



HIV/AIDS and Youth

at a glance

Young people are central in the fight against HIV/AIDS. Half of the 14,000 new infections that occur each day are in young people ages 15-24 (UNAIDS 2002a). Young females are disproportionately affected by HIV/AIDS; rates of infection among girls in the hardest-hit countries of Africa are 2-6 times higher than for boys of the same age (UNICEF 2002). HIV/AIDS is one of the top causes of illness and death among young people (WHO 2002).

Beyond these tremendous health concerns, HIV/AIDS also has disastrous consequences for the general well-being of young people and for the broader society. As youth infected with HIV fall sick, they gradually lose their ability to provide for themselves and others. Young people from AIDS-affected homes—especially the estimated 14 million AIDS orphans (UNAIDS 2002c)—face severe economic problems. Many forgo schooling and other opportunities, threatening their livelihood prospects and increasing their own chances of contracting HIV (Rosen 2001).

The AIDS epidemic is a problem for youth everywhere, but affects youth very differently depending on the region and the stage of the epidemic. In the generalized epidemics of southern and eastern Africa, 10% or more of youth are infected with HIV, with heterosexual transmission by far the most likely route of infection. In regions where general rates of HIV infection are typically less than 1%, the epidemic is still concentrated in specific groups, and most young people are not yet at high risk of contracting HIV. In those countries, the young people getting infected with HIV generally are those engaging in high risk behaviors such as injecting drugs, commercial sex, and male-to-male sex (UNICEF 2002; USAID, nd).

Many actions that prevent infection or mitigate the effects of HIV/AIDS also benefit youth in other ways. For example, efforts to promote abstinence, delay sexual activity, reduce partners, and use methods such as condoms for disease prevention also inhibit transmission of other sexually transmitted infections. These efforts also help to delay childbearing and prevent unwanted pregnancies among young people (FOCUS 2001). Skills that are key to negotiating sexual activity also apply to other spheres of life. In large part because of the synergies involved in HIV prevention and related areas, recent studies have found that youth-focused HIV prevention interventions are a sound public investment (World Bank 1999; Knowles and Behrman 2003).

Can countries effectively fight HIV/AIDS in young people?

Yes. An increasing number of countries have successfully reversed high rates of HIV infection in young people. In Uganda, Tanzania, and Zambia, HIV prevalence among young people has recently declined by half or more, primarily because of changes in behavior such as delay in first sexual experience and increased condom use (Kiragu 2001; UNICEF 2002). Countries have had success in reducing related risky behaviors and promoting safer

sex. Jamaica and Brazil, countries with programs promoting information about and widespread availability of condoms, report recent large increases in the percentage of young men using condoms the first time they have sex (NFPB 1999; UNICEF 2002). In part because of this encouraging evidence, the international community, at the 2001 UN Special Session on HIV/AIDS, set a target to reduce HIV prevalence among 15-24 year-olds by 25% in the most affected countries by 2005 and globally by 2010. The MDG of halting and reducing the spread of HIV/AIDS by 2015 also focuses on the 15-24 age group.

Effective youth-focused efforts to prevent HIV/AIDS

Short of a cure or vaccine, **prevention remains the best approach** because many young people are just starting their sexual activity and beginning to take risks. A multi-pronged approach is needed that includes information, services, and attention to the context within which youth make decisions on risky sex and related behaviors such as injecting drugs that increase HIV transmission.

- Programs that **delay sexual activity, promote abstinence, and reduce risky behaviors** such as sex without condoms and injecting drug use are a priority.
- Programs proved effective in transmitting **information** to youth include sexuality and life skills education in schools; peer education; and mass media efforts.
- High-quality **health services** tailored to the specific needs of young people and reaching them in the community and through other informal channels are effective.
- **Voluntary counseling and testing (VCT)** for HIV, a proven approach for promoting safe sex and increasing the use of care and support services for adults, is also a potentially powerful tool for youth.
- Special efforts are needed to reach **high-risk subsets** of the youth population, including sex workers, street youth, and injecting drug users.

As with other health interventions targeting young people, the **political and social context** is important. Successive international agreements, from the 1994 International Conference on Population and Development to the 2001 UN Special Session on AIDS and 2002 Summit on Children have affirmed the rights of young people to high-quality sexual and reproductive health information and services. Countries need to develop national policies and service guidelines that specifically recognize and respond to the youth dimension of the epidemic, including guaranteeing the right of young people to access information and services.

Care, support, and mitigation efforts are also vital for young people infected with HIV and for those from AIDS-affected homes. One approach is to expand school and livelihoods opportunities for poor youth affected by AIDS, including AIDS orphans.

