



HIV Prevention Now

Programme Briefs

No. 3 - Preventing HIV Infections in Young People¹

Young people are the 'window of hope' in changing the course of the HIV/AIDS pandemic. Preventing HIV infections among them is vital. Of the 40 million people living with HIV/AIDS worldwide, one third are aged 15-24 years and roughly half were infected during their youth¹. This makes it imperative that young people be at the center of prevention actions, both in focus and in involvement, to ultimately halt the pandemic. As many behavioural lifestyles are formed during the early adolescent years, and as acquisition of HIV in young people is predominantly through sexual activities, this period in life provides the opportune time to positively influence behaviours, choices and lifestyles that will hopefully last into adulthood. Young people are our future and preventing HIV infections among them – NOW – represents sound investment for the future. In response, UNFPA has identified the prevention of HIV infection among young people as one of its strategic areas of focus (along with preventing HIV infection in pregnant women and comprehensive condom programming). Within the context of reproductive health, UNFPA must strive to build on and expand programmes that promote healthy adolescent development and ensure among sexually active young people, safer and responsible sexual behaviour. By doing this, UNFPA will help ensure young people are dually protected against STI/HIV infections and unwanted pregnancies.

- HIV/AIDS Cluster

Why Focus on Young People?

The answer lies in the numbers. Of about 1.2 billion young people worldwide, 11.8 million are currently estimated to be living with HIV/AIDS. Every year it is estimated that over 2.6 million young people, contract the virus through the sexual route or through injecting drug use. In countries with high HIV prevalence rates, young people and especially young women are at particular risk of contracting the virus as soon as they become sexually active. In recent years over half of all new HIV infections - approximately 7,000 every day – are among youth aged 15 to 24 years - the same age group that also has the highest rates (111 million episodes in this group every year) of sexually transmitted infections (STIs).

Young people are not only disproportionately affected by HIV/AIDS; they are also particularly vulnerable to HIV infection because they lack access to sexual and reproductive health information, education, and services. Gender inequalities and practices like early marriage, sexual violence and the search by older men for younger

'HIV-free' partners, create added risks for young women. In certain countries in sub-Saharan Africa, young women are now two to six times more likely than young men to be infected with HIV. Social and cultural identities and roles (particularly around masculinity) assigned to and expected of boys and young men often place both themselves and their partners at increased risk of HIV. These include the right to initiate sexual activity early, engage in premarital sex and have multiple sexual partners within and outside of marriage in order to prove sexual experience, prowess and dominance, especially amongst peers.

The importance of preventing HIV infections among young people to turn the tide of the pandemic has been a consistent message in all HIV/AIDS related commitments to date, particularly in the 5-year review of the ICPD Programme of Action (ICPD+5) and the recent global commitment made at the United Nations General Assembly Special Session on HIV/AIDS (UNGASS).

¹ For the purpose of this Programme Brief, UNFPA has adopted WHO definitions for: young people – persons between the ages of 10 and 24 years; youth – persons aged 15 to 24 years; and adolescents – persons aged 10 to 19 years.

The ICPD+5 (1999), endorsed by UNGASS (2001), calls on all Governments to ensure:

“HIV infection rates in persons 15 to 24 years of age should be reduced by 25 percent in the most-affected countries by 2005, and by 25 percent globally by 2010” and “By 2005, at least 90 percent, and by 2010 at least 95 percent of young men and women aged 15 to 24 years have access to information, education and services necessary to develop the life skills required to reduce their vulnerability to HIV infection.”

What have we learned so far?

UNFPA has worked closely with UN Agencies, national governments, civil society, youth and youth serving organisations and other partners to meet the diverse challenges and needs of young people and to actively promote and protect their sexual and reproductive health and rights. Valuable lessons gathered from collective past experience of successful programmes for young people include:

