

E-discussion - Young people and HIV

An e-discussion on 'Young people and HIV' took place on HAVNet in January 2013. HAVNet is an email based web forum for CAFOD staff and partners (faith based and secular): currently 160 members from 30 countries.

The issue had been identified by CAFOD's HIV team as an area of work where more learning and guidance was needed. In 2011 approximately 6000 adults were infected with HIV every day – of these about 39% were among young people (aged 15-24). It is essential that our partners work to address issues around HIV with young people (both prevention and care & support) - but as a Catholic organisation there are challenges – perceived or actual – on the best way to approach this work.

No young people were directly involved in this e-discussion and this limitation was acknowledged from the start. However it is planned to use the findings with young people – to get their input and as a discussion paper.

"During the break I heard the (older) woman reprimanding the young man for being too vulgar of his questions" (staff in the Philippines)

"Fear of stigma. They may not get tested in their localities as they feel someone they know might see them getting into the clinic or disclose their status" (Mavambo Education Trust, Zimbabwe)

E-discussion questions

The questions asked to HAVNet members were:

1. What do you see as the challenges for young people in accessing services such as HIV testing and how can we overcome this?
2. Given that CAFOD's HIV prevention approach is to give 'full and accurate information on all forms on the effectiveness and limitations of all means of reducing the risks of HIV infection' – what challenges does this lead to when working with young people? What HIV prevention work have you or partners done with young people?
3. Where is the best place for young people to access information on HIV and AIDS? What role do CAFOD partners, especially faith based groups, have?

Key themes/challenges

There was a wide variety of feedback from CAFOD staff and partners in response to the three questions – partners are already doing a lot of work with young people. The key themes and challenges are grouped together in four areas:

Accessibility of HIV services for young people

- Services designed by adults for adults – too generic
- Young people not seen as human beings with rights
- Lack of availability (location, cost) or awareness
- Some settings increase challenges eg mining area
- Not enough staff trained to work with youth (language/attitude)
- Not anonymous enough
- Government promotion of services not reaching young people
- Not always a smooth transition to adult clinic
- HIV services not integrated with other youth activities

Information Issues

- Information should not be 'flat' – need to provide examples and multiple communication tools
- Information is essential but not enough
- Young people must feel empowered (male and female)
- Most programs are one-off – this is not enough
- Ambiguous national guidelines – aimed at general population and not youth
- Messages not adapted for the context/age
- Incorrect messages (eg believing PREP means you can have unsafe sex)

Knowledge & Attitude of young people and others

- Lack of knowledge on HIV. Also complacency
- Stigma from peers and self stigma
- Fear (abandonment, lifetime of ART seems longer when you are younger, test results-prefer not to know!)
- Belief in traditional practices eg sexual cleansing
- Attitudes of adults – teachers and parents resistant to talk about 'taboo' subjects, judgemental
- Reluctance of young people to ask questions – ashamed or fear of being misinterpreted/misunderstood
- External pressures (gangs, drugs, migration)
- Acknowledge difference between young men and young women eg knowledge, pressures, expectations

Dilemmas of messages about sex

- Conflicting messages between media/church/cultures/peers – youth do not exist in a vacuum.
- Competing priorities for attention
- Judgemental attitudes from others
- Concern of 'destroying innocence'
- Some partners prefer to emphasise abstinence as there are other players stressing other methods
- Some partners knowing youth need access to all prevention methods but unable to provide condoms
- Many agree that "youths should abstain but there are however various factors that cause youth to engage in premarital sex"

Key recommendations

There was a wealth of experience and learning provided by CAFOD staff and partners in the e-discussion. From the challenges raised, and the learning from programme practice, we have pulled together some essential principles and key programme recommendations for CAFOD staff and partners. These are included in CAFOD's new HIV Strategy and Guidelines (2013). They may also be of interest to other organisations working on HIV with young people.

