameem's journey

Shameem was born into a modest and very conservative family in the port city of Chittagong, Bangladesh. He has three sisters and a brother; they lived in a rented house of two rooms. He cannot recollect ever having been to a hospital. There were occasions when there was no money to buy the medicine prescribed. They never starved but ate simple food cooked by his mother. He was a reasonably happy child and had friends in the neighbourhood.

However, Shameem preferred to play with girls and liked their games more than the boys' rough games. Dolls, making mud houses, dressing up – these interested him more than football and cricket. By the time he was seven, his parents were increasingly annoyed with his behaviour and often told him off, urging him to, "Be more like a man, a boy". Making him change his behaviour was their paramount concern, rather than meeting his basic needs. They said his 'silliness' was like a disease, but they never took him to a doctor: he had to try and 'get well' on his own. Shameem felt that there was a disconnect between his body and his mind – he did not understand why he could not have a female body, and yet was not able to speak to anyone about his inner thoughts and questions.

When he was ten years old, he met a 25 year-old transgender person who explained how he was different. He told him that Shameem needed to have a

I am only allowed to visit my family if I dress in men's clothes and act less effeminately. –

Shameem

physical relationship, to which he innocently agreed, not knowing what it would involve. He took Shameem to a place where two of his friends were waiting and he was raped by all three of them. The pain was excruciating, and he was confined to his bed for a week. He could only tell his parents that he felt feverish, which was true. He was terrified. Eventually, he went to see a doctor a long way from home and told him everything. The doctor understood what Shameem was going through and warned him that if he continued to have such relationships, he would experience similar health problems. He could not afford the prescribed medicine so Shameem used warm water to wash and ease the pain. The recovery was slow, so he took the 25 year-old transgender person with him to a doctor and he paid for the medicine. It took Shameem a month to recover completely.

He had no friends, as none of the neighbourhood children were allowed to play with him. He had dropped out of school when he was ten years old, and was overcome by a sense of isolation and loneliness. However, he soon found four transgender people some distance away and over the next three years he maintained regular contact with them. They helped to clear up some of his confusion and explained that he was not alone, but they were considerably older than him and therefore more mature. While he felt less lonely in their company, he was still subject to the control of his family who constantly tried to 'make a man' of him.

When Shameem turned 18, he discovered Bandhan, an NGO working on issues related to men who have sex with men (MSM). This was when his knowledge, awareness and understanding grew. He worked with them for a couple of years; during this period many issues were discussed and explained during monthly meetings. He trained as a peer educator, but when the project finished, he lost his job. For nearly two years, he was unemployed: this was a difficult phase in his life. Together with two transgender people, they formed a team who sang and danced for special occasions and earned some money, but it was not enough to live on so he had no choice but to turn to sex work to pay the rent and buy food. He knew from the Bandhan project about condoms and safer sex, and that he had to take care of himself if he wanted to avoid falling seriously ill but he could not always afford condoms.

A new opportunity arose for him when the Link Up project began. It was the first time he had heard about sexual rights, including the right to sexual health and to express and enjoy his sexuality. Initially, he did not think it was important, but when it was explained to him, he was inspired by the concept. Shameem believed that people like him did not understand human rights, let alone sexual and reproductive rights. He felt that maybe educated or rich people were aware of these issues, but not most people. That was the first thing he learned through this project and he was keen to learn much more.

Weekly meetings during the course of the project have helped him to grasp SRHR in a wider context, not just from a transgender person's perspective but from everyone's point of view. The training on leadership and first aid has contributed to his knowledge of how to help a person in a crisis.



Over the last two years, he has made contact with many young people, particularly young men, who lead very difficult lives, and he has been glad to help them access sexual and reproductive health services through Marie Stopes mobile and static clinics. Distributing condoms to young men is vital as most of them cannot afford to buy them or are too shy to go into a pharmacy and ask for condoms or lubricants, particularly those under the age of 18. The project has increased Shameem's understanding of his body, and his right to have access to good quality health services. This was an alien concept to him before but now it is an integral part of his thinking.

What Shameem has learnt from the Link Up project has had a huge impact on him and will stay with him for his whole life. He has changed. He has learnt about other communities, including sex workers and their needs and young people in general. He has matured from being insular and focusing only on transgender people to realising that there are many people out there who also have problems which might be different but are challenges nevertheless.

He is now able to work with other communities and refer them for sexual health services offered under the Link Up project. This has given him a great deal of satisfaction. The Link Up project offers a comprehensive service package, not just focusing on sexual health - which is of course an essential component - but also dealing with related issues and the whole person: his or her mind and emotions as well as the body.

