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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Groups of young people in Uganda that need to be targeted with HIV interventions

As recommended by a policy options workshop, and drawing from lessons from Asia, it is suggested that interventions be designed and targeted to certain population cohorts based on the attendant level of risk.

These could be disaggregated into:

1. Adolescents and young people at low risk and low levels of vulnerability.
2. Adolescents and young people engaging in high risk behaviors.
3. Adolescents and young people who are more vulnerable to start engaging in high risk behaviors.
4. Young persons who are living with HIV/AIDS, and these are a subgroup of the other three mentioned above.

In Uganda, policies are developed that are country and context specific. There is however, need to more critically disaggregate data on most-at-risk populations by age group, such as 15-19, 20-24, and 25 and over.

The groups targeted, that is adolescents and young people engaging in high-risk behaviors are:

Young people who sell sex

In Uganda, HIV /AIDS is a generalized epidemic, so the risk is heightened. In Uganda these include mainly the so-called commercial sex workers, and these are very vulnerable, especially those from rural backgrounds, the less educated, and the especially young. While Uganda's HIV prevalence rates have declined from close to 30%, in the 1990s to the current 6.4% (Uganda HIV/AIDS Sero-behavioural survey, 2004-05), the rate is still high and the epidemic still has a tremendous impact on society. the national average prevalence rate of 6.4% also disguises the fact that there are certain sections of the population with higher prevalence, for example the prevalence among sex workers in the capital, Kampala was established at 47.2% in 2003 (MoH, Kampala Commercial Sex Workers Sero-Behavioural Survey, 2003).

In Uganda another cohort has been introduced, and this includes young people involved in 'intergenerational sex', here defined as sexual relationships between persons whose age difference is 12 years and beyond.

Young people who use drugs

This is a growing population, especially in the urban areas, and are likely to be unemployed, poorly educated, and have a poorly defined social support structure. Some are the so called problem youths who are habitual law breakers, and prone to are negative role models. However, the users are not often those who share infected needles and syringes to inject drugs; rather, the majority sniff airline fuel, or smoke or chew hashish or marijuana. This practice is common among long distance lorry or taxicab drivers. Little is known about the extent of the problem, and little formal research has been done in this regard.

Young people who have sex with men

Little is known about this group, though it is growing, especially in urban areas, and in institutions.

Factors (the 'drivers') which make them vulnerable

The main factors (the ‘drivers’) that make them vulnerable include:

Drivers that heighten vulnerability among Young People who sell sex in Uganda

In Uganda there are many drivers to the HIV/AIDS pandemic. In Uganda the norm is unprotected heterosexual intercourse, either in union or among unmarried individuals. The rate of spread of HIV has changed in recent years from the mainly young unmarried youth to older populations of persons in long term relationships. Oral and anal sex is reportedly relatively infrequent. Use of the condom and other means of protection are also relatively uncommon especially in stable relationships. Another key driver is the high levels of sexually transmitted infections, especially among people who sell sex. This group also acts as a source of potential infection to the larger general population, given that Uganda is classified as a generalized epidemic country.

Social and economic factors are important influences to promoting young people to involve in commercial sex. Peer influence also strongly influences young people to start commercial sex; many are influences by their peers such as close friends. Many others are influenced by a situation of poverty and lack of adequate sources of income. Sex work is viewed by some as an ‘easy’ activity to start since one does not need initial working capital.

Many of those engaged in sex work are vulnerable to violence; in Uganda the main forms are physical assault or verbal insults. In Uganda such persons are especially vulnerable because engaging in sex work is illegal (section 131-134 of the Uganda Penal Code), and this puts these young people in added vulnerability despite the disparity between the law and practice. In fact, some of the abusers of such young people are the law enforcement officers themselves. Sex work being illegal contributes to riskier practices and a situation where, when violated, such young people are likely to keep silent.