Essential principles

- Young people are meaningfully involved in the design and implementation of all youth focused strategies and projects. Young people are put at the centre and appropriately skilled
- All work with young people is gender sensitive.
- All information provided is accurate, comprehensive and sensitised for young people
- HIV services are available that are youth friendly or youth specific
- Peer to peer learning is an element of all projects working with young people. Young people receive support and training to do this (and to ensure they are providing correct information)
- Recognise the value of church partners and that they have a specific role to play in promoting the holistic development of young people – information and support with emphasis on values and dignity. Do this well and be proud, don't shy away from talking about it
- All staff and partners are clear on CAFOD's HIV prevention statement - to minimise possibility of conflicting messages

Programme recommendations

Youth friendly health services

Work with service providers to ensure the services are youth friendly

- trained staff
- not judgemental
- respect privacy
- ensure anonymity
- adapt language and materials
- specific centres or days just for young people
- more mobile clinics
- train youth counsellors
- use peer educators
- involve young people in design

Work with and lobby government/policy makers/other stakeholders – local, state, national (as appropriate) to ensure their understanding of the need for development of youth friendly language and services – and that both HIV prevention messages & services, as well as counselling and testing services are targeted at young people specifically

Youth activities

- Activities with young people need to be long term, not one-off.
- Need especially to work on issues of stigma (including self stigma) and fear.
- Ensure activities are gender sensitive
- Develop partnerships between eg health professionals and teachers – working together long term to promote access to services
- Peer to peer learning is key (see point in 'Essential principles')

Youth friendly information

- Ensure all information provided is accurate, comprehensive and sensitised for young people and their context (different messages needed in high/low prevalence settings)
- Often better to look at young people's overall needs 'who am I' – not just jump into HIV information
- Ensure referrals to services can be made.
- Information and support provided needs to really engage and empower young people – information alone does not lead to change.
- Be aware of what is available online – guide young people to quality sites.
- Be responsive to what else is influencing young people
- Work with adults/ teachers/parents/ media/church leaders/other gatekeepers of young people to be more supportive, understand the needs of young people, provide accurate information on HIV, and allow more open discussion of awkward subjects

"Going for an HIV test implies that one is having unprotected sex and may suggest loose morals on the girl"
(Mashambanzou Care Trust, Zimbabwe)

"Young people have a lot more self stigma than any other group. The children we have journeyed with for a long time taking ARVs, the moment they join secondary school, adherence becomes an issue and some end up defaulting completely or only take them during school holiday. Being with the buddies and taking ARVs are two opposing forces..." (Diocese of Kitui, Kenya)

"Finding people who may happen to be their neighbours, teachers, parents at the same clinics has proved to keep some of the young people away from accessing the services" (Youth Alive Zambia)

"Donations to blood banks – now going into schools and they receive a letter to say thank you if their blood is safe. If no letter there are questions....." (CAFOD HIV team member)

"In El Salvador gangs are another phenomenon very strong in the country and communities, which generate pressure on young people and they become more vulnerable to HIV through drug use, etc"

"Need for the continual advocacy for youth-friendly service providers and even in some cases, specific youth centres" (Jesuit AIDS Project, Zimbabwe)

"Faith-based groups have much still to contribute. We have lost themes as important as: respect for others; and care for oneself as God's creation. These could convey a more human sexuality" CPDMM – Colombia

"Young people here in DRC are often afraid to get tested. Indeed, it was noted that some young people prefer to commit suicide after having heard they are HIV positive even if there had been counselling provided"

"Most young people prefer not knowing their status" (Archdiocese of Lusaka, Zambia)

"Drug holiday. They have to say at (boarding) school what type of medications they need to take – and they don't want to disclose" (CAFOD staff)

CAFOD partner experiences

The following pages feature a broad range of work with young people that is carried out by CAFOD partners, as shared during the HAVNet e-discussion. Not all projects described are CAFOD funded.

Working with young people in Uganda

CAFOD partner Nsambya Home Care (NHC) do a lot of work with young people:

Ensuring services are youth friendly

- Having a day at centres for young people only (main aim of increasing adherence to drugs)
- Sensitising staff to the needs of young people - as they were often seen to be judgmental. This is done in an ongoing way through presentations prepared by different NHC staff or external presenters to NHC staff during weekly meetings. There have been some difficulties in addressing sexual health amongst adolescents due to the attitude among health workers. Often related to issues of culture, talking about sex is "taboo", so the health workers do not always have the right skills and knowledge on how to approach this sensitive subject.
- Many of the children attending the clinic had been born with HIV and so attending for a long time. There was therefore a need to ensure a proper process to transition them into the adult clinic at age 18. Feedback from the young people was that a key thing they missed was the tea break the children have on their clinic days - and also the fact that as children they didn't pay the user fee but as adults they have to. Clients (including children/adolescents) who cannot afford to pay the user fees are referred to social workers for further assessment and they are handled on case by case basis. Failure to pay the user fee does not hinder access to medical care. They involve 'family caretakers' to address the issue of paying the user fee
- Supporting the young men and women under the vocational/apprenticeship skills training - for them to be self-reliant.

