

Review Article

Comprehensive HIV/AIDS prevention: focus on youth under threat

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Abstract Prevention services are the mainstay of the response to AIDS, but are seldom implemented at a scale that would turn the tide of the epidemic. Effective, inexpensive and relatively simple HIV prevention interventions do exist but the pace of the epidemic is clearly outstripping most of the efforts towards effective prevention programming. Globally, less than one fifth of people who need it have any access to prevention services.

This article is a review of comprehensive prevention of HIV/AIDS in youth. A variety of factors expose young people of HIV. These include lack of HIV information, education and services. Mass media can be used as a weapon against HIV/AIDS and targeted age-based approach can create awareness about AIDS. The message of ABCs combination prevention should be given to every vulnerable client in order to have sexual safety in youth.

In Pakistan, National AIDS Control Programme has a important role in general public awareness about AIDS. The goals of the national strategic framework are to ensure multisectorial response to HIV/AIDS, to reduce risk of infections among high risk groups, to create awareness, to reduce transmission of sexually transmitted disease, to reduce vulnerability of young people to AIDS and to improve the quality of life for people living with HIV/AIDS through the provision of care and support and ensuring a secure environment for all people infected and/or affected by HIV/AIDS.

Key words

HIV/AIDS, prevention, youth.

Introduction

One of the most important lessons of the recent years to curb the HIV epidemic is the need for an integrated AIDS prevention and care as recommended by World Health Organization. Studies emphasize the need for constant efforts to promote safer sex. There are no data to support the claim that

increased access to AIDS care hampers prevention efforts in the resource poor setting in which it takes its greatest toll.¹

In 2001, UN declaration of commitment on HIV/AIDS, countries around the world committed themselves to massively scaling up prevention programme. The declaration goal was to reduce HIV prevalence among young people (15-24 years old) by 25% in the most affected countries and to reduce the proportion of infants infected with HIV by 20% by 2005. Considering the current trends, more countries fell short of these

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targets. In the hardest hit countries of Sub-Saharan Africa, few people have access to prevention programmes despite extraordinarily high infection rates.² Senegal, Thailand, Uganda, Brazil and Cambodia pioneered early HIV prevention with great success. The overall lesson is that effective response is anchored in three inter-related strategies.³

1. Decreasing the risk of infection to slow down the epidemic.
2. Decreasing vulnerability to reduce both risk and impact.
3. Reducing impact in order to reduce vulnerability.

Global progress update on prevention programmes

1. According to an estimate from 70 countries responding to a 2003 coverage survey, mother to child HIV transmission ranged from 2% in Western Pacific to 5% in Sub-Saharan Africa and 34% in America.
2. The proportion of adults who received voluntary counseling and testing (VCT) ranged from almost none in Southeast Asia to 7% in Sub-Saharan Africa and 1% in Eastern Europe.
3. The proportion of condom use in sex acts with co-habiting partner ranged from 13% in Southeast Asia and 19% in Sub-Saharan Africa.
4. Fewer than 10% of the surveyed countries with significant HIV transmission among injecting drug users had access to harm reduction programmes.

5. In Sub-Saharan Africa, 60% of primary school students received basic AIDS education, compared with 19% in the Western Pacific.⁴

The ABCs of combination prevention of AIDS

Just as combination treatment attacks HIV at different phases of viral replication, combination prevention reduces the risk of exposing individuals to HIV. These are often referred to as ABCs of combination therapy.

1. **A** means abstinence: not engaging in sexual intercourse.
2. **B** means baby safe, by being faithful to ones' partner or reducing the number of sexual partners.
3. **C** means correct and consistent condom use: condom reduces the risk of HIV transmission for sexually active young people; couples with one HIV positive partner and sex workers.⁵

Key elements in comprehensive HIV prevention

These include:

1. AIDS education and awareness.
2. Behavior change programmes, especially for young people and population at risk of HIV exposure, and for AIDS affected people.
3. Promoting male and female condoms as a protective option along with abstinence and reducing the number of sexual partners.
4. Voluntary counseling and testing (VCT).

