There are particular gender-based differences in access to and utilisation of health services. Young men and boys may use youth centres more than young women and girls, who are more likely to have linkages with health services through antenatal care (ANC) services, and be more motivated by pregnancy than by STI/HIV to seek such services.

As a result of family members falling ill, girls’ education is also more likely to be cut short and their access to HIV/AIDS information limited. This provides an added reason why health services must also be available for young people out of school, in rural as well as urban areas, including young people on the street, and those who are sexually exploited, trafficked or involved in sex work.

Comprehensive approaches are also needed to support young people who have been orphaned and made vulnerable by HIV/AIDS, with particular attention to the unique vulnerabilities of girls. In addition to advocacy and raising awareness to create supportive environments, this includes strengthening the capacity of families to care for orphans; mobilising community-based responses; and ensuring that all orphans have access to essential prevention, care and support services.

An enabling environment

For young people to obtain the necessary knowledge, life skills, and access to services to protect themselves from HIV/AIDS, it is fundamental to create an enabling environment for all young people. This includes building resilience amongst young women and girls, young men and boys; challenging unequal gender norms and promoting positive gender relationships; ensuring an effective social support system in the family, school and community; and enhancing protective factors such as feeling valued in society, being exposed to positive rules and expectations; and having a sense of hope in the future. Such an enabling framework for young people’s development will include a supportive policy environment, as well as the contribution of parents, service providers, institutions and other adults.

Programmes and policies that focus on young people should address not only the needs of independent individuals to avoid or to reduce the risks of HIV, but also the demand side of sexual exploitation of children and young people, and the link between HIV/AIDS and child labour. If all young women and girls, young men and boys are to grow into healthy, functioning adults, policies will both have to address young people directly and be targeted at those who place them at risk.

Resources and References


UNAIDS Inter-Agency Task Team on Gender and HIV/AIDS

HIV/AIDS, Gender and Young People

Key Issues

The world’s young people (aged 10-24) are especially vulnerable to HIV/AIDS. Of the 42 million people living with HIV/AIDS, more than a quarter are aged 15-24. Half of all new adult infections now occur among 15-24 year olds (UNAIDS 2002).

Girls and young women are the face of the HIV/AIDS pandemic. Of the young people living with HIV/AIDS, 62 percent are young women (UNAIDS 2002). Women are biologically more susceptible to HIV infection than men (Carpenter et al., 1999), but young women and girls are especially vulnerable because their immature genital tracts are not yet fully developed. Additionally, the social impact upon girls is greater since they often assume a greater burden of care when family members are affected by HIV/AIDS. This limits their access to education and holds back social development.

Lower social status and gender inequalities, including in relation to education and access to economic resources, also contribute to placing young women and girls at particular risk of HIV infection. Young women and girls may be subjected to gender-based violence, abuse, coercion or contractual sex for goods or money, and are often inadequately able to protect themselves against these sources of risk. This is particularly true in sub-Saharan Africa, where sexual relationships between adolescent girls and older men are the most likely explanation for the significantly higher infection rates among girls aged 15-19 than among their male peers (Luke and Kurz 2002). Since older men tend to be sexually more experienced than young men, young girls are much more prone to HIV infection when marrying a much older man. Marriage to a much older husband also places a girl at greater risk of infection than her unmarried peers.

Gender-based violence is increasingly being recognised as one of the most significant risk factors for HIV transmission. For instance, among adolescent girls aged 15-19, ten percent in KwaZulu Natal, South Africa (Manzini 2003), and twelve percent in Jamaica report having been raped (Adolescent Condom Survey Jamaica, 2001). Violent sex is known to foster HIV transmission. Other forms of gender-based violence include trafficking, forced/early marriage, sexual commercial exploitation and prostitution, and sexual exploitation and abuse of young women and girls in situations of conflict or in other humanitarian emergencies.

Poverty and unequal economic rights limit the bargaining power of girls and place them at greater risk of sexual exploitation and abuse, including transactional sex. Young women and girls who are orphaned are often forced to resort to such ‘survival sex’ to fend for themselves and younger siblings.

Stereotypical gender norms of male dominance make both sexes vulnerable to infection, by encouraging men and boys to engage in risky and sometimes aggressive sexual behaviour. Boys and young men need skills and information on how to prevent HIV infection, how to live positively with HIV/AIDS, and how to adjust to new roles of caring and nurturing. These include life skills for working towards the development of customs and practices that promote and perpetuate gender-based violence and thereby increase the risk of infection.
In some regions, particularly where the epidemic is still considered "low" or "concentrated", young men are at higher risk of HIV infection than young women. For example, in Eastern Europe and Central Asia, nearly all reported HIV infections are linked to drug injection, which has become particularly widespread among young men. In parts of Latin America and Asia, and in many industrialised countries, concentrated epidemics exist among men who have sex with men.

