

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

David Ntirushwa

Department of Obstetrics and Gynecology

Rwinkwavu Hospital, Ministry of Health, Kigali, Rwanda

I. Groups of young people in Rwanda who should be targeted with HIV interventions

Young people are not all the same within and between countries; their needs and circumstances vary due to their age, sex, marital status, parental and financial support, educational status, employment status, rural, urban, etc¹. This leads to a disproportionate distribution of the risks and prevalence of HIV among various groups of young people. Vulnerability results from a range of factors that reduce the ability of individuals and communities to avoid HIV infection². These may include: (i) personal factors such as the lack of knowledge and skills required to protect oneself and others; (ii) factors pertaining to the quality and coverage of services, such as inaccessibility of services because of distance, cost and other factors; (iii) societal factors such as social and cultural norms, practices, beliefs and laws that stigmatise and disempower certain populations and act as barriers to essential HIV-prevention messages. Research has begun to show the importance of focusing on young people within most-at-risk populations, and there are increasing examples of programmatic approaches for meeting their needs³.

In Rwanda some vulnerable groups of adolescents like young men who have sex with men or those who inject drugs are not common however they are others particular groups of young people which require special attention. Those groups include:

1. Young people living with HIV/AIDS.
2. Sex workers: Young people involved in commercial sex to generate income.
3. Orphans: This group include children orphaned by AIDS and other orphans young people.
4. Street children/homeless young people.
5. House girls.

II. Factors (the drivers) which make the above group vulnerable

The ability of young women to protect themselves from HIV is frequently compromised by a combination of biological factors, lack of access to HIV information, services and commodities, and disempowering, often exploitive, social, cultural and economic conditions⁴.

1. Young People Living With HIV/AIDS.

Young people living with HIV include those who are already aware of being infected and others who are unaware of their HIV status. This group of young people has special needs which require special attention to them. They need special health care, including counseling, prevention of opportunistic diseases, antiretroviral treatment and support by the community. They are a number of factors that hinders the access to the needs of young people living with HIV and among others, we have:

- Parents who are not willing to test their children because they do not feel ready to accept the result.
- Fear of being stigmatized by the society
- Fear that their HIV status will be disclosed to others
- Some are already AIDs orphaned
- Problems with adherence to antiretroviral drugs.

2. Sex workers.

According to the U.N. Convention on the Rights of the Child (CRC), young people between the ages of 18 and 24 are legally adults, while those younger than 18 are defined as children. Regarding young people who sell sex, those younger than 18 are considered to be victims of commercial sexual exploitation³. Young people who sell sex are particularly vulnerable groups especially those defined as children due to various factors:

- They have sex with multiple partners with a high risk of getting HIV infection.
- They are less likely to negotiate to use condom in some conditions, like partners who pays more for unprotected sex, or cases of children “those young than 18” who sell sex.
- The prevalence of people living with HIV/AIDS may be high compared to the rest of the community.
- They may be a good number of people who resist voluntary testing as they fear to get a positive HIV test due to their risky behaviors.
- Many are not proud of their work and do not want to be identified for comprehensive sexual education and other services.

3. Orphans.

This is another group of young people who require special attention. Orphans include those who lost their parents because of HIV related diseases and others. They also vulnerable as:

- Some of them get responsibilities prematurely, this increase the risk of engaging in risky behaviors like commercial sex to get living income.
- Orphans young people lack protection from their parents, this increase the risk of being attempted by men; including older men.
- They do not equally get access to comprehensive and adolescent sexual education which increases their risk of having unsafe sex.

4. Street Children/Homeless young people.

This group of young people also requires special HIV interventions. A number of factors make homeless young people vulnerable to HIV/AIDS.

- They do not have the same access to adolescent friendly services like other people of their age.
- They risk injecting drugs due to their living conditions. This increase their risk to get HIV by sharing injecting needles but also by getting their mind out of control which can indirectly favor unsafe sex.
- They also lack sufficient family and social protection, which also increase their risk to engage in risk behaviors.

