

Timely information and youth-friendly facilities in HIV prevention

Behaviour change communication (BCC) is an approach used to support individuals' ability to adopt and maintain a new positive behaviour. It aims at increasing knowledge, stimulating dialogue and could ensure that people are given accurate and timely information about HIV and AIDS in their preferred language or medium.

Some 5.4 million young people live with HIV and AIDS today and 40% of all new infections occur among them, due to their physical, social, psychological and economic vulnerabilities. Often, they may not perceive themselves to be at risk or lack access to reproductive health information or services. Social norms, poverty, illiteracy and unemployment lead young people to engage in risky sex.

Innovative BCC and approaches that ensure young people have the knowledge, skills, self-esteem and support (through youth-friendly comprehensive reproductive health services) to make appropriate and responsible sexuality decisions, can empower them to avoid HIV infection. Involving young people themselves, parents, teachers, the religious community and policymakers is essential in reversing the current trend and changing the epidemic's course.

Organisations should avoid reinventing the wheel and learn from best practices as they initiate or upscale initiatives that address young people's reproductive sex and health. Time to act is now because the youth is a critical demographic group whose health and future we cannot afford to gamble with.

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Youth convey HIV and AIDS information through dance and drama

Behaviour change communication for HIV and AIDS among young people

Behaviour change communication (BCC) entails using communication approaches and tools with a view to empowering young people with skills and capabilities to enable them promote and manage their own health and development. It also helps foster positive change in young people's behaviour, as well as in their knowledge and attitudes, besides motivating them to collaborate with their families, educational institutions, health service providers and communities to influence the social norms and policy environments within which young people function.

The strategies

A number of strategies are deployed to achieve BCC goals. These may include application of interactive approaches and life planning skills to enable behaviour change and ensure repetition of key messages by using multiple channels. The channels may include group setting and aim to address deeply-entrenched behaviours.

Mass media is also deployed to reach a broad audience and introduce new desirable behaviours. Other approaches include combining education with entertainment to engage young people and also connecting youth with parents or other role models, schools, communities and religious groups.

The challenges

According to *Behaviour change communication for HIV/AIDS: a strategic*

framework, a Family Health International (FHI) publication, BCC is a component of all successful interventions and must be included in their original design. However, in reality, this does not always happen. It is essential to identify opportunities for improving the quality of communication components. The publication further adds that "in some countries, geography and population diversity can complicate the development of BCC programmes. This is especially the case where vast distances must be covered, or multiple languages and cultural traditions (are) included, in a single country programme."

To be effective, the publication further states, BCC strategies and components must evolve constantly to meet the changing needs of target populations. "This requires the continuous input of human and financial resources."

HIV and AIDS among young people

In 2007, there were 2.7 million new HIV infections and two million HIV-related deaths. About half of all new infections worldwide are among young people aged 15 to 24 years. Every day, 6,000 young people become infected with HIV – more than five every minute! According to the United Nations Population Fund (UNFPA), young people often lack access to essential information on HIV and AIDS and the means to protect themselves from the virus and that the returns on preventing infections among young people are enormous.

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The UN agency argues that young people's enthusiasm, creativity and adaptability make them an essential partner with a vital role to play in the fight against HIV and AIDS.

Why target the young people?

UNFPA and many other organisations believe that young people are at the centre of the global AIDS epidemic. "Of the over one billion young people worldwide, 5.4 million were estimated to be living with HIV at the end of 2007. This age group also has the highest rates (over 500,000 infections daily) of sexually-transmitted infections excluding HIV," the UN agency states. Therefore, young people need to be placed at the centre of the response to the HIV and AIDS epidemic. UNFPA adds: "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." Social, political, cultural, biological and economic factors connive to make young people particularly vulnerable to HIV infection.

