ATLAS OF ADOLESCENTS AND HIV IN LATIN AMERICA AND THE CARIBBEAN

- RELEVANT INTERVENTIONS
- HIV COUNTRY PROFILES
- ADOLESCENTS COUNTRY PROFILES

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FOREWORD

UNICEF´s vision of an AIDS-free generation is that all children and their families are protected from HIV infection and live free from AIDS. In that direction, we focus our work on the two decades of childhood: children 0 to 9 and adolescents 10 to 19. For young children, we especially focus our efforts in the progressive elimination of mother-to-child transmission of HIV, as well as ensuring that both children and mothers get treatment, care and support.

For adolescents, UNICEF works on preventing HIV transmission among adolescents (which happens mostly through unprotected sex), as well as on increasing the number of adolescents living with HIV who have access to comprehensive care, treatment, and support. This is no doubt one of the areas in which we need to accelerate our response: HIV is the second cause of death among adolescents globally (only after road accidents); and while AIDS-related deaths declined in the past 10 years by close to 40% in the general population, they increased by 50% among adolescents. This is unacceptable.

It is in the context of our work with adolescents that we realized how important is to learn from what is being done at the local and country levels. In every country in Latin America and the Caribbean there are excellent initiatives, which are making a difference in the response to HIV and in the lives of concrete adolescents, but which are mostly unknown outside those countries. Capturing at least a sample of those practices and interventions can contribute to generate the knowledge and understanding on adolescents and HIV that the region needs, both for cross-learning among countries and for advocacy purposes. It can also contribute to position the work with adolescents in the LAC region within the global context. In other words, we want to place Adolescents & HIV in the map of LAC and to place LAC in the map of VIH...

It is worth providing a couple of precisions, in order to understand what this Atlas of Adolescents & HIV/AIDS' Interventions is, and what it is not:

- It is NOT an exhaustive compilation of relevant interventions or practices, but just a sample, a snapshot with one practice from each LAC country in which UNICEF has a presence. The selection of practices has been done in an attempt to capture UNICEF-supported interventions to the extent possible, as well as interventions that are varied in nature. Their selection does not imply in any way that they are more relevant or successful than many other practices taking place in those countries.

- It is NOT a collection of so-called best practices, which would entail selecting only those interventions that have gone through a thorough evaluation, have proven impact, are sustainable, etc. This Atlas does compile practices that are relevant, in many cases innovative, and can generate knowledge and inspire others, but does not pretend to capture best practices as such.
- It does NOT include a detailed description of each intervention, but rather a short summary based on existing information. The purpose is that each practice can be read and understood in a few minutes. If there is appetite for more, each one has contact details and references for further information.

This modest Atlas includes a great variety of interventions: implemented by governments or civil society; HIV-specific or with a broader adolescents and sexuality approach; ongoing or already finalized; supported by UNICEF or not; studies, manuals, guidelines, provision of services, rapid testing for key affected populations, conformation of a network of young people living with HIV, information for adolescents, information for families, sexuality education, disclosure to children, procurement of rapid tests, children with disabilities and sexuality, LGBT adolescents... all those and many others are part of this Atlas.

This collection is complemented by two sets of country profiles, one on Adolescents and one on HIV/AIDS. In these profiles, we have attempted to capture in a visually attractive manner a number of key indicators that provide another snapshot of country realities. Again, they do not attempt to be exhaustive but include a series of indicators that are relevant, solid and comparable.

In conclusion, we hope that this mini collection of practices and interventions in the area of Adolescents and HIV/AIDS and the two sets of country profiles will contribute to learn more from each other and, especially, will inspire us to do more and to do better, to take risks, to think outside the box, to innovate in an area in which so much still needs to be done...

José Bergua
Adolescents and AIDS Specialist
UNICEF LAC Regional Office
Panama, April 2015

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INDICATORS AND SOURCES: ADOLESCENTS COUNTRY PROFILE

. Number of adolescents (10-19) in the country (absolute number). Source: State of the World's Children 2014 / United Nations Population Division.

. Proportion of adolescents in the country (percentage). Source: State of the World's Children 2014 / United Nations Population Division.

. Sex before 15 (boys/girls). Percentages of men and women (15-24 years) who had sex before age 15. Source:Elimination of Mother-to-Child Transmission of HIV and Syphilis in the Americas, 2014 Update (PAHO/WHO – UNICEF).

. Comprehensive knowledge of HIV among adolescents (15-19; boys/girls). Percentage of adolescents (15-19) who correctly identify the two major ways of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), who reject the two most common local misconceptions about HIV transmission and who know that a healthy-looking person can be HIV positive. Source: Elimination of Mother-to-Child Transmission of HIV and Syphilis in the Americas, 2014 Update.

. Adolescent birth rate. Number of births per 1,000 adolescent girls aged 15–19. Source: State of the World's Children 2014 / United Nations Population Division.

. Births by age 18. Percentage of women aged 20–24 who gave birth before age 18. Source: State of the World's Children 2014 / DHS and MICS.

. Overweight in adolescents (boys/girls). Percentage of adolescents 13-17 who are currently overweight or obese. Source: Global School-based student Health Survey (GSHS), 2013.

. Suicidal thoughts (boys/girls). Percentage of adolescents aged 13-17 who reported having serious thoughts of suicide in the past year. Source: Global School-based student Health Survey (GSHS), 2013.

. Lower secondary school gross enrolment ratio. Number of children enrolled in lower secondary school, regardless of age, expressed as a percentage of the total number of children of official lower secondary school age. Source: State of the World's Children 2014 / UNESCO Institute for Statistics (UIS).

. Upper secondary school gross enrolment ratio. Number of children enrolled in upper secondary school, regardless of age, expressed as a percentage of the total number of children of official upper secondary school age. Source: State of the World's Children 2014 / UNESCO Institute for Statistics (UIS).

. Secondary school net attendance ratio (boys/girls). No. of children attending secondary school who are of official secondary school age, expressed as a percentage of the total number of children of official secondary school age. Source: State of the World's Children 2014 / DHS, MICS and other national household surveys.

. Child labour (5-14 years old; boys/girls). Percentage of children 5-14 involved in child labour at the time of the survey. Source: State of the World's Children 2014 / DHS, MICS and other national household surveys.

. Age of criminal responsibility. Minimum age of criminal, under which a child cannot be held criminally responsible for his or her actions, and cannot therefore be brought before a criminal court. Source: UNICEF LAC RO review of legal minimum ages, 2014.

. Marriage or union (by 15 years old). Percentage of women 20-24 years old who were first married or in union before they were 15 years old. Source: State of the World's Children 2014 / DHS, MICS and other national household surveys.

. Marriage or union (by 18 years old). Percentage of women 20-24 years old who were first married or in union before they were 18 years old. Source: State of the World's Children 2014 / DHS, MICS and other national household surveys.

. Justification of wife beating among adolescents (boys/girls). Percentage of boys and girls aged 15-19 who consider a husband to be justified in hitting or beating his wife for at least one of the specified reasons: if his wife burns the food, argues with him, goes out without telling him, neglects the children or refuses sexual relations. Source: State of the World's Children 2014 / DHS, MICS and other national household surveys.

. Children in detention per 100,000. Source: UNICEF LAC RO tables elaborated with country data from different sources.

INDICATORS AND SOURCES: HIV/AIDS COUNTRY PROFILE

. HIV prevalence among MSM. Percentage of the Men having Sex with Men (MSM) population living with HIV. Source: country GARPR (Global AIDS Response Progress Reporting) reports.

. HIV prevalence among sex workers. Percentage of the Sex Workers population living with HIV. Source: country GARPR (Global AIDS Response Progress Reporting) reports.

. HIV prevalence among pregnant women. Percentage of Pregnant Women living with HIV. Source: Elimination of Mother-to-Child Transmission of HIV and Syphilis in the Americas, 2012 (PAHO/WHO – UNICEF).

. HIV testing among pregnant women. Percentage of pregnant women who were tested for HIV and who know their results. Source: Elimination of Mother-to-Child Transmission of HIV and Syphilis in the Americas, 2014 Update (PAHO/WHO – UNICEF).

. HIV treatment among positive pregnant women. Percentage of pregnant women living with HIV who received appropriate treatment to prevent mother-to-child transmission of HIV. Source: country GARPR (Global AIDS Response Progress Reporting) reports.

. Sex before 15 (boys/girls). Percentages of men and women (15-24 years) who had sex before age 15. Source: Elimination of Mother-to-Child Transmission of HIV and Syphilis in the Americas, 2014 Update (PAHO/WHO – UNICEF).

. HIV prevalence among 15-49 years old. Percentage of adults (aged 15-49) living with HIV. Source: State of the World's Children 2014 / UNAIDS, Report on the Global AIDS Epidemic 2013.

. Virological testing of babies of HIV-positive mothers within two months. Percentage of babies born to mothers living with HIV who were tested for HIV within their first two months of life. Source: country GARPR (Global AIDS Response Progress Reporting) reports.

. Vertical transmission rate. (Country reported modeled HIV transmission rate). Percentage of infants born to HIV-infected mothers who are positive for HIV. Source: Elimination of Mother-to-Child Transmission of HIV and Syphilis in the Americas, 2014 Update (PAHO/WHO – UNICEF).

. HIV prevalence among 15-24 years old. Percentage of young men and women (aged 15-24) living with HIV. Source: State of the World's Children 2014 / UNAIDS, Report on the Global AIDS Epidemic 2013.

. Condom use young people with multiple partners. Percentage of young people aged 15-24 who reported both having had more than one sexual partner in the past 12 months and using a condom the last time they had sex with a partner. Source: State of the World's Children 2014 / AIS, DHS, MICS and other national household surveys; HIV/AIDS Survey Indicator Database.

. Comprehensive knowledge of HIV among young people (15-24; boys/girls). Percentage of young men and women (15-24) who correctly identify the two major ways of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), who reject the two most common local misconceptions about HIV transmission and who know that a healthy-looking person can be HIV positive. Source: Elimination of Mother-to-Child Transmission of HIV and Syphilis in the Americas, 2014 Update.

. Births by age 18. Percentage of women aged 20–24 who gave birth before age 18. Source: State of the World's Children 2014 / DHS and MICS.

. Girls 15-24 years old who had sex with a 10 years older partner. Percentage of female 15-24 who have had sex in the preceding 12 months with a partner who is 10 or more years older than themselves. Source: MICS, DHS.

*** Those are the sources utilized for most data captured in both country profiles. In some cases, more recent data provided by countries have been also utilized.

