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Focus:
AIDS and young people

Declaration of Commitment

By 2003, establish time-bound national targets to achieve the internationally agreed global prevention goal to reduce by 2005 HIV prevalence among young men and women aged 15 to 24 in the most affected countries by 25% and by 25% globally by 2010 […] (paragraph 47).

United Nations General Assembly Special Session on HIV/AIDS, June 2001, New York

Young people are particularly vulnerable to HIV infection, and frequently carry the burden of caring for family members living with HIV/AIDS. Many are vulnerable to HIV because of risky sexual behaviour or substance use, because they lack access to HIV information and prevention services, or for a host of social and economic reasons. Stigma can be particularly damaging to youngsters at a time when they are trying to consolidate their identity and establish their place in the world.

Yet, it is also young people who offer the greatest hope for changing the course of the HIV/AIDS epidemic, if they are given the tools and support to do so.

Young and vulnerable

An estimated 11.8 million young people aged 15–24 are living with HIV/AIDS. Moreover, about half of all new adult infections—around 6000 daily—are occurring among young people.

While it is difficult for many adults to admit it, large numbers of young people begin sexual activity at a relatively early age, are sexually active before marriage, are not monogamous, and do not use condoms regularly enough to ensure protection. In many countries, a significant proportion of young people start sexual activity before the age of 15, and many of them are already married (see Figure 15). In addition, experimentation with drug use, including injecting, is often a feature of youth. This underscores the capital importance of implementing prevention programmes long before sexual or drug-injecting activity might commence, because too many young people are unaware of the threat posed by HIV.

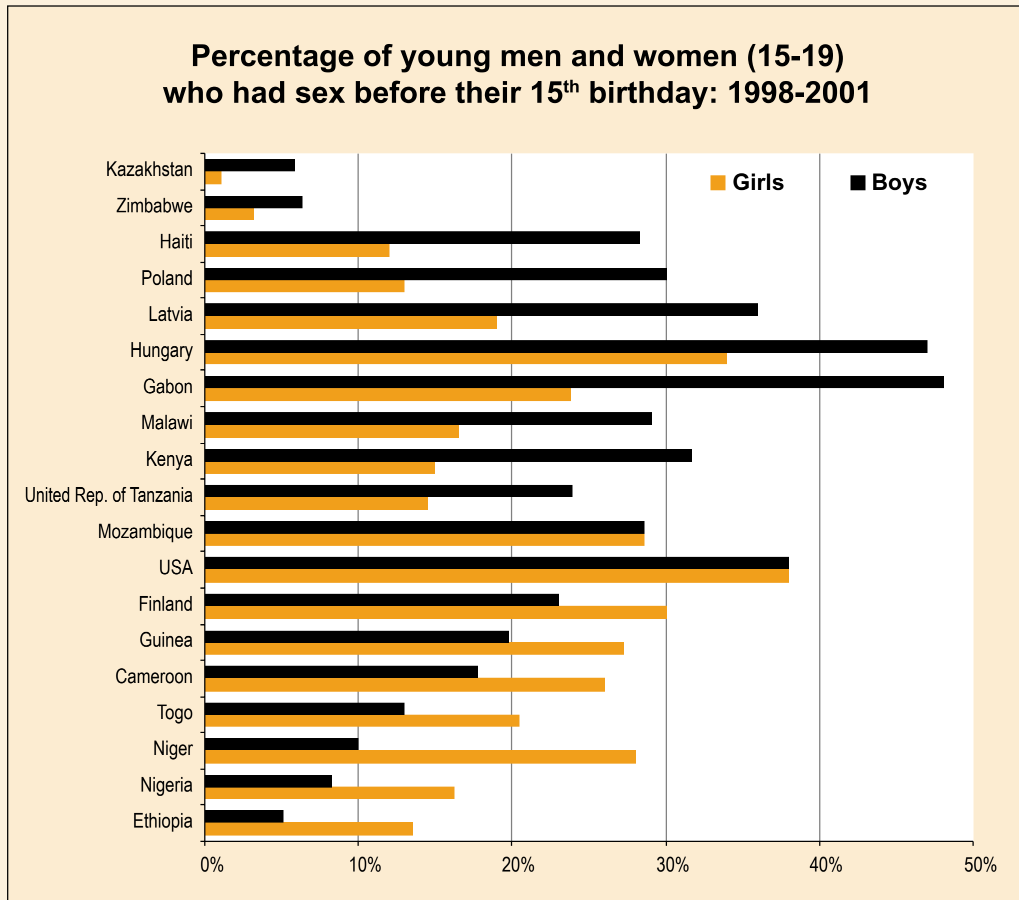
Marginalized young people (including street children, refugees and migrants) are at particular risk if they are excluded from health services, exposed to unprotected sex (sometimes in exchange for food, protection or money, or as a result of violence) or use illicit drugs. The estimated 1 million children who are forced into the sex trade every year are especially susceptible to contracting, and then spreading, HIV/AIDS.

