

HIV/AIDS and young people

Hope for tomorrow



Joint United Nations Programme on HIV/AIDS

**UNAIDS**

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## HIV/AIDS and young people: hope for tomorrow

“ Young people are the key in the fight against AIDS. By giving them the support they need, we can empower them to protect themselves against the virus. By giving them honest and straightforward information, we can break the circle of silence across all society. By creating effective campaigns for education and prevention, we can turn young people’s enthusiasm, drive and dreams for the future into powerful tools for tackling the epidemic. ”

*—Kofi Annan, United Nations Secretary-General, in a speech given at Zhejiang University, China, in October 2002, where he received an honorary doctorate.*



# HIV/AIDS and young people: hope for tomorrow

## Foreword

In June 2001, leaders of the world met at the United Nations General Assembly Special Session on HIV/AIDS and made a commitment to protect their people—especially the young—against the AIDS epidemic.

We, as young people today, hear the word AIDS pretty often. We also hear about sex, condoms and the need for safer sex, yet there is a lot of confusion and misinformation surrounding these issues. As a result, young people are one of the most vulnerable groups with regard to HIV/AIDS.

Talking about sex and sexuality is difficult. Often these subjects are treated with suspicion and mistrust—even by parents and teachers. Embarrassment and ignorance go hand in hand and many young people end up knowing little about sex, sexuality and HIV/AIDS. What they do know often turns out to be dangerously inaccurate.

Many young people do not know how to protect themselves against HIV or how to care for people living with the virus. Many have a sense of invulnerability, and believe that they will never get HIV.

To make matters worse, much of what is written on HIV/AIDS is technical and abstract, saying little about the personal experiences of people struggling with the disease. Such information does not seem relevant to young people, so they ignore it.

Young people have tremendous enthusiasm, energy and optimism. They love life. With a little support from adults, young people can take charge of their own lives and be role models for their peers.

We have a request. Can you adults find it in yourselves to trust us? We can handle responsibilities and make sensible decisions. And so maybe it's not so much a request as a challenge: make us partners in this process. Allow us to make decisions that affect our lives—decisions that we are capable of making. After all, it was you who gave the world the Convention on the Rights of the Child.

—Madhavendra Shenoy (16), Nisha Menon (16) and Rashmi Anthony (16),  
pupils at *Bhavan's Vidya Mandir* (a secondary school), Elamakkara, Cochin, India.

# Introduction

Young people are the future.

What happens to them today will determine what becomes of their communities and societies in the decades ahead. But their future is not looking good.

In many countries, millions of young people are deprived of their most basic rights—the rights to shelter, health, education, care and love. They also stand in the path of one of the deadliest epidemics ever: HIV/AIDS.

- Every day, about 6000 young people aged 15–24 become HIV-infected; they account for half of all new HIV infections.
- An estimated 11.8 million young people were living with HIV/AIDS at the end of 2001—7.3 million young women and 4.5 million young men.

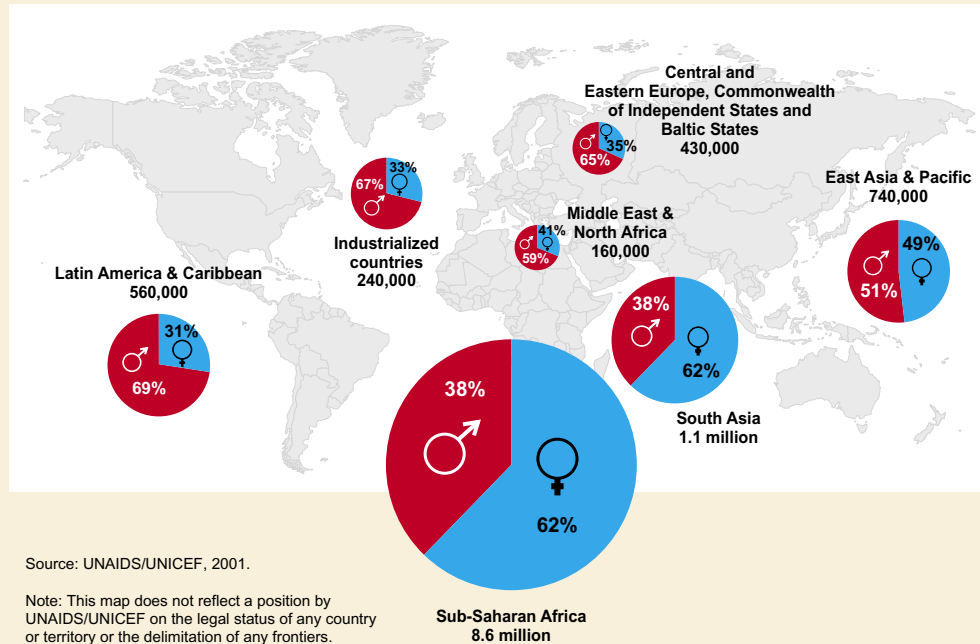
In a landmark gathering in June 2001, Heads of State and Representatives of Governments met in New York for the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS and fashioned a set of global commitments for tackling the epidemic. They pledged, for example, to:

