

# YouthLens

on Reproductive Health  
and HIV/AIDS

## Young People Most at Risk for HIV/AIDS

**Although policies and programs have been designed to address the unique needs of young people ages 10 to 24 who are most at risk for HIV/AIDS, more action is required.**

Attention paid to adults most at risk for HIV/AIDS—people who sell sex, those who inject drugs, and men who have sex with men (MSM)\*—is growing. Unfortunately, the particular needs of young people (ages 10 to 24) in these groups have drawn little focus. At the same time, efforts to prevent HIV among young people have tended to concentrate on the general population in this age group rather than on young people who are most at risk. Thus both types of programming may miss young people whose risk of HIV is greatest.

Programs intended to prevent the spread of HIV use the phrase “Know your epidemic.”<sup>1</sup> For most-at-risk populations (MARPs), knowing the epidemic involves understanding the crucial role that young people can play in HIV transmission. For example, as many as 95 percent of injection-drug users (IDUs) start injecting drugs before the age of 25,<sup>2</sup> and most women in sex work are younger than 25, as well.<sup>3</sup>

Young people not only constitute large proportions of MARPs but also many have higher HIV infection rates than older people within these groups.<sup>3</sup> In Myanmar, for example, 20- to 24-year-olds have the highest prevalence of HIV infection among female sex workers (41 percent) and IDUs (49 percent). Prevalence is also high among 15- to 19-year-olds

in these groups (41 percent and 38 percent).<sup>4</sup> Among children commercially exploited by traffickers, HIV infection rates range from 5 percent in one study conducted in Vietnam to 50 to 90 percent among children rescued from brothels elsewhere in Southeast Asia. In some countries, such as Thailand and Russia, HIV incidence is increasing faster among young MSM than among older MSM.<sup>5</sup>

### Young people, vulnerability, and risk

Vulnerability refers to circumstances or conditions that make risky behaviors more likely.<sup>6</sup> Young people in general are vulnerable to HIV infection, because many lack sufficient knowledge about HIV, lack the authority or capacity to use the knowledge they do have, and lack access to needed services. Adolescents become more vulnerable if their health and developmental needs are unmet. “Especially vulnerable adolescents” are those who are at high risk of infection as a result of their circumstances: living on the streets, in correctional facilities, in families where drug use is common, in situations of physical or sexual abuse, in extreme poverty, in migration, in war or conflict situations, with disabilities, or, (for girls and young women generally), living in countries with a high HIV prevalence.<sup>7,8</sup>



*According to the United Nations Convention on the Rights of the Child, young people between the ages of 18 and 24 are legally adults, while those younger than 18 are children. People under the age of 18 who sell sex are victims of commercial sexual exploitation.*

\*In parts of Asia, advocates now prefer language that separates transgender and MSM issues, because these groups have different needs.



## Program challenges

Staff of HIV prevention programs for the general population of young people may see most-at-risk young people—particularly those who inject drugs and sell sex—as outside their expertise and outside their sphere of responsibility. At the same time, programs for MARPs rarely adapt service delivery systems to take into account the unique needs and circumstances of young people—especially adolescents—who are most at risk of HIV.

Drug treatment services often overlook young people, especially those in the early stages of injecting and those who do not consider themselves to be dependent on drugs.<sup>9</sup> Furthermore, in many countries, service providers may not want to work with younger adolescents because of legal considerations relating to informed consent.

In countries where sex between men is illegal, organizations that serve MSM face official resistance, legal impediments, discrimination, and low funding. Organizations that work with young MSM may be seen as recruiting young men to practice homosexuality, a misperception that can inhibit this outreach. Community-based groups are an essential source of services for young MSM, but they require strong links to the health infrastructure, funding, and capacity building.

Resources for HIV prevention among young people often are not allocated where they could have the most impact. For example, in Asia, where concentrated epidemics predominate, at least nine of every 10 newly infected young people come from MARPs. However, the distribution of prevention resources reflects the reverse.<sup>10</sup>

## Programs for most-at-risk young people

Despite all of these challenges, some programs have shown promise. Among young MSM, peer education within social networks has made an impact in projects in Russia and Bulgaria.<sup>11</sup> A multimedia campaign in Bangkok and Chiang Mai, Thailand used the Internet and text messaging to alert MSM networks to the alarming increase in HIV prevalence there among MSM.<sup>12</sup> Other programs

have demonstrated the value of structural change. For example, in Mexico and Brazil lesbian-gay-bisexual-transgender (LGBT) communities and others worked with political groups to highlight the marginalization of LGBT youth; to advocate for the adoption of more egalitarian policies; to respond to institutional and social homophobia with substantial investments; and to integrate sexual and gender diversity in sex education.

Many projects concerned with young people who sell sex have focused on trafficking issues, with interventions that (1) prevent girls from being trafficked; (2) offer condoms and services to minimize the health consequences of risky behaviors; and (3) provide shelter and alternative sources of income. Programs have also begun to serve young sex workers who are not trafficked, by employing peer education, training in condom-negotiating skills, and introductions to self-help organizations and community-based child protection networks.<sup>13</sup>

Programs for IDUs generally attempt either to reduce demand or harm. Demand-reduction initiatives help people to avoid starting to inject and help those already injecting to reduce or stop drug use. Few projects seem to have focused specifically on demand reduction among vulnerable youth, and there is little published evidence of the impact of such projects. But one that seems to show promise is a study in Kyrgyzstan and Uzbekistan. After researchers there found that older siblings or friends had taught 86 percent of young IDUs how to inject,<sup>14</sup> they focused on encouraging these “helpers” to stop.<sup>15</sup> Other interventions have employed peer education and training programs to help parents communicate more effectively with their children.

