



## UNITED NATIONS SPECIAL SESSION ON HIV/AIDS

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### Fact Sheet

## Preventing HIV/AIDS among young people

*Young people are at the centre of the HIV/AIDS epidemic. Their behaviour, the extent to which their rights are protected, and the services and information they receive determine the quality of life of millions of people. Young people are particularly susceptible to HIV infection and they also carry the burden of caring for family members living with HIV/AIDS. Around the world, AIDS is shattering young people's opportunities for healthy adult lives. Nevertheless, it is young people who offer the greatest hope for changing the course of the epidemic.*

### At the hub of the epidemic

- An estimated 10.3 million people aged 15-24 are living with HIV/AIDS, and half of all new infections—over 7,000 daily—are occurring among young people.
- Sub-Saharan Africa is hardest hit. It is home to over 70% of young people living with HIV/AIDS and to 90% of the AIDS orphans in the world (12.1 million children).
- Young people are vulnerable to HIV because of risky sexual behaviour, substance use and their lack of access to HIV information and prevention services.
- Ignorance about the epidemic remains pervasive among young people, many of whom do not know how to protect themselves from HIV. In Mozambique, for example, 74% of girls and 62% of boys aged 15-19 are unaware of any way to protect themselves. Half of the teenage girls in sub-Saharan Africa do not realize that a healthy-looking person can be living with HIV/AIDS.
- Marginalized young people (including street children, refugees and migrants) may be at particular risk because of stigma, their exposure to unprotected sex (in exchange for food, protection or money) and the use of illicit drugs.

### Young people and sexual behaviour

- Many young people do not believe that HIV is a threat to them. Almost two-thirds of sexually active girls aged 15-19 in Haiti do not believe they run the risk of HIV infection; more than half of their Zimbabwean counterparts share that perception.
- Some adolescents become sexually active early, without the benefit of the necessary information, skills and services to protect themselves from HIV. Programmes targeting young people often fail to acknowledge such early sexual activity.
- Sexual relations are often unplanned and sometimes coerced. Of the estimated 2 million sex workers in India, 20% are under the age of 15 and nearly 50% are under 18. Forced sex can injure the genital tract, thereby increasing the odds of acquiring HIV and other sexually transmitted infections.
- Young people exposed to sexual abuse and exploitation (including incest, rape and forced prostitution) are especially vulnerable to HIV infection. In Cambodia, 30% of sex workers aged 13-19 are infected with HIV.

- Stigma, social exclusion and a lack of information put young men who have sex with men at additional risk. Among self-identified homosexual young men in Peru, 40% have reported recent unprotected anal intercourse.
- Good-quality sexual health education programmes help delay the onset of sexual activity and protect sexually active young people from HIV, other sexually transmitted infections and pregnancy.
- Many factors discourage young people from using health services. They include a lack of privacy and confidentiality, insensitive staff, threatening environments, an inability to afford services, and the fact that services often do not cater to unaccompanied minors or are restricted to married adults.
- Biological, social and economic factors make young women especially vulnerable to HIV, occasionally leading to infection soon after the women have become sexually active. A study in Zambia found that, within a year of becoming sexually active, 18% of young women surveyed were HIV-positive.
- In some of the worst affected countries, adolescent girls are being infected at a rate five-to-six times higher than are boys. There is growing evidence that older men are responsible for a large share of these infections.

### Young people and substance use

- Drug injection features prominently in the epidemic, notably in the many countries where injecting drug users are forced to live on the margins of society and lack access to HIV/AIDS information and prevention programmes. Many of these users are young.
- The use of alcohol and other drugs is associated with unsafe sexual behaviour. HIV prevention strategies need to address this issue.

### Respecting and involving young people

- Young people are key to controlling HIV/AIDS. They have the right to knowledge and skills that reduce their vulnerability and enable them to protect themselves and each other against the epidemic. Experiences show that HIV/AIDS programmes that respect and involve young people, while being sensitive to their cultures, are more likely to succeed.
- Bigger and better communication and social mobilization efforts are needed to broaden HIV/AIDS awareness and promote healthy lifestyles. They also need to defuse the stigma and discrimination associated with HIV/AIDS.
- Young people need a safe and supportive environment. This requires sensitive attitudes, policies and legislation at family, community and national levels. Sturdy relationships with caring parents or other adult role models are essential.
- Strong and effective education systems are important. Yet, in many countries, those systems are in disarray. They need to be repaired and boosted with innovative teaching approaches.
- Outreach and peer education programmes among young drug users should be expanded. They can include steps to improve access to information, prevention commodities (such as condoms and sterile injecting equipment for those who inject), as well as HIV/AIDS prevention and care services.

### Targets for success

- Governments have pledged to cut HIV prevalence among 15 to 24-year-olds by a quarter in the most affected countries by 2005, and globally by 2010.
- They have also undertaken to ensure that, by 2005, at least 90% of young people have access to information, education and services to reduce their vulnerability to HIV infection. Such services should include access to preventive methods such as female and male condoms, voluntary testing, counselling and follow-up support.