COMPONENTS

Prevention And Care of HIV/AIDS among Young People in Mbarara Uganda

contents

In 2003, it was estimated that 2.2 million people between the ages of 15 and 24 became infected with HIV, bringing the total number of infected people up to 11.8 million. All over the world, many groups of young people are at heightened risk for HIV/AIDS by virtue of their gender, age, and social position in society. While young people in general are often denied the knowledge and resources they need to protect themselves and their partners against infection, certain groups find themselves especially vulnerable. These include young migrants, refugees, homeless people, drug injectors, sex workers, homosexuals, and girls who are forced into having sex.

Together Alive Youth Link (TAYL) operates under five principles in particular that are central to its continued work toward halting the epidemic. First, it is necessary to place the young person and her or his needs and experiences at the centre of our work. Second, steps must be taken to ensure meaningful participation in program and project design, and development. Third, the most successful approaches are those that work with a commitment to protecting and promoting the rights of young people. Fourth, a clear gender focus must be present if the needs and interests of young women and young men are to be respected. Finally, we must work to tackle both societal vulnerability and individual risk in our prevention efforts. One approach on its own is simply not enough.

TAYL offers a straightforward guide to its programs. It focuses on three key areas of action — risk reduction, vulnerability reduction, and impact mitigation — and provides guidance for the development of effective programs. Our interventions and program designs cater to the differences of personality, skill level, and attitude of the particular group.

TAYL is an invaluable resource that will stand the test of time and will, we hope, lead to more innovative and effective program development.

Mr. M.A Kasaga
Principal Administrator
Together Alive Youth Link
Mbarara Uganda.

Every day, more than 6,000 young people between the ages of 15 to 24, and 2,000 children under the age of 15, are infected with HIV. Over 14 million children have been orphaned by AIDS, and an estimated 1,600 children die of AIDS each day. People under 18 represent around 10% of the more than 40 million people living with HIV, and half of new infections occur in people between 15 and 24.

The five year follow up to the Cairo International Conference on Population and Development (ICPD+5), 1 the Millennium Summit, 2 the 2001 UN General Assembly Special Session on HIV/AIDS3 and the 2002 UN General Assembly Special Session on Children4 all agreed that youth were one of the main targets for action against HIV/AIDS. This resulted in a pledge a 25% to reduction in HIV prevalence among young people in the hardest-hit countries by 2005, and, globally, by 2010. Furthermore, the 2001 UN General Assembly Special Session on HIV/AIDS committed to ensuring that by 2005 at least 90% and by 2010 at least 95% of young men and women would have access to the information, education — including peer education and youth-specific 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.TAYL believes that goals like these will be little more than empty gestures unless concrete steps are taken fast. Action is needed on several fronts.

Children orphaned by AIDS need the support of governments and communities to stay in school, feed themselves adequately, and benefit from income-generating activities. Good quality HIV/AIDS prevention programs for young people must expand, providing information and life skills. A recent UNICEF, UNAIDS and the World Health Organization report entitled People and HIV/AIDS: Opportunity in Crisis 6 revealed that in the 60 countries surveyed, more than 50% of young people aged 15 to 24 harbored significant misconceptions about how HIV/AIDS is transmitted. In some of the most seriously affected countries, the amount of young people who had a correct knowledge of the transmission of HIV/AIDS was as low as 20%.

In many countries, young people's access to condoms and clean needles remains severely limited. Yet there is clear evidence that, together with the right knowledge and set of skills, prevention is both efficient and cost-effective.

The challenge, therefore, lies in creating a range of program components whose effectiveness is proven and well documented. These include mass media campaigns, public sector condom promotion and distribution, condom social marketing, voluntary counseling and testing programs, prevention of mother-to-child transmission, school-based programs, programs for out-of-school youth, workplace programs, treatment of sexually transmitted infections, peer counseling for sex workers, outreach to men who have sex with men, and harm reduction programs for injecting drug users.

The question of how such work should proceed and where should the priorities be placed can be addressed in several steps. First, one must gather relevant scientific information about prevention success and failure. Next, one must make a concerted effort to educate and thus ensure that regional and national authorities act on the basis of fact. This may require addressing complex and sometimes sensitive issues of tradition, morality, and social context. Finally, one must make concrete partnerships between government, international agencies, non-governmental organizations and civil society in order to operate on the scientific principles for the success of programs and strategies.

