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SITUATION OF HIV/AIDS AMONG YOUNG PEOPLE IN THE ASIA-PACIFIC REGION

(Item 7 of the provisional agenda)

Note by the secretariat

SUMMARY

The present note highlights the increasing risk of young people to HIV infection. It begins with an epidemiological overview and then analyses the factors, which contribute to young people's vulnerability, including lack of information and access to youth-friendly health services, the needs of special target groups, and the links between drug use and HIV/AIDS. The paper then highlights the need for youth-friendly programmes and services, including peer-to-peer education and life skills. It also notes the importance of integrated youth health policies and high-level political commitment. The paper concludes with a discussion on the need to view youth as positive agents of change in the fight against HIV/AIDS.

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I. INTRODUCTION

The human immunodeficiency virus (HIV) that causes AIDS has generated a global epidemic that far exceeds what was predicted even a decade ago. Young people are the most vulnerable to this tragic epidemic. UNAIDS and WHO estimate that the number of people living with HIV or AIDS at the end of the year 2000 stood at 36.1 million. More than 50 per cent of all new infections are occurring among youth, and in some countries this figure exceeds 60 per cent. Worldwide, new infections in young people occur at a rate of five per minute (UNAIDS, 1998).

To some extent, the high infection rates among youth reflect the large number of young people as part of the total population. Of the world's young people, 85 per cent live in developing countries, where nine-tenths of the epidemic is now concentrated (ibid.) However, this only tells part of the story. There are numerous other reasons behind the high vulnerability of young people the epidemic. Adolescence and youth are times of discovery and exploration of sexual behaviour and relationships. Yet, youth-friendly information on how youth can protect themselves is often not available. Young people are, in addition, often denied their right to education about sexual and other risk behaviours, or how to access family planning services.

Denial and stigmatization often perpetuate these challenges. There continues to be a widespread concern that "too much" sex education will encourage young people to become prematurely sexually active. Consequently, many HIV prevention programmes for youth have focused solely on abstinence. Several studies show, however, that well-designed sex education programmes that combine messages about safer sex and abstinence may delay sexual debut and increase preventative behaviour among youth who are already sexually active. They further show that young people have a

remarkable propensity to adopt safer behaviour. As will be highlighted in this paper, there is an urgent need to ensure that youth in the Asia-Pacific region have access to appropriate knowledge, skills and means to protect themselves from HIV/AIDS.

II. HIV/AIDS IN ASIA AND THE PACIFIC

WHO and UNAIDS estimated that a total of 5.3 million people were infected by HIV during the year 2000. Approximately half of the newly infected people were young people under the age of 25. In the year 2000, three million people were estimated to have died from HIV/AIDS.

Africa remains the most infected part of the world, which accounts for nearly 70 per cent of adults and 80 per cent of children living with HIV. It has buried three-quarters of the over 20 million worldwide who have died of AIDS since the epidemic began. The total number of Africans living with HIV or AIDS is now 25.3 million. In several African countries as many as 20-25% of youth aged between 15-24 years are infected (UNICEF, 2000).

For most countries, there will be a continued increase in the number of people with AIDS over the next few years, regardless of the future changes in levels of HIV infection. This is primarily due to the long incubation period of HIV infection, which usually takes between 7 to 15 years for symptoms to develop and for HIV infection to progress to AIDS.

In comparison with the rates on HIV infection in Africa, those in the general population of Asia and the Pacific are still low. However, experience from all over the world underscore that valuable time is lost if intervention is not made at an early stage in the epidemic. Moreover, the epidemic has ample room for growth as a number of factors that have played a significant role in the spread of HIV in Asia and the Pacific are likely to continue having

an impact: denial and stigma, lack of education and access to information and services, commercial sex, injecting drug use, migration and population mobility.

In South and South-East Asia, an estimated 700,000 adults, 450,000 of them men, have become infected in the year 2000. East Asia and the Pacific are keeping HIV at bay, with some 130,000 new infections in the year 2000. Thus the people living with HIV or AIDS in East Asia and the Pacific at end-2000 number 640,000, representing just 0.07 per cent of the region's adult population, as compared with the prevalence rate of 0.56 per cent in South and South-East Asia. Overall, as of end 2000, the Asia-Pacific region is estimated to have 6.4 million people living with HIV/AIDS.

Epidemics driven by unsafe drug-injecting practices dominate in some parts of China, Malaysia, Nepal and Viet Nam. Recent reports suggest that a similar situation is emerging in Indonesia. Thus, in both China and Viet Nam, 65 to 70 per cent of detected HIV infections have been among drug injectors.

