PROTECTING ADOLESCENTS AT RISK

“Educating young people about HIV, and teaching them skills in negotiation, conflict resolution, critical thinking, decision-making and communication, improves their self-confidence and ability to make informed choices, such as postponing sex until they are mature enough to protect themselves from HIV, other STIs and unwanted pregnancies. “

Young People and HIV and AIDS: Opportunity in Crisis
UNAIDS, UNICEF, WHO

ADOLESCENTS AND YOUNG PEOPLE: AT THE CENTRE OF HIV AND AIDS

AIDS is the most publicised disease in the world, but its impact on adolescents and young people has received an inadequate response. AIDS is increasingly a disease of the young and most vulnerable.

- Young people account for around 40% of all new HIV infections globally. 1
- Every day, 2,500 young people become infected with HIV – some 100 every hour.
- Young women face twice the risk of HIV infection from young men.
- Because of denial of personal risk and the need to test, HIV infection for a number of these adolescents and youth might have only been detected years after infection, on the onset of illnesses. Many may in fact have been infected in their early twenties or even during their teens.

Note: According to UN definition, youth are aged 15 – 24 years old.

AIDS IN MALAYSIA

More than 20 years since the first HIV case in 1986, Malaysia is today classified by the World Health Organisation as having a concentrated HIV epidemic.

- Malaysia’s epidemic was fueled initially by the sharing of injecting drug equipment. However, it is increasingly experiencing a third of new infections being transmitted sexually.
  - 91,362 HIV cases have been reported through the national HIV surveillance system as of end 2010.
  - The national adult HIV prevalence is currently at 0.5%.
  - 3,652 new HIV cases were reported in 2010; an average of 10 cases daily where 2 are female and 8 are male.
  - For every 5 persons who acquired HIV through injecting drugs in 2010, 4 others were infected through heterosexual sex.
  - 1 in 4 new reported cases of HIV in 2009 were amongst the age of 13 to 29 years old.

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Adolescents, children and HIV and AIDS

- Of the total cumulative HIV cases since 1996, 2,204 (2.4%) are aged less than 19 years old. In 2010, children 0-19 made up 2.24% of the 3,652 new cases.
- The vulnerabilities and situations encountered by both urban and rural children and adolescents which expose them to HIV infection are many: sexual and physical violence, incest, sex work, human trafficking, underage and unprotected sex.
- Children with HIV have been reported to have faced stigma and exposed to acts of discrimination which lead to ostracisation, exploitation, homelessness and loss of education.

New HIV Infections in 2010

**GENDER**

An average of 10 cases was recorded daily in 2010, where 2 are female and 8 are male.

**ROUTE OF TRANSMISSION**

For every 5 persons who acquired HIV through injecting drugs in 2010, 4 others were infected through heterosexual sex.

**AGE**

1 in 4 new HIV cases in 2010 were between the ages of 13 and 29 years old.

ADOLESCENTS ARE VULNERABLE

- Adolescence is a time of discovery, emerging feelings, exploration of new behaviours and relationships. It is a time when adolescents feel they need to test their boundaries to determine who they are and what they can do.
- Adolescence and the transition to adulthood is a taxing and vulnerable period for children as they are faced with peer pressures and influences.
- Adolescents go through physical, emotional and psychological changes which come along with a range of challenges. Expectations are “imposed” upon them and on their part there is a need for acceptance by family, peers and society.
- Adolescents and young people are poorly informed about sexuality, reproductive health and the consequences of unprotected sex or drug use. Advice sought is normally from friends, which can lead young people astray.
- Lack of supportive environments and services to practice safer behaviours increases adolescent risk to Sexually Transmitted Infections (STIs) and HIV as well as risk of pregnancy.
FACT SHEET

MANY ADOLESCENTS AND YOUNG PEOPLE ARE AT ESPECIALLY HIGH RISK \(^2 \) \(^3 \)

Adolescents and young people who are forced to live on the social and economic margins of society have even less access to information, skills, services and support. If they are already living with HIV, they suffer even worse stigma and discrimination and have virtually no access to care or treatment drugs when they fall ill.

