

YOUTH AND HIV/AIDS

The sexual behavior of today's youth will shape the course of the AIDS pandemic in the future. In developing countries, recent data indicate that about half of all new HIV infections are among 15- to 24-year-olds. Moreover, young men and women in this age range have the highest incidence of sexually transmitted infections (STIs) of all age groups. In many cases, programs for young people can help them adopt safe behaviors. But in some situations—such as sexual abuse, early marriage, or sexual activity due to poverty—young people are forced into unsafe sex, and programs and policies are needed to protect them. The Horizons research strategy focuses on both helping young people choose safe sex and creating an environment in which they are safe to do so. With its partners, Horizons is evaluating programs that seek to increase safe sexual behavior through counseling services and life skills programs. Horizons is also investigating whether involvement with caring for people living with HIV/AIDS (PLHA) reduces unsafe behaviors among adolescents. Other Horizons studies focus on assisting orphans, improving policy and program responses to trafficking, and creating a supportive environment for youth to practice safe behavior by reinforcing positive gender norms.

Youth report appropriate steps to reduce their risk of getting HIV.

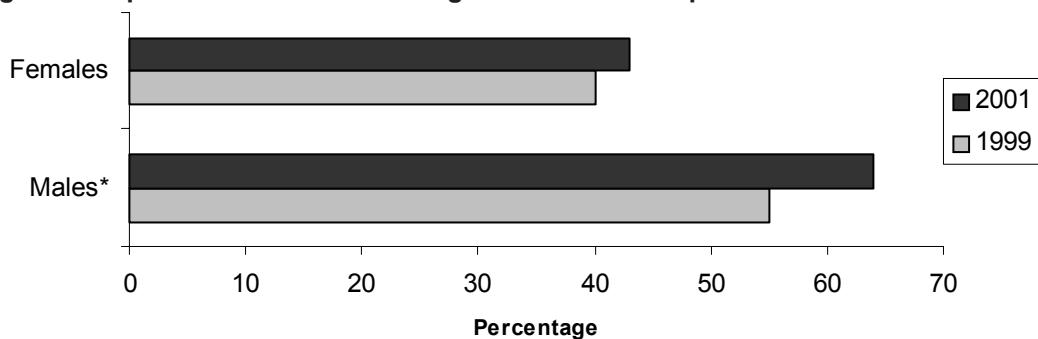
Findings from a baseline survey conducted by Care, Family Health Trust, and Horizons of 785 youth (ages 12 to 23) involved in Zambian anti-AIDS clubs indicates that most of these youth do not consider themselves at risk for HIV infection. When asked why, females gave abstinence or never having had sex as their reason for low risk, and most males mentioned sticking with one partner or using condoms consistently as responses. The young people credit the anti-AIDS clubs with informing them about HIV and supporting safe behaviors; they further reported that they feel that youth not in the clubs are vulnerable to HIV infection.¹

In studies of school youth conducted in Mexico with IMIFAP and in Thailand with PATH, a high proportion of students reported taking steps to reduce their risk,² and even more reported risk reduction after taking a HIV prevention course in school. After the intervention in Mexico, 75 percent of the sexually experienced students reported talking with their partners about HIV, and 70 percent of sexually active youth said they had reduced their number of partners. Among sexually active youth in Thailand, 49 percent reported condom use as a way of reducing risk, and 43 percent said that they had restricted sex to one partner.³

Reported condom use is high and increasing in some populations.

About half of sexually experienced youth surveyed in Zambia,¹ Mexico,² Thailand,² and South Africa^{2, 4} reported using a condom, with condom use more frequent among boys and among older youth. The studies in Mexico, Thailand, and South Africa measured condom use at two or more points in time, and in each study condom use increased over time. In Thailand the increase was predominantly among female students, while in a household survey of youth in South Africa, the increase was greater among males (see Figure 1) and the difference was statistically significant ($p = .01$).

Figure 1 Reported condom use during last sex with last partner in South Africa



Girls and boys have different support systems and different needs.