The training programmes have also been extremely helpful. Shameem will remember not to lose sight of his health or his right to lead a healthy life. He will not take risks again, no matter how destitute he might be. He will make his own informed decisions and take responsibility for his health. He believes that he will find some doctors and medical staff who care about people like him, like the service providers at the Marie Stopes clinics who treated him and his friends with



An MSM group in the park in Chittagong. © 2016 Veena Lakhumalani for the International HIV/AIDS Alliance.

dignity and were non-judgemental about their sexual choices, age or work. Shameem feels strongly that less attention is paid to transgender people than to other marginalised communities, such as female sex workers. He believes that neither the public nor the government really cares about them, their rights, health, education or future. In 2013, the government of Bangladesh offered vocational training programmes to transgender people. Large advertisements were placed in the newspapers. Shameem took two courses: one on tailoring and the other on boutique training which involved fine embroidery, designing, sequins and mirror work. He even obtained a certificate after completing the training. He took exams and had interviews, but although there are many garment factories and workshops in Chittagong, they refused to offer employment to transgender people. Is that fair, he wonders? What is the point in offering training if the government cannot guarantee jobs for them?

When the Link Up project is over, he will go back to dancing, singing and sex work too: that is the reality of his life. He will, however, practise safer behaviour. He cannot go back home - that is out of the question - but he realises the importance of being healthy both in his body and mind.

Empowering men who have sex with men to practise safer sex

The law against gay men and other men who have sex with men (MSM) is draconian: same- sex behaviour is considered a criminal act, punishable with a prison sentence. Bangladesh is not alone in this respect: similar laws exist in other countries in South Asia. It is not known how many MSM are actually arrested or charged, but it does give the police and other law enforcement authorities the power to exploit and abuse MSM, even allowing them to extort free sexual favours. In addition, families put considerable pressure on the men to get married to prevent gossip and adverse comments from neighbours and relatives. Prince - one of the representatives of the gay community in Khulna, a town located in the south-east of the country - feels that concealing his sexual orientation is one way out of the difficulties.



Prince's journey

Most of the MSM known to Prince come from low socio-economic backgrounds. As a result, they have little or no access to health care, drop out of school and are totally marginalised. Visits to government hospitals entail long queues, inadequate diagnosis, rushed visits and long lists of medicine to be bought. Private practitioners are too expensive and beyond the means of most of his circle of friends and family. On the whole, people's attitudes towards MSM are very negative; this is particularly painful when they are rejected by their own families. Homosexuality or same-sex relationships are frowned upon in a conservative Muslim country like Bangladesh. MSM are therefore forced to lead hidden, secretive lives and they are unable to share their feelings and desires openly. They cannot speak to a doctor at the government hospital for fear of being found out. Prince believes that it is easier in India where homosexuality is now openly discussed and where, in the field of performing and fine arts, many actors have come out about their sexuality.

Prince realised when he was about ten years old that he liked boys more than girls. From a very young age, he liked to dress up in girls' clothes and play with dolls. In fact, his father was very indulgent towards his fondness for 'girlish things' and even bought him dresses and lipstick. But as he grew older and his femininity was more apparent, his parents and brothers became abusive and angry. He was often beaten and kicked.

Now aged 22, he lives away from home, but is determined to continue his studies so that he can get a job and live a more stable life in the future. He is currently pursuing a diploma in civil engineering. He pays for his education by giving private tuition to younger children and from the salary he has earned from working in the Link Up project.

His first sexual experience was when he was aged 14, when his private tutor lured him into a relationship in his (the tutor's) home. The tutor was not gay but realised that Prince was, and took advantage of him. The agony that he suffered was excruciating but he could not confide in anyone. He was overcome by shame and guilt - this prevented him from even asking his parents to take him to a doctor. He suffered in silence, and avoided going back to the tutor to save himself further abuse. Feelings of alienation are acute among MSM, especially in the early stages of their self-discovery.

Prince believes that MSM do not have long-term relationships and at any given time have two or three partners. He had over 50 partners before he worked in the Link Up project. Most of his sexual relationships were unprotected as he did not realise the need to practise safer sex. The training provided by the project made him see the enormous risks he had taken in his life. Until the project, he had avoided going to the doctor as he felt he could not visit a government hospital on his own, and had never been tested for STIs or HIV. Through Link Up, he took all the tests, including for hepatitis B, and was treated for an STI.

