

HIV Prevention For and With Young People

Today, young people ages 10-24 comprise only 27% of the world's population, yet every day, an estimated 6,000 young people ages 15-24 become infected with HIV, nearly half of the daily HIV infections. Young people are more vulnerable to HIV infection than adults. Physiologically, young people, particularly young women, are more vulnerable to infection through unprotected sex, the number one means of transmission worldwide. Many young people across the globe live in dire poverty, which can push them into risky behaviors such as sex work and injection drug use. Socio-cultural norms, such as traditionally inequitable gender roles, increase HIV risk for young people, especially young women. Lesbian, gay, bisexual, transgender, and intersexed youth face stigma and discrimination that discourages them from accessing targeted prevention programs. Many youth don't have access to formal education, which is crucial in supporting healthy sexual behaviors such as condom use.

The nexus of sex, sexuality, HIV, and young people often leads to moral debates based on fear, judgment, or denial of young people's sexuality. This in turn leads policy makers and other adults to ignore the scientific evidence supporting a wide-array of effective interventions for youth.

Effective HIV Prevention Interventions for Young People Exist

Because young people are a diverse group, they have differing prevention needs most effectively addressed by a range of interventions implemented across multiple settings. Though controversy, lack of political will, and lack of resources often prevent effective programs from being fully implemented, there is a wealth of evidence from rigorously conducted, scientific interventions that shows the critical need for scaling up of HIV prevention efforts for youth. Effective interventions include:

School-Based Interventions

- Comprehensive curriculum-based sexual health and HIV education programs led by adults are the most effective programming in reducing risky sexual behavior including: delaying sexual debut, reducing the number of sexual partners, decreasing the frequency of sex, increasing condom and contraceptive use, and reducing the incidence of unprotected sex. Anecdotal evidence shows that peer education programs can be successful and cost-effective, but more research is needed to determine the successful characteristics that sustain these programs.

Social Marketing and Mass Media Campaign Interventions

- Mass media interventions are effective in changing HIV related risk behaviors among young people. Television campaigns have the strongest positive impact on youth behavior, but comprehensive media approaches such as television combined with radio or radio combined with other media, are also effective.

Community-Level Interventions

- Community-level interventions for youth can be delivered via various methods and settings such as organizations, churches, or youth service organizations, through traditional kinship networks, via communities as a whole, or through methods unaffiliated with organizations or centers.

Health Services Interventions

- Research indicates that successful interventions to increase young people's use of and access to health services include bolstering training for health service providers, making improvements to clinic facilities, and implementing and participating in community activities such as public meetings.

Interventions for High-Risk Youth

- Interventions for young sex workers, injection drug users, and men who have sex with men that provide both educational information and services such as needle exchange and substitution therapy, condoms, or treatment for sexually transmitted infections through facilities such as drop-in centers or clinics and also include an outreach component are the most effective in reducing HIV risk behavior.

Needs and Challenges in Prevention Programming for Young People

Despite the wealth of evidence supporting the scale-up of HIV prevention interventions for youth, we still face challenges in crafting and implementing policy, programs and research for young people.

- **Young people must be empowered to meaningfully participate** in planning, implementing, and evaluating youth-friendly services and programs. They must also be involved in the development and implementation of the policies that govern the programs and services they need.
- **Disparities and diversity among young people must be taken into consideration.** Programs, services and policies must pay attention to addressing gender inequality and respect the human rights of youth, who are not a monolithic group.
- **Education on sexuality must be honest and accessible.** Health care providers, educators, and other adults working with young people may bring their own feelings and biases to their work and may not want to acknowledge or respect young people's sexuality. In this context, misinformation, myths, and fear flourish. So, they too must be equipped with substantive and correct sexual health information.
- **Prevention programs for young people must also promote and protect human rights and gender equality.** Sexuality and gender education is not simply providing full and accurate information about HIV/AIDS. Comprehensive programs also give social support and help young people to build skills to establish equality in relationships; respect the right to consent in both sex and marriage; and end violence and sexual coercion.
- **Comprehensive services and supplies must be accessible.** Condoms, voluntary counseling and testing, treatment, along with accurate information should be easily accessible to all young people. HIV/AIDS related services should be integrated with other sexual and reproductive health services.

Needs and Challenges for Further Research

- **Measure behavior change not just attitudes or intention.** Many evaluations of HIV prevention programs rely on pre- and post-tests measurements of participants' attitudes and intentions on topics such as abstinence. To the extent possible, surveys should measure actual behavioral outcomes, and not just attitude or intention changes.
- **Measure outcomes over long periods of time.** Many HIV interventions measure impact immediately following completion of the program. In order to understand the potential long-term outcomes of programs, it is critical to follow-up with participants at multiple points in the years following the intervention to measure sustained behavior change.
- **Evaluations of a broader range of interventions.** Programs typically conceived for "adults" such as needle exchange, vaccines or empowerment programs with sex workers (commercial and indirect) must be tailored to meet the needs of young people within these populations.

For additional information on Youth and HIV/AIDS, please visit <http://caucus.hiv-prevention.org>.

References:

AIDS Epidemic Update 2005 published by UNAIDS

"The effectiveness of different interventions delivered in schools, health services, media and communities for young people" recently published by WHO, London School of Hygiene and Tropical Medicine, UNAIDS, UNFPA and UNICEF