But real changes come about when young people are able to identify the issues of primary concern to them and are empowered to develop, implement and manage youth-owned strategies, activities, networks, organisations and campaigns. Young people should be protagonists in the fight against AIDS, not mere spectators.¹

Four of the targets outlined in the UNGASS Declaration of Commitment are also indicators for measuring the implementation of the Millennium Development Goals (MDGs): knowledge about HIV and AIDS among young people; condom use among young people; current school attendance among orphans and HIV prevalence among young people. Achieving the MDGs depends on progress in turning around the HIV and AIDS epidemic and, conversely, success in the response to the epidemic will not be possible without achievement of the MDGs.^{ibid}

According to the *2008 Report on the global AIDS epidemic* released by the Joint United Nations Programme of HIV/AIDS (UNAIDS),

half of new HIV infections worldwide are in women, and in 2007, young people aged 15 to 24 years, accounted for about 40% of new HIV infections among people of age 15 and older.

Of the 5.4 million young men and women living with HIV worldwide, nearly 60% are female. In sub-Saharan Africa, on average, three young women aged 15 to 24 years are infected with HIV for every young man; in some countries in the Caribbean, young women aged 15 to 24 years are more than twice as likely to be infected with HIV than are young men.

The report says Sub-Saharan Africa remains the region most heavily affected by HIV, accounting for 67% of all people living with HIV and for 75% of AIDS deaths in 2007. However, some of the most worrisome increases in new infections are now occurring in populous countries in other regions, such as Indonesia, the Russian Federation and various high-income countries. Globally, the percentage of women among people living with HIV has remained stable (at 50%) for several years, although women's share of infections is increasing in several countries.²

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HIV and AIDS behaviour change initiatives

The Burundi Youth Alliance is an example of organisations that have been implementing BCC projects for young people. Its strategy puts young people at the core of the project. The alliance's philosophy is that any intervention aimed at preventing new HIV infections among young people should enlist the participation of the youth from problem identification, planning, implementation, monitoring and evaluation.

The Burundi project aims to: reduce high risk behaviour; increase by 50% the number of youth who have access to voluntary counselling and testing (VCT) services and

promote the use of condoms and their availability and advocate for greater access to treatment for young people living with HIV and AIDS. It also aims at reducing vulnerability to HIV infection among young people; enhancing support and care for those who are infected and affected by HIV and AIDS through advocacy and promoting human rights and fundamental freedoms.

Like UNFPA, they recommend that young people be empowered in planning and implementing youth-related HIV and AIDS interventions

The project also initiated income-generating activities in order to enable the vulnerable and infected youth to become materially and financially self-reliant. Lastly, the project seeks to enhance the skills of leaders of youth groups in designing and following up projects and activities geared towards the fight against HIV and AIDS³.

Diverse contexts call for a variety of initiatives

Young people are diverse. Interventions targeting them must, therefore, be tailored to meet their individual characteristics and circumstances including age, sex, religion, socio-economic and marital status and domestic arrangements.

Interventions should specifically address the needs of vulnerable and high-risk groups of young people, including injecting drug users (IDUs), whose high-risk behaviour has been identified as one of the drivers of HIV transmission in Eastern Europe and Central Asia.⁴

The *ishi* BCC campaign against HIV and AIDS among young people in Tanzania is another example. *Ishi* is the Kiswahili word for live. Reporting on the achievements of the project, J. K. Nguma and others at Healthscope, Dar es Salaam, Tanzania stated that “young people can be quite creative both in planning and execution of youth-related HIV and AIDS interventions.” Like UNFPA, they recommend that young people be empowered in planning and implementing youth-related HIV and AIDS interventions. This, in turn, enhances a better understanding by young people “of their sexual culture in relation to the disease that is vital for effective development of relevant BCC intervention messages.”

“You cannot tell by looking: Abstain or use a condom all the time” was the *Ishi* campaign message aimed at increasing risk assessment for HIV infection among the young people by breaking the confidence they normally have when assessing their prospective sexual partners. Planned and executed by the youth, the

Ishi campaign used a combination of football, road shows, media competition, music and theatre. The BCC messages were first pre-tested with “youth trendsetters” and later with a wider youth audience before production. Condoms and VCT services were made available through key participating service outlets.⁵

Girls are more vulnerable

Addressing the issue of HIV and AIDS requires partnerships and concerted efforts. *Make it Matter: 10 Key advocacy messages to prevent HIV in girls and young women* is an advocacy guide that focuses on improving the accessibility of sexual and reproductive health services for girls and young women, expanding socio-economic opportunities for girls and young women and ending child marriage.