5. House girls.

This small group comprises female young people who work at homes. In Rwanda this job is relatively minimized while house girls do have great responsibilities like taking care of babies, cooking food for the family etc. Their vulnerability to HIV is due to:

- High dependence to the whole members of the family, they tend to feel inferior and to respect any one. This sometimes leads to sexual coercion and high rate of unsafe sex.
- Their responsibilities at home are sometimes a barrier to access to adolescent friendly services, comprehensive sexual education in general and lack of access to HIV information in particular.
- They have also weak financial security what increase their dependence and their risk to engage in unsafe and unplanned sex.
- Within this group gender based violence is also more likely, from their bosses or their co workers house boys.

III. Most important interventions (for each group) which would contribute to achieving the UNAID goals

Interventions to be done have to focus on giving enough knowledge about HIV and AIDS to youth to reduce HIV infection. Only three countries: Namibia, Swaziland and Rwanda had achieved over 50% in the level of comprehensive knowledge among both young men and young women by the end of 2008⁴. Many arguments which include public health arguments, political, and human rights related arguments make HIV and young people a priority area. The UNAIDS goal for this priority area is a 30% reduction in new HIV infections among young people (15–24) by 2015 through the provision of comprehensive sexual and reproductive information, skills, services and commodities in a safe and supportive environment tailored to the specific country and epidemic context⁴. In Rwanda some specific interventions with regards to proposed vulnerable young groups are sited below for each group:

1. Young People Living With HIV/AIDS.

- Promote and support association of young people living with HIV.
- Create health services with standard package for YPLHIV.

- Provide psycho- social support to YPLHIV.
- Empower YPLHIV to be independent and be aware of their lives needs.
- Ensure privacy and confidentiality to motivate testing and treatment.
- Change social norms that lead to isolation and stigmatization of YPLHIV.

2. Sex workers.

- Encourage the creation of networks with young people who sell sex in order to understand well their challenges, problems and wishes.
- Creation of other alternatives projects to generate income for young people who sell sex.
- Reduce the risk of getting HIV infections by ensuring access to condoms for safe sex.
- Prevent sexual exploitation for young people who are still children with strict legal penalty to all that are involved.
- Motivate voluntary testing and facilitate access to treatment for those found HIV positive with special pre test and post test counseling.

3. Orphans.

- Support orphans to get access to the necessary comprehensive sexual education.
- Encourage orphans for voluntary testing, adherence to treatment if HIV positive.
- Help orphans to create income-generating projects once they get more responsibility than engaging in selling sex.

4. Street Children/Homeless young people.

- Ensure homeless young people do get access to comprehensive sexual education in their respective supported associations.
- Ensure they have access to preventive measures reducing the risk of HIV including condoms etc.
- Create income-generating projects for street children so that they can improve their economic situation.

5. House girls.

- Educate house girls about their rights in general and sexual rights in particular.
- Encourage the creation of associations of house girls and ensure access to comprehensive sexual education.
- Change social norms that minimize this category of employees.
- Motivate this group for voluntary testing and adherence to antiretroviral medication if eligible.

IV. References

1. [Ferguson J. HIV/AIDS and young people. Paper presented at: Training Course in Sexual and Reproductive Health Research; 2010 Sep 26; Geneva.](#)
2. Inter-Agency Task Team on HIV and Young People. Guidance breath. Over view of HIV and young people .New York: United Nation Population Fund, HIV/AIDS Branch; 2008.
3. Interagency Youth Working Group, USAID, UNAIDS, FHI. Young people most at risk of HIV: A meeting report and discussion paper from the Interagency Youth Working Group,US. [Agency for International Development, the Joint United Nations Programme on HIV/AIDS \(UNAIDS\) Inter-Agency Task Team on HIV and Young People, and FHI. Research Triangle Park \(NC\): FHI; 2010.](#)
4. [UNAIDS. We can empower young people to protect themselves from HIV. Geneva: UNAIDS; 2010.](#)