ANTIGUA AND BARBUDA

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ADOLESCENTS

NUMBER OF ADOLESCENTS
10-19 YEARS OLD

16,000

PROPORTION OF ADOLESCENTS

18%

SEX BEFORE 15 YEARS OLD BOYS/GIRLS

30%/12%

OVERWEIGHT IN ADOLESCENTS
13 -17 YEARS OLD BOYS / GIRLS

N/A **N/A**

COMPREHENSIVE KNOWLEDGE OF HIV
ADOLESCENTS
15-19 YEARS OLD

N/A

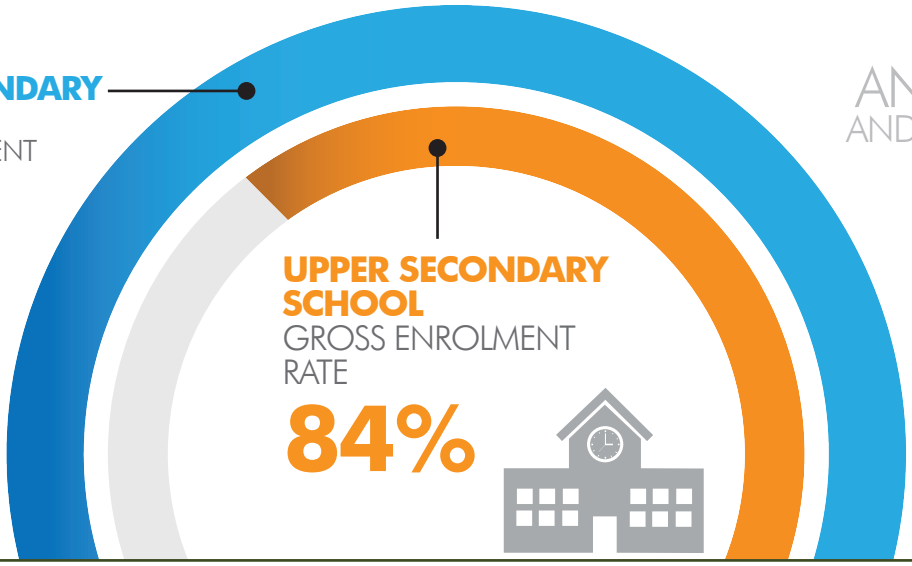
ADOLESCENT BIRTH RATE
PER 1,000

67

N/A BIRTHS BY AGE 18

SUICIDAL THOUGHTS
ADOLESCENTS
13-17 YEARS OLD BOYS / GIRLS

13% / 23%



LOWER SECONDARY SCHOOL
GROSS ENROLMENT RATE
119%

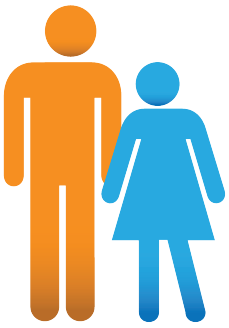
UPPER SECONDARY SCHOOL
GROSS ENROLMENT RATE
84%

ANTIGUA AND BARBUDA

N/A

SECONDARY SCHOOL
NET ATTENDANCE RATE
BOYS / GIRLS

CHILD LABOUR
5-14 YEARS OLD BOYS / GIRLS
N/A

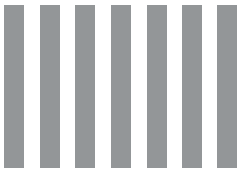


N/A **MARRIAGE OR UNION**
BY 15 YEARS OLD

N/A **MARRIAGE OR UNION**
BY 18 YEARS OLD

JUSTIFICATION OF WIFE BEATING
N/A
AMONG ADOLESCENTS

MINIMUM AGE OF CRIMINAL RESPONSIBILITY
8



CHILDREN IN DETENTION
PER 100,000
N/A

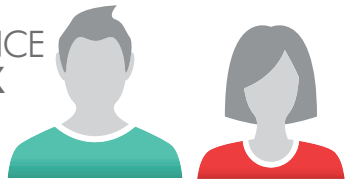
HIV/AIDS

ANTIGUA AND BARBUDA

HIV PREVALENCE AMONG **MSM*** **N/A**

*: MEN WHO HAVE SEX WITH MEN

HIV PREVALENCE AMONG **SEX WORKERS** **N/A**



HIV PREVALENCE AMONG **15-49** YEARS OLD **N/A**

HIV PREVALENCE AMONG **PREGNANT WOMEN** **1.5%**

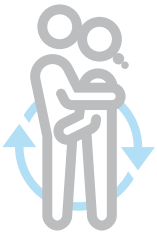
VIROLOGICAL TESTING OF BABIES OF HIV-POSITIVE MOTHERS WITHIN TWO MONTHS **N/A**

HIV TESTING AMONG PREGNANT WOMEN **59%**

HIV TREATMENT AMONG POSITIVE PREGNANT WOMEN **N/A**

VERTICAL TRANSMISSION RATE **33%**

SEX BEFORE 15 YEARS OLD BOYS/GIRLS **30%** **12%**



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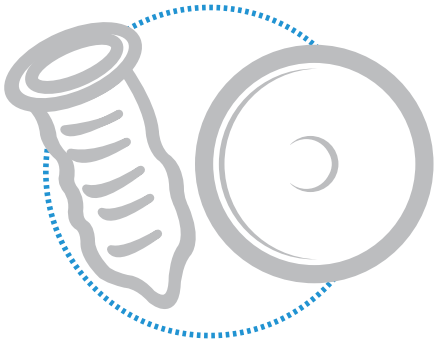
ANTIGUA AND BARBUDA

HIV PREVALENCE AMONG 15-24 YEARS OLD

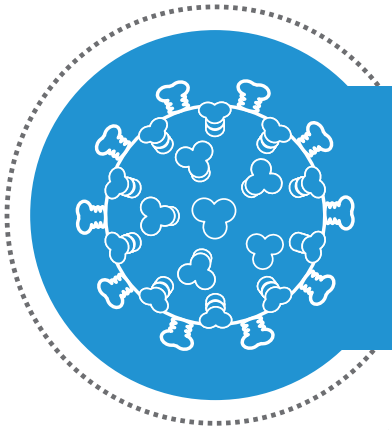
N/A



CONDOM USE

YOUNG PEOPLE,15-24 YEARS OLD WITH MULTIPLE PARTNERS

N/A



HIV KNOWLEDGE

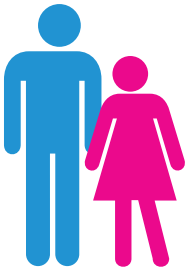
AMONG YOUNG PEOPLE - 15-24 | BOYS/GIRLS

84% **86%**

N/A BIRTHS BY AGE 18

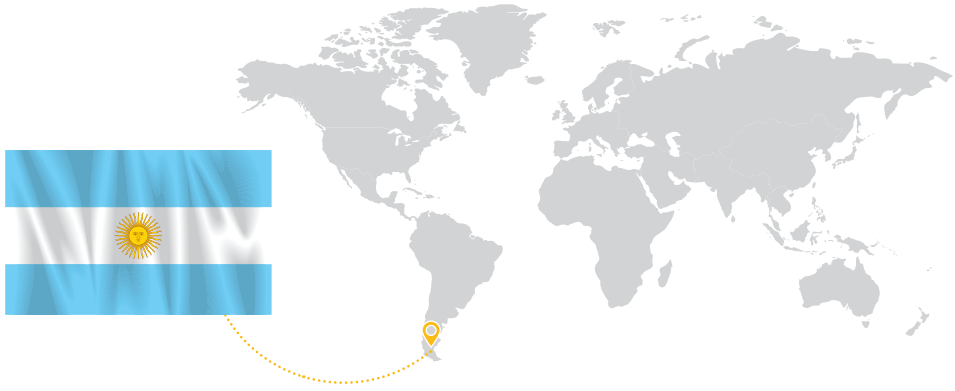
GIRLS 15-24 YEARS OLD

WHO HAD SEX WITH A 10 YEARS OLDER PARTNER **N/A**



ARGENTINIAN NETWORK OF YOUNG PEOPLE LIVING WITH HIV

ARGENTINA



Red argentina de jóvenes y adolescentes positivos

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ARGENTINA

ABSTRACT

In Argentina a national network of adolescents and young people living with HIV (RAJAP) was established in 2010 with UNICEF's support. The Network, which is the first of its kind, gives HIV positive adolescents and young people a voice in policy making, both locally and nationally, as well as on the international arena. Three years consecutively the Network has organized national meetings providing a safe space where HIV positive youth come together to share experiences, concerns and ideas. Today the RAJAP is a recognized organization in the country and in the region and several of its members have represented the country in high level meetings.

ISSUE

Since the adoption of the law on perinatal HIV in 1997, efficient strategies to prevent perinatal transmission of HIV have been implemented in Argentina, which has led to a decrease of the vertical transmission rate from 20% in 1999 to 5-6% in 2013. However, due to inequalities in access to the health system, and thus to prenatal control, 100-120 children are still born with HIV every year. The majority of these children come from families with scarce resources and complex social contexts, which prevent their access to an early diagnosis and adequate treatment. This has serious consequences on the physical and cognitive development of these children.

Since the majority of those children have either a mother or a father, or both, who are infected by HIV, many become orphans. Although many have foster families, others are abandoned by their families and end up in orphanages or living alone, or spending long periods hospitalized without neither adequate treatment nor affection. Adolescents who were infected through sexual activity tend to be immediately categorized as adults which makes monitoring and follow up very difficult, since the inadequate and unfriendly health services tend to not retain them.

Health services focus their efforts on prevention of perinatal transmission during pregnancy, but monitoring of the family situation after delivery is low. There is a clear need to approach the situation of children and adolescents with HIV from different perspectives. Even though there are organizations in Argentina that work in the area of youth and HIV, their focus is mostly on primary prevention, and young people with HIV very rarely participate in policy advocacy efforts. In order to promote peer support and improve quality of life for young people, who somehow have been abandoned by adults, the idea of a network of young people affected by HIV was born.

ACTION

La Red Argentina de Jóvenes y Adolescentes Positivos (RAJAP) was created and sustained with the support from the youth sections of various HIV Networks, and with the technical and financial assistance from UNICEF, Ministry of Health, UNAIDS and other UN agencies. The Network was founded in 2010 but consolidated through its first national meeting in 2011. In connection with the National Assembly for people living with HIV, a national meeting for young people living with HIV was organized in the province of Buenos Aires. In order to achieve the greatest participation possible, and since national data on adolescents and youth was scarce, a call for participation was made through networks and groups of people living with HIV in all provinces of the country. The meeting gathered 25 children and adolescents living with HIV, most of them infected through vertical transmission and orphans of mother, father or both. Through a non-formal workshop, organized by and for adolescents with HIV, participation and exchange of experiences was facilitated in an ambience of trust and solidarity.

The second national meeting was organized in 2012, in the province of Cordoba. 70 young people and adolescents, who were either infected or affected by HIV, came from 11 provinces in Argentina to participate in the meeting. The fact that young people from different provinces met to discuss different topics related to HIV was an important step in the decentralization of the Network and contributed to defining a roadmap for the following year and to elect representatives.

The third national meeting took place in the province of Santa Fe and gathered almost 100 adolescents and young people. Apart from electing new representatives and elaborating new activities and projects for the period 2013-2015, the objective of the meeting was also to sensitize participants in themes such as the International Conference on Population and Development, the Cairo Conference and the MDGs and to provide them with capacity to act as protagonists in debates on the post 2015 agendas, in particular in relation to health, sexual and reproductive rights, education and employment. Another objective of the meeting was to develop a final document that lines out the needs of young people living with HIV, in order to work towards the realization of the vision and objectives of the Network.

One of the key moments of the first and second national meetings was the session "Adherence to life" where the importance of the Network became very clear. In this session participants were able to tell their stories - and listen to others'- regarding their feelings when they were diagnosed and their pain and denial with regard to adhering to anti-viral medicaments. Many of the participants had been infected through sexual transmission and just recently got their diagnosis and were thus not taking their treatment. The essence of the session was not just to convince adolescents and young people to adhere to their treatment, but rather to let them meet and discuss their dreams and hopes as well as fears and challenges, and through the solidarity and empathy that the meeting generated assure their adherence to life.

In addition to the support provided in the realization of the national meetings and the capacity building of youth and adolescents, UNICEF also provided support to the elaboration of the Network's statute regulating its legal status, and conducted advocacy sessions which facilitated the recognition of the Network within the Government structure.

Several members of the Network have been invited to represent Argentina in high level meetings. For example, in 2012 in Panama, 3 members of RAJAP participated in the first regional meeting for HIV positive young people in Latin America where they analyzed their needs, constituted their secretariat and elaborated a plan of action for 2013-2015. The meeting ended with the adoption of the Panama Declaration on the participation of Young people living with HIV in policy making.

IMPACT

- The first and only Network of young people living with HIV in Argentina has been established, with a legal status and with recognition within the Government structure. In 2013 the Network also received the recognition of the Government of Buenos Aires for its work on the promotion and defense of human rights.

- Through a national call for participation in the Network, almost 300 young people and adolescents living with HIV, have been identified and provided the opportunity to participate in the Network and in national meetings.

- In three national meetings young people and adolescents have had the opportunity to share their experiences and personal stories (from the moment they knew they were infected, to situations of discrimination at work or abandonment by their families) and act as peer supporters for each other.

- Through thematic sessions in leadership, sexual and reproductive health and development agendas (such as the ICPD and the MDGs), young people and adolescents have built their capacities as agents of change and protagonists in the shaping of policies of their concern.