Success in turning back the epidemic calls for a multi-level effort. Politically and economically, steps must be taken to address the links between HIV/AIDS, poverty, and sustainable development. On an educational level work on life skills, sex education, and the development of healthy relationships is needed for those who are both in and out of school. With respect to the economy, urgent steps need to be taken to enhance farming methods, farming skill, and to increase

productive capacity. TAYL is to aid these actions through public health programs, to provide the knowledge and understanding necessary for others to act, and to create environments in which the health and well being of children, young people, and adults is assured.

Urgent action is needed to meet the needs of large population groups, in particular the youth as a whole, to provide them with the information, insight, and resources they need. An emphasis on the provision of services, surveillance, and supportive environments provides an excellent basis for this.

However, in a more focused way, steps need to be taken to address HIV/AIDS in the contexts in which the epidemic is 'deep-seeded,' and where vulnerability to infection is greatest – among young people who inject drugs, young sex workers, and young migrants and refugees. Without this concentrated effort, any headway that is made against the epidemic will inevitably remain slow.

TAYL has drawn on research conducted for the WHO's Department of HIV/AIDS in order to outline some of the issues that need to be addressed when working on HIV/AIDS prevention with young people. This research includes:

- A summary of existing knowledge about HIV/AIDS prevention among young people, with an emphasis on contexts in which youth are particularly vulnerable
- A framework for better understanding the inter-relationship between principles for success, and the priority fields in which these might be applied
- The identification of priority areas in which further research needs to be conducted

An epidemic of difference

Regardless of their background, young people confront a range of common issues with respect to HIV/AIDS. They may be denied access to the full range of information and resources needed to protect against infection. They may also lack a venue in which to make their interests and concerns known.

Young people in some cultures are seen as lacking the competence to make decisions about education, employment, and marriage, or may be pressured to be kept innocent about sexual matters. In both poor and richer countries, local traditions and popular beliefs also set limits on what young people may do. Vulnerability to HIV/AIDS may be enhanced by ensuring, for example, that girls remain relatively ignorant about sexual matters while boys acquire sexual experience with a variety of partners[1].

Despite these broad similarities, there are also important differences between young people — differences that can be seen in the pattern of the spread of the epidemic regionally, nationally, and globally. In sub-Saharan Africa, for example, more than eight and a half million young people aged between 15-24 years are estimated to be living with HIV/AIDS, whereas in Western Europe around 89,000 young people are believed to be infected[2].

In several regions around the world, young women are considerably more likely to become infected than young men. These include sub-Saharan Africa, South and South East Asia, the Caribbean, North Africa and the Near East. In other parts of the world, however, the pattern is reversed, with young men being more likely to be infected than young women. These regions include East Asia and the Pacific, North, Central and Southern America, parts of Eastern Europe and Central Asia, and Western Europe[2].

In some countries, young people of color and young people from minority ethnic communities have been identified as being especially vulnerable to infection. Disproportionately high rates of infection, for example, can be found among young African American women in the USA, and higher

higher than expected rates of infection have also been reported among indigenous people in Canada and Australia, and among the hill tribe communities of Thailand and Myanmar. The response to the epidemic needs to be sensitive to these varying trends and what they signify.

While globally, sexual transmission is the major route of HIV transmission, patterns vary in different parts of the world. In the Commonwealth of Independent States (CIS) and in some Central and Eastern European Countries (CEE), for example, drug injection has been reported as accounting for up to 70% of new infections, many of them among young people.

Matters are further complicated by the fact that sex workers, injecting drug users, young people, and men who have sex with men are not discrete populations. Indeed, they often overlap. Moreover, as recent research has shown that in countries like Bangladesh, Lao PDR, Vietnam and Cambodia sexual interaction between sex workers, truck drivers, young people, men who have sex with men, and injecting drug users can potently fuel the epidemic.

Young people's vulnerability to HIV/AIDS also varies according to economic, political, social, cultural, and religious context. In countries where they are provided with access to the full range of knowledge and the resources whereby to protect themselves and their partners against infection, sexual transmission rates tend to remain low. Likewise, epidemics of HIV among injecting drug users have been successfully managed through the provision services emphasizing harm minimization. These broad-based strategies have incorporated outreach work, risk reduction counseling, and drug dependence treatment as well as syringe and needle exchange. Yet in regions where information is not provided, or where young people find it difficult to access the resources that can protect against infection, HIV remains uncontrolled.

