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SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS NEEDS OF YOUNG MEN WHO LIVE IN THE STREETS IN DHAKA CITY: A LINK UP EXPLORATORY STUDY

Dhaka City in Bangladesh is the fastest growing city in South Asia with an annual growth rate of 7 percent.¹ This rapid urbanization is primarily due to migration from rural areas of the country and has led to a substantial increase in the number of adults and children who live in informal settlements in the city. There are currently an estimated 20,000 people living without permanent shelter—known locally as “pavement dwellers”—who live at railway terminals, bus stations, and in other public spaces like ferry landings, markets, religious shrines, and parks.² With critical unmet needs for shelter, employment, education, and healthcare, these are among the most vulnerable populations of Dhaka City.³

The prevalence of HIV in Bangladesh is low (less than 0.1 percent), but a growing urban population along with high levels of poverty, high levels of sexual risk behaviors, and lack of HIV awareness, could contribute to the rapid spread of HIV.^{4,5} The HIV prevalence among female and male sex workers, men who have sex with men, and transgender individuals—often referred to as “key populations” in the response to HIV—is slightly higher, at less than 1 percent in each community.⁵ Injection drug users who are homeless have the highest HIV prevalence at 7 percent.⁵

Very few studies have investigated HIV and sexual and reproductive health and rights (SRHR) among young people who live in the streets in Bangladesh. A previous study found that poor living conditions, sexual and physical harassment, risky sexual and drug-use behaviors, lack of HIV and SRHR knowledge, and lack of access to healthcare services contributed to an elevated risk of HIV among street children in Dhaka City. Boys and girls who live on the streets are at a particularly high risk of sexual abuse and exploitation. Among 119 children who participated in group discussions, 36 of them—half of whom were girls and half boys—reported that an adult male had raped them. Compared to females, less is known about the experiences and needs of young men in these situations, and there are fewer options for legal recourse



As part of Link Up, the Population Council conducted an exploratory study of the HIV and SRHR needs of young men who live in the streets of Dhaka City.

KEY MESSAGES

Young men living in the streets in Dhaka City are at risk of HIV and STIs, due to high levels of unprotected and transactional sex, as well as violence.

They lack access to skilled health care providers and services, with most learning about HIV or SRHR issues from friends or television.

Programs for these young men should be community-based and accessible, addressing their broad social and health needs.

for male survivors of such abuse.^{6,7} In addition, the prevalence of sexually transmitted infections (STIs) such as syphilis and hepatitis B have been found to be twice as high among men who live in the streets in Dhaka City, compared to their female counterparts (9 percent versus 4 percent syphilis prevalence, 6 percent versus 3 percent hepatitis B prevalence).⁸ This study seeks to assess the HIV and SRHR needs and experiences of young men who live in the streets in Dhaka City.

Under the Link Up project—a global consortium led by the International HIV/AIDS Alliance and supported by the Dutch Ministry of Foreign Affairs—the Population Council conducted an exploratory study of the HIV and SRHR needs of young men who live in the streets of Dhaka City. This study investigated their knowledge, behaviors, needs, and service utilization related to HIV and SRHR.

STUDY METHODOLOGY

From May to June 2015, trained interviewers administered a 30-minute survey to 447 young men residing in seven “hot spots” in Dhaka City that were known for their large concentrations of people living in the streets. Sites were selected with the assistance of local nongovernmental organizations (NGOs) that serve this population. Eligible participants were males ages 15 to 24 who had slept at or near the hot spot in the previous week.

Randomization schemes were followed to identify potential participants—such as spinning a bottle and then interviewing the person closest to the bottle, followed by an interview of every Nth person in a counter-clockwise direction. A minimum of 16 interviews were conducted at each study site. Interviewers collected data on participant demographics, knowledge of HIV and SRHR, sexual risk behaviors, experiences of abuse, and HIV and SRHR service utilization. To complement the survey data and delve into these themes in greater depth, we conducted 31 qualitative in-depth interviews with a subset of the survey participants. Illustrative findings based on preliminary analyses of qualitative data are presented here.

