

Presentation delivered during the Technical Advisory Committee on HIV/AIDS/STI

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Promotion of Sexual Health and Prevention of HIV/AIDS among Adolescents and Youth



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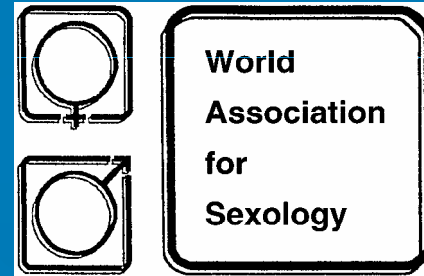
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What do we do about youth?

- ◆ Current Situation – Epidemiology
- ◆ What are we really facing?
- ◆ What are the challenges
- ◆ Something to think about: a new approach to approaching the syndemic of sexual health problems – promoting sexual health
- ◆ Conclusions

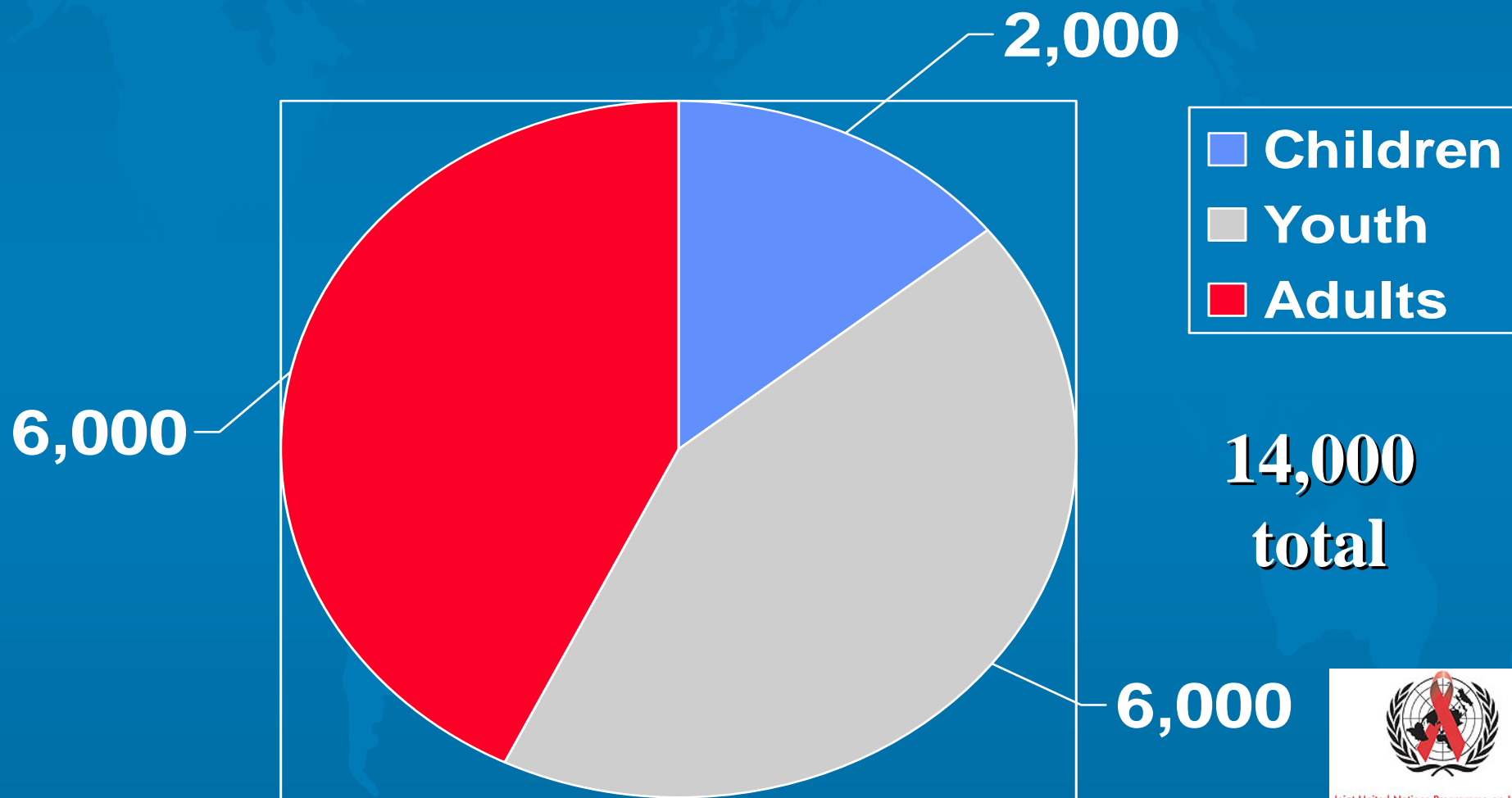
Young people are at the center of the epidemic in terms of transmission, impact and vulnerability and potential for change.



Global consultation on the health services response to the prevention and care of HIV/AIDS among young people
WHO, 2003



People newly infected in a day with HIV in 2004



In the bulk of the South American countries, HIV is being transmitted chiefly through injecting drug use and sex between men (with subsequent heterosexual transmission to other sexual partners), while in Central America most HIV infections appear to be occurring through sexual transmission (both heterosexual and between men).