In most societies, dominant ideologies promote sexual ignorance (disguised as 'innocence') among young women. At the same time, many girls and young women actually have little control over how, when and where sex takes place, as Figure 16, drawn from a South African national youth survey, shows.

What young people know... and don't know

Young people's vulnerability is compounded by their scant knowledge of how HIV is spread and how infection can be avoided. Many millions still have not heard of HIV or AIDS; many more harbour misconceptions about the disease. In addition, young women in many countries are far less knowledgeable about HIV than are young men. Half of

Figure 15



Sources: Measure Evaluation (1998-2001); UNICEF

Declaration of Commitment

By 2005, ensure that at least 90%, and by 2010 at least 95% of young men and women aged 15 to 24 have access to the information, education, including peer education and youth-specific HIV education, and services necessary to develop the life skills required to reduce their vulnerability to HIV infection […] (paragraph 53).

United Nations General Assembly Special Session on HIV/AIDS, June 2001, New York

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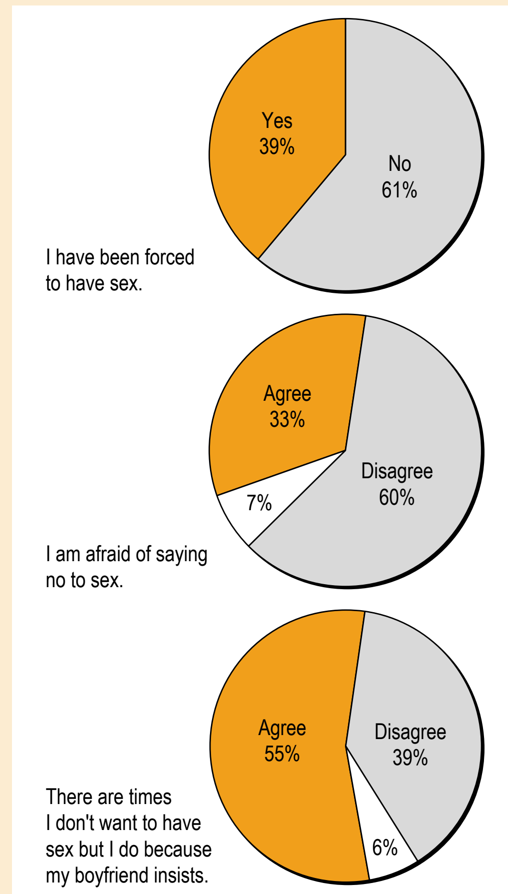
the teenage girls in sub-Saharan Africa, for example, do not realize that a healthy-looking person can be HIV-positive.

But even where knowledge has been substantially increased, 'knowing' is not necessarily 'doing'. Many young people do not connect knowledge and risk perception with behaviour. The vulnerable circumstances many young people experience might offer a partial explanation. Just as important is the need to understand what helps young people practise safe behaviour—the 'protective factors' that help adolescents form coping strategies, develop positive self-esteem and create a social support system that reduces high-risk behaviours. One study in rural Zimbabwe, for example, demonstrated that being a member of a well-run community youth group can reduce a young woman's chance of becoming infected with HIV. A 2001 study among South African students suggested that condom use is significantly greater among adolescents who feel they can discuss sex with their parents, or adolescents who live in communities with good infrastructure. In contrast, young people living in households that recently experienced disruptive household events (illness, job loss or divorce) were less likely to use condoms. Research also confirms that higher education levels are associated with higher rates of condom use, as Figure 17 illustrates.