Given this variability in the global HIV/AIDS epidemic, it is important to recognize that not all young people are equally vulnerable. The challenge therefore lies in accurate diagnosis and response. Sensitivity to local patterns of transmission is vitally important in developing programs and planning interventions and a coherent yet differentiated public health response is called for, on that is sensitive to local specificities and operates together with other non-health sector work.

Five core principles underpin effective HIV/AIDS prevention programming with young people. They establish a framework within which to meet the needs of especially vulnerable groups.

1. Put the young person first

The words we use to describe people have important implications for how we understand their circumstances and needs. Terms such as 'young people,' 'adolescents,' and 'children' have wide currency, and official definitions exist for each of them. For us, however, the term 'young people' is the most relevant to understanding where the action should be focused. From the point of view of HIV/AIDS prevention, it signifies three important things:

- Acknowledgement of a relatively wide range of age (10-24 years in TAYL's definition) in which risk and vulnerability can occur
- Awareness of social variability (emphasis on diversity is implied by the word 'people') in the transition from childhood to adult life
- Concern for individual dignity and respect (through notions of 'personhood' and an emphasis on the individual as a bearer of rights).

Young people' is an inclusive term. Yet within any context, needs and potential vary enormously. Careful analysis of these differences is necessary to provide a sound basis for the planning, provision and monitoring of appropriate services. While often valuable as a mean of raising general awareness,

approaches targeting young people 'as a whole' run the risk of either ignoring those who are most marginalized and vulnerable, or of failing to recognize the culturally and socially differentiated nature of the stage of life we call youth.

All over the world, important differences between people exist with respect to wealth, gender, sexuality, ethnicity, and culture. Interacting with these 'primary distinctions' are socio-economic, political, and legal factors. Social inequality, social exclusion, and migration without access to health services are just a few of the influences known to facilitate HIV transmission[3]. Other factors include sexism, racism, homelessness, homophobia, and sexual coercion — together with actions that damage self-esteem — eliminate choices and make it harder for individuals to stand up for themselves[4].

While each of the above factors influences adult vulnerability to health problems, each also affects the likelihood that a young person will become infected. It is, however, the interaction between age, the primary distinctions and the socio-economic, political, and legal factors mentioned above that determines a young person's unique status in the face of the epidemic.

Some young people, by virtue of their age, poverty, gender and prevailing political and economic realities are rendered more systematically vulnerable than[5].

Others may be more systematically protected — richer and well-supported young people who are offered a good quality education in sex and relationships are less likely to contract the disease. Understanding and responding to systematic vulnerability is central to an effective public health response.

When the above is taken together into consideration we several insights can be gained. In most most cases, it is the young person who is especially vulnerable, and his/her needs should be central in the HIV/AIDS prevention response. This, coupled with an effort to address health needs in a pragmatic and non-discriminatory way, is the key to success.

2. Promotion of meaningful participation

One of the principles central to successful HIV/AIDS prevention is that of participation. This is no less true of work with young people than with other groups. TAYL encourages young people to identify the weak points and strong points in the program design and development. In this way, programming is inclusive and undergoing constant improvement. Through meaningful participation, young people themselves become a potential resource in addressing the global pandemic.

Negative and stereotypical images of young people abound. With respect to HIV/AIDS, and particularly within the field of public health, it is not uncommon to encounter people who view young people as irresponsible, chaotic, and ignorant[6]. Such notions are detrimental—they disengage young people and hamper possibilities to promote their participation. Furthermore, they provide a rationale for some adults to fail to listen carefully to what young people say, thereby heightening social isolation and enhancing vulnerability.

Numerous UN system documents, best practice reviews, and other sources of information point to the importance of participation. With respect to HIV/AIDS and other health issues, social participation is vitally important to health. High levels of 'social capital' (e.g. community trust, reciprocal help and support, a positive local identity, and high levels of civic engagement in a dense network of community associations) have been shown to be positively associated with the health and well being of children and young people[7]. One of the most important dimensions of health-enhancementis the 'perceived power[8]. This is present when people, of any age, feel that their needs and views are respected and valued, and they have channels to participate in decision-making.