- The decentralization of the Network has allowed for peer support groups and discussion fora to be established in the provinces of Buenos Aires and Cordoba and members from six provinces have engaged in policy advocacy and community mobilization activities.

LESSONS LEARNED

The experience of RAJAP's has been very positive and the ambience, engagement and teamwork exceeded the expectations of the founders. The motivation of young people organizing the national meetings made it possible to reach many young people and adolescents throughout the country and national meetings have become a unique and important space for sharing experiences, engaging in debates and feeling a sense of protagonism in issues related to their reality. The objective is to increase the visibility of the Network to reach those who are not aware of its existence and by participating in media, social networks and campaigns, the Network could contribute to further sensitization and creation of clear messages regarding the epidemic, as well as showing the reality of young people living with HIV.

Another positive experience has been the strengthening of capacities of young people in conducting policy advocacy and influencing decision-making. This will be an extremely powerful tool to ensure that the voices and realities of young people and adolescents living with HIV are taken into consideration in the debates on the post 2015 agenda. However, the Network would have to work to build strategic alliances at different levels in order to reach a collective action and a coordinated strategy in relation to HIV if they really want to improve the quality of life of adolescents and young people living with HIV.

The strength of the Network is that it was created at the initiative of young people as a response to their own need for a space where positive adolescents and young people could meet and share experiences among peers. Today the Network has more than 300 members and 7 peer support groups and all members in the network contribute in a voluntary manner. Another unique feature of this Network is its fast evolution from a simple network of contention to a relevant actor in the national response to HIV (while always maintaining its spirit as a contention network for adolescents and young people). There are thus many lessons to be learned from the RAJAP by other networks and groups working in the area of young people and HIV.

"I spent years looking for young people with HIV, years going between NGOs and networks, looking for people of my age or from my generation, people who want to do things, things for our peers.....
During the first years after my diagnosis, I was studying to become a social worker, and my practices were always related to VIH and key populations. In 2009, it was decided to create this space because it did not exist and many people felt that it was needed. Not only young people but also people with HIV in the adult networks. These people were the first ones to mention it, they spoke to me about it and we said: let's establish the Network...., Two years of effort to achieve community and social mobilization in the media, to establish RAJAP on the map of networks and NGOs. In 2011 we held the first national meeting.
Since 2009, five years have passed. Five years in which the systematic and collective growth that RAJAP has had can be noted. This would not have been possible without each and every member. Members from every corner of Argentina, everyone with his/her contribution as a member and as an activist, facing the challenges of becoming visible, which in the provinces is always much more difficult. Each and every one with their different backgrounds and positions.
Since 2009 RAJAP has undertaken different projects and initiatives: peer groups; hospital visits; workshops in public schools; workshops with young people and workshops at the University for students of social work and nursing; visibility in media at national and international level; interventions for health personnel and work with homes for adolescents who became orphans because of HIV, etc.
All this collective work was done in partnership with other networks and NGOs for people with HIV, like for example the Argentinian Network of Women living with HIV, which was the first ally. All this effort has made it possible for any young person with HIV who lives in Argentina to have a place for containment, a support, a place where you know you are not alone. All this work RAJAP is doing is for each and every of its members, those members that each day decide to get more engaged so that someone like them can feel better..."

MARIANA IACONO (FOUNDING MEMBER OF RAJAP)

ARGENTINA

CONTACT INFO

Adriana Duran, Consultant, UNICEF Argentina, adrianaduran1963@gmail.com
Zulma Ortiz, Health Specialist, UNICEF Argentina, zortiz@unicef.org

REFERENCES

Reports from the three national meetings of the RAJAP Network
Statute of the RAJAP Network
http://rajap.org/

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ARGENTINA

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ADOLESCENTS

NUMBER OF ADOLESCENTS
10-19 YEARS OLD
6,733,000

PROPORTION OF ADOLESCENTS
16%

SEX BEFORE 15 YEARS OLD BOYS/GIRLS
23%/14%

OVERWEIGHT IN ADOLESCENTS
13 -17 YEARS OLD BOYS / GIRLS
4% **8%**

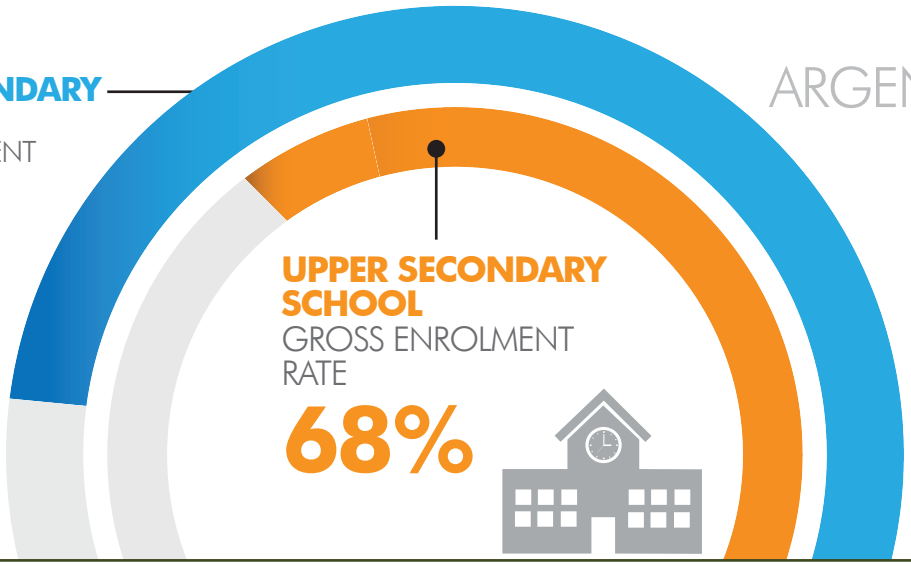
COMPREHENSIVE KNOWLEDGE OF HIV
ADOLESCENTS 15-19 YEARS OLD
N/A

SUICIDAL THOUGHTS
ADOLESCENTS
13-17 YEARS OLD BOYS / GIRLS
11% / 23%

ADOLESCENT BIRTH RATE
PER 1,000
68

N/A BIRTHS BY AGE 18

ARGENTINA

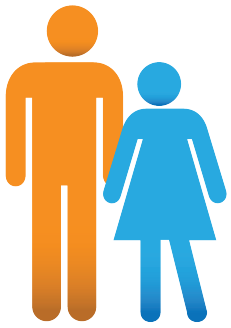


LOWER SECONDARY SCHOOL
GROSS ENROLMENT RATE
112%

UPPER SECONDARY SCHOOL
GROSS ENROLMENT RATE
68%

87%/91% **SECONDARY SCHOOL**
NET ATTENDANCE RATE
BOYS / GIRLS

CHILD LABOUR
5-14 YEARS OLD BOYS / GIRLS
8%/5%



N/A **MARRIAGE OR UNION**
BY 15 YEARS OLD

N/A **MARRIAGE OR UNION**
BY 18 YEARS OLD

2% **JUSTIFICATION OF WIFE BEATING**
AMONG ADOLESCENT GIRLS

MINIMUM AGE OF CRIMINAL RESPONSIBILITY
16

CHILDREN IN DETENTION
PER 100,000
15

HIV/AIDS ARGENTINA

HIV PREVALENCE AMONG **MSM***

*: MEN WHO HAVE SEX WITH MEN

12 to 15%

HIV PREVALENCE AMONG **SEX WORKERS**

2 to 5%

HIV PREVALENCE AMONG **PREGNANT WOMEN**

0.4%

HIV PREVALENCE AMONG **15-49** YEARS OLD

0.4%

HIV TESTING AMONG PREGNANT WOMEN

95%

HIV TREATMENT AMONG POSITIVE PREGNANT WOMEN

88%

VIROLOGICAL TESTING OF BABIES OF HIV-POSITIVE MOTHERS WITHIN TWO MONTHS

70%

VERTICAL TRANSMISSION RATE **6%**

SEX BEFORE 15 YEARS OLD BOYS/GIRLS

23% **14%**

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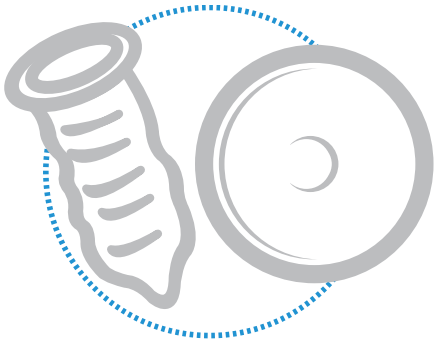
ARGENTINA

HIV PREVALENCE AMONG 15-24 YEARS OLD

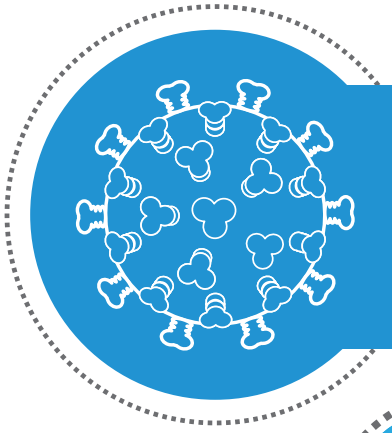
0.2%



CONDOM USE

YOUNG PEOPLE,15-24 YEARS OLD WITH MULTIPLE PARTNERS

N/A



HIV KNOWLEDGE

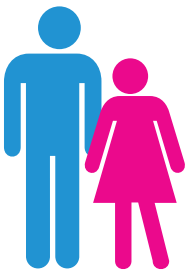
AMONG YOUNG PEOPLE - 15-24 | BOYS/GIRLS

N/A **45%**

N/A BIRTHS BY AGE 18

GIRLS 15-24 YEARS OLD

WHO HAD SEX WITH A 10 YEARS OLDER PARTNER **N/A**



SEXUALITY EDUCATION AND PREVENTION OF HIV IN THE CARIBBEAN THROUGH THE REGIONAL HEALTH AND FAMILY LIFE EDUCATION PROGRAMME

BARBADOS & EASTERN CARIBBEAN

Organización Panamericana de la Salud

CARICOM

unicef

EASTERN CARIBBEAN

ABSTRACT

A regional curriculum framework for Health and Family Life Education (HFLE), was developed with support from the UNICEF Eastern Caribbean Office and the Pan-American Health Organization and endorsed by the regional economic organization, CARICOM, in 1996. This regional approach aims to address shared or similar challenges facing young people across the Caribbean, as identified in a series of situational analyses: poverty, youth unemployment, natural disasters, prostitution, drug and alcohol abuse, violence and crime, gender inequality, high-risk sexual behavior and HIV/AIDS. The HFLE programme seeks to ensure consistent and sustained exposure to skills-based health education in an effort to increase knowledge, skills, attitudes and behaviors of Caribbean children to facilitate their adoption of healthy and productive lifestyles and consequently their long term contribution to a healthy Caribbean society.

ISSUE

In the late 1980's and early 1990s, education personnel across the region noted an increase in behavioral problems being manifested both within and outside the school system. For example, the rate of HIV/AIDS prevalence in the Caribbean is the second highest in the world after sub-Saharan Africa and a study by the Pan American Health Organization (PAHO) found that many young people have their first sexual experience before the age of 12, hardly ever using condoms. In addition, there are escalating incidents of family and youth inter-personal violence, often related to alcohol and drug use. Another health concern is that obesity is on the rise.

Consequently, given these escalating problems, which are having a negative impact on the health and well-being of young people, the Ministers of Education felt that school had an important role to play in addressing this situation. It was within this context that in 1994, the CARICOM Standing Committee of Ministers of Education passed a resolution supporting the development of a comprehensive approach to Health and Family Life Education (HFLE) by CARICOM and the University of the West Indies (UWI). It was felt that a comprehensive skills-based HFLE programme in schools could assist in ensuring that children and adolescents had the knowledge and skills required to make positive decisions about their health.

The process of bringing HFLE to scale across the Caribbean, by its nature, is complex and was challenged from the outset by a teaching system in need of reform, one that is academically oriented, focused on learning subject-based, uses didactic teaching methods, does not address the application of knowledge and continues to show some reluctance in addressing sensitive issues such as adolescent sexuality.