In parts of North-East India, too, widespread injecting drug use provided an early entry point for HIV. In Manipur, the prevalence of HIV infection among injecting drug users shot up from virtually nothing in 1988 to over 65 per cent just four years later. It has remained at these high levels ever since.

With 100 million people or more on the move, China is experiencing population movements that dwarfs any other in recorded history. In addition, having practically eradicated sexually transmitted infections by the 1960s, China is now seeing a steep rise in these rates over the last several years, which could translate into higher HIV spread. Reported cases increased from 5,800 in 1985 to over 836,000 in 1999. China and India between them account for around 36 per cent of the world's population. With such huge populations,

even low HIV prevalence rates translate into huge numbers of infections. In India, where only 7 adults in 1000 are infected, 3.7 million people were living with HIV/AIDS at the beginning of the millennium - more than in any other country in the world except South Africa.

In both China and India, the epidemic varies widely from region to region within the countries, both in size and in transmission method. Countries where HIV has spread significantly through unsafe sex include Cambodia, Myanmar and Thailand. Myanmar is already in the throes of an epidemic while Cambodia has the highest HIV prevalence rate in the region. Thailand's well-publicized success in curbing a rampant heterosexual epidemic has highlighted other transmission routes against which HIV prevention programmes have been far less successful. HIV continues to spread virtually unchecked through the sharing of drug-injecting equipment and through unprotected sex between men.

Viet Nam's HIV epidemic, until now largely confined to southern and central provinces, has expanded to the northern provinces. There, as in the rest of the country, the virus is spread through injecting drug use and there is ample evidence of steadily increasing sexual transmission.

Central Asia has previously been characterized by very low prevalence. However, the newly independent states of the former Soviet Union are now experiencing an extremely steep increase in the number of people living with HIV/AIDS. The estimated number of people living with HIV/AIDS in Eastern Europe and Central Asia collectively was 170,000 at end-1997. However, a conservative estimate puts the figure at 700,000 at end-2000. Most adults who became infected in Central Asia in the year 2000 were men, with the majority being injecting drug users.

Evidence suggests that a stabilization of HIV infection may be occurring in Australia and New Zealand. In these developed countries an estimated 15,000 people are living with HIV/AIDS, with approximately 500 people becoming infected during 2000. In both countries HIV incidence has declined during the 1990s and that decline is projected to continue. Regional HIV/AIDS statistics are summarized in Table 1 below.

Table 1: Regional HIV/AIDS statistics

Region	Epidemic started	Adults and children living with HIV/AIDS	Adults and children newly infected with HIV	Adult prevalence rate (*)	Main mode(s) of transmission (#) for adults living with HIV/AIDS
South and South East Asia	Late 1980s	5,800,000	780,000	0.56%	Hetero, IDU
East Asia and the Pacific	Late 1980s	640,000	130,000	0.07%	Hetero, IDU, MSM
Central Asia and Eastern Europe	Early 1990s	700,000	250,000	0.35%	IDU
Australia and New Zealand	Late 1970s - early 1980s	15,000	500	0.13%	MSM
Total		7,155,000	1,160,500		

* The proportion of adults (15 to 49 years of age) living with HIV/AIDS in 2000, using 2000 population numbers.
# Hetero (heterosexual transmission), IDU (transmission through injecting drug use), MSM (sexual transmission among men who have sex with men).
Source: UNAIDS/WHO: AIDS epidemic update: December 2000.

III. THE VULNERABILITY OF YOUTH TO HIV/AIDS

A. Lack of information

Young people are receiving contradictory messages about sexuality and sexual relations from their peers, elders and the media. Old systems of passing on information and education, preparing boys and girls for the passage to adulthood, are eroding or no longer appropriate. Such traditional modes of information sharing have not been sufficiently replaced, and

communication about sexuality is often taboo. There continues to be a widespread concern that "too much" sex education will encourage young people to become prematurely sexually active, and many messages remain solely focused on abstinence.

The impact of lack of information on HIV/AIDS among youth is enormous. Recent UNICEF statistics point to a high lack of knowledge among youth on prevention of HIV/AIDS. In particular, girls in all countries know less than boys. For example, in Bangladesh, the only Asian country in the survey, 88 per cent of boys and 96 per cent of girls (aged 15 to 19 years) did not know how to protect themselves from HIV infection (UNICEF, 2000).