*...by 2003, establish time-bound national targets to achieve the internationally agreed global prevention goals to reduce by 2005 HIV prevalence among young men and women aged 15–24 in the most affected countries by 25%, and by 25% globally by 2010, and intensify efforts to achieve these targets as well as to challenge gender stereotypes and attitudes, and gender inequalities in relation to HIV/AIDS, encouraging the active involvement of men and boys.*

—From the Declaration of Commitment on HIV/AIDS, adopted at the UN General Assembly Special Session on HIV/AIDS, 27 June 2001, New York.

## 11.8 million young people (aged 15–24) living with HIV/AIDS

7.3 million young women and 4.5 million young men



Beating the epidemic depends on protecting young people from HIV and caring for those who live with the virus. The choices they are offered and the opportunities they seize will determine the course of the epidemic and the fates of their societies.

### What's going on?

Why is the epidemic hitting young people so hard? A host of factors are at work, from the denial of information, education and services, to the gambles that impoverished people take in order to survive and the risks that sometimes accompany curiosity and experimentation.

*Among young people, HIV spreads almost exclusively in two ways: unsafe sex (between males and females, and between males) and sharing injecting drug equipment.*

# Trapped in ignorance

Young people become trapped when they are not given essential information. The majority of the 11.8 million young people living with HIV do not know that they carry the virus. Millions more know little, if anything, about HIV/AIDS. They don't know how HIV is transmitted or how to protect themselves from infection.

In 17 countries surveyed by UNICEF, over half of adolescents could not name a single method of protecting themselves against HIV. In all instances, girls knew less than boys.

At the United Nations General Assembly Special Session on HIV/AIDS in June 2001, governments of the world agreed that they would:

*... by 2005, ensure that at least 90% and, by 2010, at least 95% of young men and women aged 15–24 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 youth, parents, families, educators and health-care providers.*

—From the Declaration of Commitment on HIV/AIDS, adopted at the United Nations General Assembly Special Session on HIV/AIDS, 27 June 2001, New York.

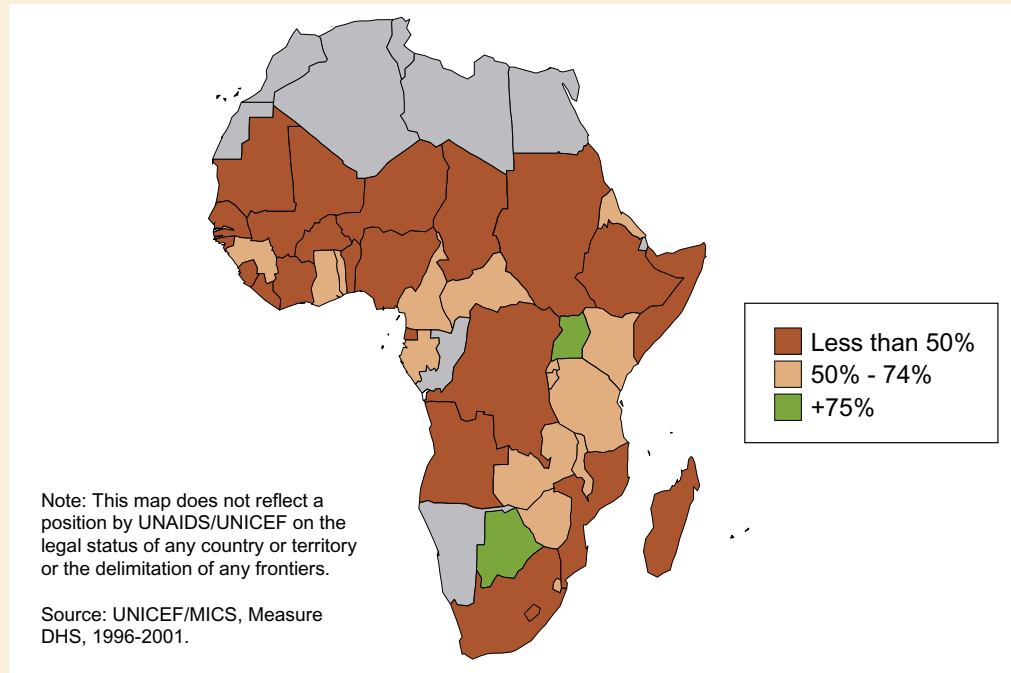
UNAIDS/G. Pirozzi





## Insufficient knowledge

Percentage of girls (aged 15–19) who know that a healthy-looking person can have HIV