While efforts have been made to promote youth participation in specialized areas of targeted HIV/AIDS related activities, few programs have tried to promote young people's participation as part of a more encompassing strategy[9]. Research suggests that many young people feel excluded from wider societal decision-making and are skeptical about their lack of representation on school councils, youth councils, and other community bodies[10]. The challenge therefore lies in developing policy frameworks and participation opportunities that respect young people's interests and needs, and which are perceived as valuable by the young people concerned.

3. A commitment to rights

The links between health and human rights are increasingly well documented. Promoting human rights within the context of HIV/AIDS is important not only as a means of tackling the structural factors that render some groups systematically more vulnerable than others, it is also important with respect to unleashing the power of individuals and of communities to make a difference to their own lives.

The right of children to both express their views and opinions, and have them considered, is only one of a number of fundamental rights established in the UN Convention on the Rights of the Child (CRC). Article 24 in this convention recognizes the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and the rehabilitation of health. Article 27 recognizes the right of every child to a standard of living adequate for physical, mental, spiritual, moral, and social development. Articles 28 and 29 recognize the child's right to education directed towards the development of personality, talents, and mental and physical abilities to their fullest potential. Two additional optional protocols seek to protect children against participation in armed conflict and recruitment to the armed forces as well as against sale, illegal adoption, prostitution, and involvement in pornography.

There are numerous other international human rights instruments of public health that are relevant to young people and HIV/AIDS. These include the Universal Declaration on Human Rights, the International Covenant on Civil and Political Rights, the International Covenant on Economic Social and Cultural Rights, the Convention on Elimination of All Forms of Discrimination Against Women, the Convention on the Elimination of All Forms of Racial Discrimination, regional charters, and specific rights in relation to living with or being affected by HIV/AIDS.

Beyond these conventions, there are international agreements that offer a normative framework within which to couch a response. These include ICPD+5, the Beijing Declaration and Platform for Action, and the Millennium Development Goals. These articles and protocols offer a sound basis around which to develop a coherent and committed public health response. This is why Together TAYL has set out to fully promote the rights of young people. Already, rights-based programming for prevention, care, and impact alleviation is showing success. In Nyakitunda, Kaberebere, Biharwe, Bizibwera, and Rwampara TAYL is diligently working to ensure that a rights-based approach to handling HIV/AIDS prevention is achieved.

4. Clear Gender Differentiation

Women are not the only young persons made vulnerable to HIV/AIDS by existing gender norms. In the Americas, in East Asia, and throughout much of Europe, greater numbers of young men than young women are infected. An estimated quarter of the world's population with HIV infection consists of young men under the age of 25[11]. Stereotypes and ideologies of masculinity can make it difficultfor boys to seek sexual and reproductive health advice. Men are expected to be knowledgeable and experienced about sexual issues, and to seek help is to risk being perceived as less masculine[12].

Young women and young men are socialized differently from birth and receive very different messages in relation to sex and sexuality, social norms and behaviors. In the majority of countries, masculinity is

associated with physical and psychological strength, independence, and sexual activity as proof of virility. Masculine values are constructed and reinforced by culture and peer pressure. Such values are in stark contrast to the more nurturing femininity of women characterized by virginity, fidelity, and fertility.

Promoting sexual responsibility among men is central to the health of both men and women. Untilrecently gender-based approaches to sexual and reproductive health, including HIV and STI prevention, have focused on empowering young women to assert themselves and redress the gender balance through their increased knowledge and newly realized option of taking control. This approach has a flaw, in that it tends to adopt a stereotypical notion of men — their desires, motivations, and interests — and assumes that all men aspire to the same expressions of masculinity.

Gender is also of relevance in understanding patterns and processes of drug injection, and concomitant HIV/AIDS risks. While the majority of young injectors are men, the ratio is beginning to change as drug injecting becomes more socially acceptable among young women. Women are more likely than men to be the recipients of already used needles and syringes, which makes them more vulnerable to HIV infection. Moreover, they are less likely than men to access harm reduction programs. It is important, therefore, that the public health response to HIV/AIDS and young people starts from the diverse needs and interests of both men and women. There is a pressing need to recognize the multiple ideologies of gender that exist and the manner in which these are influenced by class, race, and sexuality. Ultimately, and for lasting success, programs need to address young people's gender vulnerability in a variety of ways, within both short and longer term time frames.