Sources: [AIDS epidemic update 2003](#) and the [2004 Report on the global AIDS epidemic](#)

In Central America, national HIV prevalence is around

- 1.1% in Guatemala
- 1.8% in Honduras
- 0.9% in Panama.

Sex workers

- 5% in Guatemala
- 10% in Honduras
- 2% in Panama

HIV prevalence among men who have sex with men was found to be uniformly high—ranging from 9% in Nicaragua to 18% in El Salvador.



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In Colombia and Peru, HIV is increasing most among men who have sex with men. HIV prevalence of 18% was recently reported in this population group in Bogotá, while another survey in the same city found very low consistent condom use in this group.



Sources: [AIDS epidemic update 2003](#) and the [2004 Report on the global AIDS epidemic](#)

Adult AIDS Cases by Exposure Category Reported in 1999, United States

<u>Exposure Category</u>	<u>Number</u>	<u>Percent</u>
Men who have sex with men	15,464	34
Injecting drug use	10,138	22
Men who have sex with men and inject drugs	1,806	4
Heterosexual Contact	7,139	15
Transfusion recipient	256	1
Hemophilia cases	151	<1
<u>Other/not identified*</u>	<u>11,183</u>	24
Total	46,137	

*Includes patients whose medical record review is pending; patients who died, were lost to follow-up or declined interview; and patients with other or undetermined modes of exposure

These findings underscore the need to bring more resources and efforts to bear on the epidemics among sex workers and men who have sex with men – and particularly among youth!
YMSM not just MSM!!!

Sources: [AIDS epidemic update 2003](#) and the [2004 Report on the global AIDS epidemic](#)



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The Barriers for Youth

◆ The Syndemic

Attacking the Syndemic

- ◆ Poverty
- ◆ Mental Health
- ◆ Violence
- ◆ Child Sexual Abuse
- ◆ Drug Abuse
- ◆ Stigma

Ron Stall, 2003



It is the most vulnerable, the most disenfranchised that are most at risk.

Other Barriers

- ◆ Condoms and health services do not reach sexually active young people, sex workers, YMSM, the vulnerable, the disenfranchised.
- ◆ The most vulnerable lack hope. Without hope – what is there to live for?

The Barriers for the Health Care System

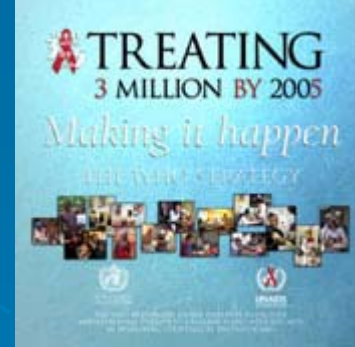
- ◆ Resources
- ◆ Discomfort with the obvious
- ◆ Denial of the obvious
- ◆ Political sensitivities

Confront Barriers

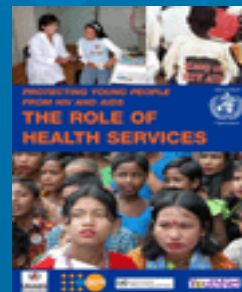
- ◆ Money
- ◆ Silence
- ◆ Cultural norms make it difficult for many government, religious and communities leaders to acknowledge or discuss sexual matters, including sexual practices, sex workers, homosexuality, and the use of condoms.



What is needed

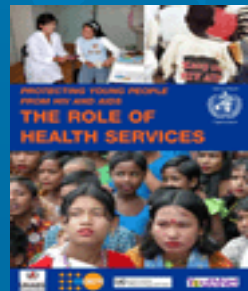


“3X5” for people who are HIV positive will place health services at the center of efforts to combat HIV/AIDS and will give these same health workers an opportunity to intervene to strengthen prevention and risk-reduction strategies.

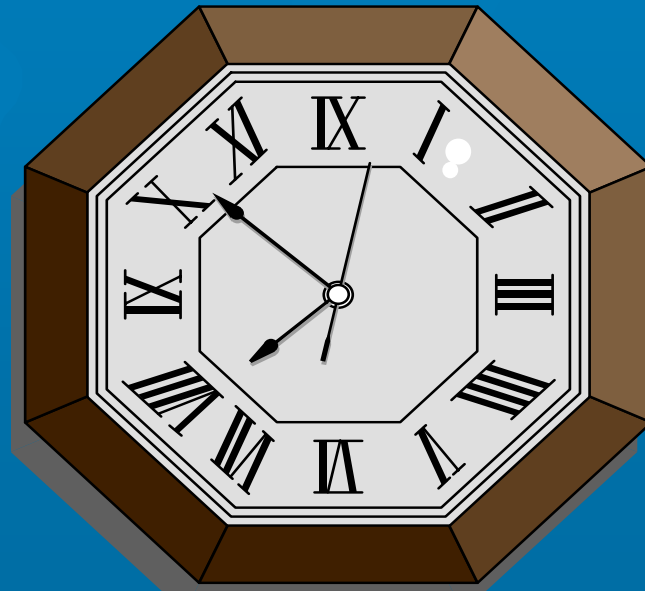


What is needed

- ◆ Available services – to all youth
- ◆ Accessible services – laws and costs need to be addressed.
- ◆ Acceptable – health workers need to be friendly, sympathetic, nonjudgmental
- ◆ Appropriate – Youth friendly
- ◆ Effective – training, counseling skills