STUDY POPULATION

Participant characteristics

The median age of the 447 survey participants was 18 years, 7 percent completed education above primary school, and 98 percent of participants reported currently working for pay with a median of 1,400 taka/month, approximately US\$18/month.ⁱ Nearly 90 percent of participants were never married. The most common places of residence were streets (36 percent), railway stations (27 percent), and launch stations (14 percent). Additional places of residence included group dwellings (9 percent), bus stations (3 percent), and NGO dormitories (3 percent). Very few participants (4 percent) resided with a parent or guardian. Nearly all participants had not always lived at their current place of residence (98 percent). Of those, approximately 40 percent moved to Dhaka City from another city/town and 60 percent moved from a village (Table 1).

Sexual history

Over 70 percent of participants reported that they ever had sex and the median age of sexual debut was 14 years. Nearly 90 percent of participants who had had sex reported ever engaging in transactional sex, either selling or paying for sex. Over 60 percent had engaged in transactional sex in the last

I have had sex with hijra [transgender]....When I heard about the diseases I stopped having sex with hijra....I heard that if I have sex with a guy I'd suffer from diseases such as wound in penis and also suffer from impotence. That is why I refrain myself from going to them again.

—Age 21

ⁱThe exchange rate on 10 November 2015 was used to convert taka to US\$.

TABLE 1. PARTICIPANT CHARACTERISTICS (N=447)

	Total % (n)
Age [Median (min-max)]	18 (15-24)
Education	
No education	45.2 (202)
Primary	48.1 (215)
Above primary	6.7 (30)
Marital status (n=321)*	
Never married	89.1 (286)
Married/living together	10.6 (34)
Divorced/separated	0.3 (1)
How long have you been living continuously in this place?	
1 year or less	33.3 (149)
> 1 year	64.7 (289)
Always	2.0 (9)
Residence	
Bus station	2.9 (13)
Railway station	27.1 (121)
Launch station	14.3 (64)
Streets	36.2 (162)
NGO dormitory	2.7 (12)
Group shelter	9.4 (42)
Other	7.4 (33)
Currently residing with parent/guardian	3.8 (17)
Occupation status	
Self-employed	98.4 (440)
Unemployed	0.5 (2)
Other	1.1 (5)
Currently working for pay	98.2 (439)
Main income source	
Porter	27.6 (121)
Day labor	30.3 (133)
Beggar	1.4 (6)
General scavenging	14.6 (64)
Transport worker	5.9 (26)
Street vending/business	3.6 (16)
Other	16.6 (73)
Earnings/Month in USD [median, interquartile range]	\$18 (\$13, \$26)

*Among those who had ever had sex

30 days. Among participants who ever had sex, 42 percent had sex with more than one person in the last 30 days (Table 2).

Due to potential sensitivities, the survey did not include questions about anal sex or sex with other men. However, in qualitative interviews, some men disclosed that they had engaged in anal sex with transgender sex partners (*hijra*) and with men. They reported these encounters as both consensual and coerced, and in most cases they did not use condoms.

Condom use

Among participants who had a primary partner, condom use at last sex with primary partners was 36 percent, and few participants, 8 percent, reported knowing their primary partner's HIV status. Among those who had a non-primary partner, condom use at last sex with non-primary partners was 55 percent, and no participants reported knowing their primary partner's HIV status (Figure 1). Nevertheless, Over 80 percent of participants felt confident that they could obtain a condom if necessary. Of those

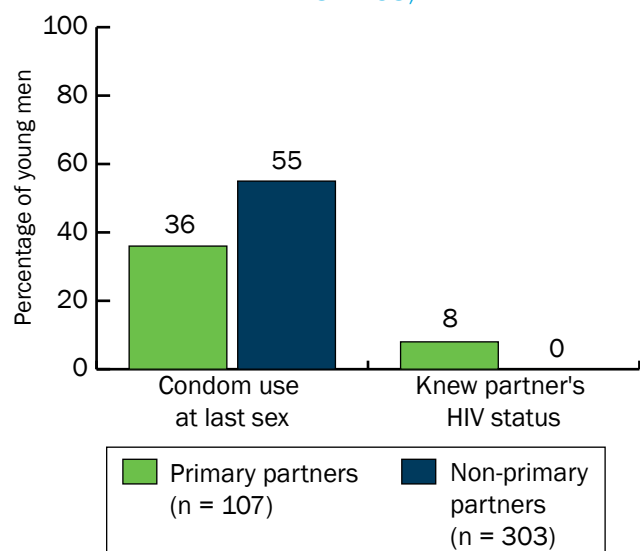
TABLE 2 SEXUAL RISK BEHAVIORS (N=447)

