

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

Jorge Lionel Linares
Maternidad Periférica Zona 13, Guatemala City, Guatemala

Who should be targeted for HIV interventions in Guatemala?

The following groups of young people in Guatemala should be targeted with HIV interventions:

- Illiterate, poor and indigenous adolescent girls
- Young IV drug users
- Men having sex with men
- Sex workers
- Street children
- Young people living with HIV or with HIV positive partners (serodiscordant couples)
- Prisoners
- Migrant population (for example deported people)

Factors which make them vulnerable

There are many factors which make these groups vulnerable:

- Social factors like unsafe sexual behaviors (unprotected sex and promiscuity) or sharing contaminated syringes among drug users (young people at high risk of acquiring HIV but also other diseases like Hepatitis B).
- Economic factors play an important role because young people are more vulnerable to sell sex or exchange it to alleviate their poor socioeconomic conditions.
- Education is another significant aspect (not educated girls for example lack HIV information to prevent it or lack skills necessary to negotiate safer sex).
- Geographical factors (some young people don't have access to health care services) especially in rural areas.
- Lack of appropriate "friendly" health care services with sensitized health care personnel.
- Cultural factors (traditional families don't want to speak about sex issues to adolescents because it is still considered a taboo).
- Dysfunctional families with domestic violence.
- Lack of support from the community (stigma and discrimination are a big concern).

- Young people living in the streets (they are prone to fall into drugs or to be sexually exploited).

Most important interventions which would contribute to achieving UNAIDS goal

Vulnerable groups could be interrelated (for example young people living in the streets can commercialize sex for getting drugs and end up in prison). Therefore, one intervention could work within different groups.

First of all, updated information to acquire knowledge and skills for the prevention of HIV should be provided or reinforced (information based on family values, gender, age and culture).

It is important to keep young people in school particularly adolescent girls and to create an appropriate net of information about sexual and reproductive health topics involving the community, government, teachers, peers and family members.

Young people should have access to friendly health care facilities that provide not only voluntary HIV testing or preventive measures but also treatment, care, support and (when needed) timely referral. Health care services should be strategically located; privacy and confidentiality should prevail.

Health care personnel should be trained in HIV issues to reduce stigma and discrimination.

Specific programs for migrant people, IV drug users (for example harm-reduction programs) or for men having sex with men should be created or fortified and integrated into the HIV national plan, complemented with human rights support.

Links and partnerships across different sectors and services could be created, strengthened or expanded to provide appropriate HIV information, skills and services for young people.

Monitoring and evaluation of the actual HIV national program should not be forgotten.

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.](#)