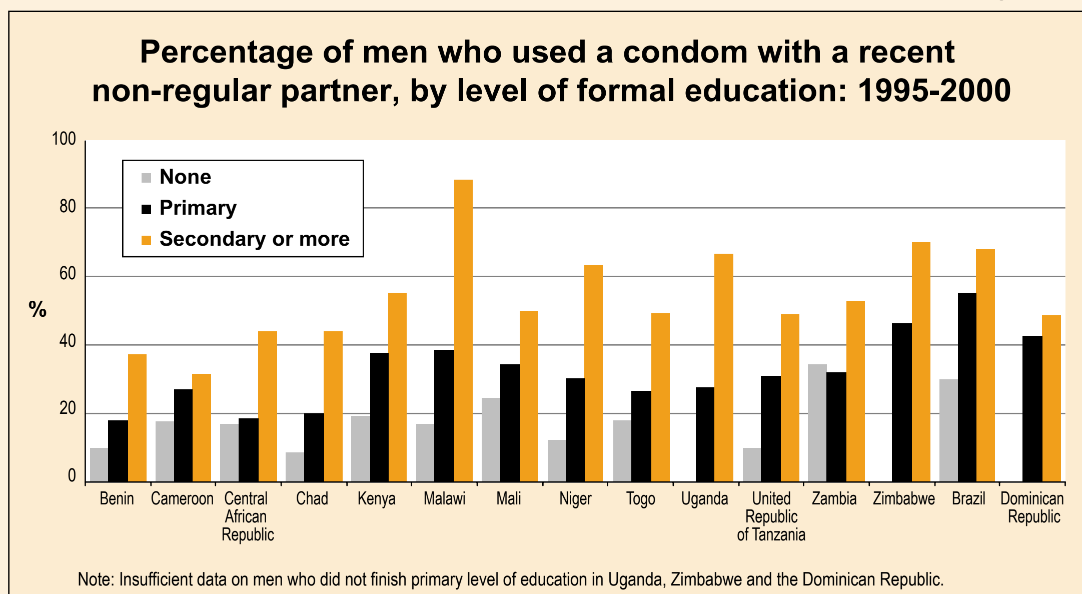
Figure 16

Percentage of sexually experienced girls in South Africa who say...



Source: Kaiser Family Foundation/KLA (2000) South African National Youth Survey

Figure 17



Source: Macro International (1995-2000) Demographic and Health Surveys; UNICEF

Protecting young people from HIV

The future course of the epidemic depends on the efforts mounted today to prevent HIV infection among young people. Taking as an overall principle the conviction that young people are themselves a force for change, several basic strategies are essential to helping young people protect themselves. These include:

- protecting and promoting the rights of the child, including the rights to information, education, health and health care, freedom from rape and sexual coercion and cruel and inhuman treatment, and the right of girls to equality in education, employment, inheritance, marital law, and sexual and reproductive decision-making;
- providing HIV/STI prevention, sexual and reproductive health and life-skills education and information to young people, whether they are in school or not;
- providing reproductive health services, including low-cost or free condoms, voluntary counselling and testing, and diagnosis and treatment of sexually transmitted infections;
- targeting programming to particularly vulnerable groups such as young injecting drug users and young men who have sex with men; and
- combating sexual exploitation of young people.

These strategies are most effective when they take into account the role of gender inequalities in the epidemic, and when they help empower girls and young women against a wide variety of cultural and social inequities that make them more vulnerable than males.

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Comprehensive curricula, properly taught

Despite the obvious threat to young people's health and lives, HIV/AIDS is still too frequently regarded as an 'unsuitable' issue for them. But prevention programmes for young people in school are an essential component of any national HIV prevention effort. Several important lessons have been learned about how to do this effectively. Programming should be sustained, starting before puberty and continuing throughout a young person's school years. Many authorities resist the idea that such education should begin before young people become sexually active. But the timing of people's sexual debuts varies widely, and the importance of good health habits, including those regarding sexual health and HIV/AIDS and other sexually transmitted infections, must be driven home at an early age. Preventive health education should be comprehensive, providing an age-appropriate balance of life-skills development, reproductive and sexual health information, and discussion of attitudes and values.

The more information provided, the better, according to a recent study that compared teenage sexual and reproductive behaviour in high-income countries. Relatively low rates of teenage pregnancy and sexually transmitted infections in countries such as Canada, France and Sweden seemed to reflect the success of comprehensive curricula, applied on a national scale, covering a wide range of topics and presenting options for safe sexual behaviour. Less successful outcomes were reported in school systems where abstinence was presented as the only appropriate option for teenagers outside of marriage, and where contraception was incorrectly presented as ineffective in preventing pregnancy, HIV and other sexually transmitted infections.