Community prevention through peer education and support

They have a community prevention programme focusing on peer education

- 30 peer educators have been trained and supported to reach young people in and out of schools
- They also hold advocacy campaigns to train other young people.
- The selection of peer educators is based on qualities like their potential ability to facilitate and train others; their interests, their openness about HIV status, their exemplary life styles.
- NHC has supported the adolescents aged 10-19 years to form a peer support group; 'Poztribe' that provides; emotional support to HIV positive adolescents, creates an avenue for sharing experience, has a sports component, savings component and income generating activities.

Focusing on behaviour change not just information

The key element is to involve the young people themselves in the transfer of messages - this is done through peer support groups. Through the Behavioural Change workshops they have reached quite a number of young people. The workshops focus on: ways to reduce the risk of HIV transmission through sex; abstinence; delay of sex; mutual fidelity. They talk about condoms but do not provide them. Using the 'Faithful' model, they have reached the young married couples with information that will help them remain faithful to each other. Following the training workshops, they encourage the formation of peer support groups to keep reminding each other of what they have learnt.

Working comprehensively with young people in Guatemala

CAFOD partner Pastoral de VIH, Diocesis de la Verapaz, CAFOD partner in Guatemala works in a range of ways with young people. They work in a multi-ethnic and multilingual context - on comprehensive sexuality information, risks and prevention from a religious perspective. Some specific points and areas of work

- Ensure all the work is adapted to the context, age and culture, differentiated by gender.
- Adapt the language of youth pre and post counselling to motivate young people to get tested
- Overcoming fear of 'taboos' and discussion of awkward discussions to encourage openness
- Carry out awareness campaigns and lectures
- Promote peer education
- Include the prevention of gender-based violence and human rights as a strategy for reducing vulnerability to HIV
- Work with young youth ministry as a strategy to reach many more groups
- Leverage the media to launch messages to young people

Developing partnerships in Peru – and ensuring participation of youth

CAFOD partner IES have been focusing on the development of partnership between health professionals and teachers to promote access to services for young people. *"We also consider essential the active participation of young people themselves in the development of strategies because only then will the activities reflect their needs and be effective. The alliance between teenagers, teachers and (trained) health professionals, will contribute to better strategies to reach young people. Ideally together, these actors promote young people's attendance at health facilities where there are health professionals who can offer information, guidance, counselling and warm and friendly care. But the alliance also allows that if a specific information need arises at school or in the neighbourhood, then you can count on trained adolescents and youth leaders to help answer the concerns and ensure good health."*



Lucía is from Among Friends in Lima, one of six youth groups that IES is working with in Peru. They then lobby together to get changes made to school education, local youth health services and government policy. *"This year we asked our mayoral candidates to commit to taking forward our recommendations. We are now monitoring how the elected mayor does this."*

Working with young people in Colombia

CAFOD's partner CPDMM are carrying out a range of HIV work in the Magdalena Medio region of Colombia to support young people

Putting young people at the centre

- They have been involving young people in the design of "friendly health services for adolescents and youth" - working to mobilise awareness and ensure participation of young people from the start of the project rather than imposing activities by us "adults".
- A baseline study carried out by CPDMM found that there is a low level of knowledge about sexually transmitted infections in the region especially among young people. In response CPDMM are working on programme to address this
- The strategy for this programme is tackling many of the root problems of HIV (gender & violence against women, sex work and child exploitation). It also focuses on strengthening the capacity of local communities (women, young people, cultural groups, sex workers, male workers) to raise their awareness on these issues and empower them to lobby local health services, institutions (police, social services, judiciary) and schools to improve health services in the community. It involves parents in the work.

