

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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Nearly 5 million young people (15 – 24 yrs) are infected by HIV globally. Over 900000 were newly infected in 2008, an estimated 2500 each day.

In the last three years, young people have accounted for more than one third of all new infections, that is one out of three of all new infections.

Empowering young people to protect themselves from HIV represents one of UNAIDS' (the Joint United Nations Programme on HIV/AIDS) ten priority areas, with the overall goal of a 30% reduction in new HIV infections by 2015.

The Millennium Development Goal (MDG) 6 includes the following targets:

- Halt and begin to reverse, by 2015, the spread of HIV/AIDS.
- Achieve universal access to treatment for HIV/AIDS for all those who need it.

The 2001 United Nations General Assembly Special Session (UNGASS) on HIV/AIDS includes the following targets:

- Reduce HIV prevalence among young people aged 15 to 24 by 25 per cent globally by 2010.
- Ensure that 90 per cent of young people aged 15 to 24 have the knowledge, education, life skills and services to protect themselves from HIV by 2005, and 95 per cent of them by 2010

In Italy it is required by law to report every new case of diagnosed HIV infection. The data given by this control system indicate that in 2008 were diagnosed 6.7 new HIV positive cases every 100000 inhabitants. Italy is among the countries with a middle-high incidence of HIV in Western Europe. There was a boom in the incidence in the nineties while in the last ten years there has been a stabilization in the reported new cases.

Nowadays in Italy there are 170000-180000 HIV positive people, and among these 22000 affected by AIDS. One HIV positive out of four doesn't know about his/her status. Nowadays nearly 4000 people per year contract the infection in Italy, less than 20 years ago, but the number of living-HIV-positive people is much higher because of the ARV therapies, introduced in Italy in 1996, that delay the onset of AIDS.

The main way of transmission of the infection is sexual (74%), especially among non-young people.

The median age of people discovering their HIV positive status in Italy is 38 for male and 34 for female.

In 1995, year of the pick of the epidemic in Italy, there were 5655 new cases per year, the main way of transmission was drug injection (62.5%) and the median age at the diagnosis was 35, the percentage of foreigners was 4.7%.

In 2009, there were 1200 new cases per year, the sexual transmission was the main way of transmission (69%) and the median age was 43, the percentage of foreigners was 24%.

In Italy 716 HIV-cases due to maternal-fetal transmission have been recorded since 1982.

Analyzing the epidemiologic situation in my country, I can affirm that young people are not the target of this disease (HIV/AIDS), but the main target of intervention is the middle-aged population. There are two main reasons to address the HIV/AIDS prevention/intervention also to young people: one is to protect the sub-populations of adolescent boys and girls who are most at risk, and the other is to prevent that the middle-aged population of the future will be at high risk of infection.

Young people can be at high risk of becoming infected with HIV for many reasons:

- Young people, especially young women, are vulnerable due to their age, gender and other contextual factors.
- 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 conditions. Factors that contribute to young women's vulnerability to HIV include sexual coercion, gender-based violence, age-disparate and transactional sex, inadequate law enforcement, weak family and social protection mechanisms and financial insecurity. Some of these factors affect young men as well, compelling many young people, regardless of sex, to make difficult and risky choices.
- Other behaviours that put young people at risk of HIV – including injecting drugs, sex work and male-to-male sex – are often stigmatized and illegal, making it more difficult for young people to find, or be reached by, essential HIV prevention and treatment services.

More mobile adolescents (especially the foreigner non EU in my country), like those on the street are harder to reach, have less access to information and services, and are often the sub-population with multiple risk behaviours (e.g. sex work, injecting drug use).

Young people already living with HIV need targeted public health efforts that address their unique needs. More than 4.3 million young people worldwide are believed to be living with HIV, and a majority of them is unaware of their HIV status. Testing for HIV, together with quality pre- and post-test counselling and support, is needed for young people who are infected with HIV to access HIV treatment, care and support.

Many young people who know their HIV status often fail to access the health and social services they urgently need, from fear of stigma or judgment, or concern that their HIV status will be disclosed to others. To allay such fears, young people need comprehensive and correct information to support them in managing the knowledge of their HIV status, as well as their emerging sexualities, sexual orientations and reproductive choices. Governments, civil society, youth organizations, service providers and networks of people living with HIV must also be sensitized to the complex and constantly evolving needs of young people and service providers must ensure that stigma is addressed and confidentiality is maintained.

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.](#)