Exit interviews with 369 youth (under 21 years old) who used voluntary counseling and testing (VCT) services in Uganda found differences between males and females in how they decided to be tested. The study, conducted by Makerere University, the AIDS Information Centre, and Horizons revealed that nearly twice as many females as males (66 percent vs. 33 percent) said that a partner helped influence them to take a test. An additional third of males mentioned friends (32 percent) or no one (32 percent). More females (64 percent) than males (1 percent) had partners pay for services. A second phase of the study aims to increase the numbers of young people who seek VCT, in part by using different methods to appeal to young men and women.⁵

The importance of peers as an influence on boys is being addressed in a study in Brazil in collaboration with the NGO Promundo. Earlier research suggests that masculine gender norms increase vulnerability to infection among young men. Young men influenced by such norms lack information on sexual and reproductive health matters, participate inadequately in sexual health decision-making, lack the skills and attitudes for negotiation in intimate relationships, and use coercion with their sexual partners. Promundo has designed an intervention for young men that addresses these needs; the Horizons Program is collaborating with them on program assessment.

In the intervention studies in Mexican and Thai schools, baseline data indicate that about half as many females as males know how to use a condom correctly.² In Mexico, and among the young women in the Thai study, the interventions are associated with increases in confidence about how to correctly use condoms. Among Thai male students, however, over 90 per cent were sure at baseline that they knew how to use a condom correctly. Teachers in Thailand pointed to this unevenness of knowledge among their students as one of the difficulties in teaching the course. Teachers' initial fears about teaching this subject to well-informed male students were allayed as they learned to use the boys as sources of information for others in the class.³

Figure 2 Confidence about using a condom correctly, among all Thai students (T = 1786)

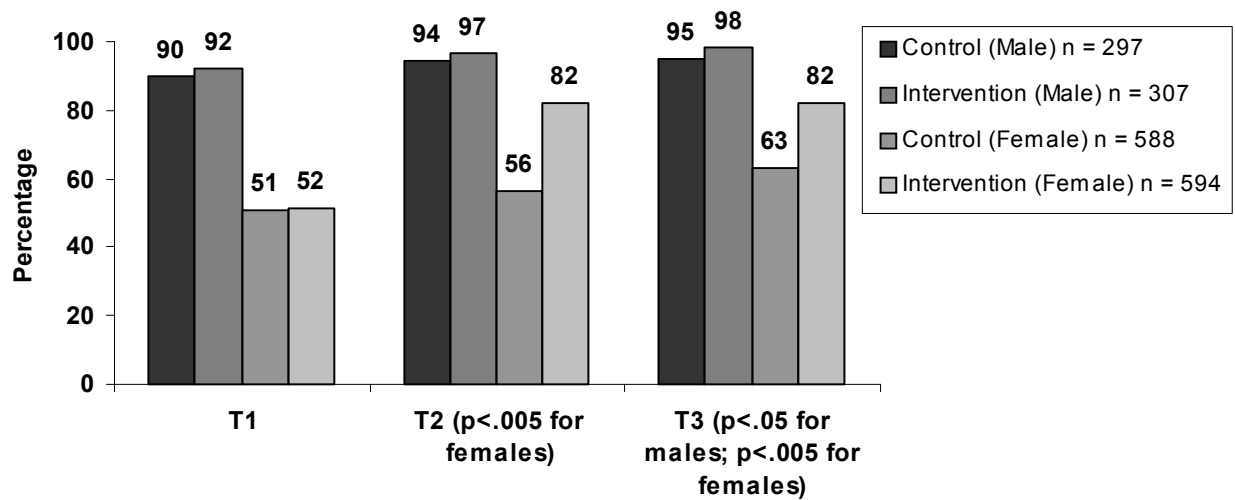
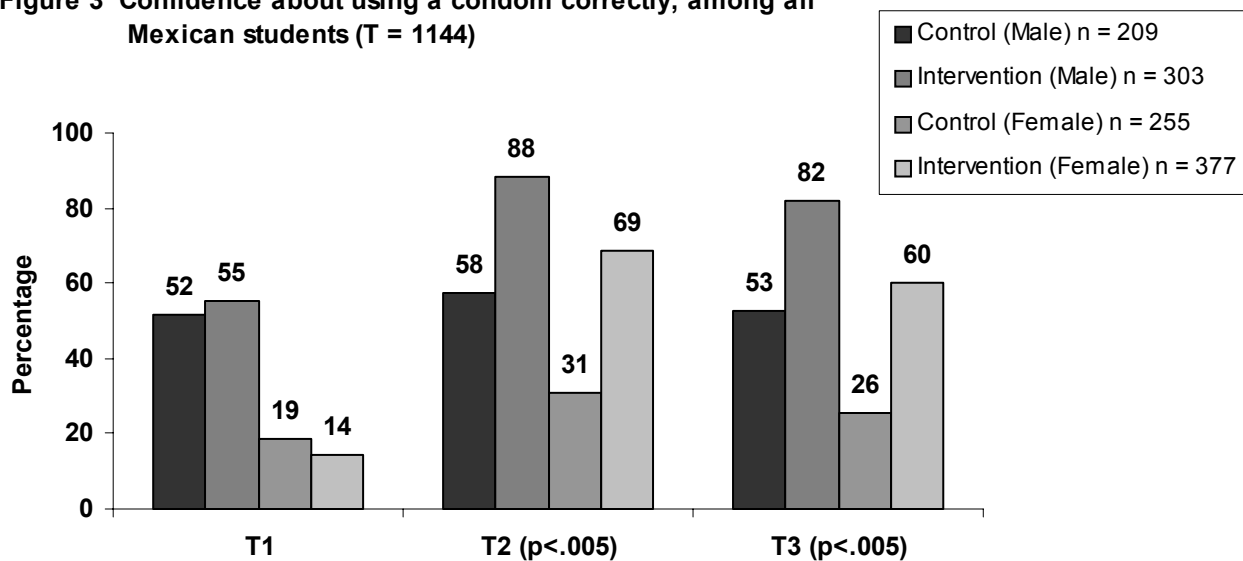