- Young people are a **heterogeneous group** with diverse vulnerabilities, needs, realities and preferences. Recognizing that no single strategy or message can have the desired effect on every young person, evidence shows that the **best HIV preventive responses are comprehensive and multi-dimensional**. For example, comprehensive gender-sensitive sexual and reproductive health education programmes that convey a range of options including abstinence, delayed onset of sexual activity and correct and consistent use of condoms, have been proven to be effective in preventing STI/HIV infections and unintended pregnancy among young people.
- Responsible and safer sexual behaviour can be learned and is most positively impacted prior to the onset of sexual activity. This is fundamental to HIV prevention as a **significant proportion of young people are not sexually active** and when they are, many times their sexual activities are infrequent.
- Evidence suggests that open, frank discussion of sex and sexual health at an early age does not promote promiscuity, but in fact delays the onset of sexual activity and encourages the adoption of responsible and safer sexual practices such as monogamous relationships and/or the consistent and correct use of condoms.
- Young people whose environment includes positive relationships with adults at home and in the broader community including with teachers and peers who have prosocial attitudes and behaviours, are less likely to initiate the use of substances and to start sexual activity without having acquired the necessary information, knowledge and skills to protect themselves.

- Young people in difficult circumstances – those who feel disempowered, are in situations of poverty, despair, or displaced due to conflict and war; those who have no real family support including orphans and street children; those young people “on the move” such as young conscripts and migrant workers; and those who are exposed to sexual abuse and exploitation including child sex workers — are more likely to engage, many times unwillingly, in sexual activities that put them at increased risk of acquiring HIV and other STIs.
- A multitude of factors hinder young people’s access to youth-friendly sexual and reproductive health counseling and services including socio-cultural issues, operational barriers, insensitive and judgmental service providers, threatening settings/environments, issues of privacy and confidentiality, inability to afford services, restrictive or ambiguous service policies and inappropriate and unacceptable service options.

What should be our guiding principles?

Adopt a culturally sensitive approach that builds on positive values. Value systems and beliefs are established based on traditional, religious and societal determinants usually introduced by parents, guardians and community elders and shape a young person’s attitudes and behaviour. However, in many societies young people and their gatekeepers struggle to balance traditional cultures with divergent and dynamic youth cultures that, more often than not, challenge traditional norms. Programmes that fail to understand the socio-cultural concerns and fears of both young people and significant gatekeepers encounter resistance. To be effective in positively influencing and changing behaviour patterns, parents and other gatekeepers need to be involved and their attitudes and concerns addressed.

The need for a holistic and life cycle approach to preventing HIV in young people. Young people need accurate and appropriate information, skills and know-how on all aspects of sexual and reproductive health, gender relationships and their sexual development so as to be empowered to make the right choices for themselves. UNFPA should ensure that HIV prevention is an integral

part of its broader holistic approach to addressing sexual and reproductive health and rights among young people including those that support responsible and healthy lifestyles, prevent STIs, teenage pregnancy and promote gender equity and equality.

Involve young people and their organizations for effective programmes that are appropriate, relevant and meaningful to them. Experience shows that HIV/AIDS programmes that respect young people's rights to participate and involve them, while being sensitive to their cultures and circumstances are more likely to succeed. The active and meaningful participation of young people – **including those who are HIV positive** - in the planning, development, decision making, implementation and evaluation of preventive activities that aim to address their needs and that shape their lives should underpin all UNFPA actions addressing young people.

What can UNFPA do to prevent the next young person from becoming HIV infected?

UNFPA's actions to prevent HIV infection in young people should build on and expand programmes that promote healthy adolescent development and seek to ensure safer and responsible sexual lifestyles. The three broad actions outlined below work in a complimentary and reinforcing manner, each providing a means or foundation for the other to be more effective.