In the short term, gender-sensitive programs may offer some hope. Efforts can be made to address young women and young men's vulnerability by continually adapting to the gender and age-specific needs within the current social and cultural context.

In the longer-term however, gender-sensitive programming will not radically change the unequal gender relations that fuel the epidemic and make both women and men vulnerable. Socially transformative and empowering programs must be implemented alongside gender-sensitive programs in the hope of ultimately challenging the very foundations of the society[13]. Evidence of success with respect to such work can be seen in numerous programs working with both young women and young men.

5. The TAYL Strategy to Tackle risk and vulnerability

Risk

In the context of HIV/AIDS, risk can be defined as the probability that a person may acquire a specific infection. Certain behaviors create, enhance, and perpetuate risk. The foremost of these are unprotected sex and injecting drug use. Globally, early responses to HIV/AIDS were aimed mainly at reduction in risk-taking behavior through the targeting of individuals and groups.

The importance of context

Experience has shown, however, that in order to be successful in the fight against HIV/AIDS, prevention should focus not only on risk-taking behaviors, but also on the environmental and societal factors affecting each group of people. In many cultures, decisions relatingto sex involve the family and community as well as the individual. Young women may be pressured to remain ignorant about sexual matters and be abstinent, whereas young men may be encouraged to brag about sex and gain experience through trysts with girlfriends and sex workers.

Likewise, with respect to drug use, the peer group and social network of a young person may be influential in determining whether or not that young person injects at all, or does so safely.

Political, economic, and social inequalities influence young people's sexual and reproductive health, as well as their likelihood to use drugs. The options available to wealthy young people can be very different from those available to their poorer peers. While the former may have access to television, the Internet, and high quality health services, the latter may not have access to any of those things. In conditions of poverty, not only may information and harm reduction resources be restricted, those resources may be less comprehensive or of poorer quality.

Vulnerability

Vulnerability to HIV/AIDS is influenced by three sets of variables:

- Group or subculture membership
- Quality and coverage of services and programs
- Broader societal and environmental influences

The first set of factors includes the social networks of which an individual is a part. Some young people, for example, may find that their vulnerability is enhanced by being part of a group in which HIV infection is particularly prevalent (e.g. as young injectors, young and homeless, or as sex workers).

Service and program factors on the other hand include the cultural acceptance of HIV/AIDS prevention programs; the accessibility of services due to distance, cost, and other factors, and the capacity of health systems to respond to growing demand. Many young people may be rendered especially vulnerable to HIV/AIDS through a deficiency in youth-friendly reproductive health service provisions.

Broader, societal and environmental factors influencing vulnerability include political climate, economic inequalities, laws, and cultural norms that can act either as barriers or facilitators to prevention. Such influences may lead to the inclusion, neglect, or social exclusion of individuals depending on their lifestyles and behaviors, as well as socio-cultural characteristics. It is frequently the case, for example, that governments decide to restrict young people's access to health information about HIV/AIDS (including safer sex education and harm reduction equipment) in the belief that young people should remain innocent about such matters.

Among the broader forces structuring young people's vulnerability are inequalities of age, gender, sexuality, poverty, and social exclusion. Violations of rights, physical abuse, and sexual exploitation can deepen the gap between those who benefit from economic growth and those who suffer its ill effects. Development of policies and programs can sometimes have negative effects by increasing the economic gap between their immediate beneficiaries and others. The latter may become vulnerable to HIV/AIDS as a result of increased economic marginalization.

The first set of factors includes the social networks of which an individual is a part. Some young people, for example, may find that their vulnerability is enhanced by being part of a group in which HIV infection is particularly prevalent (e.g. young injectors, young and homeless, or being involved in sex work).

Service and program factors on the other hand include the cultural acceptance of HIV/AIDS prevention programs; the accessibility of services due to distance, cost, and other factors, and the capacity of health systems to respond to growing demand. Many young people may be rendered especially vulnerable to HIV/AIDS through a deficiency in youth-friendly reproductive health service provisions.

