

Breaking the Silence

Advocacy
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Preventing HIV/AIDS in Latin American and Caribbean Adolescents and Youth

Science-based HIV Education



One of the key conclusions reached during the 1st PAHO General Meeting of the Technical Advisory Committee (TAC) on HIV/AIDS/STI is that, to achieve optimum HIV education in youth, program content must be science-based. Youth panel participants at the January 2005 meeting detailed some of the imperatives in youth HIV education, as well as current challenges and projects:

- Youth need to participate in interventions that reduce their vulnerability to HIV
- Infected youth need interventions that help prolong their active sexual lives and reduce the risk of additional transmission; this can be done through national and local strategies
- Creative interventions and best practices should be evaluated
- The use of public funds in programs whose contents are not based on evidence can be corrected by ensuring that all interventions with public funds are science-based
- In El Salvador, identified challenges include achieving validated interagency cooperation, establishing a solid policy on sexual and reproductive health education for youth, evaluating specific indicators for youth and training young people to be agents of change
- Central America is implementing a comprehensive care model for gender-based violence as a point of entry to HIV: it's estimated that more than 36% of girls and 29% of boys were sexually abused as children, and that one third of all adolescent women were forced to initiate sexual relationships

For more information:

http://www.paho.org/English/AD/FCH/AI/TAC_2005.htm

National Youth Council Recommendations on HIV/AIDS

The unique needs of young people facing HIV/AIDS today were the main focus of the XVI General Assembly of the World Assembly of Youth (WAY), held in Windhoek, Namibia, in February 2005. According to WAY, youth participation through National Youth Councils plays an essential role in the creation and implementation of responses to the HIV/AIDS pandemic.

More than 200 participants from 20 countries took part in this year's General Assembly. Below are highlights from their recommendations:

- **Youth and Policy:** Involve National Youth Councils, and all youth in general, in the development of HIV policies affecting young people
- **Gender Dimensions:** Include gender issues in all aspects of STI and HIV/AIDS interventions, including educational attainment, elimination of gender-based violence/coercive sex, empowerment of women and girls and redefinition of stereotypical gender roles
- **Prevention:** This must remain the key strategy in combating HIV/AIDS
- **Multi-sectoral Approach:** Policies and programs must focus simultaneously on gender, culture, poverty and human rights to eliminate HIV vulnerability
- **Community Mobilization:** Engage tradition, religious and cultural leaders in program design; target the family as the first agent of socialization among youth
- **Sexual and Reproductive Health:** Train health professionals, teachers, peer educators and parents in the sexual SRH needs of adolescents and youth; advocate for voluntary HIV counseling and testing
- **Monitoring and Evaluation:** M&E plans must be integrated into any National Youth Council HIV/AIDS program
- **Knowledge Sharing:** Network between National Youth Councils, community associations and countries
- **Resources:** Advocate for government support for research and development of nationally-produced antiretrovirals

For more information, visit the World Assembly of Youth website: <http://www.worldassemblyofyouth.org>

Integrated Prevention of HIV, STIs and Teen Pregnancy

<http://www.advocatesforyouth.org/publications/frtp/integrating.pdf>

The time of separately focusing on individual facets of youth's lives, particularly in terms of their sexual and reproductive health, has passed. To succeed in preventing HIV/STIs and pregnancy among young people, health professionals and activists should integrate their efforts, as suggested by the US NGO Advocates for Youth:

What is an integrated approach to youth sexual health promotion?

- Adding STI and HIV prevention to pregnancy prevention information and services, and vice versa
- Incorporating sexual health information in youth development programs
- Making sure services are youth-friendly and of high quality
- Offering health and social services under one roof or linking youth to these services

What are the benefits of integrating pregnancy, HIV and STI prevention efforts?

- Integrating information and services aligns with teens' perspective
- Teens can receive respectful treatment as whole people
- Teens can learn about a range of protective sexual health behaviors

- Young people can seek HIV/STI testing and treatment services without the stigma of visiting an STI or HIV clinic
- Youth can receive "one-stop shopping" for sexual and other health information and services
- Programs can reach more youth more effectively
- Organizations can tap into new funding streams
- Staff can increase their expertise
- Organizations can limit duplication of efforts and learn strategies from other fields

How can organizations integrate work in prevention of HIV/STI and pregnancy?

- Focus on youth
- Articulate a unified mission, vision and strategic plan
- Work together
- Develop integrated messages and resources
- Take integration to the next level by providing teens with access to information and services and addressing risk behaviors

The full list is available on Advocates for Youth's website.

Addressing Medical, Psychological and Social Needs of HIV-positive Youth

<http://www.fhi.org/NR/rdonlyres/efwnk4dpo4224lmkhiyw2jm5qpnnqcwvqc236zp75jk6qb3p6ybilfssbpveuysmkqga55lit642ec/YL13.pdf>

Care and support programs for HIV-infected youth rarely address their medical, psychological and social needs, according to YouthNet, a U.S.-based health promotion alliance. The organization stresses the importance of using global initiatives such as WHO's 3X5 to expand antiretroviral (ARV) drug coverage and design programs that meet the specific needs of HIV-positive youth.

Emphasis on youth needs is crucial for various reasons:

- The natural course of HIV infection in youth differs from that of adults, typically evolving more slowly
- Infected youth will eventually need ARVs, as well as regular treatment counseling
- Many adolescents' sense of invulnerability poses obstacles to acceptance of an HIV diagnosis, adherence to treatment and use of HIV prevention measures
- The process of integrating sexuality into self-identity that occurs during adolescence makes living with HIV more complex for youth

Research has identified several challenges for HIV-positive youth, including disclosure, stigma, physical development and sexuality:

- In São Paulo, Brazil, 12 to 19 years olds interviewed at health centers said learning they were HIV-positive represented a dividing marker between life as a "normal" person and a new, as yet unformed, identity
- HIV-infected adolescents interviewed in AIDS treatment centers in the same city said stigma and discrimination were the most important challenges in living with HIV; they also admitted delaying disclosure or not telling their sexual partners and dates about their status

In Haiti and several African countries, voluntary counseling and testing centers are starting to offer services for HIV-positive youth, and on experimenting with post-test clubs and referral systems. Another promising approach is family-centered care. All necessary steps at a time when the number of HIV-infected youth is on the rise worldwide.