National actions

Many countries across the region have developed plans to address HIV/AIDS among young people. Prevention education and provision of youth-friendly health services are already stipulated in national strategies. However, programmes for institutionalized capacity building and sectoral policies in health, education, welfare, labour and social justice that are all vital to implementing and supporting this strategy remain few and far between.

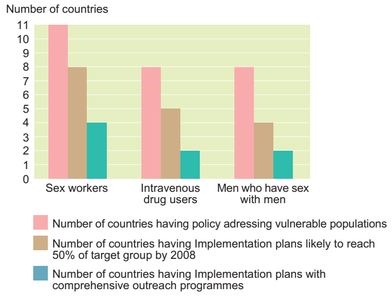
Interventions focused on the most highly vulnerable young people are often said to be the key to slowing or halting the epidemic. However, capacity is clearly inadequate in many countries, and includes an insufficient availability of human and financial resources, as well as a lack of systematic tracking for behavioural trends and risks. Furthermore, social attitudes towards those most at risk, - who are usually already marginalized and discriminated against because of their behaviours, - remain obstacles which hamper effective preventive measures.

Recommended actions

As a priority, accelerated responses are needed to:

- **Break the silence surrounding HIV/AIDS,** address stigma and discrimination, and engage young people as partners to curtail the pandemic;
- **Ensure that all children and young people are thoroughly informed about HIV/AIDS** and have every opportunity to develop the life skills they need to reduce vulnerability and risky behaviours;
- **Reduce the vulnerability of children and young people** at particularly high risk of HIV infection, by identifying who are at risk, by improving the tracking of emerging behaviours that expose them to HIV risks, and by designing focused, targeted interventions such as condom promotion and other means of harm minimization. As a general measure, all prevention efforts need to pay special attention to girls - especially interventions that will increase their capacity to perceive risk, and provide peer support for counselling and protection;
- **Promote and expand access to youth-friendly health care,** including voluntary and confidential HIV counselling and testing, condoms and the treatment of sexually transmitted infections.

Figure 6: Likewise many countries plan to address high risk behaviors, but few have the comprehensive, nationwide outreach programmes needed to be effective



Source: ADB-UNAIDS study Series 2004


UNICEF/EAP/00123


Photo Courtesy of Greg Carr

A combination of long-term and short-term measures is vital to preventing the further spread of HIV/AIDS. Addressing issues of vulnerability, such as increasing the proportion of girls staying in school and strengthening the capacity of schools to respond to HIV/AIDS, will have to go hand in hand with promoting responsible male partnerships and participation, as well as addressing gender inequity, violence, discrimination and unequal power relations. Even though HIV/AIDS is often an outcome of risk behaviours, large-scale behaviour change will not happen unless structural determinants are concurrently addressed to engender social change.

HIV/AIDS is a disease fuelled by poverty, inequality and the ignorance or denial of risk to oneself. In the few minutes it has taken to read these pages, a dozen young people will be infected with HIV somewhere in the world. HIV has become a disease of the young, with yearly 6,000 infections occurring among 15 to 24 year olds every day.

No single organization can defeat HIV/AIDS and therefore partnerships at all levels are crucial for an effective response. National governments, people living with HIV/AIDS, NGOs, civil society and faith-based organizations, as well as UN agencies, need to work closely together. An alliance of resources and political will are essential to changing prevailing attitudes and social norms and practices through continuous advocacy, communication and social mobilization initiatives. Ingredients for successful prevention include raising HIV/AIDS awareness, promoting the adoption of healthy lifestyles, improving access to condoms and enlisting policymakers' support for the needs and rights of adolescents. Prevention efforts must be aimed at school-age children and young people in general, as well as providing focused interventions for those most at risk. All this will come about only when young people themselves are central actors in the planning, implementation and monitoring of programmes that affect them.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Adolescents and HIV/AIDS In East Asia and the Pacific


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The issue: adolescents, key partners in prevention

Table 1: The number of people living with HIV/AIDS

Region	Year	Adults and children living with HIV/AIDS	Women living with HIV/AIDS	Adult and child deaths due to AIDS
Southeast Asia*	2003 2001	1.5 million 1.3 million ↑	440,400 382,300	107,500 92,900 ↑
East Asia**	2004 2002	1.1 million 760,000 ↑	194,900* 134,000* ↑	51,000 37,000 ↑
Oceania**	2004 2002	35,000 28,000 ↑	7,100 5,000 ↑	700 500 ↑

*Source: * 2004 Report on the Global AIDS Epidemic, June 2004*
*** UNAIDS/WHO AIDS Epidemic Update, December 2004*

The number of people living with HIV continues to grow in every region, with the steepest increases occurring in East Asia were HIV incidence has increased by 50 per cent between 2002 and 2004.

