



MEXICO YOUTHFORCE: Young People and HIV

- Globally, 1.7 billion young people aged 10-24 make up one quarter of the world's population, 1.5 billion of them in low-income countries. Despite young people's vulnerability to HIV infection, their needs are often overlooked when national AIDS strategies are designed and implemented. (1)
- As of 2007, an estimated 33.2 million people were living with HIV, 5.4 million of whom were young people 15-24 years of age. (2) 40% of new infections are amongst 15-24 year olds, most of whom are female. (3) In sub-Saharan Africa, 3.2 million young people are living with HIV (YPLHIV) and three young women are infected for every young man. (4) Gender inequality reduces the ability of young women (especially those who are married) to negotiate condom use and access services. In certain countries in Latin America and the Caribbean, the epidemic is concentrated among men who have sex with men. A lack of policies that promote and defend their rights increases their risk for HIV infection.
- In 2001, governments committed that by 2005, 90% of young people would be able to correctly identify modes of HIV transmission and prevention. Yet as of 2007, only 40% of young males and only 36% of young females had accurate HIV knowledge. The universal access target for HIV knowledge among youth is 95% by 2010. (5)
- There are currently 12 million children and adolescents who have lost one or both parents to AIDS (6), and this number is expected to grow to 25 million by 2010 (7).

Table 1: Young people (15-24) living with HIV/AIDS (2)

	Main Modes of Transmission	Female	Male	Total
East Asia and Pacific	IDU, SW, MSM	110 000 (18%)	450 000 (79%)	570 000
Eastern Europe (CEE/CIS)	IDU, SW	100 000 (29%)	240 000 (71%)	340 000
North Africa & Middle East	Heterosexual unprotected sex, IDU	47 000 (58%)	35 000 (42%)	81 000
Sub-Saharan Africa	Heterosexual unprotected sex	2 500 000 (78%)	780 000 (24%)	3 200 000
Latin America and Caribbean	MSM, Heterosexual sex	140 000 (33%)	280 000 (67%)	420 000
South Asia	Heterosexual sex, IDU, SW, MSM	270 000 (38%)	440 000 (62%)	710 000
Totals (Non-Ind. Countries)		3 100 000 (57.4%)	2 200 000 (40.7%)	5 400 000

- The vast majority of YPLHIV do not know that they are infected. With increasing access to testing, including through provider-initiated testing and counseling, more and more of these young people *will* know their HIV status. (3)
- Because of the debilitating effects of stigma and discrimination, finding out one's HIV status can often do more harm than good when counseling and support services are inadequate. YPLHIV need psychosocial support and youth-friendly services to deal with their diagnosis, disclosure, treatment adherence, issues of motherhood and relationships, financial stability, and living positively.
- Young people make up a large percentage of "marginalized groups:" injection drug users (IDUs), sex workers (SWs), men who have sex with men (MSM), the homeless or those living on the streets, the disabled, the imprisoned, care-giving youth, youth in conflict zones, et al. In countries where marginalized populations face stigma, criminalization, and violence, these youth are driven "underground," and are too fearful to access services. (8)
- Laws that prohibit young people under 18 from accessing HIV testing or health services without parental consent are a major barrier to reaching young people at risk for infection. Few young people want their parents to know they are having sex and need an HIV test.
- As the life-prolonging effects of antiretroviral therapy rise with greater access to treatment, the number of YPLHIV who were infected perinatally (mother-to-child transmission) and who survive to adulthood will rise. They will require ongoing treatment, care, support and prevention during this new and challenging phase of their lives.

