



WHAT YOUNG PEOPLE ARE SAYING ABOUT...

INTERGENERATIONAL DIALOGUE & HIV/AIDS

“Everyone, don’t you ever get really worked up when they call us the future and they deny what’s happening to us at present.”

young person from Kenya to participants in the internet dialogue

On the occasion of the Special Session on Children, *Voices of Youth* and the International Center for Research on Women (ICRW) organised an internet dialogue on HIV/AIDS. The dialogue was led by two youth moderators from Kenya and India and one adult moderator, also from India.. Also participating in the chat were young people from Ethiopia, Ghana, Malawi, Nigeria, and Zambia.

The purpose of the dialogue was two fold:

- 1) to get young people involved in a discussion about HIV/AIDS and
- 2) to look at the need for intergenerational dialogue on the subject of HIV/AIDS prevention.

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OVERVIEW

All participants agreed that the situation in their countries in terms of HIV/AIDS is grim.

The discussion addressed many different issues such as testing, condom use, abstinence, rape, incest and gender. Participants also explored why kids do not keep themselves safe and healthy even though they have information about HIV/AIDS. What most participants agreed on was the need for:

- role models, and
- increased communication between adults and children

Participants also challenged governments, leaders and decision makers to do more and take action, and noted the responsibility of young people to keep pushing for change—change in behaviour and change in thinking

The following is a summary of what was discussed.

INTERGENERATIONAL COMMUNICATION

Participants said that it is not easy to talk about HIV to parents and it is especially hard for young people to start these discussions.

“...the older generations do not respect us—so we do not have much communication about HIV with them.”

youth participant

sex:

- ✓ There is a need for parents to communicate with their children freely about sex.

The moment sex is considered a taboo subject it becomes something that “we feel we just have to have.” Discussions between parents and their children about sex and its effects would make it easier to control sexual urges and feelings. Participants said that as they come into their “sexual awakening, it is a challenge to take control of emotions and when adults are not talking, its even harder.”

role models:

A good role model was defined as “*somebody who does what they preach, someone that we can envy and follow.*”

- ✓ There is a need for parents to be good role models and to help kids develop healthy habits and behaviours.

One young person observed that “most leaders only talk and never act, they are not role models after all” and “we need role models who are more practical and able to reach out to communities.”

CHANGE IN BEHAVIOUR

Young people asked: “What do you think we should do to fill the gap between knowing and doing?” They wondered why the situation in their countries was getting worse when most young people have information on how HIV is spread.

Young people said to get kids to change their behaviour adults need to:

- ✓ Provide information—and opportunities to act on that information.
- ✓ Make sure young people fully understand the reasons why they need to modify their behaviour so they can start doing it themselves.
- ✓ Be good role models and provide access to condoms and information.
- ✓ Communicate with their kids.

TESTING

- ✓ High costs of testing and lack of access to health services prevent many young people from getting tested. So does being afraid to find out the result of their blood test.

Only 2 hospitals in Nigeria tested for HIV/AIDS and these tests were costly, therefore “people don’t go for the test and they keep on passing it on.”

youth participant from Nigeria

in-country:



In Ethiopia the costs of blood tests are so high that people are only finding out about their HIV status when they get married or when they get tested as part of the procedure for obtaining a visa to go to the United States.

CLINICS & SERVICES

Participants mentioned the need for health services that do not stigmatise and that are youth friendly.

- ✓ Clinics should not be seen as a place where people go only to get tested for HIV/AIDS.
- ✓ Clinics should offer services that deal with a whole range of HIV/AIDS related issues, including living with HIV/AIDS.
- ✓ Clinics should make treatment should be free and available to all.

CONDOMS

Participants talked about condoms on many different levels.

abstinence:

Some young people felt that condoms were a good solution and others felt that abstinence (not having sex at all) was the only solution.

“...at the end of the day it's an individual's decision whether to have sex or not...Young people should start with getting the correct information, having self negotiating skills and confidence in oneself. As young people we should narrow the chances of getting infected.”

young participant

Those who felt abstinence was the best option argued that young people are not using condoms correctly and so condoms are not offering protection from infection. They made the point that condom use is not 100 per cent safe.

condoms:

Participants reminded us that *“since too many people are already having sex, it is much better they learn to use a condom properly...every time.”*

Those who felt condoms were the best option said that if abstinence was such a good solution then why were young people still having sex? They admitted that condoms may not be 100 per cent safe, but still believed they are very effective against spreading HIV/AIDS.

in-country:



In Nigeria people think that sex with a condom is not enjoyable.



In Zambia most people think condoms mean you are having sex with a lot of people—that you are promiscuous.



In India, young people are made fun of if they buy condoms when they are not married.

religion:

Participants talked about the position of the Catholic Church. A young person from Zambia said that the Church had been against work with condoms. Others remembered debating with the Catholic Church at the World Youth Forum last year. Another participant told of two fundamentalist church groups in Kenya that had recently made a bon fire of condoms to show their opposition to condom use.

governments:

Some young people said that governments should not only campaign for condom use but that they have a responsibility to provide free condoms, especially female condoms so that when a male refuses to use condoms the female can use it.

GENDER

There is a difference between boys and girls with respect to HIV/AIDS. Participants mentioned the specific situations in their countries:

in-country:



In Kenya, it was mentioned that more young girls get infected by older men than their age counterparts of the opposite sex.



In Ethiopia, the same was true, more girls are getting infected either through prostitution or what was called the “sugar daddy syndrome” (young girls with older men).

rape:

Many participants talked about rape—and incest—as growing problems and directly related to the spread HIV/AIDS, especially among young girls.

- ✓ Rapists should receive harsh punishments to show that rape is a serious crime.

communication:

In terms of communication, participants said that boys seemed to be more open to talking about sex than girls, yet girls are more vulnerable to getting infected with HIV. It was also mentioned that boys and girls do not speak about sex together, but only talk among members of their own gender

- ✓ more peer to peer communication, between boys and girls, is needed.

PARTICIPATION

Switching gears, participants asked the young delegates about their level of participation at the Special Session on Children (SSOC). Participants said that “the child participation thing is just not enough” and is particularly problematic when it is just for show—or tokenism.

“...they bring stakeholders to speak to us and after speaking they told us to ask them only 3 questions and then they go.”
SSOC Participant

POVERTY

If we are going to stabilise infection rates...“we need to stop talking of poverty as if it were one thing and start addressing the components of poverty that perpetuate HIV infection.

Zambian participant

HIV/AIDS is a complex issue. People living in poverty need an alternative such as employment to keep themselves healthy and on the right path.

WHAT SHOULD WE TELL OUR LEADERS?

- ✓ Ask them to remember what it was like to be a child.
- ✓ Please tell our African leaders that they should keep the promises they make, and they should spend as much time and money on fighting HIV/AIDS as they do on fighting wars, weapons and unnecessary conflicts; because our diversity is not the source of our problems—it should be our strength to fight HIV/AIDS and poverty.
- ✓ On behalf of the people who sent me here and on my own people I am going to shout that...“it’s time for people to stop working alone and work with each other, old and young alike, to deal with hiv and its linkage in poverty.”
- ✓ Governments need to face the fact that HIV/AIDS is a problem.

CLOSING STATEMENTS

At the end of the internet dialogue, participants felt the two hour exercise was too short and wanted to know when they could chat again. Also, they wanted some form of follow up to this discussion. One young person concluded, “I think it is everyone’s role to disseminate info on HIV. If a fire was to break out in our house I would not wait to burn up since it is my mothers role to scream!!”

*“I wanna say something,
lets all stand together
and fight against AIDS.”*
youth participant

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