

Vulnerable groups: Youth

In principle young people are no less at risk from HIV/AIDS than are adults in Pakistan. At this time, prevalence among the general population, including youth is very low, but there are many conditions that may change this situation. There is a tension between two societal assumptions: one assumption that young people should not and will not have premarital sex, and another that it is necessary to discuss condom use since young people have premarital sex.

Adolescence is a time when young people may be curious about sex and drugs, are forming their habits and values and are heavily influenced by their peers. In addition, unemployment, the relatively easy availability of drugs and economic frustration can all influence young people to engage in unsafe (sexual and injecting drug use) behaviour which may put them at risk of HIV infection.

Why is HIV/AIDS a problem for youth?

Until very recently, little information was available about attitudes and sexual behaviour of young people in Pakistan, but some factors are clear:

Lack of information: There is lack of sexual health education on reproductive health in general and about HIV, AIDS and other STIs. There is a widespread belief that talking about sex and sexual behaviour induces adolescents to actually engage in sex and this belief (which has been proven not to be true) inhibits open discussion and opportunities to gain accurate information about such issues. Where information is given, it is given in medical terms and avoids any discussion about sex. At the same time, youth are confronted with emerging sexual desires and are in need of information that is relevant to them. Much of the information is obtained from peers or from older brothers and sisters and this may not necessarily be correct information.

Prevention messages: Messages about sexual behaviour all focus on abstinence and – once married – the need for faithfulness within marriage. They do not include information about sexually transmitted infections and ways to prevent them. There is a silence about the issue of condom use or messages other than abstinence.

Lack of skills to negotiate for safe sex: Not only have young people lack of information, they also lack skills to discuss safe sex, to withstand peer pressure and pressure from older men.

Lack of access to services: There are no youth friendly sexual and reproductive health services. Without such services, adolescents are unlikely to visit health clinics either to be treated or for information. There is a pervasive lack of confidentiality and an attitude with health staff that adolescents should not be involved in sexual behaviour at all.

Lack of access to education on intravenous drug use: Because use is illegal, young people are not educated on any aspects of drug use, including different drugs, addiction, relationship HIV and intravenous drug use etc.

Young girls: They are especially at risk as many of them marry between the ages of 15 and 19. Their relative youth and inexperience can make them vulnerable to exploitation by their new husbands or their families. Their older husbands may put them at risk for infection as a consequence of earlier unsafe sexual behaviour.

Special groups of vulnerable youth

While youth as a whole is considered at risk, a difference has to be made between in school youth and out of school youth. Out of school youth may be unemployed or employed in positions in which they may be subjected to (sexual) abuse such as truck driver assistants. In addition, children working in factories and businesses and street children belong to a highly vulnerable group. Unemployed

youth may become involved in unsafe sexual behaviour because of boredom, the need to establish an identity as 'a man' or because of poverty. These youth are more difficult to reach than in school youth and programmes targeting such youth have to include information, education, life skills training and links to health and STI service providers. The best approaches use peer education activities and involve the environment (such as for instance factory management) in the interventions.

What can programmes do to stop the spread of HIV/AIDS among youth

- Development of reproductive health and life skills training for inclusion in school curricula
- Youth friendly reproductive health services
- Development of peer education programmes
- Development of information resources that are specifically targeted to youth, such as newsletters written with and by young people, comic strips, information booklets, drama, radio shows etc. crucial is the participation of the youth themselves in the development of such information sources.