Some young people are exploited by older pimps, known in Uganda as ‘aunts’ or ‘uncles’ (*Kojjas and Sengas*) who hire then out as sex workers. Some of these are trafficked from the

rural areas, tricked and then exploited. On the other hand, these persons sometimes protect them from the perpetuators of violence, because of the vested interest these older persons have in these young people being involved in sex work. It is mainly the *Sengas and Kojjas* who operate the lodges used by sex workers and their clients.

Many of the young people are also vulnerable because they lack Life planning skills, such as knowledge of how to manage relationships with clients, to manage peer pressure and to protect themselves from sexually transmitted infections such as HIV/AIDS, syphilis or gonorrhea. The urban youth are more at risk, though they also tend to have greater knowledge than their more rural counterparts.

Drivers that heighten vulnerability among Young People who use drugs

Drug users are more vulnerable to unsafe sex practices such as unprotected sex. In Uganda, this is mainly heterosexual penetrative sex. the use of needle sharing or injecting drug use is unknown, though this type of drug abuse is relatively rare in Uganda; additionally, the proportion of the population engaging in these unsafe injecting or unsafe sexual behaviors, including the number, type and 'mix' of sex partners, and the levels of other sexually transmitted infections in such population is unclear. Drugs increase their vulnerability. The company they keep, the information they have, and the adequate access to services heighten their vulnerability. This in part is also associated with the breakdown of social and cultural norms. Some have little if any family support, or could have become the victims of war, famine or other natural disasters that lead to their displacement. In regard to the company drug users keep, there often easy access to drugs and other situations that promote drug use.

Drivers that heighten vulnerability among Young People who have sex with men

The main driver of vulnerability among MSM and young people who have sex with men is the frequency of unprotected sex, the type of unprotected sex (i.e. oral or anal), the proportion engaging in other unsafe sexual behaviors, such as commercial sex work the number, type and 'mix' of sex partners, and the levels of other sexually transmitted infections in this particular population. These persons are biological vulnerable: infection is 5 times more likely through anal than vaginal intercourse. Inadequate information and services, especially in schools and youth clubs; school curricula in some instances must be modified to take this into account. There is lack of services such as condoms or lubricants. Inconsistent condom use has been demonstrated in some places such as India among men having sex with men.
In Uganda, this practice is mainly underground, and the extent of the practice is largely unknown. Homophobia, the moral stigma associated with young men who have sex with men constrains them to be open with health workers and to seek health care services. Additionally, men who have sex with men are cultural, religious and national taboos. Homosexuality is illegal in Uganda, and is classified as a criminal act, akin to bestiality, though it is known to occur more commonly in institutions such as schools, prisons, and among sex workers of a certain caliber, etc. in fear of violent attacks, so even the advocates tend to wear face masks to deter identification.

Drivers that heighten vulnerability among Young People who are Living with HIV/AIDS

Such young people are often highly stigmatized in Uganda, and often lack adequate follow up services such as CD4 counting; nutritional support or education. Some many lack preventive services such as HIV Testing and counseling services. As a result their condition is often underground. Others, who were born with the condition, may lack access to counseling and testing services. Many of them often lack information about positive living (good nutrition and healthy lifestyles), the likely progression of disease, treatment and care options, and how to prevent transmission to others, such as mother-to-child transmission of HIV.

Most important interventions which would contribute to achieving the UNAIDS goal

There are two specific targeted interventions of UNAIDS:

1. Strengthening the availability and use of strategic information on young People and HIV.
2. Developing essential capacities among service providers and establishing strong civil society partnerships (particularly with youth-led and youth-serving organizations) while keeping young people at the centre of the response and enabling them to act as leaders and change agents to create a movement.

The main interventions most important for each group which would contribute to achieving the UNAIDS goal include:

- through behavioral (life planning skills, media, needle exchange programs),
- biomedical (provide condoms and other services e.g. STI management),
- social or structural (such as increasing school attendance, legislation, gender inequalities) strategies, particularly when they are implemented simultaneously.

