



*Society for Family Health
P.S.I. Caribbean*

The need to focus on the SRHR and AIDS prevention of Young People living with HIV

REPORT ON THE WORLD AIDS DAY WORKSHOP ON THE 4th OF DECEMBER 2006

Current prevention programs have focused primarily on prevention of acquiring HIV rather than focusing on individuals who are already positive and how to deal with the challenges they face as they move from childhood to adolescence.

With this workshop at the World AIDS Day Conference, SAN! in cooperation with Save the Children NL, Society for Family Health from Trinidad and Young Positives, we support the call to focus more specifically on the problems that HIV positive young people face as they transition from childhood to adolescence.

Prevention for adolescents who are already positive needs to be approached in a different way. HIV+ youth face unique challenges and need physical, mental and emotional support for treatment, disclosure etc.

Setting the Scene:

- One in every two infections is among young people, aged 15 – 24. Over 10 million young people are living with HIV.

- The current situation in Southern Africa is such that in each group of 30 young people you work with you have to accept that there are about 9 HIV+ young people in there, who might or might not know their status.
- Today's young people have never known a world without AIDS and are fatigued by the outdated, unrealistic, moral based messages. Very few prevention programs are developed in **true partnership with young people**.
- Many 'youth targeted' interventions are generic and take youth as a single group without special needs. In this way; do standard prevention programs and messages discriminate?
- There are only a few programs and institutions that are looking at the **sexual health needs of HIV positive young people**. In particular young women living with HIV are often unable to access their sexual and reproductive rights. If a young girl, e.g. is diagnosed HIV positive, she pretty much immediately is provided with all sorts of information on how to make sure she doesn't further transmit the virus, but hardly ever on how to access safe pregnancy services.
- The lack of laws that **protect against discrimination** on one's zero status impact most heavily on positive youth have reached the age of employment (the likelihood that many will be unable to get jobs where testing for company insurance or fitness is an issue).

Attitude to HIV+ young and their situation / responsibilities

- **Young people, HIV+ or not are not always considered as sexual beings** and from respect for their SRHR, programs need to address positively experiencing sexuality
- Negative thinking: HIV+ young people are doomed to a life of celibacy, cannot have families and children
- There has been a focus on HIV+ children **dying in dignity** and focus should be on living positively

Responsibility of HIV+ young people to not affect others:

- Lack of care provision can make HIV+ people react that the community does not care for them so why should they take precautions to prevent infecting others
- **'Not only HIV+ young people are responsible for safe sex'**, all remain responsible to have safe sex (especially because you never know the status of others) – the expectancy is there that a HIV+ person should tell you their status, but it should not take away the responsibility of the HIV- person to only engage in safe sex

Way forward:

In the design and formulation you need to work on the assumption that there are both positive and negative young people in the groups you address and as such designing the key messages in the programmes should accommodate that!

Need to address HIV prevention and AIDS prevention

HIV prevention

- **'With every infection there is a HIV+ person involved'** so you cannot exclude working with positive people on their issues in any prevention program
- Focus has been on getting people to VCT, need to focus on the necessary treatment and care that comes after the testing
- Need to enable children / young people to get tested without the consent of their parents
- We need HIV prevention programs to be realistic and objective, adapted to local circumstances and **taking into account the needs of HIV positive young people**. ABC programs are mostly not able to accommodate these factors.

AIDS prevention

- AIDS prevention – include work on **adherence to medication, nutrition.....**
- **Treatment regimes should be tailor-made to youth**; so they remain active in the day and can study in the evenings. We should take into consideration that there is an adherence problem especially due to side-effects and routine
- Need to include information and/or actions on **care** in prevention programs; the separation of the 2 does negatively affect the stigma

Psychosocial issues of positive adolescents

- What are the preparations to **disclose** or not to disclose one's status?
- Implementers (peer educators, teachers) need to be trained how to deal with young people disclosing their status and where to refer them to, to receive the correct support.

Need for voice of HIV+ young people

- If you really wish to address the actual situation and problems and solutions possible for HIV+ young people, they need to have a voice in program design, not just a token consultation
- Need for capacity development to be able to represent their issues and have sustainable involvement
- We should not expect only HIV+ young people to stand on a podium and make statements for the position of HIV+ people; we should be the ones also advocating for their rights.

We have to provide young people, in particular young people living with HIV/AIDS, with workable and accessible prevention tools – information and commodities. And base interventions on their needs, desires and on science; not on morality.

Funding needs to be focusing on the needs of HIV+ young people, their SRHR and AIDS prevention.

If we fail to support YPLHIV in making safe and healthy decisions, prevention will fail altogether.

Contact Details

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