

# Encapsulating the scenario of Sexual and Reproductive Health and Rights (SRHR) among key populations: An abridged SRHR situation assessment

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## Introduction

Key Populations (KPs) including males having sex with males (MSM), Male Sex Workers (MSW), transgender women (hijra), and Female Sex Workers (FSW) are at risk of compromised outcomes of Sexual and Reproductive Health and Rights (SRHR). Despite being disproportionately affected by physical and mental health issues, the current healthcare strategy predominantly highlights their HIV-related complexities. However, due to their lifestyle, behavioural patterns, and socio-legal impediments, they are vulnerable to other SRHR-related issues. Yet, these complexities are invariably overlooked in both research and interventions targeted toward KPs. Therefore, to inform tailored, context-specific SRHR interventions for KPs, it is essential to first understand their SRHR-related situation, identify existing gaps and conduct relevant studies as needed. Thus, this technical brief provides a snapshot of the SRHR situational assessment of KPs in Bangladesh and other settings.

## Key populations types and definitions

The key populations are defined 'as groups, due to specific higher-risk behaviours, at increased risk of HIV and AIDS, tuberculosis and malaria irrespective of the epidemic type or local context'<sup>1</sup>. For the purpose of this situation assessment, four groups of key populations have been included: MSM, MSW, FSW, and hijra. MSM are defined as males who have had sex consensual sex within the past year; MSW are males who sell sex to other males in exchange for money and gifts within the past month; hijra are transgender women who identify themselves as belonging to the traditional hijra sub-culture whereas FSW are females who sell sex and are contacted through negotiation by clients on the street, house, brothel for sex during the past year<sup>2</sup>.

## The SRHR context of Bangladesh: Where do we need more emphasis? Reproductive health concerns of female KPs

A scoping review in 20 countries revealed that 52-95% of FSW reported unintended pregnancies, and 53% of the sample experienced induced abortions<sup>3</sup>. There is also an ample body of research that has quantitatively and

<sup>1</sup>WHO, *Consolidated guidelines on HIV prevention, diagnosis, treatment, and care for key populations*. World Health Organization, 2016.

<sup>2</sup>ASP (2017): *National AIDS/STD Program, Ministry of Health and Family Welfare, Govt. of Bangladesh, "Behavioural and Serological Surveillance amongst Key Populations at Risk of HIV in Selected Areas of Bangladesh," 2016.*

<sup>3</sup>Wahed, T., Zaman, S., Huda, F. A., Jiayu, L., Sultana, S., Alam, A., ... & Somrongthong, R. (2020). A narrative review of the literature on the reproductive health of female sex workers having age below twenty years. *Bangladesh Journal of Medical Science*, 19(1), 17-31



qualitatively explored condom use among FSW, which is primarily attributed to gendered power differentials. In Bangladesh, only a few quantitative and qualitative papers constitute the Sexual and Reproductive Health (SRH) evidence base for FSW in Bangladesh. In particular, a mixed-methods large-scale cross-sectional study illustrated that 448 of the 731 samples (61.3%) reported any SRH experiences within the past year (such as pregnancy, abortion, STIs, or childbirth experiences)<sup>4</sup>.

### Pregnancy:



Out of the 66 pregnant FSW interviewed in Wahed et al.'s (2017) study, the majority of the respondents (around 75.8%) planned to proceed with the pregnancy while 12% of them terminated their pregnancies<sup>4</sup>. Many of these pregnancies were attended by unskilled

birth attendants, and a large proportion of these abortions were conducted using unsafe, unmedicated methods<sup>4</sup>.

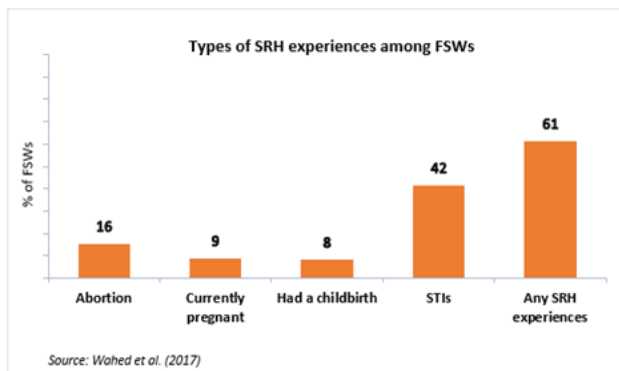


Figure 1: SRH related experiences among FSW

<sup>4</sup>T. Wahed, A. Alam, S. Sultana, N. Alam, and R. Somrongthong, "Sexual and reproductive health behaviors of female sex workers in Dhaka, Bangladesh," *PloS one*, vol. 12, no. 4, p. e0174540, 2017.

