M. J. Kelly (2002). Addressing the Susceptibility of Youth to HIV Infection. International Policymakers Conference on HIV/AIDS, New Delhi, India 11-12 May 2002.

The AIDS Generation

A major publication referred to today's youth as the "AIDS Generation" (Kiragu, 2001) i.e. young people who have never known a world without AIDS. Today, **12 million** youngsters are infected, **one third** of whom are aged **15-24**. It is estimated that in:

- **Zimbabwe**: 50% of 15-year old boys born in 1997 will die of AIDS before the age of 50
- **Botswana**: 90% of girls and 88% of boys aged 15 in 2000 are likely to die of the disease in the absence of treatment
- **Zambia**: even if HIV risk falls by 50% by 2015, over 50% of boys and girls now aged 15 will succumb to AIDS

However, susceptibility to HIV varies according to gender. From age 15 onwards AIDS cases and infection rates rise sharply for girls. In many parts of the world, HIV prevalence among women aged 15-24 is much higher than for their male counterparts. The estimated prevalence rates for young women and men are shown below:

- **India**: for girls aged 15-24 the rate is 0.4-0.8 whereas for boys it is 0.1-0.6 percent
- **Kenya**: for young women the rate ranges from 11.1-15% and for young men 4.3-8.5%
- **Brazil** shows a different pattern with rates for young men 0.6-0.8% and for young women 0.2-0.8%

AIDS is also manifesting itself in those aged 15-24, which due to the long period between HIV infection and the appearance of clinical AIDS, means that **HIV was contracted at school**. This highlights the importance of implementing strategies at a young age.

The Silent Epidemic

Over **9/10** of people are **unaware** that they are **HIV positive**. This is due to the hidden nature of the disease i.e. the asymptomatic period accounts for around 80% of the time between infection and death. Throughout this period the virus can be transmitted, particularly in the period shortly after infection and when full-blown AIDS has developed.
The social reaction to AIDS is still adverse with countries and communities alike denying the problem. Discrimination and stigmatisation are widespread, as PLHA are though to have brought the problem upon themselves through immoral behaviour.

Testing and Health Services

Given the discrimination surrounding the epidemic there is little incentive for young people to seek testing, even when these services are available. Two key elements must be integral to every HIV prevention strategy.

1. Adequately resourced and **"youth-friendly" health services**
2. **Widely available VCT**, which gives regard to the necessity of emotional support and absolute confidentiality throughout the testing process.

Responding to a Dangerous Lack of Knowledge

The physical, psychological and emotional changes that are intrinsic to young people's development contribute in almost unavoidable ways to their vulnerability to HIV infection.
Factors that contribute to youth vulnerability can be addressed:

- **Ignorance**: in several countries large numbers of youth know no way of protecting themselves against HIV/AIDS, e.g. in Bangladesh the figures are astoundingly high with 96% for girls and 88% for boys. Another contributory factor is the large number of young people who believe that HIV will show in appearance, e.g. in Nepal, 80% of girls are not aware that a healthy looking person can be infected. Finally, for many young people intercourse refers exclusively to vaginal penetration and does not take into account other high-risk activities e.g. anal and oral intercourse.

- **Invulnerability** i.e. the "***it won't happen to me***" syndrome.
- **Trust:** young people are frequently reluctant to use condoms or then stop some weeks or months into the relationship fearing it shows a lack of trust in their partner.

Much more needs to be done to ensure that young people are provided with accurate information. There is an urgent need for sustained information and education campaigns that take into account cultural, traditional and religious concerns.

Capitalising on Peer Influence

Education and communication programmes directed towards HIV prevention should make use of the **power of peer influence**. In Uganda and Zambia young people produce newspapers that provide invaluable information on HIV/AIDS and other sexual health issues. Young people are able to "speak" to other young people in a way that few parents or teachers can. It is noteworthy that in these two countries there is has been a considerable decline in HIV prevalence among 15-19 year olds (especially girls).

Addressing the Context in Which HIV Transmission Occurs

- **Gender aspects:** evidence from virtually every country shows that in sexual relationships women enjoy less power than men. A Zambian study showed that 25% of married women felt unable to refuse sex with their husbands and only 11% felt able to ask their husband to use a condom. Another important factor is **"age-mixing"** i.e. teenage girls having sex with older experienced men. **Rape and child abuse** also increase the HIV risk.
- **Poverty Aspects:** although HIV/AIDS is not a disease of the poor, being poor facilitates transmission. People with nutritional deficiencies, parasitic diseases and little access to health care are more susceptible to infectious diseases. Evidence is also immerging that reveals an association between lower rates of infection and economic security attained through higher levels of education

Reaching Young People through the Mass Media and Entertainment

If properly researched the media and entertainment can be a powerful channel for the communication of accurate information on HIV/AIDS. A very good example of this comes from South Africa where an NGO called **Soul City** makes use of TV, radio and print to induce behavioural change. It makes use of prime time viewing to screen drama, comedy, song etc to reach a maximum of young people. Independent evaluations show that they are succeeding in promoting greater sexual and social responsibility.

Education

Education has also been shown to reduce HIV prevalence among young people. For example, in Zambia **a girl who drops out of school is 3 times more likely to be infected** than her counterpart who stayed in school. As formal education reaches the majority of a country's youth, it therefore has the potential to communicate important HIV messages. However, policymakers wishing to capitalise on education's contribution to HIV/AIDS prevention should address the following issues:

- Making education more potent against HIV/AIDS
- Expanding access and improve the quality of provision
- Mainstreaming HIV/AIDS into every aspect of the curriculum
- Establishing programmes and activities that run along a continuum from prevention to care, within the education sector and all its institutions
- Engaging creatively with others

HIV Prevention Education in Schools

The content of what is taught in schools should extend to the following areas:

- Sexuality and relationships
- Knowledge of HIV/AIDS
- Life skills
- Value of abstinence
- VCT

The Tasks of the Policymaker in Education's Fight with HIV/AIDS

To reduce HIV infection among the young through education, policymakers need to tackle the following:

1. Ensure EFA goals are met
2. Extend educational opportunities for girls
3. Advocate for the mainstreaming of HIV/AIDS in the education sector
4. Advocate and facilitate the funding of initiatives from within the education sector
5. Promote constructive engagement between MOE's and civil society
6. Mobilise resources

Conclusion

Firstly, advocacy to modify behaviour can only be effective if the content of the messages is the **same**. Conflicting messages leave individuals not knowing what to do. Secondly, HIV/AIDS must be kept on the agenda. There must be advocacy at all levels and all of the time, with no attempt to deny the extent of the disease. Finally, leadership is of the utmost importance in fighting the war against HIV/AIDS. It is the responsibility of policymakers to provide the leadership and the resources to reduce the susceptibility of youth to HIV infection.