

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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Background

According to the recent data approximately 440 thousands HIV-positive people are living in the Ukraine. The World Bank predicts the number of HIV-infected Ukrainians will double by 2014. The World Bank long-term prognosis has shown that 75% of HIV-positive people will be young women ages 20-34. In this investigation, it has been estimated that 42 thousands of Ukrainian children will be orphaned and 100-150 thousands will lose one parent due to AIDS. Every day 48 new cases of HIV, 13 cases of AIDS and 6 deaths because of AIDS are registered in the Ukraine. It has been considered that the HIV epidemic in the Ukraine is extended in the environment of intravenous drugs users, sex-workers and prisoners. But in fact in the regions of Kiev, Nikolaev and Odessa there are more than 1% of pregnant women are infected with HIV. That means that an HIV epidemic in the Ukraine has generalized scenarios.

According to the case register of the Ukrainian AIDS Prevention Centre, only 493 adolescents aged 15 to 17 and 16,513 young people aged 18 to 24 were officially registered as HIV positive as of 1 January 2008. The majority of these were most at risk of HIV infection. While HIV continues to spread fast in Ukraine, low coverage with HIV testing among most-at-risk boys and girls implies that the official statistics on new HIV infections among this group do not represent the actual situation. Data for 2007 from the Ukrainian AIDS Prevention Centre suggest that while the majority of officially registered males aged 15 to 19 contracted HIV through intravenous drug use (65 %), most girls the same age contracted it through unprotected heterosexual contact (89%). As there is insufficient information available on the sex partners of the HIV-infected girls, it is difficult to say whether or not these girls contracted HIV from sex partners who are intravenous drug users.

Major adolescent groups in the Ukraine who should be target with HIV interventions

1. Adolescents living with HIV/AIDS
2. Sexual partners of most-at-risk adolescents' groups
3. Adolescents in the youth prisons and child-care facilities
4. Adolescents who have sex with commercial partners or transactional sex
5. Intravenous drug users among adolescents
6. Homeless and working on the street adolescents

Drivers of vulnerability

- The vulnerability of girls to HIV is increased by widespread gender inequality in Ukraine. Inequality expresses itself in the education and employment opportunities available to girls.
- The vulnerability of boys to HIV is increased by widespread male stereotypes that support risk behaviors among males in Ukraine. Stereotypes about manhood are common in the country. It is widely assumed that men are more knowledgeable and experienced about sex than women, that they have more sex partners than women and that they should dominate women and not show emotions or seek help.
- Domestic violence and family crisis are two of the fundamental reasons why children and adolescents run away from home and start to engage in risk behavior.
- The number of adolescents without parental care who are institutionalized is large in the Ukraine. Institutionalization can be a vulnerability factor in the country and lead to trafficking for labor or sexual exploitation. The number of children orphaned and affected by HIV/AIDS is growing in Ukraine. The street environment is particularly risky, rendering adolescents vulnerable to sexual and labor exploitation and violence, as well as to HIV risk behaviors and HIV infection. Many adolescents on the streets also find themselves excluded from education, health care, legal and social services.
- Widespread use of and easy access to alcohol, illegal substances and drugs; high levels of human trafficking and of incarceration; living or working on the streets; the migration of one or both parents; belonging to a highly mobile or socially marginalized population group; and being personally affected by HIV/AIDS.
- Detention centers and other penitentiary facilities are settings that are additional determinants of HIV vulnerability. An inmate of such a facility faces a greater likelihood of being infected with HIV through injecting drug use or anal sex (either forced and by consent).
- Having a sexual partner who is an intravenous drug user and alcohol consumption appear to be important factors in the initiation of intravenous drug use among girls and young women.

Interventions which can lead to achieving UNAIDS goal

1. Adolescents living with HIV/AIDS
 - Empowerment programmes for adolescents who are living with HIV.
 - Promoting condoms for males and females.
 - Easy access to healthcare services.
 - Programme to reduce stigmatization of and discrimination against adolescents living with HIV.
2. Sexual partners of most-at-risk groups adolescents

- Promoting condoms for males and females.
 - Voluntary HIV counseling and testing and STI diagnostics.
 - Counseling about safer sex practices.
3. Adolescents in the youth prisons and child-care facilities
 - Coverage with prevention programmes.
 - To make law enforcement more youth-friendly.
 - Family-based care includes long-term foster care for orphans.
 - Voluntary HIV counseling and testing and STI diagnostics.
 4. Interventions for adolescents who have sex with commercial partners or transactional sex
 - Accessibility of condoms.
 - Coverage with prevention programmes including peer-based interventions.
 - Information, education, skills-building and counseling work, as parts of a comprehensive behavior change intervention strategy.
 - Voluntary HIV counseling and testing and STI diagnostics.
 - open access to and coverage with good prevention and support services
 5. Interventions for intravenous drug users among adolescents
 - Knowledge of a formal source of condoms and sterile injecting equipment.
 - Obtaining sterile needles/syringes and condoms.
 - Coverage with prevention programmes.
 - Voluntary HIV counseling and testing.
 - Free-of-charge drug rehabilitation programmes.
 6. Homeless and working on the street adolescents
 - To involve “street mentors” (mostly adolescents who have already lived for some time on the streets and lead groups of youths) who teach the newcomer survival skills.
 - Voluntary HIV counseling and testing and STI diagnostics.
 - Accessible friendly healthcare services for adolescent.

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.](#)