- **Pregnant women are often young women.** In 2007 only 11% of pregnant women with HIV received antiretrovirals for the prevention of mother-to-child transmission of HIV. (2) Service providers often forget that YPLHIV are sexually active, and that young women living with HIV may want to become pregnant.
- YPLHIV have the same sexual and reproductive rights as any person, including the right to live free of persecution based on a person's sexuality. Therefore, access to and availability of condoms, family planning, and reproductive and sexual health services are essential components of any care and support program. (3)
- **There is a lack of reliable data on young people and YPLHIV.** Few countries follow the UNGASS Core Indicators under which they are required to disaggregate data by gender and age. Current data only reflect trends and behaviors among children (0-14) and adults (15-49)—not young people. Without evidence, it is not possible to identify drivers of the epidemic, where we should target our efforts, the human and financial resource needs, the barriers to access, the entry points to reach young people, and what progress has been achieved. (3)
- **YPLHIV differ from children or adults living with HIV, and need special services.** While children LHIV are treated as “innocents,” YPLHIV are blamed for their “risky behavior” resulting in stigma and discrimination. Adolescence is a period marked by risk taking, sexual experimentation, an emerging sense of identity and sexuality, a challenging of authority figures, experimentation with substance use, and a sense of immortality.
- **Young people are less likely to visit health services than children or adults** and often fall through the cracks during the transition from pediatric care to adult services. (3) YPLHIV often depend on their parents (e.g. financially, legally, and for housing) and cannot make independent decisions. Moreover, fear of disclosure to family members impedes young people from getting tested or accessing services.
- Health care providers must be trained to provide accurate, relevant, appropriate and non-judgmental information targeting young people. Services must include voluntary and confidential testing with pre and post-test counseling, and referrals to other services (ideally affordable, proximate in location, and accessible to youth).
- **The involvement of young people in decision-making that affects their lives is a right enshrined in the UNGASS DoC.** Youth involvement, especially YPLHIV, in the design, implementation, and evaluation of policy, programs, service provision, education, and outreach leads to improved program outcomes and relevance. YPLHIV are likely to respond best to providers and services which take into consideration their developmental issues and legal rights. (3) The idea of involving people living with HIV was formally adopted as a principle at the Paris AIDS Summit in 1994, where 42 countries declared the Greater Involvement of People Living with HIV and AIDS (GIPA) to be critical to ethical and effective national responses to the epidemic.
- The needs of YPLHIV cannot be met by the health sector alone. The involvement of community leaders, media, faith leaders, corporations and businesses, educational institutions, and others can address issues of livelihoods and employment, food security and nutrition, and workplace policies to address discrimination by providing information and skills to parents and families of YPLHIV, higher education opportunities, and behavior change communication. (3)
- Few governments track the amount of financial investment in programs serving young people. Young people report that a lack of funding is the most significant barrier to expanding coverage of services and building sustainable programs. **Without a dramatic increase in funding for youth-led and youth-serving HIV and sexual reproductive health programs, universal access targets will remain unfulfilled.**

This fact sheet was originally prepared by the Global Youth Coalition on HIV/AIDS and UNFPA.

Sources:

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- 2) UNAIDS 2007 AIDS Epidemic Update
- 3) WHO/UNICEF “Global Consultation on Strengthening the Health Sector Response to Care, Support, Treatment and Prevention for Young People Living with HIV.” (Meeting report) Blantyre, Malawi, 2006. This consultation involved 49 participants from 18 countries including many youth living with HIV. Figures from this report have since been updated with 2007 data.
- 4) UNAIDS, 2006 Report on the Global AIDS Epidemic
- 5) WHO/UNAIDS/UNICEF, “Towards Universal Access, Scaling Up Priority HIV/AIDS Interventions in the Health Sector” 2007.
- 6) General Assembly Report of the UN Secretary General, “Declaration of Commitment on HIV/AIDS and Political Declaration on HIV/AIDS: midway to the Millennium Development Goals.” April 1, 2008.
- 7) UNFPA, “Population Issues: Supporting Adolescents and Youth: Fast Facts.” <http://www.unfpa.org/adolescents/facts.htm>
- 8) WHO, 2006. “Steady, Ready, Go! Preventing HIV/AIDS in Young People: A Systematic Review of the Evidence from Developing Countries” http://www.who.int/child-adolescent-health/publications/ADH/ISBN_92_4_120938_0.htm

The Mexico YouthForce promotes and facilitates meaningful youth participation and youth-adult partnerships to raise the visibility of youth HIV and AIDS issues before, during, and after the XVII International AIDS Conference through concrete action.

The Mexico YouthForce is a wide-ranging coalition of non-governmental and international organizations, coordinated by Advocates for Youth, Ave de Mexico, the Global Youth Coalition on HIV/AIDS, TakingITGlobal, and Youth Coalition. The YouthForce is supported by UNFPA, UNESCO, the Summit Foundation, the Gates Foundation, and Plan International.