	Total % (n)
Has ever had sex	71.8 (321)
Median age at sexual debut (min-max)	14 (12-20)
Had sex in past 3 months	78.8 (253)
Number of sexual partners in last 12 months	
One	23.4 (75)
Two	10.6 (34)
Three or more	65.7 (211)
Has ever exchanged sex for money, goods/kinds, favors or services	89.4 (287)
Had sex with more than one partner in last 30 days (n=268)*	49.3 (132)

Frequencies may not sum to total sample size due to missing or "don't know" responses.

*Among those who have had sex with a non-primary partner in last 12 months

FIGURE 1 CONDOM USE AND AWARENESS OF PARTNER HIV STATUS, BY PARTNER TYPE



participants who ever had sex, most were confident that they could suggest using condoms to new sex partners (90 percent) and many stated that they were confident that they could put a condom on themselves or their sex partners (83 percent).

I do sex using condom with 20 percent of girls and the rest without condom.... Condoms cannot be found always, and when I get a girl instantly then I do sex without condom.

—Age 23

Experience with and knowledge of HIV and sexually transmitted infections

Nearly 60 percent of participants knew that diseases can be transmitted through sexual intercourse. One in five participants had heard of STIs yet nearly three-quarters of participants reported experiencing STI symptoms in the past six months. Approximately

AIDS means, it spreads from enjoying, if I sleep with someone then it can be spread, if I move around with someone, if I share my dresses with someone from that it can be spread or if I urinate in the same place where the person urinates from that it can be spread too. I mean if Allah wants he can give disease with various ways.

—Age 24

three-quarters of participants had heard of HIV or AIDS (Table 3).

HIV testing

Only ten participants (2 percent) had ever received an HIV test. About one in six participants knew where to obtain an HIV test. Over 40 percent of participants felt confident that they could locate a place to get tested for HIV, and over 60 participants felt confident that they could get tested for HIV (Table 4). In response to an open-ended question asked of those who had never tested, the most common reasons for not being tested included not needing to be tested, not knowing where to get tested, not being interested, and money issues.

TABLE 3 EXPERIENCE WITH AND KNOWLEDGE OF HIV AND STIS (N=447)

	Total % (n)
Knows that diseases can be transmitted through sexual intercourse	57.3 (256)
Has heard of STIs	17.8 (34)
Has heard of HIV or AIDS	76.5 (342)
Has had 1 or more STI symptoms in the past 6 months	69.6 (311)

Frequencies may not sum to total sample size due to missing or “don’t know” responses.

TABLE 4 HIV TESTING (N=447)

	Total % (n)
Ever received HIV test*	2.2 (10)
Received result of most recent HIV test (n=10)	70.0 (7)
Feels confident to locate a place to get tested for HIV (agrees or strongly agrees) (n=321)*	41.7 (134)
Feels confident to get tested for HIV (agrees or strongly agrees) (n=321)*	63.2 (203)
Knows where to obtain HIV test (of those who have not ever received test) (n=437)	17.9 (78)
Reasons for not being tested for HIV	
Does not need to be tested	25.9 (113)
Does not know where to get tested	18.5 (81)
Not interested in getting tested	15.6 (68)
Money issues	12.6 (55)
Does not know why	11.9 (52)
Lack of knowledge	8.7 (38)
Other	9.2 (40)

Frequencies may not sum to total sample size due to missing or “don’t know” responses.