ACTION

The Health and Family Life Education programme seeks to ensure consistent and sustained exposure to skills-based health education in an effort to increase the knowledge, skills, attitudes and behaviors of Caribbean children to facilitate their adoption of healthy and productive lifestyles and consequently their long term contribution to a healthy Caribbean society. The programme is comprehensive and encompasses several overall strategies and regional and national initiatives specifically designed to develop and strengthen HFLE programmes in schools, with levels of success varying from country to country. Success has required political awareness and commitment to the programme and towards inter-sectorial coordination and HFLE policy development; consistent and comprehensive teacher training; curricula and materials development for more effective delivery of HFLE and programme monitoring and evaluation for process improvement. These efforts were supported by a communication campaign targeting audiences such as parents, care givers, principals, religious leaders and media. Project leadership and management, programme funding, and research also continue to be important strategies in progressing HFLE development across the Caribbean.

THE HFLE CURRICULUM ITSELF INCLUDES FOUR THEMES:
1) self and interpersonal relationships; 2) sexuality and sexual health; 3) eating and fitness; and 4) managing the environment. It is intended to be delivered as a stand-alone subject and part of the core curriculum. It addresses and challenges social norms and behaviors, providing young people with options for positive behavior, as well as encouraging the development of self-esteem, confidence and skills to make their own, informed choices.

Five core skills areas were initially incorporated under the HFLE programme:
1) decision-making / problem solving, 2) critical thinking / creative thinking, 3) self-awareness / ability to empathize, 4) coping with stress / coping with emotions, 5) communication skills / interpersonal relationship skills. It was recognized that the acquisition of these skills is a long-term process, requiring the active participation of the learner and involves learner-centered teaching methods including discussion, debates, role-playing, brainstorming, games and other forms of interactive activity. Efforts were therefore made to reflect this in the programming process.

The UNICEF Office for the Eastern Caribbean Area has played an important role in the development of HFLE, acting as coordinator for the whole regional initiative. The curriculum has been subject to an ongoing regional process of development, evaluation and revision, and participation of stakeholders (teachers and students). It is now available for ages 5 to 16. UNICEF has also supported the development of regional teacher training for HFLE, in collaboration with CARICOM and with technical support from the US-based Education Development Centre, including modules for initial teacher training. Others partners include: PAHO/WHO, UNESCO, UNODC, UNFPA, UN Women, UNDP, Schools of Education at three UWI campuses and the Fertility Management Unit at the UWI.

IMPACT

- Shift of the HFLE curriculum from information based to life-skills based;
- Development and dissemination of the HFLE skills-based Regional Curriculum framework in Caribbean schools for students 5-16;
- Delivery of HFLE in public schools in the Eastern Caribbean from primary through to secondary schools;
- Greater receptivity to the use of interactive methodologies in classrooms across the region;
- Sensitization of national education systems to the importance of life skills based HFLE;

- Inclusion of HFLE as part of the basic teacher training course (Associate degree in Education) in teacher colleges;
- HFLE being offered as an option for the UWI, B.Ed programmes and a requirement for one of the Masters Programmes at one campus.

LESSONS LEARNED

Developing and implementing effective project evaluation systems was particularly important to the feedback and improvement process for HFLE. In an effort to try to determine the impact of the new life-skills based curriculum vs the previously existing information-based curriculum, a three-year cohort study was undertaken in 2006-2008. The evaluation, which included both a process evaluation and an impact evaluation, identified challenges both with regard to the scope of the HFLE Common Curriculum and with regard to the process of school adoption and implementation of lessons. The analysis revealed no pattern of significant positive effects of the life-skills based curriculum on Form 3 students' self-reported attitudes, behaviors, and skills in health domains related to the themes of Self and Interpersonal Relationships and Sexuality and Sexual Health. Multiple outcomes were examined, including peer norms, attitudes, and refusal skills related to substance use, violence, and sex; lifetime and recent reports of risk behaviors; HIV/AIDS related knowledge and stigma; and self-reported life skills related to interpersonal relationships, sexual relationships, and help-seeking from adults. In terms of implementation, it became apparent that teachers could not implement the original full set of 18-22 lessons per unit and that they even had trouble completing the core lessons for each unit. Despite difficulties implementing all lessons as intended, teachers and students were enthusiastic about the curriculum throughout the evaluation. However, the impact of lessons delivered might have been reduced by the fact that only about 60% of the lessons were actually taught. Other reasons might be the lack of experience among teachers, since the evaluation was carried out simultaneously as the piloting of new modules, and the fact that they were not able to benefit from the curriculum refinements resulting from field lessons learned, which were only disseminated after the evaluation.

Given that the study showed that implementation issues were a major factor in all pilot countries, the success of HFLE relies on the ability of Ministries to sustain support for HFLE and ensure that HFLE is timetabled into classroom schedules and that this schedule is adhered to. Teacher training is also critical to success, given the sensitivity of much of the content covered and the fact that many teachers had not previously led interactive, participatory exercises. Likewise, competing priorities for classroom time must be balanced with the goals of HFLE to determine what amount of HFLE is likely to maximize benefits for the students.

As the HFLE programme forges forward, areas for strengthening include policy and referral services for the appropriate handling of HFLE issues raised in the classroom, such as the management of sexual disclosure by children during classroom interventions. In addition, on-going debates revolve around who is best suited to teach HFLE; whether HFLE should be examined as a CXC subject or as part of a school leaving certificate, whether it is best delivered as a separate subject and the amount of teaching time that should be devoted to HFLE. Emphasis must continue to be placed on teacher training and the work on defining strategies and implementation mechanisms for out-of-school programmes must continue.

The future of HFLE implementation will depend a great deal on national needs, capacities and priorities. Great strides have been made in formalizing HFLE into regional educational systems. To date the programme has established a solid base for its continued implementation and has underscored the important role that HFLE plays in the educational process of Caribbean children and youth. Access to HFLE must become equitable for all Caribbean children and youth. Stakeholders thus expect increased commitment from Ministries of Education and Health in the provision of financial as well as other tangible and intangible support. Programme objectives and benefits also need to be reinforced to the wider community through an extended communication campaign, particularly targeted at those who care for Caribbean children and youth, whose commitment and support is important to the programme's long term survival.

CONTACT INFO

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REFERENCES

HFLE in Caribbean Schools: New Approaches, Prospects and Challenges
Final Global Evaluation of LSE Programmes Strengthening Health and Family Life Education in the Region
http://www.unicef.org/easterncaribbean/resources.html

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BARBADOS

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ADOLESCENTS

NUMBER OF ADOLESCENTS
10-19 YEARS OLD
38,000

PROPORTION OF ADOLESCENTS
13%

SEX BEFORE 15 YEARS OLD BOYS/GIRLS
22%/16%

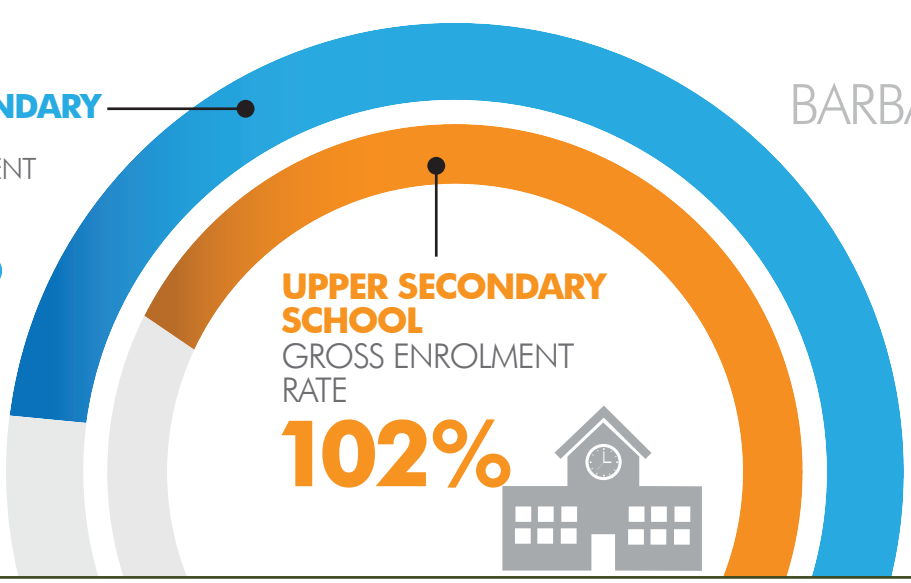
OVERWEIGHT IN ADOLESCENTS
13 -17 YEARS OLD BOYS / GIRLS
32% **32%**

COMPREHENSIVE KNOWLEDGE OF HIV
ADOLESCENTS 15-19 YEARS OLD
N/A

SUICIDAL THOUGHTS
ADOLESCENTS
13-17 YEARS OLD BOYS / GIRLS
N/A

ADOLESCENT BIRTH RATE
PER 1,000
50

N/A BIRTHS BY AGE 18



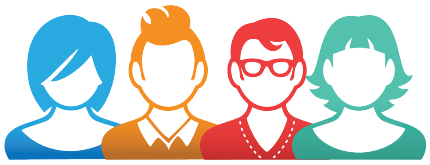
BARBADOS

LOWER SECONDARY SCHOOL
GROSS ENROLMENT RATE
105%

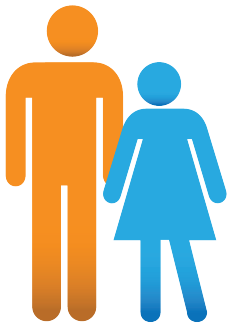
UPPER SECONDARY SCHOOL
GROSS ENROLMENT RATE
102%

N/A

SECONDARY SCHOOL
NET ATTENDANCE RATE
BOYS / GIRLS



CHILD LABOUR
5-14 YEARS OLD BOYS / GIRLS
N/A

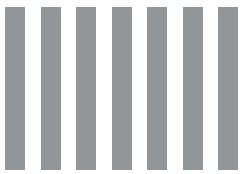


N/A **MARRIAGE OR UNION** BY 15 YEARS OLD

N/A **MARRIAGE OR UNION** BY 18 YEARS OLD

5% **JUSTIFICATION OF WIFE BEATING** AMONG ADOLESCENT GIRLS

MINIMUM AGE OF CRIMINAL RESPONSIBILITY
11



CHILDREN IN DETENTION
PER 100,000
N/A

HIV/AIDS BARBADOS

HIV PREVALENCE AMONG **MSM*** **N/A**

*: MEN WHO HAVE SEX WITH MEN

HIV PREVALENCE AMONG **SEX WORKERS** **N/A**

HIV PREVALENCE AMONG **PREGNANT WOMEN** **0.2%**

HIV PREVALENCE AMONG **15-49** YEARS OLD **N/A**

VIROLOGICAL TESTING OF BABIES OF HIV-POSITIVE MOTHERS WITHIN TWO MONTHS **5%**

HIV TESTING AMONG PREGNANT WOMEN **47%**

HIV TREATMENT AMONG POSITIVE PREGNANT WOMEN **91%**

VERTICAL TRANSMISSION RATE **0%**

SEX BEFORE 15 YEARS OLD BOYS/GIRLS **22%** **16%**

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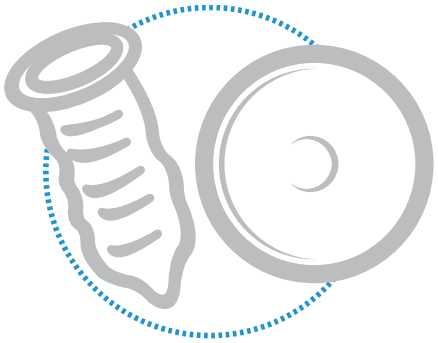
BARBADOS

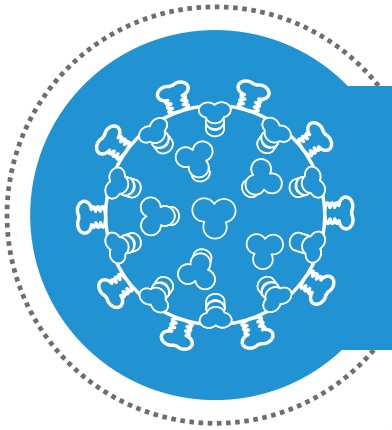
HIV PREVALENCE
AMONG **15-24** YEARS OLD

0.3%



CONDOM USE
YOUNG PEOPLE,15-24 YEARS OLD WITH MULTIPLE PARTNERS

N/A

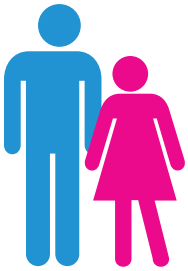


HIV KNOWLEDGE
AMONG YOUNG PEOPLE - 15-24 | BOYS/GIRLS

36% **39%**

N/A BIRTHS BY AGE 18

GIRLS 15-24 YEARS OLD
WHO HAD SEX WITH A 10 YEARS OLDER PARTNER **8.8%**



BELIZE: LIFE SKILLS FOR ADOLESCENTS IN AND OUT OF SCHOOL

BELIZE

unicef

BELIZE

ABSTRACT

UNICEF has been working with the Belize Family Life Association (BFLA), Productive Organization for Women in Action (POWA), the Ministry of Education and the Ministry of Health and other UN agencies to design an effective skill-based education programme for 3,000 adolescents in and out of school in the Stann Creek District.

