

Module 5: HIV/AIDS and young people - Adolescent health and development with a particular focus on sexual and reproductive health - Assignment

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Group of young people in Ethiopia targeted to HIV intervention

Every day, 5000 young people aged 15-24 years become infected with HIV; almost 2 million new infections each year globally. More than 10 million of the estimated 40 million people living with HIV are young people¹.

Sub-Saharan Africa is home to almost two-thirds (61%) of all youth living with HIV (3.28 million), 76 percent of them female. Despite the high numbers of young people living with HIV, there still remains insufficient attention directed towards preventing future transmission of HIV among this population group².

In Ethiopia, though there is very limited and uncoordinated RH program to address the sexual and reproductive health (SRH) of young people; some recently conducted assessments indicates the major problems for Ethiopian youths in related to RH and HIV/AIDS are related to lack of or poorly organized SRH services designed for them. Most studies in Ethiopia and elsewhere in the world indicate that young people are engaged in sexual activity at a very early stage of their age. In the study conducted in Ethiopia (*Young people's HIV/AIDS & Reproductive Health need and utilization of services in selected regions of Ethiopia. Dec 2005. Addis Ababa, Ethiopia*) revealed that the first age at which sexual intercourse was practiced in the study young people was ranged from 13-17 years old with the mean age of 15.56 years³.

There are different groups of young people in Ethiopia that should be targeted to HIV interventions. We can categorize them in three groups: *In school youths*, *Out-of-school youth* (includes youths living in extreme poverty, living on streets, young sex workers, *Young people who have limited access to health and social services due to different reasons*) and *young people who are workers* (includes civil servants and farmers).

Factors that makes young people vulnerable

Although there are a number of interrelated socio-cultural, economic and political issues responsible for the vulnerability of Ethiopian young people to HIV infections, the major and fundamental causes may lie on lack of coordinated sexual and reproductive health program or services at national and regional levels specifically designed in line with youth-friendly concepts and characteristics in the country. The existing public health institutions are most often organized to meet the health care needs of the general public, services provided in these public facilities may not address young people's need, and in some cases they are intimidating and unfriendly.

Some studies conducted in Ethiopia revealed the major RH and HIV/AIDS related problems for young Ethiopians is related to lack of SRH services designed for them^{3,4}.

Though there are various initiatives in Ethiopia by Federal Ministry of Health to address the Adolescent reproductive health like the development of “Five year Action plan for Adolescent reproductive Health in 2002. Neither program nor plan has been put into action at regional or local service delivery level³.

Thus, due to limited attention to the national adolescent reproductive health services and inadequate developments on policies & guidelines, activities and coordinated services Ethiopian young people’s are more exposed and susceptible to HIV infection and other SRH related problem. Other factors like high population growth, poverty, and inadequate health service coverage, limited electronics media coverage and cultural and social factors are also among the major factors.

Most important interventions which would contribute to achieving the UNAIDS goal

Interventions most important for each vulnerable group which contribute to achieving the UNAIDS goal are;

I would like to put my responses here from 3 angles: from system designing level, service provision level and capacity building activities level for each group of youths.

1. For In –School youths

✓ System strengthening approach

- Curriculum based intervention: Incorporating family life education and SRH services into formal education curriculum so that, young people educated at early stage before they actually commence sex and risky behavior.
- Knowledge and skill development to school teachers related to youth friendly services and approaches.
- Reorganizing public health institutions to deliver youth friendly health and health related services.
- Formulate legal frameworks & develop national ARH/SRH policies and programs.
- Involve broad range of actors: parents, teachers, families, community leaders who have responsibility for educating young people and provide information.

✓ Service strengthening

- Make available youths friendly IEC/BCC materials related to SRH and HIV/AIDS.
- Establishing youth friendly mass media in school and support with program related services.
- Ensure and follow sexual and reproductive activities are being practiced safely and to the standard level.
- Create a positive entertainment opportunities and environment to help youths engage in good behavioral practice.

