

Breaking the Silence

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

The Youthful Face of HIV



The deadly presence of HIV/AIDS is overwhelming young people in Latin America and around the world. Yet, despite the fact that half of new infections occur in youth, HIV in this age group can be foreseen and prevented. This is particularly important, given that adolescents and youth in the Region are disproportionately affected by the infection:

1. Youth make up 34% of the HIV-positive population in Haiti, Honduras, Belize and Guatemala (UNAIDS/PAHO 2001)
2. More than 30, 600 adolescents and youth ages 10 to 24 are infected in Mexico (UNAIDS/PAHO 2001)
3. In the last several years, AIDS has been the leading cause of death for adolescents in the Bahamas (UNAIDS/PAHO 2001)
4. There are more than 200,000 HIV orphans in Haiti under the age of 15 (UNICEF/UNAIDS 2003/2004)
5. In Brazil, between 1983 y 2003, mortality rates among young men decreased from 12.3 to 8.8, while rates in young women increased from 2.9 to 4.0. The total mortality rate went from de 7.6 to 6.4 (Boletim epidemiologico AIDST N:1 2004)

Youth Participation: A Community Effort

After destructive natural forces have wreaked havoc on countries, government officials often request the help of young people to aid in reconstruction efforts. Perhaps we should ask ourselves: If we seek help from youth after the fact, why don't we include them in prevention processes, such as those for HIV/AIDS?

As seen in Honduras after Hurricane Mitch, young people are usually among the most active during reconstruction of a country's devastated regions. But when faced with the devastation of the HIV/AIDS pandemic, government officials rarely take advantage of the power youth can have in preventing the spread of this disease.

Two government agencies which have realized the potential of youth in HIV and STI prevention are the ministries of Health and Education in Brazil. Alarmed by the pregnancy and HIV rates among adolescents ages 13 to 19, experts from both launched a joint campaign, "Health and Prevention in Schools" in 2003. Its goal is to scale back the incidence of HIV and teen pregnancy by distributing 235 million condoms among 2.5 million students by 2006.

Participants in this campaign are **students** themselves; **teachers** trained in AIDS, STIs and responsible parenting; **schools** that give access to the condoms; the **community**, which defines forms of distribution while retaining core values and not encouraging early sexual experimentation; and **parents**, 84% of whom agree with this activity, according to a prior Ministry of Health survey.

More information in Portuguese is available here:

<http://www.aids.gov.br/imprensa/NoticiasImpressao.asp?NOTCod=49993>



Misleading Teens: Faulty Abstinence Program Information

<http://www.democrats.reform.house.gov/Documents/20041201102153-50247.pdf>

A recent report published by the office of a United States congressman on the contents of federally-funded abstinence-only programs has shown that many present inconsistencies, and even false information, that are passed on to young people as facts.

The report, prepared by the office of California representative Harry Waxman (Democrat) and presented during a congressional staff analysis in December 2004, found the following in the programs:

1. Faulty information about the effectiveness of contraceptives
2. Faulty information about the risks of abortion
3. A blurring of religion and science
4. Gender stereotypes presented as scientific fact
5. Scientific errors

According to the report, among the misinformation found in the programs was the idea that data do not support the claim that condoms prevent the spread of HIV, that one out of every seven times a couple has sex using condoms, a pregnancy occurs, and that HIV can be spread via sweat and tears.

Furthermore, the report states that the United States Federal Government will provide nearly \$170 million dollars in 2005 to abstinence-only programs. The failure of these programs to protect adolescents from STIs, according to Waxman, may be explained by the errors contained in the 13 most commonly used curricula that were reviewed for the report.

A lesson to be learned from these results is that reviewing the contents of national HIV and youth programs is a must. **What are young people being taught in your country?**



The Youth Choices and Change Model

Helping adolescents and youth make a successful transition into adulthood is a key component of national adolescent health programs. The new PAHO publication *Youth: Choices and Change* is a practical guide for those living and working with youth on how to create nurturing environments and instill healthy behaviors today in the adults of tomorrow.

The book offers a model for specialists to follow, which details steps for adolescent program developers to ensure systematic planning, inclusion of each of the model's components in the design of interventions and facilitating the decision-making process. The steps are listed below:

- Identify the target group, adolescent stage and gender
- Identify adolescent needs and wants
- Identify level of intervention
- Identify other actors' needs and wants
- Identify the theories that will support intervention design
- Translate theory into practice

***Youth: Choices and Change* may be purchased through the PAHO online bookstore:**
<http://publications.paho.org/english/index.cfm>