Time to Develop National Public Policies and Health Promotion Strategies to Promote Sexual Health for Youth



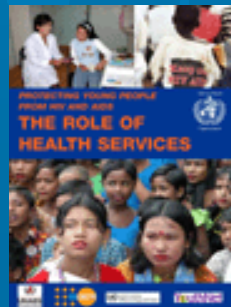
Leadership needed from the Health Sector

- ◆ Leadership is needed in the health sector to:
 - create better climates for discussion of sexuality
 - access to information and education about sexuality
 - prevention strategies to include community-based interventions
 - access to care for sexually related concerns
 - more research in human sexuality and evaluation of programs designed to promote sexual health and responsible sexual behavior

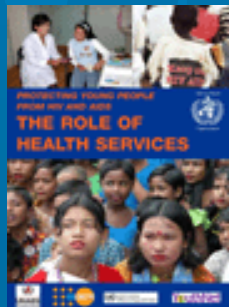
Health workers are not prepared.

- They need training in knowledge and attitudes.
- Sensitivity training to working with sexual minorities, sex workers, IV drug users

Health workers need to respond to adolescent concerns not just with knowledge, but with guidance and counseling.



In addition to technical knowledge and capacity, they need a sense of compassion and a non-judgmental approach: they need to listen as well as talk.



“The rights perspective is the most important. We need to recognize different sexual attitudes, different sexual behaviors and different needs in accordance with age and sexual orientation. Most important is not how you use a condom, but how you make your own decisions about your life and your own reproductive and sexual health.”

Marcela Rueda Gomez

Latin American and Caribbean Youth Network for Sexual and
Reproductive Health Rights

Conclusions

- ◆ All young people need access to preventative services to help them avoid risk of HIV infection.
- ◆ We need to address the needs of youth that have already been infected.
- ◆ Many young people need interventions to reduce their vulnerability – particularly groups at risk.
- ◆ Young people who are infected need focused support to prolong active (sexual) life and minimize the risk of further transmission.
- ◆ National and local strategies need to be developed.
- ◆ Health workers need to build their capacity to work effectively with youth and promote sexual health, not just disease prevention.
- ◆ Creative and “best practices” interventions are needed and evaluated.



A Public Health Imperative!!!

UN General Assembly Special Session on
HIV/AIDS 2001

UNGASS Declaration of Commitment

UN Convention on the Rights of the Child

International Conference on Population and
Development (ICPD) and ICPD+5

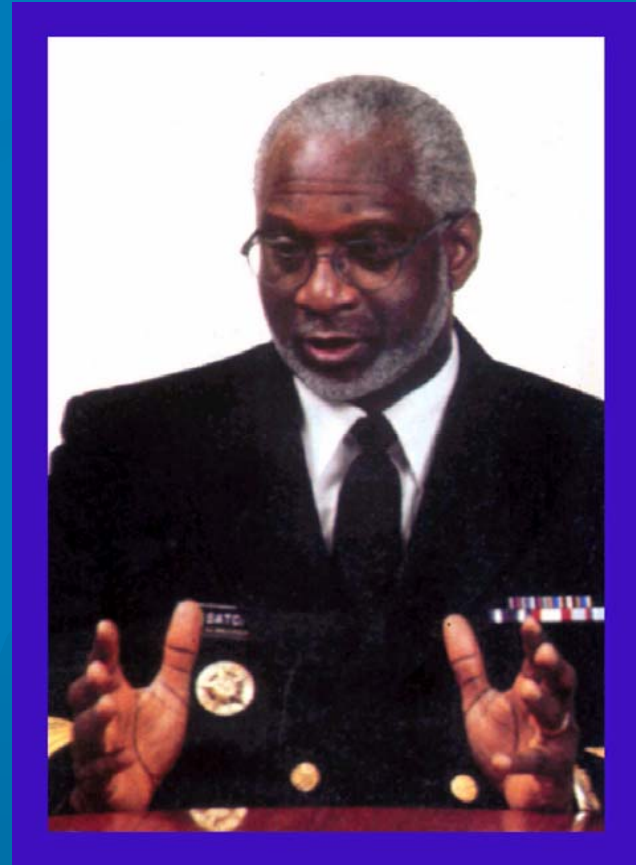
Millennium Development Goals (MDG)

Promotion of Sexual Health: Recommendations
for Action (PAHO)

Declaration of Sexual Rights
(World Association for Sexology)

Overcoming the Barrier of Silence

- ◆ “While sexuality may be difficult to discuss for some, and there are certainly many different views and beliefs about it, we cannot afford the consequences of selective silence.”



Dr. David Satcher
Former U.S. Surgeon General

We can create a sexually
healthy world!!!