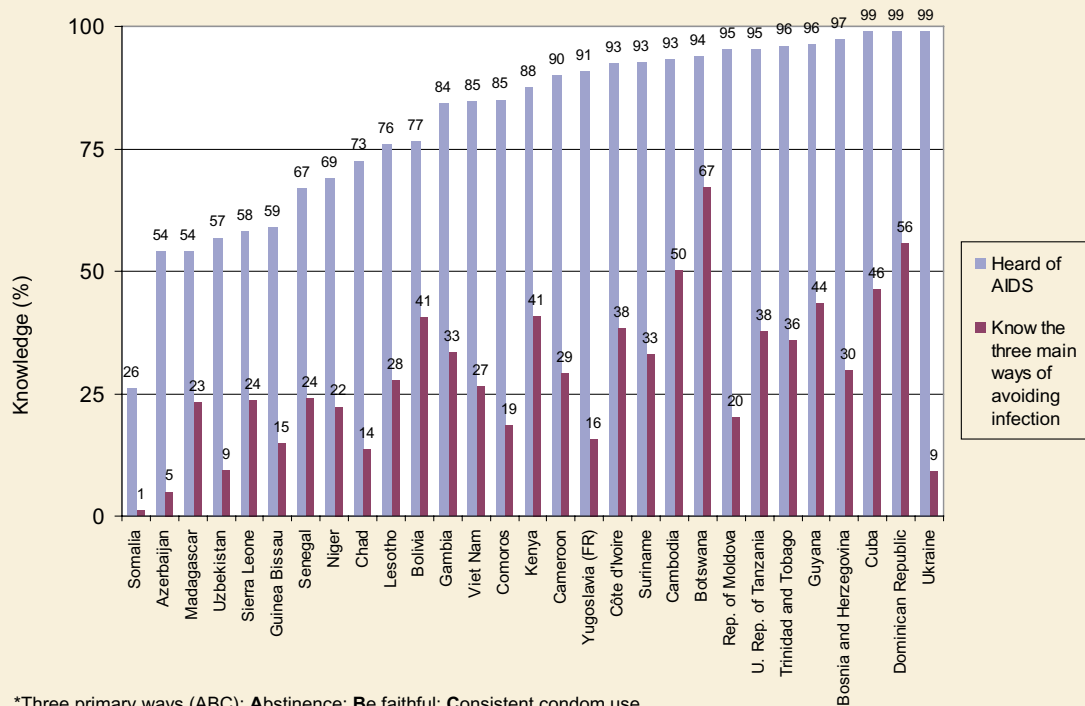


In sub-Saharan Africa, large-scale national and regional efforts must take place in order to ensure that 90% of 15–24-year-olds are equipped with the knowledge and skills to protect themselves from HIV – a goal set by the United Nations General Assembly Special Session on HIV/AIDS for 2005.

Denial is also dangerously widespread. In many countries where HIV prevalence is high, a surprising number of young people who've gained some knowledge of the virus—and who are sexually active—think they face little or no risk of becoming infected.

### Most know little about HIV prevention

Percentage of young women (aged 15–19) who have heard of AIDS and % who know the three primary ways of avoiding infection\*



\*Three primary ways (ABC): **A**bstinence; **B**e faithful; **C**onsistent condom use

Source: UNICEF/MICS, Measure DHS, 1999-2001.

## The right to be in the know

Adolescence is a period of rapid emotional growth and development. Some adolescents become sexually active early; in many countries, unmarried girls and boys have sex before the age of 15, but usually without the necessary information, skills or services to protect themselves from HIV.

The myth persists that sexual health education promotes early and irresponsible sexual activity among young people. Some countries forbid sex education in schools. But, in fact, numerous



studies show that people exposed to appropriate information about sex tend to postpone sexual interaction or use condoms. Ignorance, on the other hand, increases their chances of acquiring HIV and other sexually transmitted infections (STIs).

The remedy? At the very least, children and young people everywhere should be informed about HIV/AIDS—how the virus is transmitted, what the effects are, when they are at risk of infection and how they can protect themselves against the epidemic. They need to know how to negotiate safe sex, cope with peer pressure and deal with threatening situations. Learning with and from peers is by far the best way of achieving this. HIV/AIDS programmes that respect and involve young people—and are sensitive to their cultures—are far more likely to succeed than those that do not.

Many young people do not go to school, so they need to be reached through community programmes.

Parents should talk openly about sex and sexuality with their children. But many parents find that difficult. They may even lack the knowledge they should be passing on to their young. So adults should also be given the necessary skills and information.