Adolescents living or working on the street

- Children and adolescents survive on the street in every part of the world, casualties of poverty, domestic violence, physical and mental abuse, and HIV and AIDS.
- They are subject to the everyday risk of being sexually abused and experience violence at the hands of both adults (parents, police and others) and their peers. Many of them do not have access to appropriate health services.
- The major concern of these adolescents and youth is survival, and they may be involved in theft or sell/exchange sex because they do not have other means of earning money to survive. Many of them may also use psychoactive substances and may inject drugs.
- Their day-to-day struggle for existence blots out any concern they might have about a disease that may kill them in the years to come.

Adolescents who are sexually violated

- Reported rape is on the rise in many countries, but most sexual violence still goes unreported. Adolescent boys and girls are both vulnerable to sexual violence, including abuse and exploitation, but greater numbers of girls and young women are victimised.
- Abusers are unlikely to use a condom and the cuts and tears that result from forced sex increases the likelihood of HIV infection.
- The perpetrators of violence against adolescents are not always strangers. Both girls and boys are at risk of being violated by relatives, family friends, employers, teachers and other adults they may trust.

Some adolescents and youth may be especially vulnerable to HIV, or just one step away from engaging in high-risk behaviours, because of such factors as:

- poverty
- family breakdown and abuse
- social exclusion
- having parents, siblings or peers who inject or use drugs
- migration (internal and external)
- displacement
- harmful cultural practice

The presence of these factors does not automatically lead to adolescent HIV risk behaviour, as there may be several protective factors at work (education, supportive family and peer networks).

Behaviours that put people at greater risk of HIV infection include multiple unprotected sexual partnerships, unprotected anal sex with multiple partners, and injecting drugs with non-sterile equipment.

Further, some adolescents and young people engage in multiple risk behaviours, such as both injecting drugs and having unprotected sex.

2 Young People and HIV and AIDS: Opportunity in Crisis, UNAIDS, UNICEF, WHO
3 Inter-Agency Task Team on HIV and Young People: HIV Interventions for Most-at-Risk Young People, UNFPA, UNAIDS, ILO, UNESCO, UNICEF, UNHCR, UNODC, WFP and WHO.
Adolescents who inject drugs

- Injecting drug use (IDU) is one of the many addictions that often begin during adolescence. Young people who inject drugs are more likely than their older counterparts to be influenced by peers. They are less aware of the dangers of injecting drugs and of HIV, hepatitis B and C and how to reduce their risks. The younger the age, the less likely a person is to understand the consequences of his or her drug use.

- Early age of injecting drug use is often connected with polysubstance use. There are more and more ‘occasional’ injectors, and experimentation is frequent and widespread among young people, most of whom do not consider themselves to be regular users of injecting drugs. People who share needles and syringes for injecting drugs are at very high risk of contracting HIV.

- Young IDUs often drop out of (or are expelled from) school, are often unskilled and experience economic instability. They may also lose contact with their families.

- Drug dependency increases the likelihood that young people will turn to crime or prostitution to finance their drug habit. When one mixes IDU with prostitution, there is a good chance that HIV will begin to spread from HIV-positive users who inject drugs and their sexual partners to the wider population.

Adolescents in the sex trade

- Because the commercial sexual exploitation of children is largely hidden, accurate data is difficult to collect. Clients often target younger adolescents because they believe that children do not carry HIV.

- In some countries the involvement of adolescents and young people in sex work is linked with criminal organisations and trafficking in children for the purpose of sexual exploitation.

- Girls involved in sexually exploitative situations are often tightly controlled by managers and criminal gangs. Most children, adolescents and young people who sell sex are subjected to violence by their clients and the police.