*Among those who had ever had sex

Experiences of abuse

Slightly over three-quarters (77 percent) of participants reported that they had been physically abused at their work or residence. The most frequently mentioned perpetrators were police or security guards, and “people at work.” When asked if they had ever experienced sexual abuse at their workplace or residence, 13 percent responded affirmatively. In open-ended follow-up responses, participants cited strangers, “other young people,” and people at work as the most frequent perpetrators of sexual abuse (data not shown).

Health service utilization and information sources

Approximately three in ten participants had ever discussed concerns about HIV or SRHR with anyone. Almost half of all participants had been in contact with any health educator in the community in the last six months. Nearly 40 percent of participants

I felt irritation during urination and urine couldn't be passed and [was] painful. These symptoms continued for about one to one and half months, and gradually cured....No, I didn't go to any doctor.

—Age 22

felt they needed to seek out health services in the last month. Among those who had received health-care in the past six months, the most frequently named service providers were traditional providers/pharmacies (60 percent) and government hospitals (21 percent). When asked about their information sources on HIV or SRHR issues, the most common responses were friends and television (Table 5).

TABLE 5 ACCESS TO HIV AND SEXUAL AND REPRODUCTIVE HEALTH INFORMATION AND SERVICES (N=447)

	Total % (n)
Had ever discussed concerns with anyone about HIV/STI or sexual and reproductive health	29.8 (133)
With whom? (n=133)	
Link Up peer educator	12.0 (16)
Counselor or social worker	21.1 (28)
Friends	72.9 (97)
Doctor or paramedic	3.0 (4)
Health extension worker	3.8 (5)
Sources of information about HIV/STI or sexual and reproductive health	
Link Up peer educator	6.3 (28)
Doctors/nurses	4.5 (20)
Friends	44.1 (197)
Films/videos	16.6 (74)
Television	35.1 (157)
Employers	3.6 (16)
Herbal medicine street vendor	15.4 (69)
Has been in contact with any health educator in community in last 6 months	46.3 (207)



Young men who live in the streets of Dhaka City face substantial vulnerabilities and risks, most notably in terms of sexual risk and physical violence. Programs for these young men should be community-based and accessible, addressing their broad social and health needs.

PROGRAM IMPLICATIONS AND RECOMMENDATIONS

These findings elucidate the substantial vulnerabilities and risks faced by young men who live in the streets of Dhaka City, most notably in terms of sexual risk and physical violence. Participants reported very high prevalence of transactional sex, as well as low levels of condom use. The qualitative data also suggest that sexual encounters with hijra and other men were not uncommon.

A large majority had experienced recent symptoms associated with STIs, but HIV risk perception was low and very few had ever been tested for HIV. Despite expressing moderate confidence in their ability to use condoms or obtain HIV tests, this reported self-efficacy does not translate into actual behaviors. With most relying on friends or television as their primary sources of information about HIV/STIs or sexual health, these men need access to skilled, knowledgeable clinicians or health educators who can correct misperceptions and promote preventive behaviors—such as consistent condom use and HIV testing. Furthermore, given the transient and mobile nature of their existence in the streets, programs for these men should consider community-based outreach and mobile health services, rather than relying on the men to invest the time and money to attend static health facilities.

These young men experience a transition to adulthood lacking many basic necessities to obtain an adequate standard of living, a situation that compounds and exacerbates their sexual risk. They face many broad social and health challenges and vulnerabilities, given their disadvantaged status. A multisectoral response is essential—including collective efforts spanning the education, health, and law enforcement communities—to ultimately minimize the extreme sexual risk faced in these Dhaka City communities.

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LINKUP

Link Up aims to improve the sexual and reproductive health and rights (SRHR) of one million young people affected by HIV across five countries in Africa and Asia. The project is being 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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The Population Council confronts critical health and development issues—from stopping the spread of HIV to improving reproductive health and ensuring that young people lead full and productive lives. Through biomedical, social science and public health research in about 50 countries, the Council works with our partners to deliver solutions that lead to more effective policies, programs, and technologies to improve lives worldwide. Established in 1952 and headquartered in New York, the Council is a nongovernmental, nonprofit organization with an international board of trustees.

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