Additional studies by UNICEF and others point to the great risk that girls in particular face. Girls, already at a higher vulnerability than boys to infection, face further susceptibility by lack of appropriate knowledge in HIV prevention. For example, in Nepal, Cambodia, Papua New Guinea, Viet Nam, 80 per cent, 66 per cent, 56 per cent, and 50 per cent of girls (aged 15 to 19 years) respectively did not know that a person living with AIDS might look healthy.

A real challenge thus remains to provide information and education to youth, and especially girls, on how they can prevent themselves from HIV and on the reality of how it may affect them personally.

B. Lack of access to youth-friendly services

Due to the lack of information available, young people seek most of their information from their peers and the media. The information they get is not always adequate or accurate. Health service providers are furthermore often reluctant to serve young people, and do not provide confidentiality or anonymity. As a result, young people often delay seeking care, and when

they do, they tend to turn to private clinicians who pass less moral judgments, or choose to buy pharmaceuticals over the counter by themselves. The treatment they receive is often inadequate and lacks follow-up services.

This suggests an urgent need for youth-friendly education on sexual health, including HIV/AIDS. Several studies show that well-designed sex education programmes that combine messages about safer sex and abstinence may delay sexual debut and increase preventative behavior among young people who are already sexually active. Where they have been able to access appropriate knowledge, skills and means, young people have shown a remarkable tendency to adopt safe behavior. Young people have shown large interest in talking about sexual and reproductive health, are also often more ready than elders to speak openly about HIV/AIDS.

C. Youth especially vulnerable to HIV/AIDS

Certain groups of young people are at particular high-risk of HIV infection. Young people in need of special protection, including street children, sexually exploited children including children in prostitution, and migrant children face additional risk factors.

In all parts of the region, commercial sex exists, with young girls and boys comprising a significant proportion of those working in brothels or elsewhere. The hidden nature of the sex industry, combined with the young age of these youth, leaves these girls and boys in a difficult position to negotiate condom usage.

The often-underground nature of the sex industry further makes it difficult to reach these vulnerable youth and provide them with safe and accurate information on prevention of HIV/AIDS. The empowerment of young girls and boys in prostitution and the education of their clients on HIV

prevention, particularly through condom use, are therefore essential to curtail the spread of the epidemic.

Furthermore, the large migration flows, both inter- and intra-country, pose challenges in the prevention of HIV/AIDS in the region. Young migrants are particularly at risk, due to their powerlessness and often-dysfunctional family situations. Young male migrants often engage in sexual risk behaviour when they are away from spouse and family, which enhances the risk of HIV infection to their families when they return home. Young women migrants may engage in sex work as a means of survival. Thus, the behaviour and practice of the mobile populations potentially places them at risk of HIV infection. The high mobility of these young people makes it difficult to implement effective AIDS prevention programmes and health services.

As mentioned above, young girls are particularly vulnerable to HIV infection, due to both biological and social factors. Biologically, the female reproductive tract is more easily infection with STDs, including HIV, especially among young girls. In addition, gender and socio-cultural dimensions place young women at further risk. Young men are encouraged to be sexually aggressive, which often translates into their control over young women's bodies. In addition, the media and peer groups often pressure young girls to engage in unwanted and risky sexual behaviour (UNAIDS, 1998).

D. The link between drugs and HIV vulnerability

With increasing numbers of young people injecting drugs, drug taking is becoming more closely linked with the spread of HIV/AIDS in the region. In particular, injecting drug users (IDUs) are at high risk of HIV infection from sharing contaminated needles. As IDUs tend to share needles quite

often, HIV can spread very rapidly throughout this population. In addition, it has been noted that IDUs tend to engage in unsafe sexual practices, which increases their chances of HIV infection.

E. Special needs of young people living with HIV

Like older adults, young people living with HIV infection require increased health care as their immune system weakens and their health declines. Often, young people face special obstacles in exercising their right to health. They may be too poor to buy care, or too afraid to be disclosed by health providers who may not respect their confidentiality (UNAIDS, 1998). This calls for an urgent need for more youth-friendly services.

When infected or affected by HIV, young people are furthermore likely to be less well equipped than their older counterparts on how to confront discrimination, including the painful experience of rejection by their peers. They may be ignorant of their special rights, including the right to non-discrimination in education and employment, and have little access to lawyers or others to advocate their rights (ibid).