ISSUE

Comprehensive knowledge about HIV among women age 15 to 49 years is low at only 44.5 percent while only 42.9 percent of women aged 15 to 24 years have comprehensive knowledge of HIV. In addition to low levels of knowledge of HIV transmission, MICS data identified disturbing trends in sexual behaviour among young women with 15.9 percent reporting to have had sex with a man 10 years or older in the last 12 months and 2.1 percent of women 15-49 years of age report having sex with more than one partner. Of those women, only 28.6 percent report using a condom the last time they had sex (in the last 12 months). Additionally, HIV epidemiological data from the Ministry of Health (MOH) show that 1 in every 5 pregnancies is to teenage mothers. In 2011, and in the Stann Creek District alone, over 16% of females ages 18-24 gave birth by age 15 and over 43 percent by age 18. The former is twice the national average, while the latter exceeds the national average by almost 10 percent, making these high rates of teen pregnancy of particular concern, especially for girls giving birth before age 15.

This disturbing trend signals a need for targeted interventions among young men and women, focusing on increasing comprehensive knowledge of HIV transmission and addressing sexual behaviours which increase the risk of HIV infection, other STIs, and pregnancy.

ACTION

Under the framework of the UN Joint Project on Adolescent Girls, UNICEF has been working with the Belize Family Life Association (BFLA), Productive Organization for Women in Action (POWA), the Ministry of Education and the Ministry of Health and other UN agencies to design an effective skill-based education programme for adolescents in and out of school. The key barriers that are being targeted include: levels of knowledge, access to services, changing social norms (acceptability of early sexual activity and pregnancy). The programme is being implemented in 100% of schools in the Stann Creek District, reaching over 3,000 adolescents. Given the fact that several schools place restrictions on the depth of information students receive especially as it relates to information on condoms, access to condoms and condom use, activities will be organized outside school hours at the parks, beaches and other venues popular with students.

Obstructions faced in implementation of the programme in primary and secondary schools around the country, resulting in NGOs and Civil Society partners being unable to work directly with adolescents in the schools managed by the different faith denominations, UNICEF and its partners have found alternative venues, out-of-school facilities and programmes that aim at providing information to young people, children and adolescents on HIV/AIDS, sexual reproductive health and information about how they can access services (health, social) in this area.

CONTACT INFO
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Luwani Frances Cayetano, Child Protection Officer. UNICEF Belize. lcayetano@unicef.org

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BELIZE

unicef

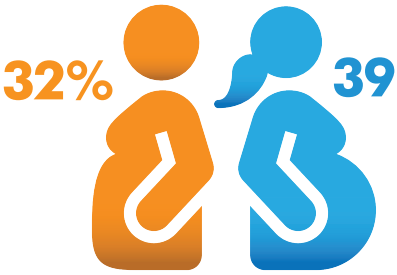
ADOLESCENTS

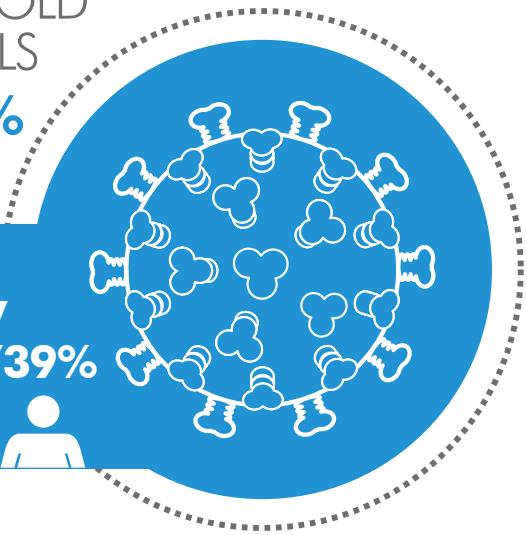
NUMBER OF ADOLESCENTS
10-19 YEARS OLD
70,000

PROPORTION OF ADOLESCENTS
22%

SEX BEFORE 15 YEARS OLD BOYS/GIRLS
N/A / 5%

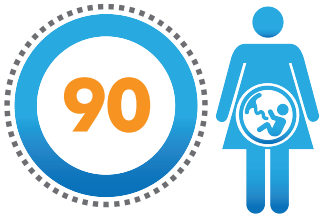
OVERWEIGHT IN ADOLESCENTS
13 -17 YEARS OLD BOYS / GIRLS





COMPREHENSIVE KNOWLEDGE OF HIV
ADOLESCENTS 15-19 YEARS OLD **N/A/39%**

ADOLESCENT BIRTH RATE
PER 1,000



BIRTHS BY AGE 18

SUICIDAL THOUGHTS
ADOLESCENTS
13-17 YEARS OLD BOYS / GIRLS
N/A

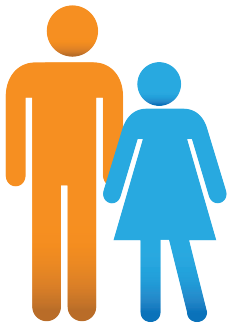
BELIZE

LOWER SECONDARY SCHOOL
GROSS ENROLMENT RATE
N/A

UPPER SECONDARY SCHOOL
GROSS ENROLMENT RATE
51%

50%/61% **SECONDARY SCHOOL**
NET ATTENDANCE RATE
BOYS / GIRLS

CHILD LABOUR
5-14 YEARS OLD BOYS / GIRLS
7%/5%

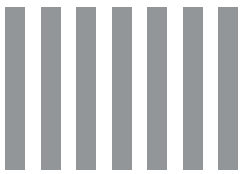


3% **MARRIAGE OR UNION**
BY 15 YEARS OLD

26% **MARRIAGE OR UNION**
BY 18 YEARS OLD

11% **JUSTIFICATION OF WIFE BEATING**
AMONG ADOLESCENT GIRLS

MINIMUM AGE OF CRIMINAL RESPONSIBILITY
12



CHILDREN IN DETENTION
PER 100,000
60

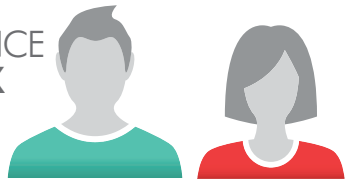
HIV/AIDS

BELIZE

HIV PREVALENCE AMONG **MSM*** **14%**

*: MEN WHO HAVE SEX WITH MEN

HIV PREVALENCE AMONG **SEX WORKERS** **0.9%**



HIV PREVALENCE AMONG **PREGNANT WOMEN** **0.9%**

HIV PREVALENCE AMONG **15-49** YEARS OLD **1.4%**

VIROLOGICAL TESTING OF BABIES OF HIV-POSITIVE MOTHERS WITHIN TWO MONTHS **100%**

HIV TESTING AMONG PREGNANT WOMEN **82%**

HIV TREATMENT AMONG POSITIVE PREGNANT WOMEN **100%**

VERTICAL TRANSMISSION RATE **0%**

SEX BEFORE 15 YEARS OLD BOYS/GIRLS **N/A** **5%**

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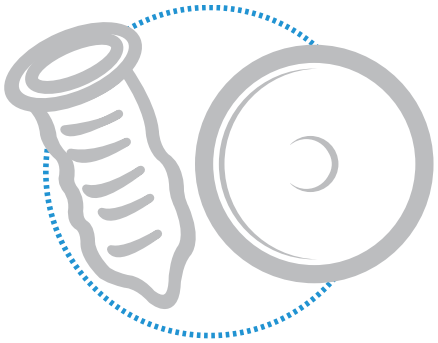
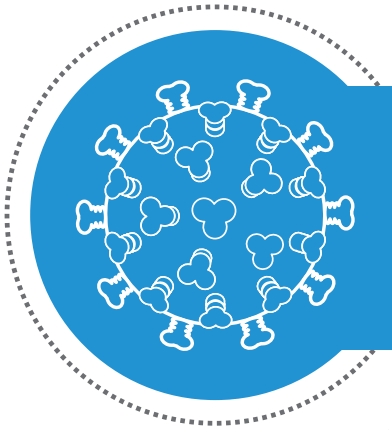
BELIZE

HIV PREVALENCE
AMONG **15-24**
YEARS OLD
0.5%



CONDOM USE
YOUNG PEOPLE,15-24 YEARS OLD
WITH MULTIPLE PARTNERS

N/A **26%**



HIV KNOWLEDGE
AMONG YOUNG PEOPLE - 15-24 | BOYS/GIRLS

N/A **43%**

17% BIRTHS BY AGE 18

GIRLS 15-24 YEARS OLD
WHO HAD SEX WITH A 10 YEARS OLDER PARTNER **15.9%**

HUMAN SECURITY FOR ADOLESCENTS: EMPOWERMENT AND PROTECTION AGAINST VIOLENCE, EARLY PREGNANCY, MATERNAL MORTALITY AND HIV/AIDS

BOLIVIA
(PLURINATIONAL STATE OF)

Organización Panamericana de la Salud

UNFPA

unicef

BOLIVIA

ABSTRACT

In 2009-2010 the Government of Bolivia, with support from UNFPA, PAHO/WHO and UNICEF, implemented a project to protect and empower adolescents of the departments of Beni and Cochabamba, in order to reduce their vulnerability to sexual and domestic violence, early pregnancies, maternal death, STIs and HIV/AIDS, giving priority to the indigenous population. As a result: 35 health facilities have increased capacity to provide quality care to adolescents; 10,400 adolescents have information about prevention of violence, STIs and HIV/AIDS, health and sexuality, human rights, prevention of unplanned pregnancies and human security; 625 youth leaders run activities to promote human rights and prevent violence in 18 Community Adolescent Centres; and a proposal of directives of public policy on human security for adolescents in the departments of Beni and Cochabamba was developed.

ISSUE

Bolivia has an HIV prevalence rate of 0.20% with a total of 6,835 persons living with HIV/Aids registered in the health system (2009). 67% of the registered cases were people below 35 years old (mainly among male population), which shows that the epidemic is predominantly young. The epidemic is also concentrated in vulnerable populations, like MSM, whereof 12% is living with HIV. The main way of HIV transmission is through sexual relations, which corresponds to 96% of the cases, while only 3% corresponds to vertical transmission and 1% to blood transfusions. 14% of all girls and boys have sex before 15 years old but only 31% of young people between 15 and 24 have comprehensive knowledge of HIV and 41% of young people with multiple partners use condoms.