Young people engaged in sex work

The key interventions will include:

- Promote universal access to HIV prevention, treatment, care, and support: Programmes that help prevent young people to become engaged in sex work. Different services should be readily available and these should be none stigmatizing. These services need to be age specific and tailored to the needs and preferences of the young people themselves. Health education is important to close the information gap particularly regarding STIs and HIV/AIDS. In this regard, peer education interventions help to promote education peer support and compliance to prevention or mitigation measures. User-friendly IEC/BCC materials should be developed and put to good use. Training and sensitizing health workers to be more receptive is an important measure in reducing the fear many sex workers have in seeking health care; Utilization of Sengas and Kojjas (pimps) in identifying young people for sensitization can be an important preliminary measure. As a whole, as many such young people as possible should be encouraged to go for HIV

testing. Young people themselves should be encouraged to participate in programming: design, implementation, monitoring and evaluation of HIV prevention programmes and services.

- Build supportive environments, strengthening partnerships, and expanding choices: examples of these include:

  Sensitization of communities around work places and encourage them to protect sex workers against harassment by clients – using a community based protection where currently there is limited legal protection; Linkage to care especially in regard to HIV/AIDS and STIs integration.

- Reducing vulnerability and addressing structural issues. These include reducing vulnerability by reducing income disparities and access to economic and social opportunities; There is need to develop a supportive policy framework within which such persons can be assisted. There is need to disaggregate young people who are legally children, and therefore defined as being exploited, and include aspects of child parenting and care in the interventions; addressing the lack of economic opportunity by providing alternative avenues of income such as vocational training or supporting savings groups. There is also need to work with law enforcement and human rights actors to ensure that these issues are at the forefront of the national HIV/AIDS drive.

Young people who use drugs

- In Uganda, there is urgent need for data collection and research to ascertain the extent of the problem. As a whole, as the study on Asia shows, to be effective, there is need to reach at least 80% of drug users or MSM with comprehensive prevention and care services. Since the extent of the problem is unknown, even the level of coverage becomes even more unclear.
- Development of age specific programmes that cater to the needs and preferences of a particular population.
- Develop and support programmes for those who have not yet started drug abuse, such as through the mass media or schools.
- Involving young people as advocates and as peers to make contact with, and provide outreach to, vulnerable and most-at-risk young people.
- Promote community based outreach and education; addiction management, needle exchange programmes.
- Education for the more at risk. Joint programmes that include all the groups that are more vulnerable, i.e. those having sex with men, those who sell sex, and those who use drugs.
- Integrated programmes that include different aspects such as the prevention of over dose, family planning and reproductive health.
- As a whole, in Uganda, not unlike in Cambodia, the entire range of guidelines for needle and syringe programs, and substitution therapy and treatment are not well

developed; the law enforcement is weak, and the guidelines are inadequate. This needs to be rectified.

Young people who have sex with men

- Integrate programmes and policies for MSM into the national HIV strategies and response. These interventions need to be evidence based. MSM also need information that is age specific.
- Advocacy and increased sensitization of the different stakeholders regarding the extent and cause of the problem including political or cultural leaders.
- Involve young people in planning for the services and interventions that are appropriate to them.
- Train service providers to have access to these people and how to serve and offer MSM friendly services.
- Conduct anti homophobia campaigns.
- Integrate sexual and gender diversity into sexuality education programmes.
- Multi-disciplinary intervention that include law enforcement, human rights as well as service provision organizations.

Young People Living with HIV/AIDS

- Advocate for supportive policies and legislation that focus on the specific needs of YPLHIV.
- Provide integrated services for YPLHIV to include Family planning, sexuality education and prevention of STIs, and integrate job protection guidelines for YPLHIV.
- Create housing, nutrition and other support services for YPLHIV.
- Strengthen referral services to make the transition from VCT to care facilities smoother.
- Support the transitioning from adolescent care to adult care for YPLHIV.

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.