Broader, societal and environmental factors influencing vulnerability include political climate, economic inequalities, laws, and cultural norms that can act either as barriers or facilitators to prevention. Such influences may lead to the inclusion, neglect, or social exclusion of individuals depending on their lifestyles and behaviors, as well as socio-cultural characteristics. It is frequentuly

the case, for example, that governments decide to restrict young people's access to health information about HIV/AIDS (including safer sex education and harm reduction equipment) in the belief that young people should remain innocent about such matters.

Among the broader forces structuring young people's vulnerability are inequalities of age, gender, sexuality, poverty, and social exclusion. Violations of rights, physical abuse, and sexual exploitation can deepen the gap between those who benefit from economic growth and those who suffer its ill effects. Development of policies and programs can sometimes have negative effects by increasing the economic gap between their immediate beneficiaries and others. The latter may become vulnerable to HIV/AIDS as a result of increased economic marginalization

Among the broader forces structuring young people's vulnerability are inequalities of age, gender, sexuality, poverty, and social exclusion. Violations of rights, physical abuse, and sexual exploitation can deepen the gap between those who benefit from economic growth and those who suffer its ill effects. Development of policies and programs can sometimes have negative effects by increasing the economic gap between their immediate beneficiaries and others. The latter may become vulnerable to HIV/AIDS as a result of increased economic marginalization and the need to depend on alternative means of livelihood (e.g. sex work), which may expose them to HIV/AIDS.

Economic power creates possibilities for engaging in safer behaviors such as buying and using condoms or ensuring the single use of needles and syringes. Which forms of behavior – unsafe or safe – are adopted will depend upon individual as well as situational and contextual factors. Vulnerability-reduction measures are, of course, necessary as part of broader moves towards enhanced social justice and overall development. But they are also central to effective HIV/AIDS prevention among young people. Just as not all young people are equally prone to risk taking behavior, not all young people find themselves equally vulnerable. Young people in poverty, for example, may be more systematically disadvantaged than others. In contexts of especially complex vulnerability such as these, the ability of young people to take charge of their lives may be very limited. Actions must be sensitive to the contextual and environmental factors structuring young people's circumstances and lives in order to bring about and sustain change. With respect to HIV/AIDS prevention, such measures should aim to create an enabling environment in which risk reduction can occur.

HIV/AIDS prevention with young people therefore consists of two principal components: the reduction of risk through specific prevention, care, and impact-alleviation efforts; and the reduction of vulnerability through more broad based social, cultural, and economic change. These two components need to be present regardless of whether the focus of our work is with young people as a whole, or with young people in who find themselves in contexts of special vulnerability.

Global experience shows that with appropriate personal support, young people are not without the capacity to take charge of their lives, particularly where there is good public policy for health and a supportive environment. The need, then, is for action that is genuinely supportive in providing young people with substantial relationships, with a place to live, with an education, and with work and health services attuned to their needs. Only in this way will young people be able to avoid HIV infection or, if infected, live better with the disease[14].

Together, the five core principles outlined above – putting the young person first, promoting meaningful participation, working with a commitment to rights, promoting gender equity, and working with vulnerability as well as risk – offer the basis for a coherent and structured response to young people and HIV/AIDS (Figure 1).

TAYL Three priority fields of action

Two decades of global learning have identified three priority fields, or areas of work, within each of which action must taken if HIV/AIDS prevention and care are to succeed:

1. The reduction of vulnerability
2. The reduction of risk
3. The reduction of impact

1. Reduction of Vulnerability

Approaches/Objectives	Tactics
Social networks and peer relations that model and promote positive norms for safer behavior	Legal, political, and economic action and reform
Increasing family and peer trust and support	Development and implementation of healthy public policy
Development of schools as more inclusive, gender sensitive, and protective environments	Social and community mobilization
Ensuring access to commodities (e.g. condoms and clean injecting equipment) that have a demonstrable effect preventing HIV infection	Provision of rights based education for empowerment
The provision of health services in ways and at times that young people find appropriate	Re-orientation of existing service provision
Economic and political action that promotes positive educational, employment, and health opportunities	Social network development to cultivate a sense of trust and shared responsibility at grassroots level
Legal provision that guarantees young people's right to the full range of information and resources to protect themselves (and their partners) against infection	
Systemic effort to combat stigma, discrimination, and denial	
Reduction of economic and gender disparities	
Efforts to build supportive social norms and social inclusion	

Once again, these actions may be taken across a variety of contexts to meet a wide range of young people's needs. More specifically, however, it is important to focus upon those forms of policy and legal change that bring about reductions in young people's vulnerability to HIV/AIDS through employment, education, and health services.

