

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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Since the first case of HIV/AIDS was diagnosed in 1986, it has been a story of rapidly growing and spread of the epidemic. Nigeria being the largest and most populous country in sub Saharan Africa, has been highly affected by the HIV/AIDS scourge. The Adult HIV Prevalence rose from 0% in 1986 to 1.8% in 1991. In 2001 prevalence rose to 5.8% dropping slightly to 5% in 2003 and 4.4% in 2005, the rate at 2008 stands at 4.6%. As the burden of the diseases increases in the community, some individuals are faced with far more risks and challenges than others. There is therefore the need for programs to target these high-risk individuals in order to stimulate behavior change, and reduce prevalence rate among high-risk groups.

Target areas

1. Street Children otherwise known as Almajiri in Northern Nigeria.
2. Female out of school youths.
3. Male out of school youths.
4. Transport workers and their assistants.
5. Men in uniformed service.

Why these group of people?

Young people accounted for 40% of all HIV/AIDS infections especially in 15-49 years of age in the year 2009. It has also been found out that youths account for about 3000 new infections due to HIV/AIDS globally. These classes of people are distinguished by their peculiarities and vulnerabilities; they are vulnerable due to age, biological and developmental characteristics as well as social, cultural and religious challenges, which hinder their development as well as the realization of their full reproductive potentials.

The dearth of sexual and reproductive health information and services pose a serious threat to them, as they are unable to get their needs at the time they need them most, these factors contribute to making them make decisions that are not informed and rational hence the adverse consequences. There is a need for a program that will use the concept of communication for social change strategies for implementing integrated community based programs. These strategies and programs will be geared towards community empowerment through capacity building and community participation, with the overall aim of achieving and improving access to reproductive health products and services, developing local capacities for supporting and sustaining behavior change conducive to sexual and reproductive health among poor and vulnerable populations in Nigeria.

The key areas of interventions

1. Informations to acquire knowledge.
2. Opportunities to develop life skills.
3. Appropriate health services for young people.
4. Creation of safe and supportive environment for the attainment of their full reproductive potentials.

In trying to achieve these objectives, a model readily comes into mind. This is the peer education model plus (PEP Model). This model is a well-defined program that allows you to get to the grass root at a step-by-step process, using peer educators which serve the function of role models and also as educators of their peers. Communities can also be involved; the model uses community influencers, stakeholders to identify peer groups and guide towards selecting and identifying peer educators. The proper utilization of this model ensures sustainability, stakeholder involvement and community participation at all levels of the program.

Assignment document

1. [Ferguson J. HIV/AIDS and young people. Paper presented at: Training Course in Sexual and Reproductive Health Research; 2010 Sep 26; Geneva.](#)