Working at Link Up is his first job and he has benefitted a great deal from the experience and training provided. The training on sexual health and rights,

Recently, five MSM were diagnosed with HIV in Khulna Zilla and we are all now very scared. We have many partners, who in turn have many partners, and most MSM do not want to use protection. We are at a huge risk of getting HIV and STIs. We have to reduce the risks to which we are exposing ourselves. –

Prince

gender-based violence, and life skills was all new to him, and he now sees the importance of the knowledge gained for MSM like him and others too. These issues were not discussed or taught at his school or the engineering institute.

Prior to the project, his behaviour put him at high risk of HIV and other STIs and yet he felt indifferent. Now, however, he has made the conscious decision to always use condoms and reduce the number of his partners to just one or two. He will also convince his MSM friends to practise safer sex as he is concerned about their future.

At the various training programmes and project meetings, he met other communities: this helped him to understand that it is not just MSM who are on the margins of society. Others, such as sex workers and transgender people, face the same level of discrimination and neglect. Young people in general do not receive comprehensive sexuality education which is vital, given the prevalence of early marriage in Bangladesh, trafficking of girls and boys and large numbers of MSM and transgender people in the country. Prince wishes that the Link Up project had been there when he was first abused and terrified: he would not have had to suffer alone.



A group of MSM members and Link Up beneficiaries, meet up for a group session at Laldighi Park, Chittagong.
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Alliance.

After training provided by the Link Up project, the attitude of health service providers has improved considerably. The clinics run through mobile vans or at fixed locations give MSM the privacy and courage to go for counselling and treatment. The doctors and paramedics are willing to test, examine and treat MSM with respect and consideration. The same cannot be said of the police. Prince was not aware of any police officers from Khulna who have been sensitised to the needs and rights of MSM, therefore the harassment faced by him and his friends continues unabated. The police are abusive, take away their money, question them about condoms and lubricants found in their possession and demand free sexual services. They also insist on their mobile numbers which are then passed to other police colleagues who continue the harassment by phone.



Prince has been able to refer his fellow MSM for medical care and also inform them of their human rights, including their rights to information related to HIV and STIs, and education on sexuality. Whatever he has learnt from the project, he has passed on; he will continue to do so even when the project is over. He found the messages that had been recorded and played through mobile phones very helpful as well as the flip charts that were developed for use by the peer educators.

Prince's journey could have been fatal but he has escaped unhurt for the most part. Thanks to the Link Up project, he understands his past mistakes, and intends to practise what he has been taught, and, in the process, teach as many young people as he can. He wants to finish his engineering diploma and get a decent job. Nevertheless, he feels he will need to conceal his gay identity all his life to avoid public ridicule and further exploitation. Unless there is a shift in government policy and laws towards MSM, their lives will remain secretive and precarious.

3. Results

By the end of Link Up, the project reached:

- 247,397 young people aged 10-24 have accessed sexual and reproductive health (SRH) services and information through community-based settings and clinics set up by Marie Stopes Bangladesh.
- 32,024 completed referrals have been made for young people aged 10-24 affected by HIV to access core SRH and HIV services.

The project has led the way in demonstrating that young people in Bangladesh, including pre-teenagers, urgently need access to SRH care and HIV prevention. Not just those young people who sell sex or other young key populations at higher risk, but young people around the country who have never been taught about health and nutrition. This includes young pre-teens and teenagers working in formal and informal industries, who live on the streets and in slums, and especially those who have dropped out of formal education. No mechanism is in place to provide them with the necessary life skills to enable them to make informed choices and reduce their risk of STIs, HIV and unintended pregnancies.

Link Up services have been delivered to young girls working in fish processing zones, young men involved in the transport industry, in garages and at petrol pumps, none of which provide SRH and HIV services or information to their employees. Without Link Up's support, these young people would get married without any knowledge of their sexual and reproductive rights: how to keep themselves safe and decide the number, spacing and timing of their children. During the project, young people's thirst for knowledge and understanding was tangible and they expressed their gratitude to the peer educators for being their teachers.

One concrete policy change has already occurred. Thanks to a concerted effort by UNICEF and several other organisations, including Link Up representatives, the government of Bangladesh has officially recognised the need to bring young people, particularly adolescents under the age of 18 within the scope of SRH services, as there was clear evidence that they are at high risk of exposure to HIV and have specific SRH needs. In March 2015, a ministry of health circular was issued to this effect to various departments of the ministry, including the national AIDS/STD programme and the health and family welfare department. The information will take a long time to trickle down to individual hospitals and clinics, particularly in the rural areas, however, it is the first step towards ensuring that 10-17 year olds have access to SRH and HIV information and services. Unless pressure is exerted on the government and policymakers, many young people will continue to be at risk of infection and disease.