<sup>5</sup>K. R. Katz, M. McDowell, M. Green, S. Jahan, L. Johnson, and M. Chen, "Understanding the broader sexual and reproductive health needs of female sex workers in Dhaka, Bangladesh," *International perspectives on sexual and reproductive health*, vol. 41, no. 4, pp. 182-190, 2015.

<sup>6</sup>ASP (2021): National AIDS/STD Program, Ministry of Health and Family Welfare, Govt. of Bangladesh, "Behavioural and Serological Surveillance amongst Key Populations at Risk of HIV in Selected Areas of Bangladesh," 2020.

<sup>7</sup>WHO. "Sexually transmitted infections (STIs)." [https://www.who.int/news-room/fact-sheets/detail/sexually-transmitted-infections-\(stis\)](https://www.who.int/news-room/fact-sheets/detail/sexually-transmitted-infections-(stis)) (accessed 10 January, 2022).

### Abortion:

The study also reported that the prevalence of current abortion in the past year preceding data collection was 15.5%, which is higher than the national average of 18 per 1000 women<sup>4</sup>.

### Contraceptive use:

Moreover, a study based in Bangladesh by Katz et al. reported that 44% and 30% of the hotel- and street-based FSW used contraceptive methods, respectively<sup>5</sup>. Furthermore, there is literature in Bangladesh that, like other similar countries around the world, depicts themes of weakened negotiation powers and gendered power differentials among these populations, which affect their ability to negotiate condom use.



### HIV and STIs: The core of existing KP interventions

HIV and sexually transmitted infections (STIs) are the focus of existing KP interventions, often at the expense of neglecting other SRHR concerns. Although the integrated bio-behavioral surveillance rounds provide extensive HIV-related data, only measured active syphilis among KPs, thus leaving other common STIs such as gonorrhoea, chlamydia, and HPV overlooked. Limited evidence shows that the prevalence of active syphilis increased among all KPs compared to the previous surveillance rounds<sup>6</sup>. Moreover, the management of STIs still follows the syndromic management approach that creates avenues for misdiagnosis and overtreatment including an increased risk of antimicrobial resistance. Considering the global burden of an estimated 374 million new STI infections per year, exploring the disease burden of major STIs in Bangladesh along with anti-microbial resistance among KPs remains a pressing need<sup>7</sup>.

## Human papillomavirus (HPV):

According to a systematic review by Farahmand et al. (2021), the pooled prevalence of anal, penile, and oral HPV infection among MSM was 78.4%, 36.2%, and 17.3%, respectively<sup>8</sup>. Another recent systematic review reported 39.5%-42.6% pooled HPV prevalence among FSW<sup>9</sup>. There is a current dearth of research about HPV in Bangladesh and this is not prioritised to the same extent in existing KP interventions, despite its concerning implications of potentially progressing to cervical or other reproductive tract cancers.



## Illicit drug use:

The literature portrays the pervasiveness of illicit drug use among various groups of KPs. For example, a systematic review by Maxwell et al. revealed that 30-39% of the

MSM engaged in chemsex, which is defined as the use of illicit drugs in sexualised settings<sup>10</sup>. The global literature, mostly qualitative, alluded to illicit drug use among FSW, primarily methamphetamine, which perpetuated risky sexual behaviours. Although to a limited extent, the surveillance data and qualitative literature in Bangladesh depicted the implications of substance use on their sexual risk behaviours. According to the HIV surveillance from 2015, 17% of the MSM and 15% of the hijra engaged in illicit drug use within the past twelve months, namely methamphetamine (Yaba)<sup>2</sup>. Qualitative evidence revealed that Yaba use was predominantly rooted in enhancing their sexual performance<sup>11</sup>.



## Gender dysphoria and hormone/steroid use:

There is a growing body of evidence about gender

dysphoria among these populations, particularly transgender people. Evidence also highlighted the use of hormones among transgender women as a pressing SRHR concern. For example, a study conducted in Thailand revealed that 88.6% of transgender women reported using hormone<sup>12</sup>. However, transgender women in Bangladesh often use non-prescribed hormones and gender reassignment surgeries by unskilled providers and there remains a paucity of data about both of these issues, despite their SRHR importance and implications.