Effective Actions to Combat HIV/AIDS in Young People

Objective: Prevent HIV Infection in Young People

Core Interventions	Beneficiaries/ Target Groups	Indicators
<p>Provide information to young people through:</p> <ul style="list-style-type: none"> • Life skills and health and sexuality education in schools • Peer educators deployed in a wide range of formal and informal settings such as schools, youth groups, and workplaces, to provide role models for other youth, to convey information on health, and to refer peers to health services • TV, radio, and other mass media campaigns, including popular theater and other culturally-appropriate means that appeal to youth 	<p>In-school youth, ideally starting before puberty and before young people become sexually active</p> <p>Out-of-school youth; youth in hard-to-reach groups such as sex workers, street kids</p> <p>All young people, especially those at highest risk of unhealthy behaviors</p>	<ul style="list-style-type: none"> ✓ % of youth having high risk sex ✓ % of young people who had sex before the age of 15 ✓ % of youth who had sex in the last 12 months without their consent ✓ % of youth who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission ✓ % of schools with trained teachers in life-skills based HIV/AIDS education and who taught it during last academic year
<p>Provide health services to young people through:</p> <ul style="list-style-type: none"> • Subsidized social marketing of condoms • Programs that reach young people at their places of work and through private channels such as pharmacies and for-profit medical services, where many youth prefer seeking care • Community-based programs, for example those that distribute condoms and other contraceptives 	<p>Sexually active young people</p> <p>Employed youth; youth who use private, for-profit health services</p> <p>All young people, but especially poor and rural youth, out-of-school youth</p>	<ul style="list-style-type: none"> ✓ % of youth who had high risk sex in the last year who used a condom at last high risk sex ✓ HIV prevalence among young pregnant women and among participants in community based surveys (generalized epidemics) ✓ HIV prevalence in young sub-populations with high-risk behaviors (low-prevalence countries)
<p>Voluntary counseling and testing for HIV/AIDS</p> <ul style="list-style-type: none"> • Establish supportive youth-focused VCT policies, for example to allow youth to get tested without parental approval • Reach marginalized young people at high risk of infection, taking care not to increase marginalization and stigma • Make existing services more youth-friendly via special training of counselors • Develop youth-focused VCT promotional campaigns • Establish care and support efforts for young people testing both negative and positive 	<p>In low prevalence or concentrated epidemics, youth engaging in high-risk behaviors</p> <p>In generalized epidemics, all youth</p>	<ul style="list-style-type: none"> ✓ % of youth 15-24 accessing VCT services
<p>PMTCT for Young Mothers</p> <p>[Refer to PMTCT at-a-glance for full list of interventions]</p>	<p>All pregnant youth</p> <p>HIV-positive pregnant youth</p>	<ul style="list-style-type: none"> ✓ % of pregnant women 15-24 counseled and tested for HIV ✓ % of pregnant women 15-24 receiving prophylactic ARV therapy for PMTCT

Objective: Prevent HIV Infection in Young People

Core Interventions	Beneficiaries/ Target Groups	Indicators
<p>Harm minimization among injecting drug users</p> <ul style="list-style-type: none"> • Access to clean injecting paraphernalia • Drug substitution treatment • Information, education, and communication on HIV transmission through injecting drug use 	<p>Injecting drug users and their sexual contacts</p>	<ul style="list-style-type: none"> ✓ % of young injecting drug users who are reached with HIV/AIDS prevention services ✓ % of injecting drug users 15-24 sharing injecting equipment at last injection
<p>Create a positive context for HIV prevention activities through:</p> <ul style="list-style-type: none"> • Develop national laws, policies, and service guidelines that specifically recognize and respond to the youth dimension of the epidemic • Change social norms via mass media and community mobilization efforts • Reduce stigma and discrimination • Improve education opportunities, especially for girls • Link HIV/AIDS prevention with other youth activities, including education and youth development programs that give young people broadly-applicable attitudes and skills • Provide job training and other livelihoods programs 	<p>Decision-makers; legislators; community, religious and business leaders; civil society</p> <p>Parents; teachers; religious leaders; other influential adults</p> <p>All youth, particularly those at risk</p>	<ul style="list-style-type: none"> ✓ Existence of a national policy on HIV and youth ✓ Amount of national funds spent by government on youth-focused HIV efforts ✓ Percentage of adults who support young people aged 12-14 being educated about using condoms to prevent HIV/AIDS. ✓ Existence of program guidelines and regulations that support provision of care ✓ Existence of a positive legal framework (legality of condom sales to youth; freedom to advertise condoms) ✓ Primary and secondary school enrollment for girls and boys ✓ Youth unemployment rate