Working in with local authorities to make services youth friendly

- CPDMM also mapped the health facilities in each of the priority municipalities to find out the presence and implementation of youth friendly health services. Seven municipalities were found to be offering youth friendly health services.
- To improve this, health care staff received training areas such as: national policies; implementation of youth friendly health services and Voluntary Counselling and Testing
- Municipal Development Plans now include activities to promote 'Youth Friendly Health Services' and prevention of HIV and AIDS.
- In some areas it was a challenge to arrange meetings with health, justice and protection institutions

Working with schools to inform young people

- CPDMM is also working with local authorities and schools to implement an education programme on sexuality and citizenship as a prevention tool against HIV and AIDS. In the schools, boards are formed to implement the education programme on sexuality and citizenship, involving teachers, students and family members.
- The National Education Minister, the Secretary of Education for Santander and the municipal Education Secretaries all supported the work. Schools in the focus areas committed to prioritising implementation of this
- Teachers from schools in the priority areas were taught techniques and processes to teach about these issues. Meetings were also held for training with students, teachers and management from the education institutions.
- *However* although the Education Ministers have given the go ahead for the programme to be implemented, they are not allowing schools sufficient time for adequate teacher training
- *Future plans in this area include:* visits to monitor the progress of the programme in the schools; technical accompaniment for the school boards in planning and beginning activities; provision of teaching material

Reaching young people through schools in Colombia

There are currently very few projects in Colombia that are addressing HIV and AIDS within indigenous communities. CAFOD partner ACIN has adopted an innovative approach looking at root causes of the spread of HIV and sexually transmitted infections and has been successful in working in a respectful but challenging way to raise issues of HIV, sexual violence and gender relations, that until recently were rarely acknowledged within the Nasa indigenous community in two indigenous reserves.

Some of the key activities and achievements of the project:

- Development of sexual health programmes in schools – including formal incorporation of HIV prevention into the regional curriculum
- Training peer educators
- Workshops with schools on family therapy, for teachers to use to support their students. These emphasise family relationships as an important factor in psychological health and helps families and groups to nurture change and development.
- 'Health and Life Fairs' for students, parents and members of the surrounding communities – as an accompaniment to the work being done in the classroom.
- Awareness raising work in the broader community eg a competition in expressing ideas about sexual education through art was promoted on two community radio stations in Jambaló. In addition three songs were produced on self-care and HIV prevention, which are being played on community radio stations.



Participating in a 'health carnival'

Reaching young people in Zimbabwe

CAFOD partner Mashambanzou Care Trust outlined challenges they had seen young people experience, and some ways to overcome them:

Challenges

- The legal requirement of parental consent/presence for teenagers under the age of 16 inhibits the young person to take a test.
- Fear of being stigmatised because HIV is greatly associated with sexual activities.
- Location of public testing centres in Harare mean limited privacy. *"For example, when get to the New start centre, everybody knows you are here for an HIV test. Secondly after initial registration, you go to the big waiting room where you meet everybody who has come for the test, and also when you are waiting for the results. Privacy is only guaranteed during the pre and post test counseling sessions"*
- Most of young people are often found in schools and colleges. *"Their busy schedule for the day and the close contact with others mean they may not have time to access HIV services unless the services are within the institutes and are user friendly"*.
- Conflicting messages: *"For example, at church and in the culture youths are encouraged to abstain at all costs until they get married while some AIDS service organizations imply acceptance of youth and sex by teaching the use of protection."*

Suggestions to overcome some challenges

- Meaningful involvement of youth in the design, implementation and monitoring and evaluation of HIV programmes.
- Increasing mobile testing centres at youth friendly locations such as schools, colleges, shopping malls
- Having comprehensive HIV services sites where everything will be done under one roof i.e. counseling, testing, blood tests like liver function tests, CD4 counts, viral load, viral resistance etc., with other entertainment going on.
- Clinics for young adults only, separate from adults and children.