- Promote Adolescent oriented sports and experience sharing practices to enable them practice wise choice and avoid bad practices.
 - Build clubs like anti-AIDS, girls club... in the school to disseminate information and promote confidence based debates.
 - Establish specific VCT centers in school oriented to the young people.
 - Establish monitoring and evaluation system to measure implementation progress and correct defects on time.
 - Develop further research in detail on SRH and recommend practical strategies.
- ✓ Capacity building
- Building the capacities of schools to provide youth oriented information (like improving library...).
 - Increase the understanding of young people regarding SRH and HIV/AIDS using in-school media and mass media.
 - Sensitize partners, community members and general public focusing on parent child communication and discussion about SRH matters.
2. Out-of- School youths (Young people living in extreme poverty including street youths, daily laborers, house maid & Young sex workers).
- ✓ System strengthening
- Formulate legal frameworks & develop national ARH/SRH policies and programs in favor of out of school youth.
 - Involve broad range of actors: parents, teachers, families, community leaders who have responsibility for educating young people and provide information.
 - To bring societal change, including socio-cultural norms, and values that are tackling service delivery to young people.
 - Develop and implement adolescent friendly policies and strategies.
 - Develop policy that prohibits very young sex workers.
 - Design mechanism to bring this group of youths to the working environment and design affirmative activities.
 - Make public health service institution youth friendly to increase young people's use of all HIV/AIDS related services.
 - Design a mechanism of accessing education to out –of school youths because, being in school helps them to gain and share different information and ideas.
 - Make the set up of public health service delivery facilities accessible and acceptable to young people.
 - Combating poverty through strengthened social supports and set supportive system for micro financing.

- Enhance collaboration between government organizations, NGOs, private institutions, health associations that are engaged in ARH & HIV/AIDS service provision.
- Promote social marketing campaign to reach young people in relation to SRH problems and HIV/AIDS.
- Involvement of community and religious leaders in designing youth friendly ARH services.
- Design opportunities to develop life-skill activities.
- Ensure that young ARH and HIV/AIDS programs are given due attention in the general health service delivery program.

✓ Service strengthening

- Initiate and support local support groups and community members to generate and support targeting youths living on street.
- Promote outreach and community based SRH programs targeting young people.
- Create an environment that attracts young sex workers and organize them for pity trading.
- Promote young people's active involvement in defining their needs and in designing SRH policy and programs implementation.
- Establish specific VCT centers for young people.
- Strengthen the involvement of trained peer educators and service providers in providing all inclusive SRH services.
- Avail HIV preventive meanness near to sex workers.
- Design mechanism targeting community to deliver services through traditional kinship networks.
- Establish monitoring and evaluation system to measure implementation progress.
- Develop further research in detail on SRH and recommend practical strategies.

✓ Capacity building

- Use well designed IEC/BCC materials and advocacy tools and distribute through social and civic organizations including local support groups.
- Community awareness creation on issues related adolescent health, vulnerability and rights.
- Improve the capacities of public health institution to deliver adolescent oriented outreach services.
- Equip health facilities with basic health service delivery.
- Improve the knowledge level of youths to utilize the existing health services to the maximum.

- Strengthen the capacity of community based reproductive health agents.

3. **Young people who are workers** (includes civil servants and farmers).

✓ System strengthening

- Make public health service institution youth friendly to increase the utilization by young people.
- Combating poverty through strengthening social supports and creating mechanism of micro financing system.
- Make health service institutions accessible and acceptable to young people.
- Ensure the establishment of AIDS resource center in work places.
- Strengthening the mainstreaming activities and establish AIDS fund among Civil servants .
- Design mechanism targeting community to deliver services through traditional kinship networks.
- Enhance collaboration between government organizations, NGOs, private institutions, health associations that are engaged in ARH & HIV/AIDS service provision.

✓ Service strengthening

- Avail IEC/BCC materials using different media targeting this group of youths.
- To use all mass media electronic, audio visual and paper based media to disseminate information.
- Creating safe and supportive work environment.
- Establish specific VCT centers for young people.
- Establish monitoring and evaluation system to measure implementation progress.
- Develop further research in detail on SRH and recommend practical strategies.
- Sensitize partners, community members and general public focusing on parent child communication and discussion about SRH matters.

✓ Capacity building

- Improve knowledge level of the community members and design mechanism to bring youth friendly services.
- Design opportunities to develop life-skill of youths.
- Improve the capacities of public health institution to deliver adolescent oriented outreach services.
- Equip health facilities with basic health service delivery.
- Improve the knowledge level of youths to utilize the existing health services to the maximum.

- Strengthen the capacity of community based reproductive health agents.

Generally, the aforementioned suggested interventions are nearly analogous to one another, and needs to be practiced jointly to address the core concerns of HIV/AIDS in youths living within different scenarios of life.

References

1. Preventing HIV/AIDS in young people, evidence from developing countries on what works. Summary of the WHO Technical Report series No 938.
2. Inter-Agency Task Team on HIV and young people. Guidance brief. Overview of HIV interventions for young people. NY: United Nations population fund, HIV/AIDS Branch; 2008.
3. Ethiopian Public Health Association. Young people's HIV/AIDS & Reproductive Health need and utilization of services in selected regions of Ethiopia. Dec 2005. Addis Ababa, Ethiopia.
4. Ethiopian Public Health Association. Extracts from EPHA Research Awards and Master's Thesis in HIV/AIDS. Extract No. 2. December 2005, Addis Ababa, Ethiopia.