ACTION

With the general objective of reducing the vulnerability of adolescents and the risk factors leading to sexual and domestic violence, early pregnancies, maternal death, STIs and HIV/AIDS the Government of Bolivia (Ministries of Health, Education and Justice, as well as departmental and municipal authorities) in collaboration with UNFPA, PAHO/WHO and UNICEF determined four specific objectives for the project on human security for adolescents:

Improve the capacity of health clinics and their staff, enabling them to provide culturally adapted, gender sensitive, integrated, preventive and curative care for adolescents of Beni and Cochabamba departments, with particular focus on sexual and reproductive health, violence and HIV/AIDS. Beforehand, a situational diagnosis of Healthcare Providers in relation to the provision of services to adolescents was carried out. The study included variables about: knowledge; human resources and logistics; needs of adolescent health services; and availability and use of standards, protocols and culturally appropriate training materials. Based on the results, a program of activities was developed with the participation of those responsible for programs for adolescents, sexual and reproductive health, HIV and violence, as well as staff in the participating health centres and adolescent leaders. The activities included delivery of equipment to health centers and comprehensive training packages for the staff, delivered by multi-sectorial teams. Sub-regional workshops and monitoring and evaluation visits were also undertaken to improve quality and user-friendliness of services for adolescents.

Provide health and sexual education to 8,000 adolescent students in 20 pilot schools in the departmental capital cities of Beni (Trinidad) and Cochabamba (Cochabamba). 100 Classroom projects were implemented covering themes such as prevention of violence, STIs and HIV/AIDS, unwanted pregnancies, maternal mortality and promotion and protection of the rights of children and adolescents. 20 Student Committees to assure student participation were created and strengthened, as well as Support Networks for reference and counter-reference of cases of violence.

Empower 100% of adolescent NGO leaders and 50% of adolescents in municipalities with NGOs in exerting their rights and promote healthy lifestyles and protective behaviors against violence, sexual exploitation, substance abuse and other risky practices. A number of trainings and workshops on human security; care and inclusion of adolescents; prevention of violence, STIs and HIV and unplanned pregnancies, and life skills were organized for experts from the Departmental Social Management Services, Child and Adolescent Protection Services and peer leaders/educators. Adolescent leaders created 18 Action Plans, establishing actions for social mobilization and communication, thereby setting up 48 educational fairs; 24 sports events; 10 music festivals; 5 theatre events; 31 educational group talks; and developing interpersonal communicative activities. These activities reached 38,200 adolescents providing them with information about how to prevent alcoholism, drug addiction, violence, STIs and HIV as well as unplanned pregnancies, and how to exercise their rights. Pedagogical materials to tackle the themes of violence, alcoholism, drug addiction, STIs and HIV/AIDS and unplanned pregnancy were developed and disseminated in the activities run by the adolescents and Child and Adolescent Protection Agencies. 18 Adolescent Community Centres were set up in spaces provided by municipal governments or the community and were equipped with sound systems, televisions, computers and printers and sports equipment, which supported and facilitated the implementation of the activities programmed by adolescents.

Promote the development of public policies on Human Security for adolescents, through empowerment and protection against violence, early pregnancy, maternal mortality and HIV/AIDS. Student forums were organized in the municipalities to contribute to the formulation of a proposal of guidelines on public policy on human security for adolescents, through the detection of problems in the

adolescent population. The methodology centered the process on the motivation of teachers and awareness-raising and reflection in students, teachers and parents. A reflective technique was also used in workshops with teachers and parents to identify contributing factors and suggested interventions to confront the problems encountered. From the results of these forums a document was created named "Basis for the formulation of public policies on human security for children and adolescents in Bolivia". A technical instrument was also developed to lead the way for interventions preventing or managing various types of violence that adolescents suffer in different environments: home, school, the street and others. This guide was published and distributed among personnel of the three institutions

IMPACT

35 health clinics in 20 municipalities were provided with medical equipment and supplies and 633 health professionals (among them doctors, nurses and assistant nurses) received training in specialized care for adolescents with an emphasis on reproductive and sexual health, pregnancy prevention, sexual violence and HIV and STIs. Out of the 35 health clinics, 6 now have some form of specialized attention for adolescents and have confirmed that they wish to continue with this provision. Another 26 clinics have a dedicated space for specialized care of adolescents.

10,400 adolescents in 20 schools now have information about human security; their rights with regard to health and sexuality; prevention of violence; unplanned pregnancies and HIV/AIDS and other STIs, and these topics are now part of their curriculum. This has been achieved through workshops, fairs, interpersonal dialogues and other activities undertaken by teachers and adolescent leaders organized into Student Committees as well as through 100 Classroom Projects delivered by 740 trained teachers and with the participation of 340 sensitized parents.

625 youth leaders run activities in 18 Community Adolescent Centres with the support of 62 technical experts from child and adolescent protection institutions. These activities cover protection and promotion of the rights of children and adolescents as well as prevention of violence, STIs and HIV/AIDS, health and sexuality, alcohol consumption and human security. The Child and Adolescent Protection Agencies that were empowered through training, supervision and evaluation to deal with the demands of adolescents (including cases of intra-family violence) have dealt with 30% more cases than before. A communication strategy providing information about children's and adolescents' rights, the concept of human security and prevention of violence, unplanned pregnancy, STIs and HIV/AIDS has been implemented by adolescents involved in communication activities (such as fairs, music festivals, sports events, radio programs, murals etc.), reaching 38,200 adolescents and parents.

A Proposal of Directives of Public Policy on Human Security for Adolescents in the departments of Beni and Cochabamba was developed and a Technical Procedures Guide was also created to bring about an integrated response to violence in health and education services and the police. The documents were also printed to promote dissemination.

LESSONS LEARNED

The implementation of the Human Security Project was a new experience of inter-agency collaboration that allowed stakeholders at local level to join forces in the execution of activities, with the participation of adolescents. Nevertheless, inter-agency collaboration also had its limitations that affected the harmonious start and development of the Project. For example, the educational sector did not cover the same geographical areas as the health and social protection sectors; the funds from UNFPA, WHO and UNICEF were paid at different times; and the capacity at local and departmental level to manage inter-sectorial work was low. The inter-agency Project demonstrated the importance of implementing joint actions as these can achieve greater impact and integration, but it also showed the difficulty of making agendas coincide. For example, the fact that adolescent health cannot not only be tackled via healthcare providers (because of the low demand) but also through school (where the day-to-day problems of adolescents appear), makes the need for a multi-sectorial approach evident.

Finally, the activities also facilitated the diffusion of the concept of Human Security, which was new to the actors implementing the project. This allowed departmental authorities to deepen their understanding and commitment to ensure the full exercise of children and adolescents rights.

CONTACT INFO

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BOLIVIA
(PLURINATIONAL STATE OF)

unicef

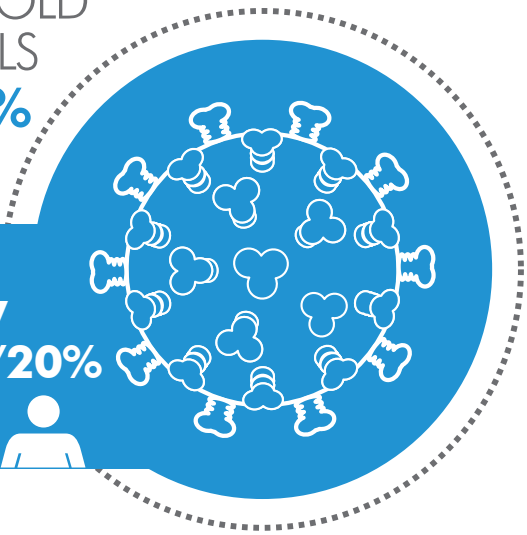
ADOLESCENTS

NUMBER OF ADOLESCENTS
10-19 YEARS OLD
2,308,000

PROPORTION OF ADOLESCENTS
22%

SEX BEFORE 15 YEARS OLD BOYS/GIRLS
17% / 11%

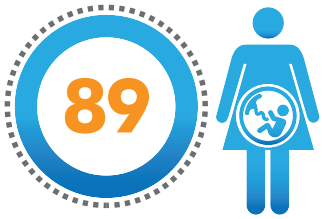
OVERWEIGHT IN ADOLESCENTS
13 -17 YEARS OLD BOYS / GIRLS



COMPREHENSIVE KNOWLEDGE OF HIV
ADOLESCENTS 15-19 YEARS OLD
24%/20%

SUICIDAL THOUGHTS
ADOLESCENTS
13-17 YEARS OLD BOYS / GIRLS
12% / 23%

ADOLESCENT BIRTH RATE
PER 1,000



BIRTHS BY AGE 18

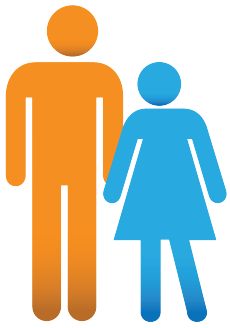
BOLIVIA

LOWER SECONDARY SCHOOL
GROSS ENROLMENT RATE
93%

UPPER SECONDARY SCHOOL
GROSS ENROLMENT RATE
74%

78%/75% **SECONDARY SCHOOL**
NET ATTENDANCE RATE
BOYS / GIRLS

CHILD LABOUR
5-14 YEARS OLD BOYS / GIRLS
28%/24%

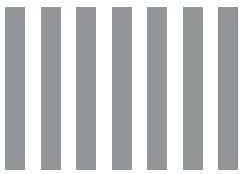


3% **MARRIAGE OR UNION**
BY 15 YEARS OLD

22% **MARRIAGE OR UNION**
BY 18 YEARS OLD

17% **JUSTIFICATION OF WIFE BEATING**
AMONG ADOLESCENT GIRLS

MINIMUM AGE OF CRIMINAL RESPONSIBILITY
14



CHILDREN IN DETENTION
PER 100,000
20

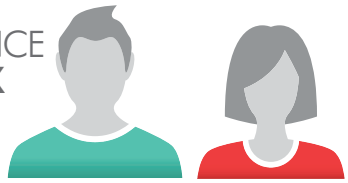
HIV/AIDS

BOLIVIA
(PLURINATIONAL STATE OF)

HIV PREVALENCE AMONG **MSM***
12%

*: MEN WHO HAVE SEX WITH MEN

HIV PREVALENCE AMONG **SEX WORKERS**
0.6%



HIV PREVALENCE
AMONG
15-49
YEARS OLD
0.3%

HIV PREVALENCE AMONG **PREGNANT WOMEN**
0.1%

VIROLOGICAL TESTING
OF BABIES OF HIV-POSITIVE MOTHERS WITHIN TWO MONTHS
N/A

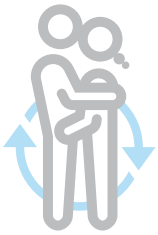
HIV TESTING
AMONG PREGNANT WOMEN
82%

HIV TREATMENT
AMONG POSITIVE PREGNANT WOMEN
52%

VERTICAL TRANSMISSION
RATE **8.7%**

SEX BEFORE
15 YEARS OLD
BOYS/GIRLS

17%



11%

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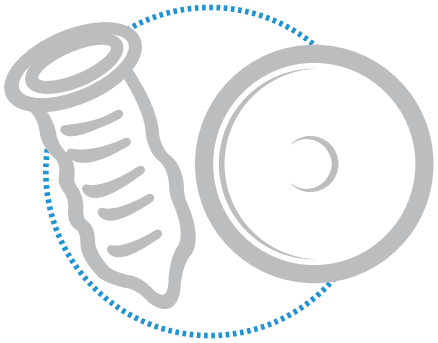
BOLIVIA

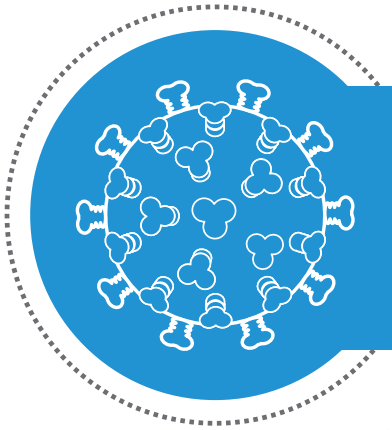
HIV PREVALENCE
AMONG **15-24** YEARS OLD

0.1%



CONDOM USE
YOUNG PEOPLE,15-24 YEARS OLD WITH MULTIPLE PARTNERS

41% **N/A**



HIV KNOWLEDGE
AMONG YOUNG PEOPLE - 15-24 | BOYS/GIRLS

31% **28%**

20% BIRTHS BY AGE 18

GIRLS 15-24 YEARS OLD
WHO HAD SEX WITH A 10 YEARS OLDER PARTNER **14.1%**

YOUTH AWARE: HIV PREVENTION, TESTING AND CARE FOR VULNERABLE YOUNG PEOPLE IN FORTALEZA

BRAZIL

FIQUE SABENDO JOVEM!

unicef

BRAZIL

ABSTRACT

"Youth Aware" (Fique Sabendo Jovem, in Portuguese) is an ongoing pilot project started in 2012 by UNICEF, in collaboration with the authorities of Fortaleza and the State of Ceará, as well as other partners, and supported by MAC AIDS Fund. It aims to expand HIV prevention, testing, treatment and care among adolescents and young people, especially those at higher risk, such as men who have sex with men (MSM), those who are sexually exploited / engaged in sex work and those deprived of liberty. As part of this initiative, a mobile health van offers on site voluntary testing and counselling for sexually transmitted infections (STIs) and HIV. The main innovation of the project is its approach, based on the empowerment and voluntary work of its young agents.

