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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HIV/AIDS in Young People in Ethiopia

Within the past two decades, like many African countries, Ethiopia has experienced a growing HIV/AIDS epidemic. The first laboratory diagnosis of the infection in the country was confirmed in 1984 (Tsega et al., 1988) and AIDS cases were first diagnosed in Addis Ababa hospitals in 1986 (Lester et al., 1988). The infection started as a concentrated epidemic, where initial cases were found among commercial sex workers and truck drivers (Mehret et al., 1990a, 1990b). A few years later, the infection had spread to the general population, and HIV-positive cases were found among pregnant women visiting antenatal clinics and among blood donors, specifically in the capital city of Addis Ababa (Fontanet et al., 1998). Today, the HIV/AIDS epidemic in Ethiopia is considered as a generalized epidemic, which has affected all demographic, socioeconomic, and institutional populations of the society.

According to the recent Ethiopian Demographic Health Survey (EDHS) 2005, the overall HIV prevalence among adults in Ethiopia is 2.2 percent (ranging from less than one percent in some rural areas to highs of nearly 11 percent in some urban areas). The prevalence among women is 2.6 percent (Male 1.7 percent), and some antenatal care centers have reported rates above 20 percent (CSA 2006). Based on the EDHS 2005 the following table shows the prevalence of HIV infection among sexually experienced women and men age 15-49 years by selected characteristics.

Prevalence of HIV infection among sexually experienced women and men age 15-49 by selected characteristics, Ethiopia DHS 2005

Characteristics	**HIV Prevalence**	
	Women (N=4,358)	**Men (N=3,037)**
Age Group		
15-19	2.1	0.0
20-24	2.3	0.5
25-29	2.3	0.9
30-34	1.5	2.0
35-39	4.5	1.8
40-44	3.1	2.9
45-49	0.9	0.0

Characteristics	HIV Prevalence	
	Women (N=4,358)	**Men (N=3,037)**
Residence		
Urban	12.4	4.2
Rural	0.8	1.0
Age at first sex		
<15	1.9	0.2
15-17	3.1	1.7
18-19	2.7	1.3
20+	2.2	1.3
Number of life time partners		
1	1.4	0.6
2	4.7	1.8
3+	5.6	2.1
STI or STI symptoms in the past 12 months		
No	2.4	1.4
Yes	3.4	2.2

In Ethiopia young people age 10 to 24 constitutes almost 33% of the total population which is close to 25.4 million people. This very high number of population group needs special attention in the prevention and control of HIV/AIDS.

From the above table and reviewed documents the following groups of young people needs to be targeted for HIV interventions.

1. All adolescents in the general population need to be targeted in the prevention of generalized epidemics.
2. Especially vulnerable adolescents include the following:
    a. Female adolescents who are part of the high prevalence compared to their male counterparts.
    b. Adolescents living in the urban areas.
    c. Adolescents within the higher learning institutions and other institutions who can easily be exposed to high risk sexual activities.
3. The Most at Risk Adolescents include the following:

a. Those with multiple sexual partners including the ones involved in commercial sex work.

b. Those with symptoms of STI.

c. Those involved in high risk behaviors such as alcohol use and other drug abuses.

For each of the groups there are different factors which contribute to their vulnerability to become infected with HIV and interventions which help them in decreasing their vulnerability and in contributing the achievement of the UNAIDS goals by 2015. The following table describes the factors and interventions for the different groups.

Adolescent Groups	**Vulnerability factors**	**Interventions**
Adolescents in the General Population	• Very high number of young people joining the adolescent age groups • Lack of knowledge and life skills in adolescent sexuality • Lack of Adolescent friendly health services • Increased exposure to erotic films and other sexual arousing information • Increased peer pressure in schools and out of school • Long standing consideration of sexuality issues by parents and families as taboos • Long standing harmful traditional practices such as early marriage, marriages by abduction and wide age gaps in married partners	• Formulate a policy in the preventing adolescents from HIV infection and institute a proper implementation mechanism • Provide appropriate sexuality information and life skills training through school curricula • Increase availability and access to adolescent friendly health services including voluntary counseling and testing for HIV • Establish in- and out-of school youth clubs to address the issues of information, skills and services for adolescents • Create awareness with parents and linkages with youth groups • Work towards the elimination of harmful traditional practices and improve the implementation of laws against these practices

Especially vulnerable adolescents	• High unemployment rates in urban areas • Lack of information on adolescent sexuality • Lack of adolescent friendly services • Peer pressure specifically on those adolescent joining higher learning institutions where parental control is minimal • Poverty in females exposing them to exchanging sex for income mostly with elderly men • Gender inequality reflected by sexual abuse and coercive sex	• All interventions for adolescents in the general population • Increase economical opportunities for families of young girls who may expose their children for exchange of sex for income • Provide girls with livelihood opportunities in order to stay in the school • Provide a continuous awareness and an adolescent friendly health services at higher learning institutions • Involve boys in avoiding coerced sex and bring sexual abuse perpetuators to justice
MARA	• High level of poverty exposing females for commercial sex works • Use of alcohol and other drugs exposing to unprotected sexual activities • Lack of access to proper diagnosis and treatment of STIs associated with lack of adolescent friendly health services	• All interventions above • Provide alternative employment opportunities for commercial sex workers • Introduce harm reduction programs for those exposed to alcohol and other drugs • Introduce proper STI diagnosis and treatment with adolescent friendly health services

In conclusion, a combination of factors contributes to the vulnerability of adolescents to HIV infection and the interventions should consider those multiple factors. In all the interventions, the issue of age segregation and vulnerability level is very important to bring about the needed changes and in reaching the goals of reducing HIV infection by 30% in 2015.

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