# Education is out of reach

Research shows that education protects young people against HIV infection. Adolescents with more years of schooling are less likely to have casual partners and more likely to use condoms than are their peers with less schooling.

But more than 113 million children and young people in developing countries—two-thirds of them girls—do not attend school.

In many countries, school fees and materials are unaffordable to millions of families, due to government cuts. This is just one reason (among many) why a decent education is beyond the reach of these families. School is not a priority when parents are sick or dying and their child has to earn money to provide for the family.

As teachers fall prey to the epidemic, getting an education becomes even tougher. In 1999 alone, an estimated 860 000 children in sub-Saharan Africa lost their teachers to AIDS.

At the United Nations General Assembly Special Session on HIV/AIDS in June 2001, governments of the world agreed that they would:

*...by 2003, develop and/or strengthen strategies, policies and programmes, which recognize the importance of the family in reducing vulnerability, inter alia, in educating and guiding children and take account of cultural, religious and ethical factors, to reduce the vulnerability of children and young people by:*

- *ensuring access of both girls and boys to primary and secondary education, including on HIV/AIDS in curricula for adolescents;*
- *ensuring safe and secure environments, especially for young girls;*
- *expanding good-quality youth-friendly information and sexual health education and counselling services;*

- *strengthening reproductive and sexual health programmes; and*
- *involving families and young people in planning, implementing and evaluating HIV/AIDS prevention and care programmes, to the extent possible.*

—From the Declaration of Commitment on HIV/AIDS, adopted at the United Nations General Assembly Special Session on HIV/AIDS, 27 June 2001, New York.

## The right to learn

Universal and affordable education—both in and out of school—must be ensured because it is a crucial safeguard against HIV, especially when it includes knowledge about sexual health and life skills. Girls and boys alike should be able to complete their schooling.

More schools and teachers are only part of the solution. Stronger subsidies can enable more students to afford schooling. Curricula should reflect the realities young people face and equip them with relevant skills. And school schedules can be adjusted to suit the lives and ensure the safety of the young. Home-based programmes should also be provided to meet the needs of young caregivers whose other duties might prevent them from attending school at all.

*Thousands of communities have devised ingenious ways of improving education for all children and of encouraging girls to attend school. Children are being educated in multigrade classrooms, in cluster schools and by radio. School feeding programmes (including take-home rations) encourage parents to keep children, especially girls, in school.*

# Denied adequate health services

Most young people don't have access to sexual health advice, condoms and other forms of contraception, or voluntary counselling and testing services.

This is not just due to neglect. Too often, young people are deliberately deprived of these life-saving services and information because adults deny that sexuality is a normal and healthy aspect of growing up.

Reproductive health services are seldom geared towards the needs of young people, who therefore tend to avoid them—putting themselves and their sexual partners at huge risk of HIV infection.

## The right to health

Youth-friendly health services are vital for HIV prevention. They should inform young people about their sexual and reproductive health rights and provide wider access to voluntary counselling and testing.

Health services should be affordable, cater for minors or unmarried adults, offer low-cost or free condoms and provide treatment for sexually transmitted infections. STIs greatly facilitate HIV transmission between sexual partners. Each year, over 100 million new STIs, excluding HIV, occur among young people under 25.

Health services must offer privacy and should guarantee confidentiality. More flexible opening hours (to cater for young people who work or study) would make a difference.

Special efforts should be made to cater for the needs of young sex workers. Given the hazards they face, they need more information, regular health check-ups, and easier access to condoms. Just as importantly, they need the support and protection necessary for them to be able to use these services.

At the United Nations General Assembly Special Session on HIV/AIDS in June 2001, governments of the world agreed that they would:

*... by 2005, ensure: that a wide range of prevention programmes, which take account of local circumstances, ethics and cultural values, is available in all countries, particularly the most affected countries, including information, education and communication, in languages most understood by communities and respectful of cultures, aimed at reducing risk-taking behaviour and encouraging responsible sexual behaviour, including abstinence and fidelity; expanded access to essential commodities, including male and female condoms and sterile injecting equipment; harm reduction efforts related to drug use; expanded access to voluntary and confidential counselling and testing; safe blood supplies; and early and effective treatment of sexually transmittable infections.*



UNAIDS/S. Noorani

*... by 2005, develop and make significant progress in implementing comprehensive care strategies to: strengthen family and community-based care, including that provided by the informal sector, and health-care systems to provide and monitor treatment to people living with HIV/AIDS, including infected children, and to support individuals, households, families and communities affected by HIV/AIDS; improve the capacity*

*and working conditions of health-care personnel, and the effectiveness of supply systems, financing plans and referral mechanisms required to provide access to affordable medicines, including antiretroviral drugs, diagnostics and related technologies, as well as quality medical, palliative and psychosocial care.*

—From the Declaration of Commitment on HIV/AIDS, adopted at the United Nations General Assembly Special Session on HIV/AIDS, 27 June 2001, New York.