ISSUE

In 2012 in Brazil approximately 23,000 adolescents were living with HIV. In 2012 approximately 5,400 new infections were registered among this age group. In the last decade, there has been an increase of AIDS cases among gay men and other MSM aged 15-24 years with a prevalence of 4% in the age group of 18-24 years.

According to the Survey on Knowledge, Attitudes and Practices of the Brazilian Population in 2011, 36.5% of sexually active Brazilians aged 15 to 64 had a sexual health test at least once in their lives, but this number drops to 16% when the data is disaggregated for young people in the 15-24 age bracket. These data support the need for devising strategies to sensitize young people on practices to prevent STIs and HIV and to get tested. Special mention should be made of young people's lack of identification with health services. Marginalized groups, such as young people who are gay, MSM, sexually exploited / sex workers, drug users and those under socio-educational measures[1], face even more difficulties to access preventive measures and health services. These groups are thus often diagnosed at later stages of the disease.

1 Socio-educational measures are those applied to adolescents in conflict with the law and include, among others, deprivation of liberty and semi-liberty.

ACTION

To address the situation described above, and as part of the BRICS MAC AIDS Fund Project, the "Youth Aware" project was initiated in Fortaleza (State of Ceará) in 2013. Its overall goal is to increase health promotion through activities to prevent STIs and AIDS - from delivery to voluntary diagnosis of HIV, syphilis and viral hepatitis and treatment retention of vulnerable adolescents and young people with STIs and AIDS. The specific objectives are:

- Increasing testing in the general adolescent and youth population and in specific populations: MSM, gays, those under socio-educational measures and sexually exploited / sex workers.
- Increasing treatment retention of the general adolescent and youth population infected with HIV and other STDs, as well as of specific populations.
- Performing effective prevention activities including information for the general adolescent and youth population in units responsible for enforcing socio-educational measures and in school settings.

PARTNERSHIPS: The project is implemented through a partnership between the Department for STD, AIDS and HIV of the Ministry of Health, several Secretariats of the State of Ceará (Health, Education and Labour and Social Development), the Health Secretariat of the Municipality of Fortaleza, the Municipal Coordinating Body for STD/AIDS and Viral Hepatitis of the State of Fortaleza, the National Network of Adolescents and Youth Living with HIV/AIDS (RNAJVHA), UNICEF and civil society organizations. A steering committee was established, including representatives of 14 social movements and institutions. In parallel, a network of people living with HIV/AIDS was established in Ceará. The network, which is carrying out support and guidance to adolescents and young people recently diagnosed with HIV, is also actively participating in the project to ensure that it reflects their realities.

CAPACITY BUILDING: Trainings have been organized for young people and adolescents to empower them, and to prepare them to mobilize and engage their peers to take the HIV rapid test, as well as pre and post-test counseling and working in the project's mobile unit. Other workshops have been organized for health care professionals working in the project, both inside the mobile unit and at reference health services in the city of Fortaleza, with the objective of decentralizing the HIV, syphilis and hepatitis testing activities to Primary Health Care Centers. Sensitization activities and trainings have also been organized for professionals

working with adolescents under socio-educational measures and for education professionals.

COUNSELING AND TESTING INTERVENTIONS: The interventions are implemented through a customized and well-equipped mobile van designed for and by young people and provided with testing and counseling facilities. This mobile unit is linked to the Specialized Care Service – SAE Carlos Ribeiro, and serves as an extension of this health service. The mobile unit is staffed with a basic team made up of a nurse, a psychologist or a social worker and mobilizers from civil society organizations. It visits targeted locations to promote health, prevent STDs and AIDS, and offer voluntary HIV testing, counseling and supplies, such as condoms. Those who test positive are referred to SAE for clinical and laboratory follow-up and, when appropriate, initiating ART.

Interventions have been carried out at a number of different locations, including gay nightclubs, beaches, "red" areas, schools and socio-educational centers, where adolescents and young people were tested for HIV/AIDS, syphilis and viral hepatitis and informed about sexual health and prevention. Both the initiative, planning and execution of the interventions were carried out by the group of young people living with HIV while the tests and counseling were carried out by the Technical Department of STD/AIDS. As of Oct 2014, 15 testing interventions have taken place, with a total of 703 people tested for HIV (and 556 for syphilis and 651 for hepatitis B) through the mobile unit. 431 of those tested were in the age group 14-25, which is the target of the project. 62% of them were tested for the first time. Of the 703 HIV tests, 18 were positive, which means a 2.56 % of those tested (or 4 times the general prevalence of 0.6% in Brazil). In some of the testing interventions the prevalence was much higher. In the case of syphilis, 43 out of 556 were positive, which represents a 7.7% and confirms that people receiving the test are having unprotected sex, are vulnerable to STIs and therefore more at risk of HIV.
In a five days intervention, during the pre-carnival and carnival, hundreds of young people on the streets of Fortaleza were informed about prevention and the importance of taking the rapid test for HIV/Aids and 1 million condoms were distributed.

Two young people living with HIV visit the SAE center several times a month to evaluate the quality of the care offered to other young people living with HIV. After the visits they prepare a brief report and send it to the Steering Committee and to the Municipal Secretariat of Health, demanding a response to the problems identified. This has been one of the most successful activities and shows the importance of social control of the health care system by the patients.

ADVOCACY AND PROMOTION: In order to give visibility to the project, several promotional products were developed, such as: stickers, t-shirts, a facebook fan page updated regularly, a bi-mensual newsletter, short-videos that were distributed through youtube and in various national meetings and local events. One of the short videos included the participation of the very famous singer Daniella Mercury. The project was also promoted in events such as the National Meeting of Young people living with HIV/AIDS (organized by the National Network of People Living with HIV – Ceará), and the Consultation Forum on the Brazilian Response to STD/AIDS and Viral Hepatitis in the Northeast II, hosted by the Brazilian Ministry of Health.

Another important event was the International Seminar Brazil/Jamaica/Belize for the prevention of HIV/AIDS among adolescents. The goal was to promote the exchange of experiences between the three countries and the dissemination of good practices in this area. Furthermore, in order to encourage and support the participation of the young leaders of the project in spaces of activism and policy making in the area of HIV and youth, three young leaders of the project attended five events in Fortaleza, Brasília, Sao Paulo and Sergipe, and two young leaders participated in an international seminar held in Bolivia.

IMPACT

Since the project is still ongoing (2013-2015) it is still too early to ascertain its impact on vulnerable young people in Ceará. However, very important results have already been achieved by Oct 2014:

- A mobile unit is in place, with strong support and buy-in from local government and civil society, including adolescents and young people living with HIV.
- Around 150 young people and adolescents have been trained and mobilized to participate in the project.
- More than 50 health care professionals have been mobilized and trained.
- 40 professionals working in juvenile detention facilities in Fortaleza have been trained in STI and AIDS prevention education with adolescents.
- 703 HIV tests have been administered through the project in Fortaleza. Although it specifically targets adolescents through its communication and outreach strategies, it provides services to all seeking testing and care, irrespective of age.
- Because of the success of the pilot project in Ceara it has been requested by the state government that the experience be replicated in Porto Alegre, which is a city with a severe challenge of HIV transmission among young key affected populations.

LESSONS LEARNED

The main innovation of the project is its approach, based on the empowerment and voluntary work of its young agents. The whole mobilization is carried out from one young person to another, which facilitates the dialogue. Both the initiative, planning and execution of the interventions have been carried out by the group of young people living with HIV. The project's technical team is very committed and actively participate in all project activities. The team that works in the mobile unit also has a solid experience with the population of MSM.

The project faced some delays with regard to the purchase, registration and certification processes with the local municipality. There were also delays in the implementation of the intervention in schools because of the FIFA World Cup and the June school vacations. Another challenge when relying on volunteers is that some of them have found jobs and could no longer continue working for the Project. With regard to the socio-educative centers the greatest challenge has been the refusal of the managers to allow condom distribution while the interns are still in the center.

An important aspect that was mentioned several times and that helps to better understand the project and the challenges it faces, is the complexity of planning and organizing each testing intervention, especially those happening in open spaces (as opposed to those within the centers). A complex process of planning, negotiation, dealing with local drug dealers, authorities, bar/club owners, etc has to take place before testing activities occur.

It is worth mentioning the level of knowledge and commitment of the people involved in the project and how they all "own" it. It is a tremendous and complex collaborative effort and the best investment towards the sustainability of the project and its transformation into public policy. UNICEF's role (beyond the initial provision of funds through the MAC project) is fundamental, as it is the glue that keeps all the different pieces together, and it is acknowledged as such.

Beyond the testing as such, the activities undertaken through the mobile unit are playing other important roles of mobilization, sensitization, prevention and also contributing to a better understanding of young people's sexual behaviors and of the barriers and bottlenecks in the provision of services. Around the testing intervention a lot goes on outside the unit and important learning takes place: how people face many vulnerabilities, HIV being just one preoccupation else; how knowledge about HIV is lower than expected, with still many misconceptions and myths (for instance that saliva kills the virus, so oral sex is ok); young people's low perception of risk; how many health centers do not offer rapid tests because health personnel feel uncomfortable dealing with adolescents or with LGBT people, or because they do not want to be in the tough position of telling someone he/she is positive...

"When a young person addresses and connects to another, a bond is instantly created because we understand each other. We, young people living with HIV, are not only this group, we are not only this situation, we are a cause."