Key Actions Required

Young women and girls, young men and boys, are key to defeating the HIV/AIDS pandemic. Because adolescence is a time when girls and boys are choosing their identities and laying the foundations for the women and men they will become, values such as tolerance, respect for the opposite sex and equality must be instilled early on to establish enduring patterns of healthy behaviour.

The Declaration of Commitment adopted at the UN General Assembly Special Session on HIV/AIDS in June 2001 recognised the special needs and crucial role of young people in halting and reversing the spread of HIV/AIDS. The Declaration outlined specific, time-bound goals and targets, which were reiterated at the UN General Assembly Special Session on Children in May 2002.

The Declaration of Commitment on HIV/AIDS, 2001

“By 2005, ensure that at least 90 per cent, and by 2010 at least 95 per cent of young men and women aged 15 to 24 have access to the information, education, including peer education and youth-specific HIV education, and services necessary to develop the life skills required to reduce their vulnerability to HIV infection, in full partnership with young persons, parents, families, educators and health-care providers.” (Art. 53)

“By 2005, implement measures to increase capacities of women and adolescent girls to protect themselves from the risk of HIV infection, principally through the provision of health care and health services, including for sexual and reproductive health, and through prevention education that promotes gender equality within a culturally and gender-sensitive framework.” (Art. 60)

In order to ensure that the declaration targets are met, and that our responses are grounded in reality, emphasis must be placed on age- and sex-disaggregated data and on sound methods of data collection, processing and analysis.

Young people are vital to halting the spread of HIV/AIDS and many of them are playing a significant role in the fight against the epidemic. But they urgently need the knowledge, skills and services to protect themselves against STIs and HIV/AIDS. To achieve these conditions, an enabling environment also needs to be in place that protects young people from disease, ill-treatment and discrimination.

Knowledge

In many cultures, girls are expected to be ignorant on sexual matters, and may fear being perceived as promiscuous if they show an interest in or have knowledge about sexuality issues, including STIs and HIV/AIDS. By contrast, many boys are brought up to believe that males are expected to be experienced in and knowledgeable about sex, which may encourage them to have multiple sexual partners and deter them from asking questions or seeking health-related information. Because untreated STIs increase the risk of HIV transmission, it is important that information for all young people includes facts on other STIs, including asymptomatic infections.

Young people can only make safer choices to protect themselves and their sexual partners if they know the basic facts about HIV/AIDS. This requires overcoming stereotypical gender norms that contribute to preventing young women and girls, as well as young men and boys, from acquiring this knowledge.

Policies that target children and young people need to be mindful of the proportion of these population sub-groups who are outside formal education systems, permanently or for protracted periods. Information will need to be provided in informal settings, using communication methods that do not disadvantage the illiterate or those who communicate orally (including deaf people, blind people, and non-speakers of main languages). Special consideration may be given to groups with particular needs - such as orphans, child soldiers, young domestic workers, disabled children, and child heads of households.

Skills

Socialised to be submissive towards men and lacking negotiating power and equal economic rights, young women and girls often have little control over when, where and with whom they have sex. Young women and girls need the skills and power to negotiate in sexual matters so that they can protect themselves from HIV/AIDS.

In order to put their knowledge on how to protect themselves into practice, young women and girls, young men and boys, need the skills and confidence to use the information they receive. This includes self-esteem and negotiation skills, skills to delay sexual activity, practising safer sex (including consistent and correct condom use), and having a reduced number of sexual partners.

Services

Education provides young people with greater opportunities and life choices and empowers them to protect themselves against HIV/AIDS. Research confirms for example that higher educational levels are associated with higher rates of condom use. Young people have the right to education that is affordable, of good quality, promotes gender equality and is available to all. This includes non-formal education, such as youth centres, that can help build skills, nurture healthy behaviours, and enhance the self-esteem of young women and girls as well as young men and boys.

Young people also need access to gender-sensitive, youth-friendly health services and supplies for STI/HIV/AIDS prevention and care, including condoms and voluntary and confidential counselling and testing. In many cultures, however, societal norms are not receptive to the needs of young people in accessing reproductive health services. The lack of gender-sensitive, youth-friendly facilities restricts the access of young women and girls, and of young men and boys, to crucial HIV/AIDS-related services and information.