In four countries in the East Asia and Pacific region the epidemic has progressed from concentrated to a generalized epidemic[1]. However, the majority of countries are at a relatively early stage where effective actions can result in a quick turnaround in the incidence of HIV infection. Such actions call for governments, including in those countries that already have wider epidemics, to accelerate responses to thwart the spread of HIV/AIDS, especially among the most vulnerable groups.

New epidemic trends in the region are revealing a gradual encroachment of HIV/AIDS among younger populations, and increasingly among girls. In Thailand, around 70 per cent of the young people now living with HIV/AIDS are girls and young women between ages 15 - 24[2]. In Malaysia, 35 per cent of reported HIV infections occur among those below 29 years old, including 1.6 per cent between ages 13 and 19.[3] Young people who are especially

[1] A concentrated epidemic is where 5 per cent or more of high-risk groups are HIV-infected; a generalized epidemic is where 1 per cent of pregnant women are infected.
[2] Bureau of AIDS, TB and STIs, Department of Disease Control, Ministry of Public Health, Thailand, 2004
[3] Department of Disease Control (AIDS/STIs), Ministry of Health, Malaysia, 2004

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Figure 1: HIV/AIDS prevalence in Asia at the end of 2004

Note: The boundaries and the names shown and the designations used on these maps do not imply official endorsement or acceptance by the United Nations.

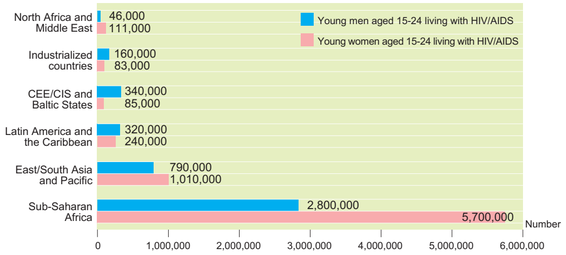
Source: Adapted from 2004 Report on the Global AIDS Epidemic, UNAIDS 2004

vulnerable to HIV include: the unemployed; the displaced; those who migrate for work or work in informal sectors; those who hold odd jobs or are engaging in sex work or injecting drug use; those who are living in institutions, on the street or in families that use drugs and young men who have sex with men. In addition many young people, including school students, are increasingly exposing themselves to the risk of HIV by having multiple sex partners.

A recent survey conducted among 6,700 female students across 24 provinces of Thailand showed that 1,448 were already sexually experienced[4]. About 500 were forced by their partners to have sex the first time, mostly with older men, and 80 students admitted to having had more than 20 casual partners. Thailand's laudable tracking of new behavioural patterns among young people demonstrates one of the key, essential steps governments can take towards the design of effective prevention strategies. However, regular monitoring through knowledge and cross-sectional surveys, behavioural surveillance and the analysis of findings for policy and programmatic responses is still not a common practice in most countries within the East Asia and Pacific region. In addition, many young people, in East Asia and the Pacific, despite the regions notable economic performance, continue to have scant access to health information, as well as the necessary skills and services to shield themselves from the risks of HIV.

Young women at even higher risk of infection than young men

Figure 2: Young people aged 15-24 living with HIV/AIDS by region and sex, end 2001



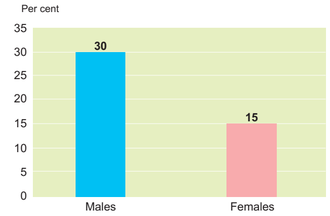
Source: UNAIDS/WHO Epidemiological Fact Sheet - 2004 Update

[4] Bureau of AIDS, TB and STIs, Department of Disease Control, Ministry of Public Health, Thailand, June 2004

Based on estimates from the end of 2001, young women and girls already constitute more than half of young people living with HIV/AIDS in the Asia and Pacific region. A host of social and economic factors are exacerbating the vulnerability of young women and if they are already living with HIV, they often suffer more severe stigma and discrimination than males and are denied equitable access to care and drugs when they fall ill.

Cultural norms about sex, once a protective factor among young people, are changing. Many earlier assumptions about sexual prohibitions among Asian adolescents are no longer valid. Although it is often denied, many adolescents - even in the most traditional societies - are becoming sexually active. The State of the Philippine Population Report 2: PINOY YOUTH: Making Choices, Building Voices, 2002[5] found that in a sample of 15 to 25 year olds 30 per cent of males and 15 percent of females reported having had premarital sex.