Other common features characterize successful programmes. Among them is the *consistency of messages*: successful curricula provide and reinforce clear messages about the risks of teenage sexual activity, and how to either avoid intercourse or guard against pregnancy and sexually transmitted infections. Adequately trained teachers who support the programmes increase the potency of such programmes. These programmes also need to take account of traditional beliefs and value systems, as well as the popular mythologies that circulate among young people and their wider communities.

Nigeria recently embraced a comprehensive approach to school-based prevention. It has announced the implementation of a National Sexuality Education Curriculum, which will begin in upper primary grades and carry on through secondary school. Work began on the curriculum in 1998, when widely reported research revealed unexpectedly high levels of HIV and AIDS among the 15–24-year-old age group, which constitutes a large part of the country's population. A great deal of consultation was conducted so as to take into account both international best practices and the particular cultural and religious conditions in the country.

The curriculum is organized around six themes: human development, personal skills, sexual health, relationships, sexual behaviour, and society and culture. Among its various features, the curriculum has a strong life-skills component, emphasizing such skills as decision-making, negotiation and assertiveness. By the senior years of secondary school, all students will have received clear and consis-

tent information about practical issues, such as contraception, family planning, and sexually transmitted infections. And they will also have learned about the responsibilities of family members and the rights of the child.

Access to youth-friendly services

The value of promoting safer sex through education and communication campaigns risks being lost if young people do not have access to further information, advice and reproductive health services, and to treatment for sexually transmitted infections. In many high-prevalence countries, such services are scarce and, even if they exist, young people do not know about them. In a recent study of voluntary counselling and testing services in Kenya, for example, only 11% of untested youth in Nairobi could name a service provider within their communities, though more knew that testing (though not necessarily counselling) was available at a large hospital. Other barriers include young people's perception of low risk, their concerns about lack of confidentiality, and unresolved issues about parental consent.

Current best practice in youth-friendly health services shows they should be affordable, cater to minors or unmarried adults, and offer low-cost or free condoms in an atmosphere that guarantees confidentiality. And, in many settings, flexible opening hours for young people who work or study will make a big difference to the number of people who use such services.

Russia's 'Juventa' medical centre in St Petersburg is a good example of youth-friendly programming. It provides a range of services including HIV counselling and testing, contraception and abortion, treatment of sexually transmitted infections, sexual abuse counselling, and legal assistance. Consultation and other services are free to people under 18, who make up 90% of those visiting the centre. Regular surveys are made of young people's satisfaction with

Beyond curriculum: creating 'healthy schools'

The FRESH Partnership (Focusing Resources on Effective School Health) was created to change the way the global community and national governments deal with health and its effects on education. Developed by UNAIDS Cosponsors (UNICEF, UNESCO, WHO and the World Bank) and launched at the Dakar World Education Forum in 2000, FRESH aims to help school systems in low- and middle-income countries overcome health problems that interfere with teaching and learning.

The FRESH approach revolves around core activities that include skills-based education, proposals for school policies that protect students and staff from HIV/AIDS-related discrimination, and the linking of students to health services such as testing and treatment for HIV and other sexually transmitted infections, and access to condoms. These activities are supported by strong school/community partnerships.

FRESH programmes (or ones that incorporate its approach) are being developed in more than 30 countries in Africa, Asia, the Caribbean and Central Asia. In Eritrea, for example, the national Department of Education has selected 20 primary and secondary schools for enhanced school health activities, notably for the prevention of HIV/AIDS and related discrimination. A total of 200 teachers will also receive comprehensive school-health training.

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the services, and changes are made accordingly. Similar approaches, but in a very different setting, are carried out at the Youth Health Centre in the Seychelles. Established with the help of the United Nations Population Fund, the Centre has been able to involve young people in most areas of programming, including an extensive peer educator programme.

Reaching out through peers

Peer education has been adopted by many prevention programmes, both for young people and for other groups, and is regarded as a key strategy for reaching young people who are not in school, as well as those who are.

Properly designed and implemented peer education projects can change behaviour. For example, the *Entre Nous Jeunes* project in Nkongsamba, Cameroon, runs a peer-educator programme to promote preventive behaviours regarding sexually transmitted infections and HIV, particularly among young people who are sexually experienced and in need of reproductive health information. A recent study of the project found that contact with a peer-educator was significantly associated with stronger knowledge about contraception and the symptoms of sexually transmitted infections, and greater use of contraceptives, including condoms. Without the peer-education programme, the level of contraceptive use in the community would have been significantly lower.

