

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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Age group to target for HIV/AIDS Interventions in Nigeria

Closely mirroring the global HIV/AIDS epidemic young people in Nigeria remain the most vulnerable group for contracting HIV/AIDS and therefore a veritable demographic group to be targeted by interventions, if the dream of a future free from HIV/AIDS is not to remain a mere slogan. The age group most at risk are the 15-19years, 20-24years and 25years and above. Boys and girls of school age i.e. 15-19 years should be targeted as they remain very vulnerable. Most of these are young girls who are denied access to education and are economically disadvantaged. Young boys of school age are also vulnerable especially when they are from low socioeconomic backgrounds or are in school and under peer pressure experiment with multiple sexual partners at a time when they do not think anything of the health effects of their actions.

Mechanism of vulnerability to HIV/AIDS amongst young people

Young people particularly are hampered by their biological peculiarities from being able to wade off the threat presented by HIV/AIDS. It is a known fact that for young women their inadequately developed genital epithelia makes them vulnerable to the egress of the immunodeficiency virus as well as other organisms responsible for other STIs which often act as co-factors for HIV/AIDSs.

Access to information about HIV remains widely restrictive by virtue of the structure of our society, which conveniently will pretend that such information should not be for the consumption of young people. This lack of information makes it difficult for young people to appreciate the risk they get exposed to engaging in some behavior types.

Any attempt by young people to access services is seen as a taboo and sign of a highly intolerable immorality, this serves to isolate them from early care and advice on sexual and reproductive health issues. Young people therefore are easily exploited on the grounds of lack of appropriate information as well as their disadvantaged social, cultural and economic conditions. Other well-established factors that contribute to young people's vulnerability to HIV include sexual coercion, gender-based violence, and transactional sex, inadequate law enforcement which has helped to embolden men who sexually exploit young ladies, weak family and social protection. Some of these factors affect young men as well, compelling many young people, regardless of sex, to make difficult and risky choices. Other behaviors that put young people at risk of HIV – includes injecting drugs, sex work and male-to-male sex. Complicating matters even further, young people who engage in these behaviors often experience more stigma, discrimination and social exclusion (than adults engaging in the same practices). They are often denied of HIV treatment, care and support. The lack of existing programs that guarantees access to information and opportunities to develop life skills further serves to increase the vulnerability

of young people to HIV/AIDs, Lack of access to age-appropriate information through schools (where these young people are even in schools), and HIV/AIDs related enlightenment provided by the media, and other sources. Most people who are not in schools lose out in developing self-efficacy skills needed in warding off non-salubrious sexual preferences. The failure of families and communities to support young people using services, laws and policies that restrict access to services by young people (e.g., requirements for parental consent before sexual and reproductive health service of any kind is provided) worsen the vulnerability of young persons. The dearth of supportive and safe environments, lack of family attachment, parental guidance, and family support which often do not exist for internally as well as externally displaced people in conflict zones, e.g., orphans and young people in institutions and poorly functioning families Living in situations of marginalization, discrimination, exploitation, abuse , poverty, and easy access to drugs. Homelessness and lack of access to safe spaces and participation in the making of decisions that affect their lives, makes young people easy prey for this global pandemic.

HIV/AIDS reduction interventions

For the age group 15-19years:

- i. Provide access to qualitative and functional education through increasing the number of schools, and increasing enrollment and retention in schools.
- ii. Develop programs against social migration of vulnerable girls to preventing their trafficking and other means of sexually exploiting young girls.
- iii. Delaying the age at which young people first engage in sexual intercourse can protect them from infection. Adolescents who begin sexual activity early are at a higher risk of becoming infected with HIV; research in different countries has shown that adolescents who start sexual activity early are more likely to have sex with high-risk partners or multiple partners and are less likely to use condoms.

For the age group 20-24years:

- i. Provide them with access to the skills they need to reduce their vulnerability to HIV.
- ii. HIV/AIDS information and life-skills education can be provided to young people in a number of ways, including through peer education or counselling, community activities that include parents, and through the mass media and school-based education programmes.
- iii. When young people become sexually active, they must have the skills to practise safe sex. This means either being faithful to one faithful partner or consistently using a condom properly.

For the age group 25years and above:

- i. Help young people develop culturally sensitive ways of getting family education from their parents or guardians on such issues as sex, contraception and condoms.
- ii. Help young people build the self-confidence to positively assert themselves based on their knowledge of the risk of different behaviors such as initiate sex outside wedlock or even getting married before the age of full maturity.
- iii. Provide young people with knowledge required recognizing in advance the situations that might lead to HIV or STI risk behaviors and if for any reason they must engage in sex to use

condoms and contraception correctly and consistently, as well as the negotiation skills to be able to refuse or delay sex.

iv. Provide and where available overhaul the present health services to make them more youth friendly in their operations. They should be provided with facilities for HIV prevention, treatment and support in a confidential and continuing basis.

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.](#)