Young people living with HIV/AIDS have the right to receive the life-saving drugs—including antiretroviral drugs—that now exist for the treatment of illnesses associated with HIV infection. Although the prices of these drugs have dropped, they remain beyond the reach of the vast majority of HIV-positive people, especially in Africa. Yet, as Brazil has shown, societies as a whole benefit when a country's public health system provides free (or at least affordable) and universal access to such drugs.

## Living with inequality

Young women are vulnerable to HIV in many respects: biologically, socially, economically and culturally. Worldwide, up to 60% of all HIV infections in women occur before the age of 20. This is no accident. Women everywhere are discriminated against, in different ways and to varying degrees.



UNAIDS/L. Taylor

These gender inequalities overlap with other social, cultural, economic and political inequalities that are also driving the epidemic.

As the epidemic grows, girls have to drop out of school in order to care for ill family members. As a result, their access to education, training and employment is further compromised. Deprived of livelihoods and financial independence, they are also likely to be denied the right and ability to control their sexual lives. Cultural and social attitudes bolster sexual ignorance among young women and deny their sexuality.

Many of the prejudices aimed at women end up increasing men's vulnerability, too. Social norms promote a dangerous mix of promiscuity and ignorance about sexual health issues among young men.



At the United Nations General Assembly Special Session on HIV/AIDS in June 2001, governments of the world agreed that they would:

*...by 2005, bearing in mind the context and character of the epidemic and that globally women and girls are disproportionately affected by HIV/AIDS, develop and accelerate the implementation of national strategies that: promote the advancement of women and*

*women's full enjoyment of all human rights; promote shared responsibility of men and women to ensure safe sex; empower women to have control over, and decide freely and responsibly on, matters related to their sexuality to increase their ability to protect themselves from HIV infection.*

*...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 sexual and reproductive health, and*

*through prevention education that promotes gender equality within a culturally- and gender-sensitive framework.*

—From the Declaration of Commitment on HIV/AIDS, adopted at the United Nations General Assembly Special Session on HIV/AIDS, 27 June 2001, New York.



UNAIDS/L. Taylor

## The right to equality

The vulnerability of young women must be reduced. One powerful way to do this would be by improving girls' access to education and boosting their income-earning prospects. Education subsidies, opportunities to earn while at school, training for appropriate work, and credit schemes tailored specially for young women could bring about huge benefits. Fewer girls would then be forced to resort to sex work and other dangerous survival options that carry high risks of HIV infection.

The damaging concepts of masculinity that define many men's lives—and end up shaping those of many women—must be changed. Prevention efforts should promote values that support communication, shared responsibility and mutual respect between women and men. Young men need to learn that masculinity or 'manhood' does not depend on the number of sexual encounters one has had, but rather on the ability to behave responsibly and respectfully towards sexual partners.

## Used and abused

Rape and sexual exploitation are ever-present threats for young women (and, to a lesser extent, young men), greatly increasing their vulnerability to HIV infection.

Millions of young people eke out a living on city streets, where they may survive by trading or selling sex. For them, the odds of becoming infected with HIV are high.

Impoverished young women run the risk of being forced to enter the sex industry to pay for school or support their families. In some Asian countries, up to 30% of sex workers aged 13–19 are HIV-positive.



UNAIDS/G. Pirozzi

There is growing evidence that older men are responsible for the increasing share of HIV infections among young women. Some men prey on young women's economic insecurity by rewarding sex with gifts or money, while others resort to sexual abuse and coercion.

At the United Nations General Assembly Special Session on HIV/AIDS in June 2001, governments of the world agreed that they would:

*...by 2005, ensure development and accelerated implementation of national strategies for women's empowerment, promotion and protection of women's full enjoyment of all human rights, and reduction of their vulnerability to HIV/AIDS through the elimination of all forms of discrimination, as well as all forms of violence against women and girls, including harmful traditional and customary practices, abuse, rape and other forms of sexual violence, battering and trafficking in women and girls.*

—From the Declaration of Commitment on HIV/AIDS, adopted at the United Nations General Assembly Special Session on HIV/AIDS, 27 June 2001, New York.