Figure 3: Early sex: 23% of youth in the Philippines have engaged in pre-marital sex



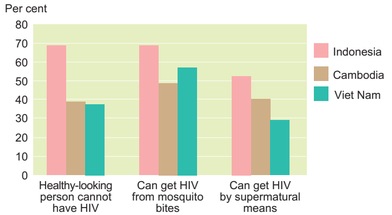
Source: State of the Philippines Population Report 2: PINOY YOUTH; Making Choices, Building Voices, 2002

Adolescents across the region may adopt risky behaviours because they are poorly informed about their bodies, sexuality, reproduction, and the consequences of unprotected sex. Many also lack the skills to say no to unwanted sex or to negotiate safer sex. Due to gender-based discrimination, adolescent girls often find it difficult to avoid coercion and are forced into sexual relations. In 2003, less than 50 per cent of sexually active young males in Thailand and Indonesia used a condom during sexual initiation with, or regular visits to, sex workers.[6]

The use of alcohol and drugs is one contributing factor to unsafe sex. Most of the young people attending drug rehabilitation at Yayasan KITA, an NGO in Indonesia, were no strangers to drugs by the age of 15. The youngest reported experimentation with smoking was at age four and with alcohol at age eight. By the age of 16 years, many have already begun using heroin, or had their first experience with heroin through injection[7].

Although knowledge alone is inadequate, the lack of access to correct information and understanding about HIV/AIDS are still obstacles to prevention. In a 2004 survey conducted by the Ministry of Education in China, junior and senior high school students identified the formal school curriculum, extra-curricular activities, and peer education as the desired and most appropriate modes of prevention education. However, almost 80 per cent said they had never participated, while at school, in courses or in special activities related to HIV/AIDS prevention education.[8]

Figure 4: Popular misconceptions about HIV/AIDS among young women aged 15-24



Source: The Global Response to the HIV/AIDS Epidemic, 2003

Although the epidemic in Asia is now more than two decades old, the basic knowledge of HIV/AIDS and how it is transmitted is disturbingly low among young people. Approximately 61 per cent of Indonesian young women aged 15 to 19 know about AIDS, but they do not know how to protect themselves from HIV. In Timor-Leste, 79 per cent of women and 70 per cent of men had never heard of HIV/AIDS.

[5] State of the Philippine Population Report 2: PINOY YOUTH: Making Choices, Building Voices, UNFPA, 2002.

[6] Keiwkamka B, Thepthien B, Wongsawas S (2003), The Behavioural Surveillance Survey of 7 Target Groups in Bangkok 2003; Behavioural Surveillance Survey in Maharashtra India, 2001, Indonesia Behavioural Surveillance Survey in 13 Provinces 2002-2003.

[7] Summary Document of Young People's Participation at the 14th International Conference on the Reduction of Drug Related Harm, Chiangmai, Thailand, UNICEF, April 2003

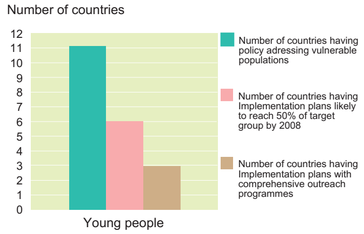
[8] Baseline Survey on Knowledge and Attitude to HIV/AIDS Prevention and Adolescence of Middle School Students in Rural China, UNFPA - MOE Project Office, 2004.3 Beijing

Photo Courtesy of Greg Carl

UNICEF/EAP00089

Clearly, opportunities are being missed to reach young people and to build their capacity to reduce their own HIV risks. Adolescents can be the key to controlling the epidemic but they need to have the knowledge and skills to protect themselves from an early age. We know that early adolescence and puberty, from the ages of 10 to 14, brings physical and emotional changes that strengthen sexual feelings. It is also a time when enduring patterns of healthy behaviour can be established and imparting knowledge and skills should be done in the context of children's and young people's general development. With concerted action, governments can ensure that children enter adolescence equipped to make the choices that will allow them to live free of HIV. It is critical that these efforts be initiated in the vital years before adolescents become sexually active.

Figure 5: Many countries plan to address the needs of young people, but few have the programmes in place that are needed to be effective



Source: ADB-UNAIDS study Series 2004

Furthermore, in areas where HIV infection rates are declining or subsiding, it is primarily because supportive environments have enabled young men and women to practise safer behaviours.

However, the sometimes negative attitudes of service providers, issues of non-confidentiality, unfriendly services and inappropriate opening hours or locations are often why adolescents fail to seek sexual and reproductive health services, even when such services are available.

International commitments

Most governments in Asia and the Pacific adopted, at the United Nations General Assembly Special Session on HIV/AIDS in June 2001, a Declaration of Commitment outlining specific, time-bound goals and targets for overcoming the pandemic. A major goal was targeted at young people:

By 2005, ensure that at least 90 per cent, and by 2010 at least 95 per cent, of young men and women aged 15 to 24 have access to:

- information, education, including peer education and youth-specific HIV education and
- services necessary to develop the life skills required to reduce their vulnerability to HIV infection in full partnership with youth, parents, families, educators and health-care providers.