This advocacy guide was developed by the International Planned Parenthood Federation (IPPF), Young Positives and UNFPA as one set of co-convenors of the Global Coalition on Women and AIDS, an initiative led by UNAIDS.

Effective strategies exist to prevent every mode of HIV transmission — sexual, blood-borne (including through injecting drug use or in health-care settings), and mother-to-child

Advocacy on HIV prevention for girls and young women requires action on a large number and range of subjects. However, this guide focuses on three goals, which are: improving the accessibility of sexual and reproductive health services for girls and young women; expanding socio-economic opportunities for girls and young women and ending child marriage. The global community increasingly recognises these three goals as important components of the response to the epidemic.⁶

World Vision aptly captures the tribulations of child brides in the following description of how early marriages shatter dreams of thousands of girls across the world: Picture



Members of Dance4Life Youth Group perform at the International AIDS Conference in Mexico in August



Drama on HIV and AIDS by Kenya Arts Group

the life of many a child bride. She is removed from her family and taken to live with a man who is rarely of her own age or choosing. Her husband and in-laws demand prompt and repeated childbearing, a task for which her body and mind may be unprepared. She is likely to experience early and forced sexual intercourse without protection, exposing her to potential injury and HIV infection. In childbearing, she is more likely than a woman who marries later to experience complications, give birth to an underweight or stillborn baby or die. She must drop out of school, stunting her intellectual growth and often isolating her from peers. Her future and the future of her children are compromised as cycles of poverty, illness and ignorance are perpetuated.⁷

In all parts of the world, many adolescents' first experiences of sex are coerced or violent. Violent or coercive sex makes adolescents more vulnerable to HIV. Interventions to address the triple jeopardy of young age, sexual violence, and HIV and AIDS must include comprehensive sex education and accessible sexual and reproductive health services for all adolescents, including the very young.⁸

Facing the future

Extensive experience in diverse regions has, according to UNAIDS' *2008 Report on the*

global AIDS epidemic, demonstrated the effectiveness of a broad range of HIV-prevention strategies. Effective strategies exist to prevent every mode of HIV transmission — sexual, blood-borne (including through injecting drug use or in health-care settings), and mother-to-child.

Today, for every two people who start taking antiretroviral drugs, another five become newly infected

The report further states: "Available HIV prevention approaches include strategies to: change sexual and drug-using behaviours; promote correct and consistent use of male and female condoms; reduce the number of sexual partners; improve the management of sexually-transmitted infections; broaden access to HIV testing and counselling; increase access to harm-reduction programmes for drug users; promote medical male circumcision and ensure effective infection control in health care settings."

If about 40% of new HIV infections are among young people, then this should not be a surprise because this is an age group that has the highest rates (over 500,000 infections daily) of sexually-transmitted infections, excluding HIV. Young people, therefore, need to be placed at the centre of

the response to the HIV and AIDS epidemic. The starting point is behaviour change interventions that will empower them to reduce high risk behaviour in their midst, easily access VCT services and use condoms effectively. There is a need to advocate for increased access to treatment for young people who are living with HIV and AIDS and enhance support and care for those who are already infected and affected by HIV and AIDS through advocacy and the promotion of human rights.

But as Dr Peter Piot, the UNAIDS Executive Director says, the fight is not an easy one and this is only the beginning. He says: "Twenty-seven years into the epidemic, AIDS continues to challenge all of our efforts. Today, for every two people who start taking antiretroviral drugs, another five become newly infected. Unless we take urgent steps to intensify HIV prevention we will fail to sustain the gains of the past few years, and universal access will simply be a noble aspiration."

We will even fail in a big way if we do not place young people at the centre of the response to the HIV and AIDS epidemic. ■

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