## Principles for working with young people

- Young people are not a homogenous group. No single strategy can protect all young people against HIV infection.
- Many adults see young people—especially adolescents—as a troublesome burden. They're wrong. Young people are an incredibly rich resource. The destinies of their societies depend on their health and development.
- It's not always easy, but it's vital that young people be closely involved in planning, implementing and monitoring HIV/AIDS prevention programmes.
- Peer education and support are essential. Young people are powerful instruments for change. They are more likely to understand each other's realities, trust each other's judgements, and respect each other's opinions.
- Too much is buried or swept aside: adolescent sexuality, the need for early sexual health education, violence against women, men having sex with men, the sexual exploitation of girls and young women, the huge inequalities women are subjected to, and the social and cultural values that allow these realities to endure. These issues must be talked about.
- Better and more affordable youth-friendly services must be provided in the context of education, health and the world of work.
- Strong and visionary leadership at all levels of society is essential for an effective response to the epidemic. There is no age restriction for leadership.

UNAIDS/L.Taylor





UNAIDS

## The right to safety and protection

The risk of violence, sexual abuse and exploitation to so many young people has to be eliminated.

Firm policies and laws—along with the commitment, training and systems to apply them—can discourage such abuses. Preventing them is not just the State’s duty; it is the responsibility of everyone, not least the many families and communities who retreat into conspiracies of silence about the outrages in their ranks.

Other policies can also help; enabling impoverished girls to stay in school is one way of helping them avoid becoming trapped in the sex industry.

More outreach projects are needed to empower street children, who are hugely at risk of violence and abuse. They should be offered safe shelter and opportunities to learn and work. Just as important are measures that combat child labour or that provide underage workers with the skills and support they need to create viable livelihoods.

# Trapped in wars and conflict

Young people caught in wars and civil strife—as fighters or refugees—are especially vulnerable to sexual violence and abuse. Rape is too often used as an instrument of war and oppression.

At the United Nations General Assembly Special Session on HIV/AIDS in June 2001, governments of the world agreed that they would:

*...by 2003, develop and begin to implement national strategies that incorporate HIV/AIDS awareness, prevention, care and treatment elements into programmes or actions that respond to emergency situations, recognizing that populations destabilized by armed conflict, humanitarian emergencies and natural disasters, including refugees, internally displaced persons and, in particular, women and children, are at increased risk of exposure to HIV infection; and, where appropriate, factor HIV/AIDS components into international assistance programmes.*

—From the Declaration of Commitment on HIV/AIDS, adopted at the United Nations General Assembly Special Session on HIV/AIDS, 27 June 2001, New York.

UNAIDS/L.Taylor

## The right to peace and security

Special efforts must be made by community leaders and others to meet the needs of young people trapped in conflict settings. Young people should not be recruited as soldiers, and other measures should be taken to preserve or bring about peace in volatile areas. And, in the absence of such peace, much more must be done to protect the dignity, health and lives of the young people who invariably suffer the consequences.



# Stigma and taboos

Everywhere, people living with HIV face stigma and discrimination, so many young people try to deal with their fears about the epidemic by ridiculing and ostracizing those who are HIV-positive. It's no surprise that denial and secrecy end up seeming more attractive options to people who witness discrimination. And it is in such climates of fearful silence that the epidemic flourishes.

Men having sex with men has been a highly publicized factor of the epidemic's spread in the industrialized world. It is also a significant feature of the epidemic in the developing world, particularly in parts of Latin America and Asia.

But, in many of these societies, sex between men is taboo and its existence often denied. Those young men who do have sex with other men are frightened of the stigma and discrimination they may encounter, and may not seek advice or protection. So they constantly risk becoming infected with HIV. The risk of infection through unprotected anal sex is particularly high.

At the United Nations General Assembly Special Session on HIV/AIDS in June 2001, governments of the world agreed that they would:

*...by 2003, enact, strengthen or enforce, as appropriate, legislation, regulations and other measures to eliminate all forms of discrimination against, and to ensure the full enjoyment of all human rights and fundamental freedoms by, people living with HIV/AIDS and members of vulnerable groups; in particular, to ensure their access to, inter alia, education, inheritance, employment, health care, social and health services, prevention, support, treatment, information and legal protection, while respecting their privacy and confidentiality; and develop strategies to combat stigma and social exclusion connected with the epidemic.*

—From the Declaration of Commitment on HIV/AIDS, adopted at the United Nations General Assembly Special Session on HIV/AIDS, 27 June 2001, New York.

## The right to be free from discrimination

It takes real courage to break the spiral of denial, stigma and discrimination, but brave young people around the world do it every day. They provide peer education at school or at work, participate in home-based-care projects or raise awareness through the media, sports or entertainment.

They need and deserve the support of others. Law-makers must abolish statutes that sanction discrimination and replace them with laws that protect human rights. The authorities must enforce such laws. Parents, teachers, health workers, religious leaders, employers, sports idols and entertainers all share the responsibility of fostering support and understanding for people living with HIV.

## Flirting with danger

Drug injection is now a striking feature of the HIV/AIDS epidemic, most notably in countries where injecting drug users are shunned by society. Sharing needles and other potentially contaminating equipment is a frighteningly effective way of transmitting the virus to others.

