

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

Tin Tin Thein

Department of Medical Research, Upper Myanmar, Mandalay, Myanmar

I. Globally, UNAIDS estimates that half of all new HIV infections occur in the 15-24 age group. Approximately 630,000 people died from AIDS-related illnesses in Asia in 2006 (range: 430,000-900,000)¹. Southeast Asia and the Pacific have the second highest prevalence with an estimated 1.27 million youth living with HIV, 70% of whom are male². In Myanmar youth aged 15-24 years constitute about 19% of the total population³. Unmarried adolescents and youths are especially vulnerable to unwanted pregnancies and sexually transmitted infections (STIs), including HIV, since reproductive health services, including birth spacing, have traditionally targeted only married women of reproductive age⁴.

Not all adolescents and young people are at same risk and vulnerability to HIV infection. In Myanmar, young people could be divided into three types like in other Asian countries.

1. Most-at-risk adolescents and young people who have three main risk behavior of injecting drug use, sex work and male to male sex.
2. Especially vulnerable adolescents and young people who start engaging in high risk behaviors including young migrants, young people living on the street and out-of-school young people.
3. Low risk adolescents and young people who are low levels of vulnerability to HIV infection, who are living in very low HIV prevalence areas, do not have risk behaviors, they live in relatively stable families, work and/or attend school.

II. There are some cultural, behavioral, economic, social and political factors (drivers) which determine whether HIV will spread once introduced into a population.

Regarding the behavioral factors, to mention the frequency and the type of unprotected sex (oral, vaginal or anal), the frequency of unsterilized needle sharing among injection drug users, the proportion of the population engaging in unsafe injection or unsafe sexual behaviors, the number and type and “mix” of sex partners and the levels of other sexually transmitted infections in the population.

Most young people still have no access to sexual and reproductive health programme providing the information, skills, services, commodities, and social support they need to prevent HIV. They fear stigma or judgment, or concern that their HIV status will be disclosed to others.

Many laws and policies go as far as to exclude young people from accessing sexual health and HIV-related services.

Young people, especially young women, are vulnerable due to combination of biological factors, lack of access to HIV information, services and commodities and disempowering, often exploitive, social, cultural and economical conditions, sexual coercion, gender-based violence, age-disparate and transactional sex, inadequate law enforcement, weak family and social protection mechanisms and financial insecurity⁵.

III. In Myanmar, there are interventions conducted by Government and Non-government sectors to contribute in achieving the UNAIDS' vision of zero new HIV-infection, zero discrimination, and zero AIDS-related deaths.

Government sector mainly focus on most-at-risk and vulnerable adolescents and young people groups. *The strategies of HIV/AIDS/STD Prevention, Treatment and Care in Myanmar have been identified in “The National Health Plan and Myanmar National Strategic Plan on HIV and AIDS (2006-2010)”*. The aim of National Strategic Plan is at reducing HIV transmission and HIV-related morbidity, mortality, disability and socioeconomic impact by conducting following activities:

1. Advocacy
2. Awareness raising (Health Education)
3. Prevention of sexual transmission of HIV/STD
 - a. 100% TCP
 - b. Early and effective treatment of STIs
4. Prevention of HIV transmission through injecting drug use
5. Prevention of Mother to Child Transmission of HIV(PMCT)
6. Provision of safe blood supply
7. Provision of Care & Support
8. Enhancing the multi-sectoral collaboration & cooperation
9. Special intervention programme
10. Supervision, monitoring and evaluation

HIV/AIDS related awareness messages can be integrated into school curricula at low or no cost, community-integrated responses, via the mass media as part of a wider package of “Adolescent health and development”.

Non-governmental organizations provide the safe spaces to stay and also education or vocational training opportunities, HIV/AIDS related messages to vulnerable and low-risk adolescents and young people as a wider social support programs.

Individual empowerment of young people can or only be achieved within the context of a safe and supportive environment that does not discriminate against those who are living with HIV or engaging in HIV-risk behaviors.

References

1. UNICEF, UNESCO, UNFPA. Responding to the HIV prevention needs of adolescents and young people in Asia: Towards (cost-)effective policies and programmes. Kathmandu: United Nations Children's Fund, Regional Office for South Asia; 2007.
2. UNAIDS/WHO unpublished estimates 2007.

3. United Nation. 1998 Demographic Year Book. Economic and Social Affairs, United Nation, New York; 2000.
4. UNFPA. UNFPA Special Programme of Assistance to Myanmar (2002-2005) Programme Assessment and Review, Draft Report, Yangon; 2005.
5. UNAIDS. We can empower young people to protect themselves from HIV. Geneva: UNAIDS; 2010.
6. Inter-Agency Task Team on HIV and Young People. Guidance brief. Overview of HIV interventions for young people. New York; United Nations Population Fund, HIV/AIDS Branch; 2008.