Peer education programmes for young people must pay close attention to how they present gender issues. A recent study of one school-based peer education project in South Africa noted that, instead of making young people aware of how traditional gender roles put young people at risk of HIV infection, peer group meetings actually reproduced those same gender roles. Young men often dominated the meetings, while young women were reluctant to assert themselves. The research underlined the importance of properly training peer educators and also of creating settings in which young people of both sexes can talk openly about sexuality and relationships.

Special needs and special programming

More targeted HIV prevention programmes are needed for specific groups of young people. For example, young men who have sex with men, or who are unsure about their sexuality, may be reluctant to access services geared towards the heterosexual majority (this is particularly true when a young man has been raped or is the victim of incest). Switzerland's Project MSM, implemented by the country's nongovernmental AIDS Federation, reaches out to young men in a number of ways, from youth clubs to the Internet. Its underlying principle is that helping young men accept their sexual preference is a precondition to making them fully aware of the risks of HIV.

In many countries, the majority of sex workers and injecting drug users are young people. And in all countries, the majority of sex workers and injecting drug users start these activities when they are young. With more and more young people turning to injecting drug use in many countries, there is a growing need for preventive programmes specifically adapted for young injecting drug users. These include substance use and drug rehabilitation services, as well as needle-exchange programmes and education on HIV prevention. The same is true for young sex workers. Given the hazards they face, they need more information, regular health check-ups, and easier access

South Africa's 'loveLife': young people's HIV prevention on a national scale

South Africa's 'loveLife' programme began in 1999 with an impressive array of activities, including a national television, radio and print media campaign, youth centres, free clinical health services, and a network of support services. The programme combines well-known public health practice with innovative marketing techniques to promote sexual responsibility and healthy living among young people. LoveLife has had noticeable impact, and currently reaches an estimated 4 million young people each year. Research indicates that, of the 62% of young South Africans who report having heard of the programme, 76% say they are aware of the risks of unprotected sex, and 78% report that they now use condoms during sex. Some 67% say they have had open conversations with friends about sexuality and relationships, while 69% report having limited or reduced their number of sexual partners. The programme was initiated by the Kaiser Family Foundation in partnership with South African nongovernmental organizations, with funding from the South African Government, the Bill and Melinda Gates Foundation, UNICEF and other organizations.

to condoms. Just as importantly, they need support and protection to use these services. Specially-designed programmes can be useful in reaching young people who are already in the workforce (see 'Focus: AIDS and the world of work').

Young people who have had trouble with the law and are living in detention centres or jails are especially vulnerable. Recently, UNFPA worked with Thai health authorities and nongovernmental organizations to bring HIV/AIDS education to juvenile delinquents living in a detention centre in Rayong Province. The project took the innovative approach of involving family relations of the detained young people, and study tours outside the centres.

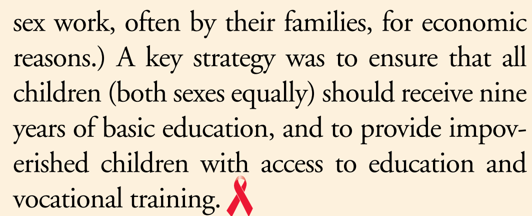
Combating the sexual exploitation of young people and children

One of the most pressing challenges is to halt the widespread sexual exploitation of young people and children, especially young girls. This priority received powerful support in December 2001 at the 2nd World Congress against Commercial Sexual Exploitation of Children in Yokohama, Japan. The Congress presented a wealth of evidence of the dangers to which children are subjected, and underlined the connection to HIV/AIDS. The meeting's final declaration—the Yokohama Global Commitment—provided a broad framework for fighting this exploitation.

Children trapped in prostitution are at higher risk of infection, being both less able to resist sexual dominance and more vulnerable to the injuries of aggression. Children's subservient role in commercial sex means that they are often obliged to take multiple clients each day.

Solutions must necessarily be multisectoral, with law-makers and law-enforcement organizations playing a large part. Efforts to change cultural attitudes through mass media campaigns also have an undoubted role. But other parts of society can make important contributions too.

Universal education is a powerful tool against sexual exploitation of young people and children, especially girls. In 1992, Thailand launched a national effort to eradicate child prostitution and to help those at risk of entering the sex industry. (Many girls are sold or coerced into sex work, often by their families, for economic reasons.) A key strategy was to ensure that all children (both sexes equally) should receive nine years of basic education, and to provide impoverished children with access to education and vocational training.



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