5. Preventing and treating sexually transmitted diseases (STDs).
6. Primary prevention among pregnant women.
7. Prevention of mother to child transmission.
8. Harm reduction programmes for injecting drug users.
9. Measures to protect blood supply safety.
10. Infection control in health care setting (safe medical infections).
11. Community education.
12. Change in law and policies to counter stigma.
13. Vulnerability reduction through social, legal and economic change.

Comprehensive HIV prevention: a Pakistani perspective

The national HIV/AIDS strategic framework has pointed out the priority areas, objectives, and strategies to control HIV/AIDS in Pakistan. Following are the priority areas and their related goals.

1. **Expanded response** to ensure effective, well coordinated and multisectorial response to HIV/AIDS in Pakistan.
2. **Vulnerable and high risk groups** to reduce risk of HIV infection amongst vulnerable and high risk groups.
3. **Youth** to reduce vulnerability of young people to AIDS.
4. **Surveillances and research** to expand the knowledge based in order to facilitate planning, implementation and evaluation of STI/HIV/AIDS programmes.

5. **Sexually transmitted infections** to reduce the prevalence and to prevent the transmission of sexually transmitted infections, both as an important public health issue and as a part of the effort to reduce HIV transmission.
6. **General awareness** to reduce the risk of infection through an increase awareness levels.
7. **Blood and blood product safety** to reduce transmission of HIV and other blood-borne infections.
8. **Care and support** to improve the quality of life of people living with HIV/AIDS through provision of quality care and support (including meeting their medical, social and material needs), and ensuring a secure environment for people infected and/or affected by HIV/AIDS.⁶

HIV/AIDS and youth

Today's youth forms the largest community in history i.e. nearly half of the global population is under 25 years age. They have not known a world without AIDS.⁷ Young people are exposed to HIV in different ways. In high prevalent sub-Saharan Africa, the main mode of transmission is heterosexual intercourse. This region contains almost two-third of all young people living with HIV/AIDS, approximately 6.2 million people, 75% of whom are females.^{8,11}

Mass media HIV prevention and youth

Mass media has profound effect in most young people's lives. To encourage delay in sexual initiation, a mass media campaign

uses a targeted, age-based approach to motivate young people. For 10-12 years old, abstinence messages are the focus. Children between 13-15 years age are targeted with self-awareness and abstinence message; older youth are targeted with information on protection from pregnancy, HIV and STIs. In South Africa, media launched a message of “love life” for the national young people. “Love life” has “Y-centers” or youth centers that provide HIV education and sexual health services in recreational environment. MTV international 2003, in partnership with UNAID, the World Bank, reached 942 million households in 171 countries. The MTV programmes concerts promoted favorable HIV prevention, knowledge, attitudes and skills among young people.¹¹

To reduce the vulnerability of young people to HIV/AIDS response analysis in Pakistan¹²

The national HIV/AIDS strategies framework has laid down five objectives to reduce the vulnerability of its youth to HIV/AIDS. Their objectives are:

Objective 1 To increase understanding in young people about STI/HIV/AIDS vulnerabilities and risk behaviors for the purposes of enhancing the effectiveness of interventions designed to reduce their vulnerability and risk.

1. Assure that national research agenda includes attention to issues related to young people’s social and economic vulnerability and risk behaviors.
2. Identify the training needs of relevant research organizations and

NGOs related to research on the HIV vulnerability of youth and build their capacities.

3. Promote youth participation in research related to HIV/AIDS and youth.

Objective 2 To create supportive environment for the implementation of effective vulnerability and risk reduction interventions for youth.

1. Conduct advocacy workshops with policy makers and other decision makers at all levels and in multiple sectors for the purpose of reviewing the overall HIV/AIDS situation and the specific HIV/AIDS prevention needs of young people and their active participation in these advocacy efforts.
2. Develop advocacy materials for decision makers, authorities and services providers to promote the reproductive health needs and rights of youth.
3. Develop and implement an advocacy agenda for educators to raise awareness.
4. Support networking opportunities for organizations working with young people and HIV/AIDS.

Objectives 3 To strengthen the participation of formal and informal support structures and institutions in efforts to reduce the HIV/AIDS vulnerability and risk of young people.