- Global research on girls and young women involved in sex work shows that many of them have suffered some form of sexual abuse (at home, by “friends” or by traffickers) and have low self esteem; in some countries the cultural practice of early marriage is also associated with involvement in sex work. Often recruitment into sex work or trafficking is through family, kin and community members.

- Many adolescents and young people coerced or forced into sex work will use alcohol and/or drugs at the request of clients or managers because of dependence, as self-medication or for recreational purposes. Also linked with the young age of selling sex are high rates of other high-risk behaviours, for example non-use of condoms, which results in high reported rates of STIs. Adolescents who are sexually exploited also have virtually no negotiating power to ask for safer sex from their exploiters.

Young males having sex with males

- The risk of contracting HIV from unprotected anal sex is especially high. The social stigma and violence visited on those identified as homosexual can magnify the risks of contracting HIV, as they may hide their sexuality and consequently do not have access to the information they need.

- Some young men who engage in sexual relations with other males may not identify themselves as homosexual or may have experimental and temporary homosexual experiences, without protecting themselves from unsafe behaviours that put them at risk for HIV.
UNITE FOR CHILDREN, UNITE AGAINST AIDS
Prevent HIV infection among adolescents and youth

- Unite for Children, Unite against AIDS is a global campaign launched by UNICEF and UNAIDS in 2005 to ensure an AIDS-free generation.
- The campaign is anchored on four objectives, one of which is to reduce the percentage of young people living with HIV by 25 per cent globally by 2010.
- HIV prevention works best when adolescents and young people can control their health and their future, are empowered to make informed choices and possess the skills needed to change their behavior.
- Note: The three other objectives for the Campaign are 1) Prevent mother-to-child HIV transmission; 2) Provide paediatric treatment; and 3) Protect and support children affected by HIV and AIDS.

A HUMAN RIGHTS APPROACH

A human rights approach is fundamental for an effective and sustainable national response to HIV prevention among most-at-risk adolescents and young people and those living with HIV.

1. Information, confidential counselling and education
2. Privacy so that their personal behaviour, HIV status and health records are not disclosed to anyone without their explicit consent
3. HIV protection for themselves, their families and their sexual partners by taking necessary precautions, such as using sterile injection equipment or male/female condoms. A rights-based approach contains measures to reduce stigma and discrimination against most-at-risk young people, as this clearly affects their access to information and services as well as their ability to participate meaningfully in their care.

Issues of child protection arise where adolescents under 18 are in situations of sexual exploitation and abuse. They need to access HIV prevention interventions as well as child protection services and to be removed from the exploitative situation.

ADOLESCENTS AND YOUTH NEED:

Information:
Adolescents have the right to know about HIV and AIDS and how to protect themselves. It is important to provide this information before they become sexually active and/or use drugs. The full range of prevention options must cover the diversity of their sexual and substance abuse-related behaviours. A combination behavioural change approach includes encouragement of delay in sexual debut, reduction in the number of sexual partners, and correct and consistent condom use.

Skills:
Life skills-based HIV and AIDS information and education enables adolescents to make empowered choices and decisions about their health. It is important that these skills focus not just on developing healthy lifestyles, but also on sexual health issues such as negotiating abstinence and condom use, and avoiding substance abuse.

Youth-friendly health services:
Providing adolescents with access to youth-friendly health services, such as voluntary counseling and treatment (VCT), early diagnosis and treatment of sexually transmitted infections and/or drug dependence, and antiretroviral therapy is essential.
PROTECTING MOST-AT-RISK ADOLESCENTS AND YOUNG PEOPLE

Adolescents and young people engaging in HIV risk behaviours are often unable to access the prevention and treatment services they need, especially if they are minors.

- Services designed for adolescents and young people (such as youth-friendly health services) need to be adapted to meet the needs of most-at-risk young people to ensure they are appropriate to their age, sex, level of maturity and legal status and configured around their risk behaviour and vulnerability to HIV infection.
- Staff providing harm-reduction services for adult injecting drug users and health workers in STI and HIV testing and counseling services will need training in how to work with adolescents.
- Health care providers who have been trained in adolescent or youth-friendly approaches may need further training to work with young people who engage in HIV risk behaviours.