Elisha (28) is a peer educator for the Link Up project and works at a garments factory in Shyamoli, Dhaka. She is now a floor supervisor in a sewing section. © 2016 International HIV/AIDS Alliance.

4. Lessons learnt

While responding to the needs of the most vulnerable young people – young people who sell sex, young gay men and other MSM, and young transgender people – is clearly essential, this project has also identified young people in professions such as the garment, fish processing and transport industries who have an unmet need for SRH information and services. Without tailored support, large numbers of young people who are not in formal education and who lack access to the internet or television, will remain ignorant of their bodies and their rights.

By joining forces with Marie Stopes Bangladesh in the provision of STI testing and treatment at both fixed and mobile locations, the efficiency of the programme in the field increased. The staff at these clinics were trained to offer



supportive services to the community without being judgemental or critical of young people's choices, sexual orientation or age. Their sensitive attitude, combined with the provision of free condoms and medicine, drew in young people who felt comfortable with the staff. Benefits such as testing for hepatitis for all, and, for young women, screening for cervical cancer and access to safe abortions, were an added attraction that encouraged young people to come forward to seek services.

Meetings and conferences that brought all the different vulnerable young key populations together facilitated a better understanding of their differences and similarities: making each person realise that he/she was not alone. Sex workers were unaware of the problems faced by transgender people who, in turn, were unaware of the ostracism faced by gay men and other MSM.

Following training and opportunities to travel within Bangladesh and Myanmar, peer educators felt far more confident than when they started out. By the end of the project, they were determined to turn around their own lives by practising safer behaviour.

Offering vocational training courses (in tailoring and henna hand painting) to young people who sell sex over the last few months of the project has given some the option of moving out of sex work into safer jobs which pose less risk to their sexual and reproductive health. If other projects could follow this example, it might create new opportunities for women to be economically empowered and avoid sex work.

5. Plans for the future

Sustainability is a major concern. The young people felt abandoned as soon as they heard that the project was coming to a close. It is the nature of projects that activities cease once the duration is over, and it is natural that staff lose their jobs and peer educators their salaries too. The communities who have accessed services for two to three years are left wondering how they will continue to access free condoms, testing and treatment when the programme is finished. While NGOs can help fill some gaps, they are dependent on international funding to a large extent. Donors could consider mechanisms for the continued support of effective programmes like Link Up, even if it means finding co-funders for the next phase. There is an urgent need for the government of Bangladesh to mount a coordinated response to meet young people's needs for comprehensive sexuality education, HIV protection as well as SRH services, including STI treatment, contraception and safe abortion – all of which should be either highly subsidised or at no cost to encourage young people to come forward.

The main challenge is for the learning and sharing of information and knowledge to carry on after the project is completed. If the large number of peer educators harness their training to maintain their health seeking behaviour, and if they are successful in continuing to spread messages underlining the importance of sexual health, and sexual and reproductive rights and wellbeing, they will

become role models for other young people in the country. MSM will continue to meet in public parks which provide a safe haven for them to discuss their health and other issues. Other communities might be able to do the same. It is key that SRHR knowledge continues to be disseminated to young people, even without the support of a formal project.

More importantly, it is hoped that the many doctors and other paramedics within the partner agencies will continue to offer sensitive and supportive services to young key populations so that they feel they have a safe space where their choice of profession, sexual orientation and gender identity are accepted without judgement or discrimination.

Before the end of the project, the Link Up team will focus on ways to link service providers with young people in the future, particularly since the project has invested in their capacity building. If subsidised rates for health service delivery channels are developed, those who have been reached by the Link Up project will continue to use - and benefit from - good quality, rights-based and integrated SRH and STI/HIV services.



Panna (22) is a sex worker and a beneficiary of the Link Up project. Poverty drove her into sex work when she was 18.
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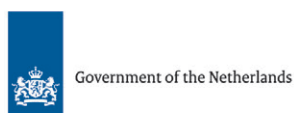


Sheema (18), born in Bhairab, was sold off to a pimp by her step mother at an early age and ended up in sex work in an around Chittagong old railway station. Sheema is a single mother of a three-year-old son — Shanto.
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LINKUP

Link Up improved the sexual and reproductive health and rights of over 800,000 young people affected by HIV across five countries in Africa and Asia. The project was implemented by a consortium of partners led by the International HIV/AIDS Alliance.

For more information, visit www.link-up.org



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