

Putting youth at the heart of HIV/AIDS prevention efforts

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According to the 2011 UNAIDS Global Report on HIV/AIDS, about 5 million young men and women were living with HIV as of December 2010. The encouraging news, however, is that its incidence continues to decline. In South and South-East Asia, for instance, the estimated number of people infected with HIV in 2010 was 40 per cent lower than the figure in 1996. According to the same report, HIV prevalence declined among young women in 22 of the 24 countries surveyed with a national HIV prevalence of 1 per cent or higher. The decline was statistically significant among pregnant women attending antenatal clinics in 12 of these countries.

The declines in HIV prevalence have occurred amid signs of encouraging changes in sexual behaviour among young people aged 15–24 years in several countries with generalised epidemics. These were reflected through the decreased percentage of young men having multiple partners, the increased proportion of young people using a condom during high-risk sex, and the decreased percentage of young men and women who have had sex before 15 years of age.

HIV prevention efforts directed towards youth presents an enormous opportunity as they constitute the largest cohort of uninfected in any age group. In addition, young people more receptive to behavioural changes than adults, given the right kind of message.

No room for complacency

The above, however, should not lull us into a sense of complacency. The epidemic still shows highly disturbing trends as far as young people are concerned. Take the following statistics, for example:

- As per the UNAIDS 2008 Report, only 40 per cent of the males and 38 per cent of the females in the age group of 15–24 have had accurate and comprehensive knowledge about HIV and how to avoid its transmission.
- Recent survey data from sub-Saharan Africa showed that only 15 per cent of young women and 10 per cent of young men were tested and knew their HIV status. The implication of this is that many adolescents and young adults are diagnosed late and are deprived of the access to treatment until they are severely immune-compromised.
- 3,500 to 4,000 young people are getting infected with the virus every day. Globally, HIV infections among the youth account for nearly 50 per cent of all new adult infections, although youth represent less than 25 per cent of the world population.

- An estimated 2 million adolescents (aged 10–19 years) are living with HIV, the majority are unaware of their HIV status.
- Among the youth, the more vulnerable groups are young female sex workers, injecting drug users (IDUs), men having sex with men (MSM), street children and youth addicted to alcohol and substance abuse. Injecting drug use accounts for at least 40 per cent of all HIV transmission in Malaysia and its neighbours China, Myanmar and Vietnam. More than 50 per cent of IDUs in India, Thailand and Myanmar are aged 15–24¹.
- Biologically, and on account of societal factors, young women are more likely to contract the infection than their male counterparts. Research² shows that during unprotected sex, the risk of HIV infection is two to four times higher for women than men. Women disproportionately account for 64 per cent of the young people living with HIV worldwide³.
- Globally, up to 20 per cent of girls and young women report forced first sexual encounters, with sub-Saharan Africa and the Caribbean at the high end, a factor that doubles the risk of acquiring HIV. In Botswana, one of the countries with the highest HIV prevalence, it was 2.4 per cent among men 15–19 years old whereas the same among young women was 5 per cent. A similar pattern was observed in South Africa with prevalence rates being 2.5 per cent for young men versus 6.7 per cent among young women⁴.

What needs to be done?

Access to information and education

In a 2004 survey in China, 80 per cent of high school students said they had never participated in a course or in extra-curricular activities related to HIV prevention. Schools are the best medium for reaching the majority of teenagers and youth. The school curriculum should, therefore, include not only elements of reproductive and sexual health education but also information about STD and HIV/AIDS. The National Adolescents Programme in India covering 150,000 schools is a good example. In a review conducted in 2006, 16 out of 22 scientifically evaluated school-based interventions in developing countries were found successful in reducing the incidence of risky sex among youth⁵. Life skills education in schools can go a long way in preventing peer pressure and risky behaviour on the part of the adolescents. However, it is essential that for such school-based interventions to be successful, there has to be a cadre of sufficiently trained teachers who use interactive teaching methods. Access to information and education about HIV/AIDS must be regarded as a right of young people and provided as such.