Most injecting drug users are young males. They do not have access to HIV/AIDS information and prevention programmes. Rehabilitation options are rare. For injecting drug users in many parts of Latin America, Asia, North America and Europe, the odds of becoming HIV-infected are high. It's not just injecting drug use that can be dangerous; other addictive substances, such as alcohol, that many might consider 'safer', are also a source of risk. Numerous studies have shown that individuals are less likely to practise safe sex when they are suffering the effects of alcohol.



At the United Nations General Assembly Special Session on HIV/AIDS in June 2001, governments of the world agreed that they would:

*...by 2003, establish national prevention targets, recognizing and addressing factors leading to the spread of the epidemic and increasing people's vulnerability, to reduce HIV incidence for those identifiable groups, within particular local contexts, which currently have high or increasing rates of HIV infection, or which available public health information indicates are at the highest risk for new infection.*

—From the Declaration of Commitment on HIV/AIDS, adopted at the United Nations General Assembly Special Session on HIV/AIDS, 27 June 2001, New York.

## The right to be protected

Efforts that prevent drug use in the first place can help protect young people against dependencies that might increase their risk of HIV infection—by building up their life skills and promoting healthier lifestyles.

Outreach services that focus on HIV prevention activities can also protect drug users and their families against infection, while encouraging them to take advantage of treatment and medical care. Services offer access to clean needles and syringes, detoxification programmes, substitution therapy (for example, methadone treatment), as well as condoms and HIV counselling.

Treatment and rehabilitation services for drug users are equally important—as are additional social support and welfare services. Drug users need long-term measures that can help them to improve their quality of life. Those measures should aim at reducing poverty, improving education and employment opportunities, extending access to essential legal and social services, and offering psychosocial support.

# Left to cope alone

Living today are an estimated 14 million children who have lost one or both parents to AIDS. Tens of thousands of them are surviving in households run by children. Others are forced to fend for themselves on the streets. They face greater risks of malnutrition, illness, abuse and sexual exploitation, in addition to HIV infection, than children orphaned by other causes.

At the United Nations General Assembly Special Session on HIV/AIDS in June 2001, governments of the world agreed that they would:

*...by 2003, develop and, by 2005, implement national policies and strategies to: build and strengthen governmental, family and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV/AIDS, including by providing appropriate counselling and psychosocial support; ensuring their enrolment in school and access to shelter, good nutrition, health and social services on an equal basis with other children; to protect orphans and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance.*

*...Ensure non-discrimination and full and equal enjoyment of all human rights through the promotion of an active and visible policy of de-stigmatization of children orphaned and made vulnerable by HIV/AIDS.*

—From the Declaration of Commitment on HIV/AIDS, adopted at the United Nations General Assembly Special Session on HIV/AIDS, 27 June 2001, New York.



UNAIDS/G. Pirozzi

## The right to be cared for

Clear, firm targets are needed to improve the lives and prospects of orphaned children. A first step would be to avoid singling out children orphaned by AIDS and instead target vulnerable children and communities in general with programmes that benefit them socially and economically.

Stronger community- and home-based-care networks are a priority. More support should go to extended families

that care for orphaned and other vulnerable children. These families need training in home-based care, more income-generating opportunities, and better access to credit and health-care services.

Stricter measures could ensure that orphanages and similar institutions meet high standards of care and comply with the law. Also helpful would be limits on the length of time children spend in these institutions, and programmes that integrate the children back into the community.

## The right to a better life

Many of the factors that place young people at the mercy of the epidemic stem from the socio-economic and sociocultural conditions they live in. Poverty, poor education, unemployment and social isolation shape young people's choices in ways that expose them to greater risks of becoming infected with HIV.

Many of these young people live in the poorest countries and communities, and the HIV/AIDS epidemic is pushing them into deeper poverty. In such circumstances, children and young people have little hope for the future.

Dozens of countries are reeling from social service cutbacks as governments struggle to balance their books. Some of the countries hardest hit by HIV/AIDS in sub-Saharan Africa spend more money each year paying off decades-old debts than on their health services or education systems. Ultimately, it is the young who end up paying the bill.

The effects of globalization are making it even tougher to tackle the epidemic. Developing countries, in particular, are at the mercy of powerful but unpredictable economic shifts capable of sending economies into tailspins, forcing more cutbacks and pushing more people out of work. Inequalities in income and opportunities are widening—within and between countries. More people, especially the young, are watching their life choices vanish, and many face the prospect of social exclusion.



UNAIDS/Leyla Alyanak

New forms of regulation in the world economy could help achieve greater equality. So could the (re)building of social policies that can enforce the human and civil rights so often affirmed in constitutions and conventions.