## Sexual health concerns

There is a paucity of evidence about sexual health concerns (e.g. low libido, erectile dysfunction, premature ejaculation, etc.). However, a

US-based study revealed that 79% of the MSM in the sample experienced one or more of these sexual health concerns<sup>13</sup>. Yet, there is a lack of local and global prioritisation of non-disease dimensions of sexual health among MSM and transgender women, especially in Bangladesh considering the socio-cultural taboos attached to sexual dialogue.



## The “R” of SRHR: A silent and missing component

Key population (KPs) experience various issues related to their rights including stigmatisation

and also discrimination in healthcare settings, gender-based violence, legislative barriers, and the inability to exercise their rights to practice safe behaviours. These complexities are more particularly pronounced in Bangladesh considering the socio-cultural, legal, and cultural impediments

<sup>8</sup>Farahmand M, Monavari SH, Tavakoli A. Prevalence and genotype distribution of human papillomavirus infection in different anatomical sites among men who have sex with men: A systematic review and meta-analysis. *Reviews in medical virology*. 2021;31(6):e2219.

<sup>9</sup>Farahmand M, Moghoofoei M, Dorost A, Abbasi S, Monavari SH, Kiani SJ, et al. Prevalence and genotype distribution of genital human papillomavirus infection in female sex workers in the world: a systematic review and meta-analysis. *BMC Public Health*. 2020;20(1):1-14.

<sup>10</sup>Maxwell, S., Shahmanesh, M., & Gafos, M. (2019). Chemsex behaviours among men who have sex with men: a systematic review of the literature. *International Journal of Drug Policy*, 63, 74-89.

<sup>11</sup>S. I. Khan et al., "Understanding the reasons for using methamphetamine by sexual minority people in Dhaka, Bangladesh," *Int J Drug Policy*, vol. 73, pp. 64-71, Nov 2019, doi: 10.1016/j.drugpo.2019.07.009.

<sup>12</sup>Guadamuz, T. E., Wimsate, W., Varangrat, A., Phanuphak, P., Jommaroeng, R., McNicholl, J. M., ... & van Griensven, F. (2011). HIV prevalence, risk behavior, hormone use and surgical history among transgender persons in Thailand. *AIDS and Behavior*, 15(3), 650-658

<sup>13</sup>Santi, D., Brigante, G., Zona, S., Guaraldi, G. and Rochira, V., 2014. Male sexual dysfunction and HIV—a clinical perspective. *Nature Reviews Urology*, 11(2), pp.99-109.

associated with homosexuality, drug use, and sex work. In Bangladesh, qualitative evidence revealed that all KP groups were reluctant and resistant to seeking mainstream healthcare services due to neglect, discrimination, and judgmental attitudes from healthcare providers<sup>14</sup>. However, the domain of rights-related research remains skewed towards healthcare access barriers and gender-based violence, without much research attention on other rights issues, e.g. gender expression, negotiating powers for safe sex behaviours, etc.

## Recommendations

### **Strengthening the SRHR knowledge base:**

As previous studies were ad hoc, one-shot studies on non-representative samples, systematic research is warranted, particularly in the form of establishing a surveillance system on SRHR with the KPs.

### **Emphasising the rights aspect of SRHR:**

This situational assessment has shown rights issues, besides healthcare access barriers and societal stigma that have been neglected, thus warranting further research for inclusion into interventions.

### **Addressing the harms of illicit drugs and hormones:**

Considering data and intervention gaps on the use of sexualised drugs, targeted, context-specific interventions need to be designed and implemented for addressing sexual harms of drug use and non-prescribed hormone use.

### **Reducing the silence about taboo issues of SRHR:**

There are several unaddressed SRHR areas due to socio-cultural taboos attached to these issues, e.g. mental health issues, sexual health concerns, and gender dysphoria. Therefore, priority areas need to be identified through research and intervention by strengthening the counselling scheme.

### **Constructing evidence-based phase-wise interventions to address emerging burdens:**

It would not be possible to construct a context-specific SRHR intervention overnight. Rather, once emerging SRHR burdens are known, interventions can be designed and refined in a phase-wise manner.

<sup>14</sup>G. Gourab et al., "The willingness to receive sexually transmitted infection services from public healthcare facilities among key populations at risk for human immunodeficiency virus infection in Bangladesh: a qualitative study," *PLoS one*, vol. 14, no. 9, p. e0221637, 2019.

*\*This situational assessment is based on the data available till 2022.*



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