Harm-reduction activities focus on reducing HIV transmission among people who inject drugs. Needle and syringe programs and opioid-substitution therapy form the backbone of harm-reduction services, but ideally these interventions should be part of a broader range of services.<sup>16</sup> Some projects are reaching young people, including a project in Uzbekistan in which peer educators were trained to tell young drug users about the

health services available through a generic drop-in center for young people. IDUs who visit the center are not identified as such, but staff can refer them to health services (including needle exchange services) and accompany them if they wish.<sup>17</sup>

## The future

These and other youth-focused MARPs programs are still being evaluated, but already they are yielding valuable lessons:

- Avoid labeling young people as “sex workers” or “drug users.”
- Provide access to HIV counseling and testing services that are sensitive to the special needs of young people most at risk.
- Teach young people to help prevent the spread of HIV infection by involving them in performing and visual arts as media for HIV prevention messages.
- Design projects that address the overlapping risks associated with drug use (including amphetamine-type stimulants), young MSM, and sex work. An epidemic of drug use among MSM appears to be emerging in Asia, and few interventions are reaching this segment in general and younger MSM in particular.
- Where civil society is weak, build the capacity of local organizations to implement these approaches.

Subgroups of vulnerable young people require specific strategies. Programs for young MSM should be aware of culturally specific sexual and gender identities and expressions that reflect experimentation among young MSM. They should focus on reducing risky behavior among MSM rather than on their sexual identity itself; address barriers to HIV testing and STI services for young MSM that result from fear of a double stigma (MSM and HIV-infected); and aid organizations that can offer support, role models, and advocacy for policy changes.

For young people who exchange sex for money or goods, programs should address structural means to prevent adolescent entry into commercial sex work, including barriers to trafficking. Young sex workers need more personal attention than do older sex workers, including more training to use condoms and to practice other HIV-prevention strategies. Although most programs have focused on girls, boys also sell sex. Issues relating to the sale of sex by boys and young men require attention.

The illegality of drugs makes young drug users wary of contact with organized activities, particularly those connected with government. Programs may need to negotiate the cooperation of local law-enforcement agencies so that they can serve clients, especially young clients, without risking reprisal. Access to harm-reduction interventions by minors can be restricted by law or can involve requirements, such as registration, that frighten away young users of injected drugs.

## RECOMMENDATIONS TO IMPROVE SERVICES FOR YOUNG PEOPLE MOST AT RISK OF HIV

1. *Inform advocacy with better data:* Collect and disaggregate data by age and sex to inform advocacy, policies, and program development and monitoring.
2. *Understand risk behaviors, evaluate interventions, and consolidate lessons learned:* Research the best ways to reach young MARPs through services and policies that reduce vulnerability and place more emphasis on primary prevention efforts.
3. *Promote better policies and target funding appropriately:* Develop and implement policies that protect vulnerable young people, decriminalize behaviors that create risk, and ensure that adolescents most at risk can access the services they need.
4. *Promote comprehensive services and creative programming:* Thoroughly train service providers working with MARPs and vulnerable young people; use peer education and social networks; emphasize counseling and testing and psychosocial and other special services; address issues such as informed consent of minors, sexual exploitation, and the provision of clean injection equipment.
5. *Create partnerships across social sectors and within communities:* Establish effective links between services and communities, working with parents, schools, nongovernmental organizations serving young people, religious/community leaders, and others.
6. *Engage vulnerable and most-at-risk young people:* Involve young people as advocates and as peers to make contact with, and provide outreach to, vulnerable and most-at-risk young people. Solicit their help in designing programs for their peers.

Adapted from Young People Most at Risk of HIV/AIDS: A Report from the Interagency Youth Working Group of the U.S. Agency for International Development, the United Nations Inter-Agency Task Team on HIV and Young People, and Family Health International (2010).

Young people who are most at risk for infection with HIV are among society's most marginalized groups. In most cultures, the prevailing reaction to behavior linked to high risk of HIV infection is to try to prevent and punish it. Programs that aim to reduce harm provoke opposition, because they seem to tolerate or enable illegal behavior. Rather than suppress such programs, governments, law enforcement, and social agencies should cooperate with them, and remove the barriers to services that young people most at risk of HIV so clearly need.

—Freelance writer Patricia A. French, BS, summarized “Young People Most at Risk of HIV/AIDS: A Report from the Interagency Youth Working Group of the U.S. Agency for International Development, the United Nations Inter-Agency Task Team on HIV and Young People, and Family Health International” (2010). More than 25 people contributed to that report and to a 2009 global meeting on this topic. Information on the meeting is available here <http://info.k4health.org/youthwg/iywg/25June09.shtml>. The full 65-page document is available by email at [youthwg@fhi.org](mailto:youthwg@fhi.org).

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**YouthLens** is an activity of the Interagency Youth Working Group (IYWG), a network of nongovernmental agencies, donors, and cooperating agencies working to improve reproductive health and prevent HIV among young people ages 10 to 24. The U.S. Agency for International Development funds the IYWG. Family Health International produces the YouthLens publication series.

May 2010