IV. TOWARDS YOUTH FRIENDLY PROGRAMMES AND SERVICES

A. Need for integrated youth health policies and programmes

The majority of countries in the Asia-Pacific region do not have explicit national policies that address youth health. Such policies are necessary to guide national programmes that specifically address youth health needs, as young people are neither children nor adults, and existing systems of health care lack an appropriate focus on specific health care concerns of young people. Gaps in programmes, as indicated above, also remain. In many countries in the region, young people's sexual and reproductive health needs and prevention programmes against HIV/AIDS and substance abuse are

starting to be acknowledged. The next step is to confront these in an integrated, youth-friendly way.

Young peoples' health needs are interrelated and require an integrated and multi-sectoral approach, distinct from adult programmes. Young people must themselves participate in the design, implementation and evaluation of programmes. Furthermore, youth should be seen as part of the solution rather than a problem, in efforts to combat the epidemic**.** Often, young people have proven the most able to speak openly about these health concerns.

HIV prevention programmes that address young people must take full account of the great diversity of this group, while recognizing that all young people need accurate information. Efforts should be made to focus on the positive aspects inherent in adolescent transition: including possibilities for educating and motivating young persons, and for fostering inter-personal and decision making skills. To be effective, youth health programmes must impart not only knowledge but also useful life skills, such as how to stand up for one's own decisions about sex and substance use, avoid risk situations, peer pressure, and negotiate safe behaviour. Research has shown that life skills have helped young people reduce their risk of HIV/AIDS through promotion of safer behaviour.

B. Peer to peer support

Peer to peer education (programmes in which young people engage other young people in discussion and information exchange), often coupled with the life skills approach, has proven to be an essential component of effective HIV/AIDS prevention interventions. This approach reinforces that young people are part of the solution, not the problem.

It is thus essential to allow young people to develop their own ideas on the kinds of information to be included in HIV/AIDS prevention and education programmes. Policy makers, among others, must realize that young people have their own interpretations of what constitutes "risky behaviour", which may differ from that of adults (UNAIDS, 1998). By utilizing peer-to-peer education, as well as partnerships between adults and youth, more creative and effective programmes can be implemented.

One example is The Asian Red Cross and Red Crescent AIDS Task Force (ART), established in 1994 by young people from 10 Asian countries. Between 1994 and 1996, ART trained 1,000 young people to be peer educations, utilizing the life skills approach mentioned above. Teams of young people also developed national-level culturally appropriate training materials on HIV/AIDS and sexual and reproductive health. After pre-testing these manuals, staff from the Red Cross and Red Crescent met with youth to finalize the manuals, as well as develop guidelines for conducting the training with their peers (ibid).

C. Need for high-level political commitment to support youth HIV prevention programmes

Programmes for youth inevitably require the same level of political commitment at all levels crucial for the success in combating the epidemic. Likewise, multi-level interventions, which seek to involve a variety of partners in coordinated action, have proved to be more successful than those pursued in isolation. Coordinated economic, political and social efforts are also required to reduce societal vulnerability alongside programmes and interventions operating at individual and community levels. Thus, any effort to address a specific issue in the multifaceted field of HIV/AIDS should be part of a broader strategy to provide care and prevent HIV and sexual transmitted diseases in general.

D. Special target groups

Evidence shows that there are a number of the principles which can be used for successful interventions with special target groups, such as injecting drug users, sex workers and their clients, and men who have sex with men. In particular, mobilization of the concerned communities is key to successfully addressing the pertinent risks each group faces. Acknowledgement of the harassment, prejudice, stigmatization, poverty and responsibilities towards family members these groups must cope with is important in breaking down barriers. In addition, for sex workers, it is essential to take into account the illegal status of their work.

Peer to peer education is especially useful for these target groups. Prevention programmes must provide training in this area, and encourage networking and advocacy groups. Often, this involves cooperation with law enforcement officials so that these types of activities are allowed.

In particular, research shows that injecting drugs users are capable of reducing their risk of HIV infection, through behavioural change. Again, peer education is an important component for this change, as well as access to sterile injecting equipment and condoms, and drug treatment facilities. In addition to rehabilitation, harm reduction strategies can increase the change of HIV prevention.

V. CONCLUSION

Overcoming the information gap among youth about their vulnerability to HIV/AIDS is a matter of extreme urgency. Young people are the most vulnerable to the epidemic, and have a right to access to information and services to protect themselves.

At the same time, youth need to be recognized as an important force in combating the epidemic. Often, youth are proving more able than their

elders to speak openly about HIV/AIDS. One of the biggest needs young people in the world have identified is for understanding on the part of their parents, teachers and the community. They need adults with whom they can talk to openly, who will listen, and be able to explain how to prevent or live with HIV.

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