Create a supportive and enabling environment for programming for HIV prevention

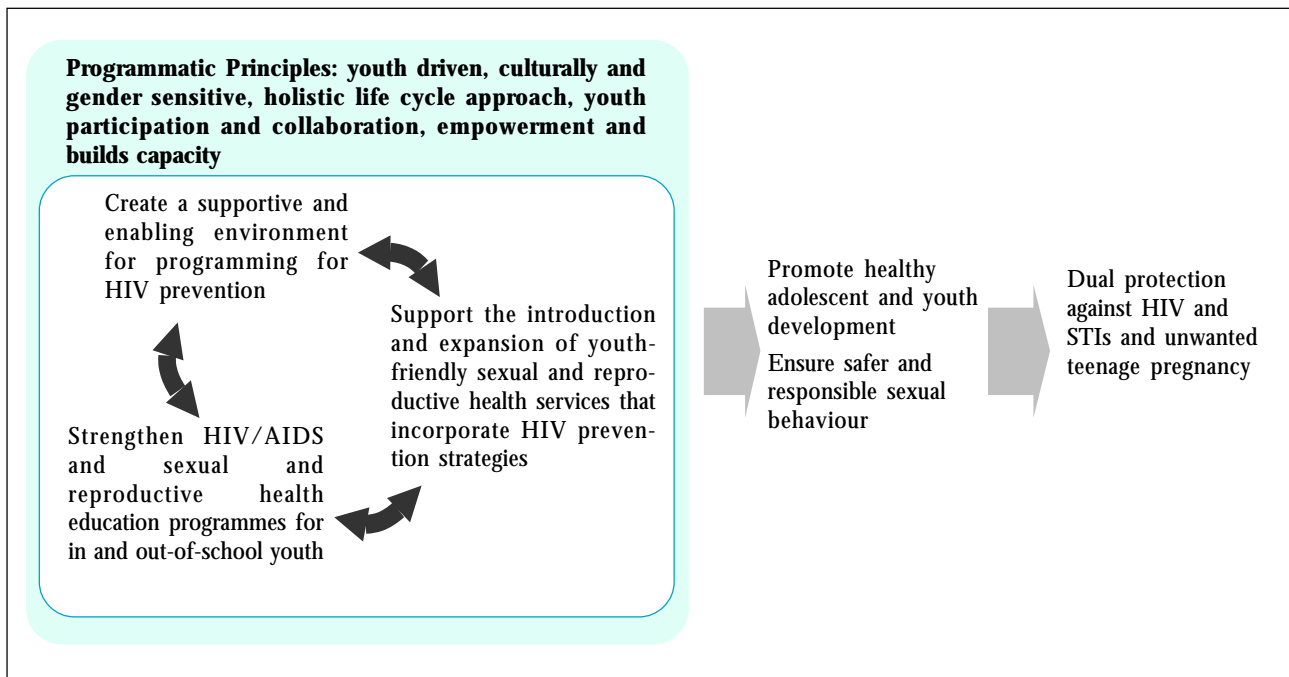
- An important role for UNFPA is to support the (1) collection of gender-specific health and demographic data on young people (10 to 24 years) (e.g. as part of demographic health surveys) and (2) design, implementation and analyses of qualitative sexual behaviour studies. The results of which can be used to provide evidence-based information needed to:
 - sensitize policy makers, communities and significant gate-keepers on issues related to sexual health, HIV and young people;
 - ensure national policies recognize and appropriately address the epidemic among young people;
 - develop situation specific preventive and behavioural change messages;
 - advocate for up scaling of successful sexual and reproductive health and rights programmes for young people.
- Recognizing that in many parts of the world the provision of sexual and reproductive health education and services for young people is still viewed with

skepticism, concern and fear, UNFPA should support advocacy and awareness creation activities that promote dialogue and partnerships between young people, parents, community and religious leaders, and policy makers that can result in youth-friendly, gender-responsive policies and programmes which build on positive social norms and encourage open and frank discussion of young people's concerns and needs.

Strengthen HIV/AIDS and sexual and reproductive health education programmes for young people both in and out-of-school

- Integrating HIV/AIDS into population/family-life/sexual health education is important to ensure young people's long-term preparedness providing a foundation for responsible choices about their reproductive health and their lives. UNFPA should continue to assist HIV/AIDS education programmes through support for development of: 1) policies and programmes that strengthen the capacity of relevant segments within the education sector to provide dynamic HIV/AIDS prevention activities; 2) HIV/AIDS content, which challenges young people to think and personalize options and to make informed choices, into mainstream educational curricula, extra-curricula activities and non-formal vocational programmes; and 3) pre- and in-service teachers training packages on HIV/AIDS and life skills education.
- School-based and out-of-school life skills education should promote positive attitudes and skills including self-esteem, negotiation, coping, critical thinking, decision-making, communication and assertiveness skills. Additional support should be provided to strengthen parent education programmes that include parent-child communication skills. Particularly for out-of-school youth and youth in especially difficult circumstances, support should be provided for initiatives that serve to empower young people (e.g. girls and boys empowerment initiatives) and that link reproductive health and HIV prevention with other specialized and social services, livelihood opportunities, skills building and vocational training.
- To complement HIV/AIDS education programmes, UNFPA should support multi-level and multi-media communication efforts that encourage positive and healthy lifestyles, good social norms and safer sexual options. The development, production and dissemination of behaviour change communication (BCC) materials and messages should be mindful of the heterogeneity of young people; sensitive to age, culture and gender factors; and as much as possible, should be based on audience segmentation and