Peer-led awareness and educational campaigns

This is likely to be particularly beneficial for out-of-school adolescents and youth in rural areas. In India, the University Talk AIDS, Red Ribbon Express, and Youth Unite for Victory on AIDS (YUVA), involving 28 million youth volunteers, have proved to be very effective in disseminating knowledge and information about HIV/AIDS and demanding an end to stigma and discrimination against those infected with the virus. The PROMISE (Peer Reaching Out and Modelling Intervention Strategies for HIV/AIDS Risk Reduction in their Community) and Street Smart, an HIV/AIDS and STD-prevention programme for runaway and homeless youth, are similarly two CDC-tested programmes that could be replicated by departments of health and community-based organisations.

The 'ABC' approach

Abstinence (from premarital sex), being faithful to one partner and condom use are recognised to be effective deterrents for HIV infection. Use of condoms, even in risk-prone sexual encounters, remains extremely low, both among unmarried and married partners. The National Family Health Survey II of India had shown condom use to be a mere 3.1 per cent even after half a century of its family planning programme. It is, therefore, imperative that extensive condom use through social marketing is promoted among the youth and the general population. Excellent results could be achieved by setting up condom vending machines in places frequented by young people, such as shopping malls, places of entertainment, youth centres in colleges and universities etc.

Voluntary counselling and testing

This is a proven approach for promoting safe sex and increasing the use of care and support services both for the adult population as well as for the youth. However, voluntary counselling and testing (VCT) centres need to be youth friendly, must protect confidentiality and ought to be set up in youth centres and the campuses of colleges and universities. In addition, VCT centres should also provide information and advice relating to reproductive and sexual health.

Use of sport and sport icons

Sport can be a very effective instrument of tackling the problem of HIV infection among the youth as it can help to promote a healthy life-style. The services of sporting icons, in particular those infected with the virus, could also be mobilised to spread awareness and disseminate information about HIV/AIDS among the youth. In this regard, the inspiring work and messages of Magic Johnson and Greg Louganis come to mind.

Mainstreaming

HIV/AIDS is not merely a health issue. It has social and economic dimensions and requires a multi-sectoral approach by a range of government departments, civil society organisations, key populations and networks of people living with HIV/AIDS. At the heart of this approach lies the integration of sexual and reproductive health programmes with HIV/AIDS interventions. Other aspects of the mainstreaming strategy would include formulation of an overarching national policy/legislative instrument, placing of trained focal points in various ministries and government departments, and workplace policies with clear standard operating procedures. An apex body at the national level to co-ordinate and synergise all programme interventions would be desirable.



Photo: Commonwealth Secretariat/Rebecca Nduku

Schoolboys, East Africa

Conclusion

Young people need not merely be seen as victims of the HIV pandemic notwithstanding their vulnerability. In fact, they should be the vanguard in the fight against HIV/AIDS. Not only can they protect themselves from the dreaded virus but also help protect the general population by creating awareness, disseminating information and knowledge, and fighting against stigma and discrimination. The international community needs to remind itself that targeting prevention efforts towards the youth makes good economic sense, since preventing infection is far less costly than treatment. According to a study by Marseille et al.⁶, for every life year gained with anti-retroviral treatment (ART), 28 life years could have been gained through prevention. All this necessitates that the youth be involved at all levels of planning and decision-making with regards to their health in general and vulnerability to HIV/AIDS in particular. It's not a favour to be bestowed, but their inalienable right.

Endnotes

- ¹ Socio-Economic Policy Brief by ESCAP, *Turning the Tide Against HIV/AIDS: Targeting Youth*, June 2006.
- ² Socio-Economic Policy Brief by ESCAP, *Turning the Tide Against HIV/AIDS: Targeting Youth*, June 2006.
- ³ Global Report on HIV, 2011.
- ⁴ *Children and Youth*, World Bank Vol. 2, No.1, November 2006.
- ⁵ World Health Organization (WHO) (2006). *Preventing HIV/AIDS in Young People: A systematic review of the evidence from developing Countries*. UNAIDS Inter-agency Task Team on Young People.
- ⁶ E. Marseille, P.Hoffman and J. Khan, the *Lancet*, Vol. 359, 2002.

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