Challenges in the Democratic Republic of Congo (DRC)

CAFOD partners working on HIV in Goma fed back to CAFOD staff on 4 areas of challenges for youth awareness on HIV and AIDS, and made some suggestions for overcoming these:

- The family as a core, a frame of exchange, doesn't play well the role of sharing information for young people. The HIV issue remains a taboo here for many families in Goma. CAFOD should support and/or should accompany the Church in that way. Especially in the eastern Congo.
- The church has reduced its level of involvement on HIV and AIDS. Indeed, at least 5 years ago the Catholic church here in Goma had established local structures for prevention and information sharing on HIV and AIDS. Those local structures helped in educating the youth, and contributing in the struggle against HIV and AIDS. But these structures don't really exist now.
- Work with young people in the prevention of HIV requires huge resources. Indeed, young people here like and appreciate excursion activities, movies on HIV, testimonies of people affected by and living with HIV, etc.
- The partners have tools for sensitisation tailored to the youth but these are not updated due to lack of resources.

Working with young people in Zambia

Ensuring learning is ongoing

CAFOD partner YOUTH ALIVE ZAMBIA (YAZ) is working to empower young people to gain life skills and change their behaviour. "In HIV prevention, consistency counts and a sense of ownership is critical". YAZ's role is to facilitate an environment that excites young people to get information on HIV prevention. They look to respond to the particular information needs of young people, which calls for ongoing programs in schools and communities about behaviour change and other awareness related programs. This includes disseminating information on HIV transmission and prevention. This ongoing work can be achieved by creating school/community clubs and training of peer educators to spearhead these groups.

Targeted information is needed

The dissemination of information on reducing the risk of HIV infection is usually done on presuppositions that everyone is at risk. For instance the Zambian national strategy on HIV prevention includes among other approaches abstinence, being faithful, condom use and circumcision. However these are responded to by young people differently depending on their position in life – and we need to take this into account more. According to YAZ's experience, key to prevention is ensuring that young people feel empowered with information that they can use as the need arises. The dissemination of such information is again challenged by a difference in sexes as in a largely macho society males control the direction of a sexual relationship - and so we must tailor HIV prevention messages. There is also the need to appreciate that some young people are highly prone to emerging trends associated with risky social habits. Trends like intergenerational sex and multiple concurrent partnerships can directly or indirectly affect young people, and so effective and accurate HIV prevention information should be responsive to these emerging trends.

Being youth friendly

According to YAZ's experience, it is not the place (school, hospital or youth organization) that matters when accessing information; but the environment prevailing in that place. In accessing information for young people there are ingredients that really matter, eg being youth friendly in all aspects of dissemination; and whether the young people identify with the place. These are pre-requisites in ensuring that young people will trust and have confidence in the information providers which in turn creates desire to receive information from such a source.

Contributions

A huge thanks to all those who gave their time and effort in contributing to the e-discussion. There were 25 contributions from staff or partners in all geographical areas where CAFOD works:

DRC – CAFOD staff	Brazil – Grupa Pela Vidda
Sierra Leone – CAFOD staff	Colombia – CAFOD staff
Kenya – Diocese of Kitui	Colombia - ACIN
Uganda – Nsambya Home Care	Colombia – CPDMM
Zambia - Archdiocese of Lusaka	El Salvador - Ana Manganaro Clinic
Zambia – Youth Alive Zambia	Guatemala - Pastoral de VIH, Diocesis de la Verapaz
Zimbabwe - Mashambanzou Care Trust	Peru - IES
Zimbabwe – Mavambo Education Trust	
Zimbabwe – Jesuit AIDS Project	
Philippines – CAFOD staff	

Additional resources

The following are some additional resources/guidelines on working with young people. These are not CAFOD resources and CAFOD are not responsible for the content of the tools, please use all or part of them as appropriate for your organisation.

Caritas Internationalis	<i>HIV/AIDS Life Skills and Education Program for Catholic Secondary schools (2006)</i> French (English version available as an attachment from jlennon@cafod.org.uk) http://www.jhuccp.org/hcp/countries/haiti/TRHAI17.pdf
StopAIDSNow	<i>Addressing the Needs of Young People Living with HIV – (2011)</i> http://www.stopaidsnow.org/node/150
UNICEF	<i>Opportunity in Crisis: Preventing HIV from early adolescence to young adulthood (2011).</i> English, French and Spanish http://www.unicef.org/publications/index_58708.html
UNESCO	<i>International Technical Guidance on Sexuality Education - An evidence-informed approach for schools, teachers and health educators (2009),</i> English, French, Spanish, Portuguese http://www.unesco.org/new/en/hiv-and-aids/our-priorities-in-hiv/sexuality-education/international-technical-guidance-on-sexuality-education/