A combination of long-term and short-term measures is vital in preventing the further spread of HIV/AIDS. Addressing issues of vulnerability, such as increasing the proportion of girls staying in school and strengthening the capacity of schools to respond to HIV/AIDS, will have to go hand-in-hand with promoting responsible male partnerships and participation, as well as addressing gender inequity, violence, discrimination and unequal power relations. Even though HIV/AIDS is often an outcome of risk behaviours, large-scale behavioural change will not happen unless structural obstructions are concurrently addressed to engender social change.

HIV/AIDS is a disease fuelled by poverty, inequality and the ignorance or denial of risk to oneself. In the few minutes it has taken to read these pages, a dozen young people will be infected with HIV somewhere in the world. HIV has become a disease of the young with yearly 2.9 million infections occurring among 15 to 24 year olds every day.

No single organization can define HIV/AIDS and therefore partnerships at all levels are crucial for effective response. National governments, people living with HIV/AIDS, NGOs, civil society and faith-based organizations, as well as UN agencies, need to work closely together. An alliance of resources and political will are essential to changing prevailing attitudes and social norms and practices through continuous advocacy, communication and social mobilization initiatives. Ingredients for successful prevention include raising HIV/AIDS awareness, promoting the adoption of healthy lifestyles, challenging attitudes and social norms and practices through continuous advocacy, communication and social mobilization initiatives. For every child.

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Situation Review on

Adolescents and HIV/AIDS In East Asia and the Pacific

The issue: adolescents, key partners in prevention

Table 1: The number of people living with HIV/AIDS

<table>
<thead>
<tr>
<th>Region</th>
<th>Year</th>
<th>Adults living with HIV/AIDS</th>
<th>Women living with HIV/AIDS</th>
<th>Adult and child death due to AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southeast Asia</td>
<td>2003</td>
<td>1.5 million</td>
<td>440,400</td>
<td>107,500</td>
</tr>
<tr>
<td></td>
<td>2007</td>
<td>1.3 million</td>
<td>382,300</td>
<td>92,900</td>
</tr>
<tr>
<td>East Asia**</td>
<td>2004</td>
<td>1.1 million</td>
<td>700,000</td>
<td>134,000</td>
</tr>
<tr>
<td></td>
<td>2005</td>
<td>5,000</td>
<td>134,000</td>
<td>37,000</td>
</tr>
<tr>
<td>Oceania**</td>
<td>2004</td>
<td>35,000</td>
<td>7,100</td>
<td>700</td>
</tr>
<tr>
<td></td>
<td>2005</td>
<td>20,000</td>
<td>5,000</td>
<td>500</td>
</tr>
</tbody>
</table>

** UNAIDS/WHO AIDS Epidemic Update, December 2004

The number of people living with HIV continues to grow in every region, with the steepest increase occurring in East Asia were HIV incidence has increased by 50 per cent between 2002 and 2004.

In four countries in the East Asia and Pacific region the epidemic has progressed from concentrated to a generalized epidemic. However, the majority of countries are at a relatively early stage where effective actions can result in halting the spread of HIV/AIDS. Such countries include those countries that already have wider epidemics, to accelerate responses to thwart the spread of HIV/AIDS, especially among the most vulnerable groups.

New epidemic trends in the region are revealing a gradual encroachment of HIV/AIDS among younger populations, and increasingly among girls. In Thailand, around 70 per cent of the young people now living with HIV/AIDS are girls and young women between ages 15 - 24. In Malaysia, 35 per cent of reported HIV infections occur among those below 20 years old, including 1.6 per cent between ages 13 and 19. Young people who are especially...
Based on estimates from the end of 2001, young women and girls already constitute more than half of young people living with HIV/AIDS in the Asia and Pacific region. A host of social and economic factors are exacerbating the vulnerability of young women and if they are already living with HIV, they often suffer more severe stigma and discrimination than males and are denied equitable access to care and drugs when they fall ill.

Cultural norms about sex, once a protective factor among young people, are changing. Many earlier assumptions about sexual prohibitions among Asian adolescents are no longer valid. Although it is often denied, many adolescents—even in the most traditional societies—are becoming sexually active. The State of the Philippine Population Report 2: PINDY YOUTH: Making Choices, Building Voices, 2002, found that in a sample of 15 to 25 year olds 30 per cent of males and 15 per cent of females reported having had premarital sex.

Adolescents across the region may adopt risky behaviours because they are poorly informed about their bodies, sexuality, reproduction, and the consequences of unprotected sex. They also lack the skills to say no to unwanted sex or to negotiate safer sex. Due to gender-based discrimination, adolescents often find it difficult to avoid coerced and forced into sexual relations. In 2003, less than 50 per cent of sexually active young males in Thailand and Indonesia used a condom during sexual intercourse, or regular visits to sex workers.6

The use of alcohol and drugs is one contributing factor to unsafe sex. Most of the young people attending drug rehabilitation in Yapeasan KTA, an NGO in Indonesia, were teenagers who turned to drugs by the age of 15. The youngest reported using drugs because they were poorly informed about their bodies, sexuality, reproduction, and the consequences of unprotected sex, and the lack of access to information and understanding about HIV/AIDS. They also lack the skills to say no to unwanted sex or to negotiate safer sex. They are a vulnerable group that are needed to be effective and safe environments have enabled young men and women to pracise safer behaviours.

Furthermore, in areas where HIV infection rates are declining or stabilizing, it is primarily because supportive environments have enabled young men and women to practise safer behaviours. However, the sometimes negative attitudes of service providers, issues of non-confidentiality, unfriendly services and inappropriate opening hours or locations are often why adolescents fail to seek sexual and reproductive health services, even when such services are available.

International commitments

Most governments in Asia and the Pacific adopted, at the United Nations General Assembly Special Session on HIV/AIDS in June 2001, a Declaration of Commitment outlining specific, time-bound goals and targets for overcoming the epidemic. A major goal was targeted at young people: By 2005, ensure that at least 90 per cent, and by 2010 at least 95 per cent, of young men and women aged 15 to 24 have access to appropriate modes of prevention education. However, regular monitoring through knowledge and cross-sectional surveys, surveillance and the analysis of findings for policy and programmatic responses is still not a common practice in Asia. Although knowledge alone is inadequate, the lack of access to correct information and understanding about HIV/AIDS is still obstacale to prevention. In a 2004 survey conducted by the Ministry of Education in China, junior and senior high school students identified the formal school curriculum, extra-curricular activities, and peer education as the desired and most appropriate modes of prevention education. However, almost 80 per cent of students had never participated, while at school, in courses or in special activities related to HIV/AIDS prevention education.8

Although the epidemic in Asia is now more than two decades old, the basic knowledge of HIV/AIDS and how it is transmitted is disturbingly low among young people. Approximately 80 per cent of young Indonesian women aged 15 to 19 know about AIDS, but they do not know how to protect themselves from HIV. In Timor-Leste, 79 per cent of women and 70 per cent of men had never heard of HIV/AIDS.

Clearly, opportunities are being missed to reach young people and to build their capacity to reduce their own HIV risks. Adolescents can be the key to controlling the epidemic but they need to have the knowledge and skills to protect themselves from an early age. We know that early adolescence and puberty, from the ages of 10 to 14, bring both physical and emotional changes that strengthen sexual feelings. It is also a time when enduring patterns of healthy behaviour can be established and important skills and knowledge should be drawn in the context of children and young people's general development. With concerted action, governments can ensure that children enter adolescence equipped to make the choices that will allow them to live free of HIV. It is critical that these efforts be initiated in the vital years before adolescents become sexually active.

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