Objective: Provide treatment, care, and mitigation for AIDS-affected youth

Core Interventions	Beneficiaries/ Target Groups	Indicators
<p>Strengthen the safety net for poor youth affected by AIDS, including AIDS orphans</p> <ul style="list-style-type: none"> • Expand school opportunities • Expand livelihood opportunities 	<p>Poor youth living with HIV/AIDS or from AIDS-affected families</p> <p>AIDS and other orphans</p>	<ul style="list-style-type: none"> ✓ % of AIDS-affected youth receiving care and support services ✓ % of orphans attending school

Indicators adapted from WHO, Guide for Monitoring and Evaluation of HIV and Youth Programming (draft); UNAIDS, 2000, *National AIDS Programmes: A Guide to Monitoring and Evaluation*. UNAIDS. Geneva; and UNAIDS, 2002, *Monitoring the Declaration of Commitment on HIV/AIDS Guidelines on Construction of Core Indicators*.

Dos and Don'ts

DO expect controversy. The sexuality of young people is politically sensitive almost everywhere, often generating opposition to youth-focused efforts. HIV prevention efforts can employ culturally sensitive strategies to address and overcome this opposition (Rosen 2001).

DON'T wait. Even in countries with low rates of infection in young people, the potential for the spread of the epidemic is great. Acting early will save lives and resources.

DO take into account the stage of the epidemic in determining the best course of action for youth-oriented efforts. In generalized epidemics (population prevalence over 1%), a focus on young people is critical. Efforts should be as broad as possible to reach the large proportion of young people at risk of infection. In concentrated epidemics (prevalence over 5% in a high-risk group, but less than 1% in the general population), prevention efforts should focus on vulnerable sub-groups of young people: those who inject drugs; are involved in sex work; and those engaging in male-to-male sex (World Bank 2002; USAID n.d.).

DO segment the youth age group. Programs should apply different strategies to reach youth who vary widely by age, sex, employment, schooling, and marital status. This may mean establishing independent and age-appropriate interventions such as school sexuality education, or may require adapting existing programs for high-risk groups such as sex workers and injecting drug users to ensure that they adequately meet the needs of youth.

DO involve young people. As with all efforts that target young people, HIV policies and programs are more effective when young people are involved in all aspects of design, implementation, and evaluation. It is particularly critical that programs engage young people who are living with HIV/AIDS, to reinforce educational efforts, and to battle stigma and discrimination (UNICEF 2002) .

DO address gender inequality. Gender inequalities expose many young girls to coerced sex and infection with HIV and other STIs. Efforts should focus on changing social norms and increasing job and schooling opportunities for girls.

DO work intersectorally. A multisectoral approach takes into account the many influences on young people that may increase or decrease their risk of HIV infection. Effective efforts translate this multisectoral approach into work along sectoral lines—in health, education, sports, labor, etc.

For more information

Elizabeth Lule, Population and Reproductive Health Advisor
elule@worldbank.org

Debrework Zewdie, Director, Global HIV/AIDS Program
dzewdie@worldbank.org

Viviana Mangiaterra, Children and Youth Advisor
vmangiaterra@worldbank.org

Useful websites

FRESH Initiative on School Health:
<http://www.schoolsandhealth.org>

Reproductive Health Outlook:
<http://www.rho.org/html/adolescent.htm>

UNAIDS: <http://www.unaids.org/youngpeople/index.html>

UNFPA: <http://www.unfpa.org/adolescents/index.htm>

WHO Child and Adolescent Health:
<http://www.who.int/child-adolescent-health/>

YouthNet: <http://www.fhi.org/youthnet>

Documents and Data

Rosen J 2003. *Adolescent Health and Development: A Resource Guide for World Bank Staff and Government Counterparts*, World Bank.

UNICEF, UNAIDS, and WHO, 2002. *Young People and HIV/AIDS, Opportunity in Crisis*, <http://www.unicef.org/pubsgen/youngpeople-hivaidis/youngpeople-hivaidis.pdf>

Pathfinder International FOCUS on Young Adults 2001. *Advancing Young Adult Reproductive Health: Actions for the Next Decade*, Washington DC.
<http://www.fhi.org/en/Youth/YouthNet/Publications/FOCUS/index.htm>

WHO 1999. *Programming for Adolescent Health and Development: Report of a WHO/UNFPA/UNICEF Study Group on Programming for Adolescent Health*, Technical Report Series 886, WHO Geneva. <http://www.who.int/child-adolescent-health/publications/publist.htm>

World Bank 2003. *The Sourcebook on HIV/AIDS Prevention Programs*, Washington, DC.
<http://www.schoolsandhealth.org/Sourcebook/sourcebook%20intro.htm>

World Bank 2002. *Education and HIV/AIDS: A Window of Hope*, Washington, DC.
<http://www.schoolsandhealth.org/download%20docs/Education%20and%20HIV-AIDS-Window%20of%20Hope.pdf>