KEY INTERVENTIONS

Risk-reduction skills are important for most-at-risk adolescents and youth to help them negotiate condom use, develop strategies for refusing unprotected sex and avoid clients who are alcohol/drug affected and potentially violent. In areas, for example, where injecting drug use is the main driver of the epidemic, a risk-reduction intervention might focus on safer injecting practices as well as skills for safer sexual practices.

Participation of young males and females engaging in HIV risk behaviours in the planning of services and decision-making about HIV interventions is critical.

Peer education is an effective mechanism for increasing most at-risk adolescents and young people’s knowledge and skills about HIV and STIs and contributes to enabling them to be responsible and protect themselves and others from HIV. It should be conducted by well-trained and motivated people working with peers (similar to themselves in age, gender, background or interests) over a period of time. Trained peer educators who are themselves young injecting drugs users (or ex-users), men who have sex with men and sex workers are able to provide age, gender and culturally appropriate risk-reduction information to their peers. This is more likely to result in behaviour change, and outreach peer educators have been critical to the success of programs by mobilising their communities or social networks.

Outreach strategies are essential when working with out-of-school adolescents and youth who engage in HIV-risk behaviours, as they are not likely to seek help on their own and may not be covered by existing health or information services. Outreach aims to take information, commodities, education and services to them in their own milieu, rather than waiting for them to consult static services. The most effective outreach programs create strong partnerships with community-based organisations and utilise peer educators and counsellors. Outreach can also play a critical role in referring most at-risk adolescents and young people to static services.

Advocacy to raise awareness of the situation of most-at-risk adolescents and young people and to stimulate increased investments from decision makers on their behalf is also called for. Awareness programs can be effective in promoting broader societal change using advocacy, social and community mobilisation, especially to inform young people about the dangers of trafficking in children for the purpose of sexual exploitation, the unacceptability of gender-based violence and harm associated with injecting drugs.
AIDS AGENDA FOR YOUNG PEOPLE

The AIDS agenda for young people needs to translate the 2001 UN Declaration of Commitment on HIV/AIDS into concrete actions. These include:

- Creating a supportive environment so young people can obtain HIV and reproductive health information, education and services. Policies and laws need to ensure that available resources focus on advancing young people’s rights to health care and on reducing all discriminatory structures and practices.

- Reaching those who influence young people. Parents, extended families, teachers, political and community leaders and celebrities are strong influences on young people. When their mentors act as positive role models and provide safe environments, meaningful relationships and space for self-expression, young people take the initiative for responsible behaviour.

- Placing young people at the centre of the response. There is no age restriction for leadership. Young people are assets, not liabilities; their voices need to be heard and their talents cultivated so they can be instruments for change.

- Mobilising the educational system to become a vehicle for a comprehensive prevention and care program for school-age youth.

- Mainstreaming HIV prevention and AIDS care for young people into other sectors. Young people are often interested in religion, workplaces, sports and the media. These sectors can be used to provide information and services.

- Addressing gender inequalities by improving young girls’ opportunities to obtain education and skills training, by protecting their rights, and by boosting their income-earning prospects. There is also a need to change the damaging concepts of masculinity that define boys’ lives—and negatively affect those of girls and women. Authorities need to clearly transmit the message that sexual exploitation of and violence against young girls and boys are unacceptable.

- Opening dialogue on sensitive issues. Adults and young people need to work together on adolescent sexuality, sexual health education, sexual violence and abuse, gender roles and traditional practices.

REFERENCES:

i. Inter-Agency Task Team on HIV and Young People – Guidance Brief: HIV Interventions for Most-At-Risk Young People, UNFPA, UNAIDS, ILO, UNESCO, UNICEF, UNHCR, UNODC, WFP and WHO.


iii. At the Crossroads: Accelerating Youth Access to HIV Interventions, UNAIDS