2. Reduction of Risk

Approaches/Objectives	Tactics
Promotion of safer sex (abstinence, delayed sexual initiation, fidelity, and the consistent use of condoms)	Information, education, and communication (IEC)
Encouragement of risk reduction in drug use (use of clean injecting equipment)	Behavior change communication (BCC) strategies
Detection and early treatment of other STDs	School-led education
Use of voluntary, confidential counseling and testing	Skill-building education
Prevention of HIV transmission from infected mothers to their infants	Peer education
Prevention of HIV transmission through infected blood and blood products	Outreach work with young people in difficult circumstances
Prevention of HIV transmission within healthcare settings	

While some of these methods are better suited to meeting the needs of young people in general, others are more attuned to the circumstances of those who, for different reasons, are especially vulnerable. The use of formal and informal networks to communicate safer sex and harm minimization messages among especially vulnerable groups of young people is of vital importance.

3. Reduction of Impact

Approaches/Objectives	Tactics
Efforts to reduce the financial and social impact of the epidemic on individuals, families and communities	Strengthening national and local systems of governance
Action to enhance the access of those orphaned as a result of HIV/AIDS to health, nutrition and education	Developing sound economic and social programs
Promotion of livelihood and vocational education for young people	Support for more effective HIV/AIDS programming
Improved access to care, social support, voluntary and confidential counseling and testing, and anti-retroviral therapy	Increase access to essential commodities
Improved access to services to prevent the mother-to-child transmission of HIV	Improving the capacity of community organizations to carry out their work
Increased access to legal services and human rights protection	Enhancing the role of schools and other forms of educational provision so that they can offer broad-based support
	Increasing community and external investments in health, social services, education, and agriculture, among other means

Impact reduction measures of relevance to especially vulnerable young people include all of the above, but special emphasis needs to be given to actions that promote equity and reduce inequality. These specifically include efforts to improve access to health and social services in contexts of particular needs, actions that strengthen vulnerable young people's access to employment and education, and actions that provide health, education, and employment in ways specially suited to the alleviation of impact in serious and complex emergencies.

We believe that the goal of this review has been to take stock of what TAYL hopes to undertake as an effective set of approaches to HIV/AIDS prevention and care among young people in general. Two decades of experience show that there is no instant recipe for success. Instead, we promote a combination of approaches, in which action is taken on several fronts simultaneously. Furthermore, experience shows that young people should be centrally involved in program assessment, planning and development. Without their wisdom, insight, and experience, programs are unlikely to achieve realistic targets and/or adopt suitable approaches. Additionally, a concern for rights and gender equality is vital, for if we fail to recognize the structural factors determining vulnerability and risk, all other actions will be ineffective.

In the same way that efforts to promote general good health should be multi-faceted and linked, so should the field in which we aim to make a difference. Action on all three fronts – risk reduction, vulnerability reduction, and impact alleviation – is therefore a prerequisite for success. Ultimately, promoting young people's sexual health calls for a more integrated and collaborative approach – and facilitating young people's involvement in HIV/AIDS prevention and care calls for a respect for young people's varied circumstances and needs. In the third decade of HIV/AIDS, we must learn from the lessons of the past, and work together to manifest these principles for action.

Together alive Youth Link
P. O Box Mbarara
www.togetheralive .com

conclusions

Sources:

1. UNAIDS, 1999
2. UNAIDS/WHO, 2001
3. Sweat and Dennison, 1995
4. Harper and Diablo, 1999
5. Aggleton and Rivers, 1999
6. Runyan et al., 1998
7. Rivers and Aggleton, 1998
8. (Campbell et al., 1999)
9. Morrow, 1999a
10. Morrow, 1999b
11. UNAIDS, 2000
12. Rivers and Aggleton
13. Rao Gupta et al., 2002
14. Wilkinson and Marmot, 2000