Figure 3 Confidence about using a condom correctly, among all Mexican students (T = 1144)




Attempts to protect girls from trafficking may limit their aspirations and choices.

For young women in Nepal, poverty may lead to being trafficked for prostitution and thus put them at risk of HIV infection. A study conducted by the Asia Foundation and Horizons found that NGOs that address the issue often encourage girls to stay in their villages and urge them “not to be so modern, to work hard, be patient, and stay at home.” Although communities recognize the role of social and economic hardships in vulnerability to trafficking, they also blame the “immoral” character of the trafficked girl herself. However, 40 percent of 1,269 adolescent girls surveyed want to leave their villages and 85 percent want to travel to urban areas. The researchers recommend that policies and programs to address trafficking must be responsive to young women’s needs and aspirations, respect their rights to mobility, and provide information and support for safe migration.⁶

Programs to protect orphans need to start while parents are still alive.

The increasing numbers of youth who are orphaned have special needs. In the past these young people were often left without a clear plan for guardianship or the legal documents that would allow them to inherit their parents' property. A "succession planning" program in Uganda, implemented by PLAN International, encourages HIV-positive parents to appoint guardians, prepare wills, generate income, and talk to their children about the future. Horizons and Makerere University are working with PLAN to assess the impact of this program on the parents, their children, and guardians. The baseline survey (353 households) was followed by the start of the project in the experimental areas and then by two follow-up surveys of 400 households and 280 households.

Despite widespread fears about disclosing their HIV status, the proportion of parents who had appointed a future guardian for their children rose in the experimental arm from 46 percent to 81 percent. The proportion of parents who had talked to their children about being HIV-positive also rose, from 51 percent to 75 percent. In both cases these proportions were significantly higher than in the comparison group at the second follow-up survey. These changes are important steps in the process of mitigating the impact of the parent's death upon the child.⁷ 

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¹ *Mobilizing Young People for the Care and Support of People Living with HIV/AIDS in Zambia*. 2002. Horizons Research Update. *

² Stewart, H. et al. 2001. *Reducing HIV Infection among Youth: What Can Schools Do? Key Baseline Findings from Mexico, South Africa, and Thailand*. Washington: Horizons.*

³ McCauley, A. et al. *School Programs in Mexico and Thailand Increase Condom Use*. Oral presentation, XIV International AIDS Conference. Barcelona, Spain. July 6-12, 2002.

⁴ Rutenberg, N. et al. 2001. *Transitions to Adulthood in the Context of AIDS in South Africa: Report of Wave I*. Washington: Horizons.*

⁵ *HIV Voluntary Counseling and Testing among Youth Ages 14 to 21: Results from an Exploratory Study in Nairobi, Kenya and Kampala and Masaka, Uganda*. 2001. Washington: Horizons.*

⁶ *Trafficking and Human Rights in Nepal: Community Perceptions and Policy and Program Responses*. 2001. Horizons Research Update.*

⁷ Gilborn, L. et al. *Impact of a Succession Planning Program in Uganda as Indicated by Parents' Actions in Planning for their Children's Futures*. Oral presentation, XIV International AIDS Conference. Barcelona, Spain. July 6-12, 2002.

*Available on the web at www.popcouncil.org/horizons; for a hard copy, contact horizons@pcdc.org