- 3a. *Strategies for school based initiative:*
 - 3a.1. Develop culturally sensitive life levels curriculum for primary and

- secondary level designed to enhance young people confidence, communication skills and healthy decision making.
- 3a.2. Develop a curriculum for teacher training institutions to provide effective life skills training for young people.
- 3a.3. Promote STI/HIV/AIDS education in extracurricular activities for school-based youth including debate clubs, theatre groups or peer education initiatives.
- 3.b. *Strategies for community-based initiatives*
- 3b.1. Support comprehensive making of key players, structures and institutions that could support young people in protecting themselves from AIDS, such as families, communities, NGOs/CBOs and madrassas.
- 3b.2. Identify sensitization and training needs of these structured bodies and caretakers.
- 3b.3. Support multisectorial initiatives which build the capacity of and ensure the participation of formal and informal structures to reduce vulnerability of young people to HIV/AIDS.

Objective 4 *To ensure the provision of effective and need based STI/HIV/AIDS related services for young people.*

- 4a. Identify the map and assess the existing reproductive health STI/HIV testing, VET services in each of four provinces.

- 4b. Strengthen these services and enhance their capability so that more effective, confidential, needs-based and youth friendly services are provided.

Objective 5 *To enable young people to protect themselves and their peers from HIV infection.*

5a. Peer educational strategies

- 5a.1. Identify peer educational programmes and assess their needs with a view toward capacity building, expansion and reinforcement.
- 5a.2. Develop major awareness campaign for youth in and out of school and using a peer educational approach that includes development of communication and decision making skills.

5b. Strategies for material development

- 5b.1. Collect and review existing material and messages for youth on sexual health education and its link with HIV/AIDS.
- 5b.2. Conduct focus group discussion in among youth to gain awareness.
- 5b.3. Conduct workshops with youth based on information provided by them about the kind of material they need.

Agenda for action

Young people are especially vulnerable to HIV/AIDS but they are also our greatest hope for changing the course of AIDS epidemic, if they are given appropriate tools and support. Early sexual debate, trans-generational sex and gender disparities

highlight the fact that education alone will not protect the world's youth from infection. Access to confidential health services, condoms and protecting the right of young girls are also required to lower HIV prevalence among young people. Between 1990 and 2000, HIV prevalence among pregnant teenagers (15-19 years) in Kampala (Uganda) fell from 22% to 7% by delaying sexual debut, reducing number of sexual partners and increase condom use.¹³ In a world with AIDS, many young people's life choices easily vanish. The AIDS agenda for young people needs to translate the 2001 UN declaration of commitment on HIV/AIDS into concrete action. These include.

1. ***Creating a supportive environment***
So that young people can obtain HIV and reproductive health information, education and services.
2. ***Reaching those who influence young people***
These include partners, families, teachers, political and community leaders and celebrities, which strongly influence youth. Therefore, their mentors act as positive role models. So that young people can start positive behaviors.
3. ***Placing young people at the center of response***
There is no age restriction for leadership, their voices need to be heard and their talents cultivated so they can be instrument for change.
4. ***Mobilizing the educational system***
To become a vehicle for

comprehensive HIV/AIDS prevention for school age youth.

5. ***Mainstreaming for HIV prevention and AIDS care for young people into other sectors***
Youth take interest in religion, workplaces, sports and the media sector. These sections can be used to provide information and series.
6. ***Addressing gender inequalities***
By improving young people education, protecting their right (especially for girls) and boosting their earning prospects.
7. ***Opening dialogues on sensitive issues***
Adult and young people need to work together on adolescent sexuality, sexual health education, sexual violence and abuse, gender roles and traditional practices.

Conclusion

New or greatly increased efforts are needed to prevent HIV. The challenge of keeping the next generation HIV free, we must invest more resources to prevent young people of both sexes. Expanded access to ARV therapy and treatment offers critical opportunity to strengthen prevention efforts. Women have higher vulnerability; therefore gender sensitive approaches are key when designing prevention programmes. Only prevention approaches are not sufficient until the global world respond to HIV. There is no shelter and HIV can knock any door, therefore the time to act is now.

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