Broad Actions for Preventing HIV Infections in Young People²



audience research to allow messages to be more relevantly tailored to specific attitudes, practices and needs. The process should allow for young people to actively participate, and explore innovative entertaining and popular ways of reaching young people with information and educational messages such as radio, television, drama, folk theatre and other traditional media, comic strips and youth magazines, videos, interactive computer games, internet, telephone hotlines/helplines, music and dynamic talk shows.

- Positive role models including celebrities and peers are extremely useful in developing self-esteem. They can inspire, encourage and motivate young people to see the future with more confidence, to develop their own aspirations to the same heights as their role models, and to make the right decisions and choices in relation to sexual activity and lifestyle. UNFPA should expand its support to peer education programmes for in school and out-of-school youth where young people serve as role models and the carriers of positive and culturally relevant messages.

Incorporate HIV prevention strategies into 'youth-friendly' sexual and reproductive health services

- Awareness creation and preventive education need to be complemented with institutional services especially for young people who are already sexually active, are in difficult circumstances, or who are susceptible to engaging in substance abuse (particularly drug injecting). To this end, UNFPA should advocate and support the introduction and/or expansion of youth-friendly sexual and reproductive health services including those that integrate:
 - (1) sexual and reproductive health and HIV/AIDS information, education and counseling;
 - (2) the diagnosis and management of STIs;
 - (3) confidential and voluntary HIV counseling, testing and support³; and
 - (4) access to male and female condoms including information and education to ensure proper and consistent use⁴. Efforts should be made to ensure access by young people through a range of service

² See pages 3-5 for detail on each Broad Action for Preventing HIV Infections in Young People.

³ A Programme Brief on HIV Voluntary Counseling and Testing will be available by end of June 2002.

⁴ A Programme Brief on Condom Programming will be available by the end of August 2002.

delivery settings including multi-purpose youth centers, youth corners, public and private health clinics, hotlines/ helplines, outreach/mobile services and school based clinics.

- Where resources are limited, UNFPA should prioritize its support to preventing HIV infections amongst young people most vulnerable while advocating with partners for additional resources to address young people in general. This may include support for HIV prevention initiatives in settings such as the work place for young migrant youth workers, the street for street children and in camps for refugee or internally displaced youth.
- UNFPA should collaborate with other relevant partners and UN agencies to ensure effective linkages and referrals exist for specialized services that address specific needs such as harm reduction programmes for drug addiction (UNDCP) and access to treatment and support programmes for HIV positive young people (WHO, UNICEF).
- In support to this, UNFPA will need to assist governments to train programme managers and service providers from a broad spectrum of youth and youth serving organizations and related sectors particularly health, education and youth. Training will need to ensure knowledge and skills to effectively integrate HIV prevention activities in on-going sexual and reproductive health programmes for young people. In addition, capacity building activities will need to address and clarify service provider's and educator's values and attitudes which many times serve as barriers to access of services and information by young people.
- Many international and national organizations, UN system agencies, foundations and donors are actively providing assistance to governments and NGOs to address the HIV/AIDS epidemic among young people. UNFPA together with its UN partners would benefit most if it collaborates with youth and their organizations to respond to the needs of young people.

Comments or questions on Programme Briefs should be addressed to Dr. Suman Mehta, HIV/AIDS Coordinator, Technical Support Division, UNFPA or sent by email to HIV@unfpa.org

Published Programme Briefs available on the UNFPA Website
(<http://www.unfpa.org/aids/index.htm>):

No. 1 - Overview

No. 2 - Prevention of HIV Infection in Pregnant Women
