

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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I am doing this assignment for Burkina Faso as I am currently working as back-stopper of RH projects implemented in Burkina Faso. This document is based on a literature review and not on personal experience.

Groups of young people in Burkina Faso who should be targeted with HIV interventions

- Young married women living in rural areas.
- Young female sex workers.

Factors (the 'drivers') which make them vulnerable

Young married women living in rural areas

Female versus males: The low status of girls makes them especially vulnerable in the context of the HIV epidemic, although current national HIV rates remain relatively low. Young women are 4 times more likely to be HIV infected than young men of the same age: an estimated 1.4% of girls are infected with HIV, compared with 0.5% of boys.

Educational enrollment is extremely low in Burkina for both sexes, but especially for girls, impacting on her access to information.

Married versus unmarried: In Burkina, early marriage affects girls disproportionately. Whereas the median age at marriage for girls is 17.7 years, for boys it is 25.8 years. Many girls are married during adolescence (see Assignment 4). Married girls are more at risk of HIV infection than unmarried women for different reasons. Married girls are more likely to be sexually active and they have fewer means of obtaining RH information and specifically HIV knowledge, being less likely to be in school and having less access to information (radio, TV, newspaper). Also unmarried women may be more in control of the situation during occasional sex and more confident of getting a male partner to wear a condom. On the contrary, it seems that married women use protection less than unmarried women because they feel under the control of the husband and they experience a strong social pressure of bearing a child.

Rural versus urban: Early marriage affects especially the rural area: about 60% of rural girls are married by the age of 18. Although the legal age at marriage is 17 for girls in Burkina Faso, 6% of rural girls are married before their fifteenth birthday. Moreover, rural women have less access to information and education.

Adolescents versus older women: Husbands of young brides are generally older than the boyfriends of unmarried girls, and, therefore, they have a greater lifetime risk of carrying

sexually transmitted infections such as HIV. Moreover, the age gap often exaggerates the power imbalance in the marital relationship and inhibits communication about safe sex.

Attitude of girls versus boys: Generally, girls do not feel responsible for protecting themselves, because they believe that men rather than women are responsible for using protection against HIV/AIDS.

Young female sex workers

The number of young prostitutes in Burkina Faso is unknown. A study found that 27% of sex workers in Burkina Faso are adolescent girls. The prevalence of HIV in this population is estimated to be 6%, compared with a national prevalence of 4%.

Young prostitutes in Burkina Faso are represented by girls who are forced to support themselves through the exchange of sex for gifts, money and shelter (socio-economic factors that lead to prostitution).

Sex workers are particularly prone and vulnerable to HIV because of multiple partners and unprotected sex. This vulnerability is aggravated by many factors, such as their high mobility within and outside the main cities, the insufficient number of health services targeting this group and the sexual violence within the job.

Most important interventions which would contribute to achieving the UNAIDS goal

First, Burkina Faso is one of the poorest countries in the world. A socio-economic improvement of the country would certainly improve the educational and the economic level of girls, leading to an improvement of their status and consequently a decrease in their level of vulnerability to HIV/AIDS. Therefore, an effort to support this country could finally lead to an improvement of the situation for the Burkinabe girls.

Moreover, in order to address the epidemic, child and female protection policies need to be reinforced, including ensuring girls education, girls' and minors' protection from sexual abuses (including within marriage), supporting employment opportunities for girls, increasing out-of-school adolescent girls' opportunities for economic development, increasing women's access to income and productive resources, etc.

Last but not least it is essential that people, including girls, have access to free and quality health promotion, treatment and support HIV services.

Having said that, some specific interventions that would contribute to achieving the UNAIDS goal are listed below.

For young married women living in rural areas:

- Improve married girls opportunity to remain in school.
- Delay marriage until 18 by ensuring the support from community leaders in garnering social and cultural will at the national, community, and family levels to enforce existing laws respecting girls rights, including their right not to be married before the age of 17.

- Provide specific programmes to reach rural and out-of-school young girls with information on HIV transmission and prevention as well as on skills to be able to refuse sex, to communicate and to discuss sex and the use of protection with the partner.
- Create support centres, especially in rural areas, such as girls' clubs.
- Provide appropriate health services and commodities for HIV prevention and treatment, care and support:
 - Ensure the accessibility to adolescent-friendly health services: increase the number of adolescent-friendly health posts equipped with sufficient and well-trained staff, and/or increase the outreach services, especially with female providers who are sensitive to this topic.
 - Improve the support services for adolescent girls in treatment.
 - Improve the counseling skills of health and education staff.

For young female sex workers:

- Reinforce national policies to offer health services to young sex workers, to cover girls even under the age limit of the paid employment.
- Increase the number of health services in specific areas of the main cities and increase the number of outreach targeting young prostitutes.
- Train health providers in counseling skill. Health providers who work with sex workers should be particularly motivated and “prostitute-friendly”, in order to avoid exclusion of this vulnerable population from the service due to their negative attitude.
- Reinforce the role of local organisations that work with prostitutes.
- Offer appropriate sustainable livelihood programs.

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.](#)