Pledges and declarations are important. But alone they are not enough. They must be followed by strong political commitment and mobilization by all sectors of society—young people especially—so that the words are translated into action.

## Check this – and the battle’s half-won

What will it take to help young people manage HIV/AIDS?

- a safe and nurturing environment;
- universal basic education;
- education and information on all health issues, including HIV/AIDS;
- opportunities to build life skills;
- protection against the exploitation and sexual abuse of young people;
- practices supporting equal gender relations and roles;
- youth-friendly reproductive health and sexually transmitted infection services (including low-cost or free condoms);
- voluntary and confidential counselling and testing for HIV/AIDS;
- services to prevent HIV infection among injecting drug users; and
- care and support for young people infected and affected by HIV/AIDS

## Falling short

Nowhere are society's failings clearer than in the toll HIV/AIDS is taking among the young.

The basic rights of children have been affirmed countless times in numerous forums. Yet these rights continue to be violated routinely.

Knowledge, services and opportunities for education and decent employment make a huge difference, yet they are still lacking in many regions of the world.

What needs to be done is no secret.

The world has run out of excuses for not living up to its promises.



UNAIDS/L. Taylor

*“Many of us do not know about safe sex and contraception. So many are ill with sexually transmitted diseases and AIDS ... These problems affect the future of young people in Latvia.”*

—Toms, Latvia

*“[P]arents can't talk about it but they should decide which is more embarrassing: talking about sex or watching their children die of AIDS.”*

—Adolescent Kenyan girl

*“Fifty per cent of the new [HIV] infections that take place today are in the age group of 15 to 25. If we are the future and we’re dying, there is no future.”*

—Mary Phiri, Editor-in-Chief of Trendsetters, a monthly HIV/AIDS newsletter produced by teenage activists in Zambia

*“Just because I’m young doesn’t mean I haven’t got anything worthwhile to say. Not only should I have freedom of expression, I should also have the right to be listened to.”*

—Juan, Peru

*“The time had come for me to break the silence [...] I let people see and know that I’m not an HIV statistic, but a dynamic young woman full of life and with dignity, who happens to have an HIV infection.”*

—Charlotte, South Africa

*“The health workers often treat us in a very unfriendly and rough manner. They don’t take us seriously and will start telling around when we come to the clinic. If I have an STI, the last thing I do is go to the nurse. [...] They react in funny ways when we ask for a condom and don’t even tell us how to use condoms or what we can do not to impregnate a girl.”*

—Sam, Uganda

*“We are women, we are men, we are straight, we are street workers, we are injecting drug users. We are everyone! It is up to us to do what we need to do in order to protect our peers [...] Trust, respect and caring. All our work comes directly from our hearts. Not for glory. Just to help our friends.”*

—Andrew, Canada

*“We grow up hating ourselves like society teaches us to. If someone had been ‘out’ about their sexuality ... if my human sexuality class had even mentioned homosexuality, if the school counsellors had been open to a discussion of gay and lesbian issues, if any of those possibilities had existed, perhaps I would not have grown up hating what I was.”*

—Kyallee, United States of America

Boys and girls in a village school,  
Konkon Community near Accra, Ghana.  
Photo: UNAIDS/L.Taylor



Meeting on AIDS prevention in a factory  
in Amman, led by a health worker from  
the Ministry of Health.  
Photo: UNAIDS/G. Pirozzi



Girls at school in Bibianiha Community  
near Accra, Ghana.  
Photo: UNAIDS/L.Taylor



Street children sniffing glue,  
Phnom Penh.  
Photo: UNAIDS/S. Noorani



School boys from St Francis School  
in Jirapa, NW Ghana.  
Photo: UNAIDS/L.Taylor



Young people at a festival in  
Kostroma District, Russia.  
Photo: UNAIDS/L.Taylor



AIDS prevention education in  
a factory, Amman.  
Photo: UNAIDS/G. Pirozzi



A girl from St Francis School, Jirapa,  
Ghana, doing her homework.  
Photo: UNAIDS/L.Taylor



Young boys in Czestochowa, Poland.  
Photo: UNAIDS



Pupils in a secondary school near  
Accra, Ghana.  
Photo: UNAIDS/L.Taylor



At a Red Crescent Society centre in a suburb of  
Cairo, Egypt, teenagers discuss health issues,  
and learn about AIDS and safe sex.  
Photo: UNAIDS/G. Pirozzi



Children in a vocational school in Moamba,  
Mozambique, where they can learn a trade.  
Most of the children come from the street  
or are orphans.  
Photo: UNAIDS/Leyla Alyanak



A girl from Shiabu, a fishing village  
near Accra, Ghana.  
Photo: UNAIDS/L.Taylor



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