LEANDRO COSTA, 26 YEARS OLD

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Francisca Maria Andrade, UNICEF, Programme Specialist at UNICEF for the states of Ceará, Rio Grande do Norte and Piauí, fmandrade@unicef.org

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Watch UNICEF Brazil Goodwill ambassador Daniela Mercury talking about the project http://www.youtube.com/watch?v=GKvksiYI-2I&feature=youtu.be

BRAZIL

unicef

ADOLESCENTS

NUMBER OF ADOLESCENTS
10-19 YEARS OLD
34,205,000

PROPORTION OF ADOLESCENTS
17%

SEX BEFORE 15 YEARS OLD BOYS/GIRLS
37%/17%

OVERWEIGHT IN ADOLESCENTS
13 -17 YEARS OLD BOYS / GIRLS
N/A N/A

COMPREHENSIVE KNOWLEDGE OF HIV
ADOLESCENTS 15-19 YEARS OLD
N/A

SUICIDAL THOUGHTS
ADOLESCENTS
13-17 YEARS OLD BOYS / GIRLS
N/A

ADOLESCENT BIRTH RATE
PER 1,000
71

N/A BIRTHS BY AGE 18

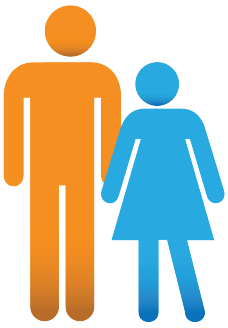
BRAZIL

LOWER SECONDARY SCHOOL
GROSS ENROLMENT RATE
N/A

UPPER SECONDARY SCHOOL
GROSS ENROLMENT RATE
N/A

74%/80% **SECONDARY SCHOOL**
NET ATTENDANCE RATE
BOYS / GIRLS

CHILD LABOUR
5-14 YEARS OLD BOYS / GIRLS
11%/6%

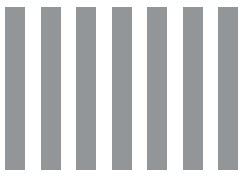


11% **MARRIAGE OR UNION**
BY 15 YEARS OLD

36% **MARRIAGE OR UNION**
BY 18 YEARS OLD

N/A **JUSTIFICATION OF WIFE BEATING**
AMONG ADOLESCENTS

MINIMUM AGE OF CRIMINAL RESPONSIBILITY
12



CHILDREN IN DETENTION
PER 100,000
25

HIV/AIDS BRAZIL

HIV PREVALENCE AMONG **MSM***
N/A

*: MEN WHO HAVE SEX WITH MEN

HIV PREVALENCE AMONG **SEX WORKERS**
N/A

HIV PREVALENCE AMONG **PREGNANT WOMEN**
0.4%

HIV PREVALENCE AMONG **15-49** YEARS OLD
N/A

HIV TESTING AMONG PREGNANT WOMEN
80%

VIROLOGICAL TESTING OF BABIES OF HIV-POSITIVE MOTHERS WITHIN TWO MONTHS
68%

HIV TREATMENT AMONG POSITIVE PREGNANT WOMEN
64%

VERTICAL TRANSMISSION RATE **3.6%**

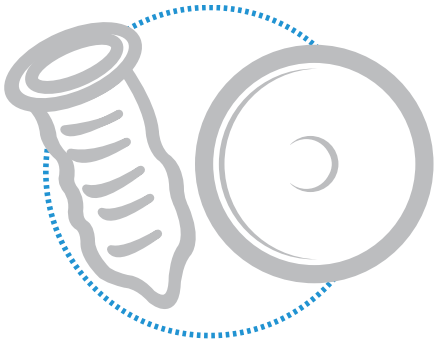
SEX BEFORE 15 YEARS OLD BOYS/GIRLS
37% **17%**

unicef

BRAZIL

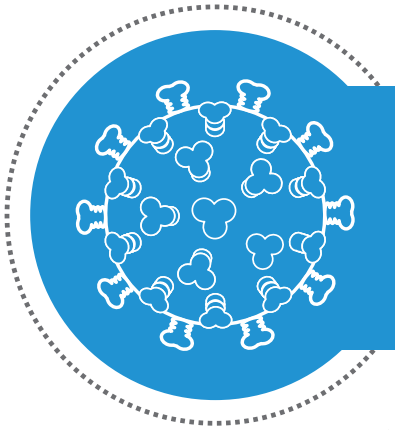
HIV PREVALENCE
AMONG **15-24**
YEARS OLD

N/A



CONDOM USE
YOUNG PEOPLE, 15-24 YEARS OLD
WITH MULTIPLE PARTNERS

35%

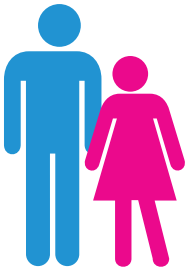


HIV KNOWLEDGE
AMONG YOUNG PEOPLE - 15-24

52%

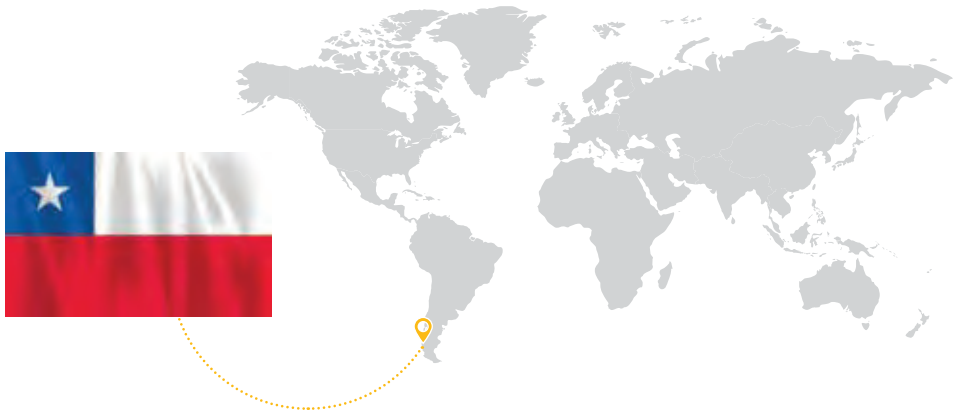
BIRTHS BY AGE 18

GIRLS 15-24 YEARS OLD
WHO HAD SEX WITH A 10 YEARS
OLDER PARTNER **N/A**



ACCIONGAY: HIV PREVENTION AND CARE FOR YOUNG LGBT

CHILE



ACCIONGAY

CHILE

ACCIONGAY was founded in 1987 as a response to the social crisis triggered by the HIV/AIDS epidemic in Chile. Initially created by six friends willing to respond to a problem that significantly affected people of sexual diversity, it now has 27 years of experience and two lines of work to benefit the gay community.

ACCIONGAY HAS THREE KEY OBJECTIVES IN THE AREA OF HIV AND AIDS:

1. Reduce HIV transmission
2.Provide care and support to people living with HIV, so as to prevent opportunistic infections or to reduce their impact on their health
3.Reduce the negative social and cultural impact of the epidemic, such as discrimination and social death.

The first area works on the promotion of rights in the area of sexual diversity and gender identity. This area is based on the idea that every human being has the right to manage his/her life and behavior, as well as to have access to appropriate and vital information regarding his/her health, free of prejudice and discrimination.

The second area refers to comprehensive health, with a specific focus on the prevention of HIV/AIDS and sexually transmitted infections (STIs). This area also revolves around the idea that all people have rights to enjoy their life and sexuality, as well as autonomy to take decisions around one's life, body, relationships and health. ACCIONGAY aims to increase people's knowledge, self-control and capacity to take decisions and carry them out.

ACCIONGAY provides access to the HIV test ELISA. The test is administered on a voluntary basis and conducted by staff specialized in comprehensive care of young people. This is linked to an orientation program, in which young facilitators promote knowledge on HIV/AIDS, providing the community with tools to make the right choices and decisions with regard to their health care in case of being notified with a HIV diagnosis. Beyond that, the program contributes to prevention efforts and condom use.

ACCIONGAY also provides a service for young people who have been recently notified with an HIV positive diagnosis, in which they can receive the necessary information in a confidential, respectful and caring environment. The service is mainly made up by young people who recently have been diagnosed themselves. A youth group composed by volunteers and activists conduct prevention activities in public institutions, convening sexually diverse people and hold weekly meetings to improve leadership, empowerment and management of the youth group. They also raise funds for the youth group and for ACCIONGAY by promoting their work in night clubs in Santiago as well as by applying to grants for projects related to work with young people. For instance, in 2013 ACCIONGAY received funds through its Smile project that helped visualize social groups working in HIV/AIDS prevention and work with social network campaigns to promote prevention and self-care among youth.

*: This intervention is included in this compilation as a relevant practice from Chile in the area of HIV and Adolescents, but was not supported or financed by UNICEF.

CONTACT INFO

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REFERENCES

http://www.acciongay.cl/

unicef

CHILE

unicef

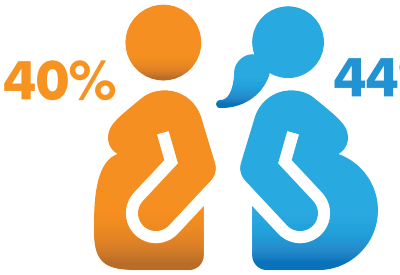
ADOLESCENTS

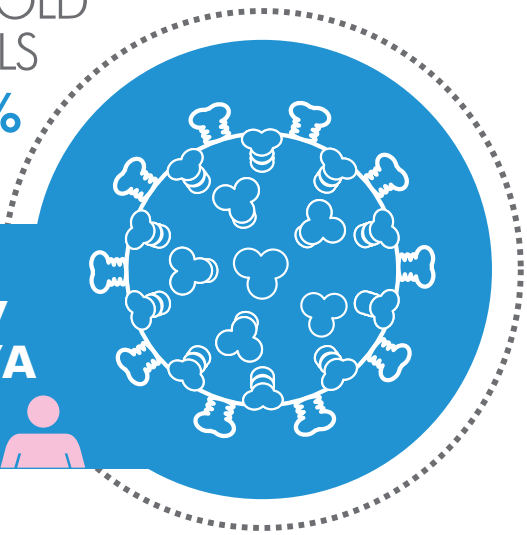
NUMBER OF ADOLESCENTS
10-19 YEARS OLD
2,724,000

PROPORTION OF ADOLESCENTS
16%

SEX BEFORE 15 YEARS OLD BOYS/GIRLS
14% / 8%

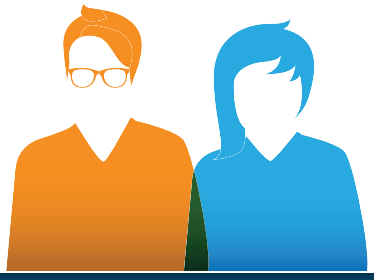
OVERWEIGHT IN ADOLESCENTS
13 -17 YEARS OLD BOYS / GIRLS



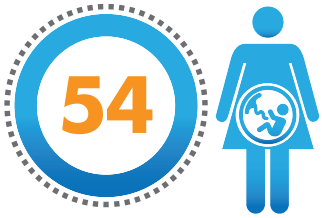


COMPREHENSIVE KNOWLEDGE OF HIV
ADOLESCENTS
15-19 YEARS OLD
N/A

SUICIDAL THOUGHTS
ADOLESCENTS
13-17 YEARS OLD BOYS / GIRLS
N/A



ADOLESCENT BIRTH RATE
PER 1,000



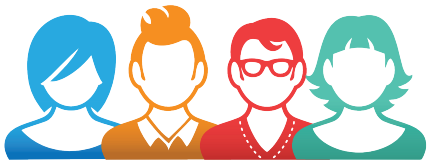
BIRTHS BY AGE 18

CHILE

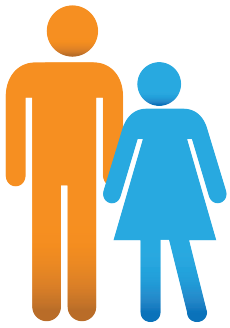
LOWER SECONDARY SCHOOL
GROSS ENROLMENT RATE
98%

UPPER SECONDARY SCHOOL
GROSS ENROLMENT RATE
86%

N/A **SECONDARY SCHOOL**
NET ATTENDANCE RATE
BOYS / GIRLS



CHILD LABOUR
5-14 YEARS OLD BOYS / GIRLS
3%/2%

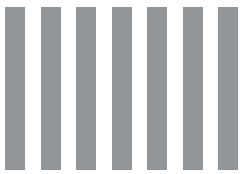


N/A **MARRIAGE OR UNION**
BY 15 YEARS OLD

N/A **MARRIAGE OR UNION**
BY 18 YEARS OLD

N/A **JUSTIFICATION OF WIFE BEATING**
AMONG ADOLESCENTS

MINIMUM AGE OF CRIMINAL RESPONSIBILITY
16



CHILDREN IN DETENTION
PER 100,000
153

HIV/AIDS CHILE

HIV PREVALENCE AMONG **MSM***
*: MEN WHO HAVE SEX WITH MEN
20%

HIV PREVALENCE AMONG **SEX WORKERS**
0.3%

HIV PREVALENCE AMONG **PREGNANT WOMEN**
0.1%

HIV PREVALENCE AMONG **15-49** YEARS OLD
0.4%

HIV TESTING AMONG PREGNANT WOMEN
68%

VIROLOGICAL TESTING OF BABIES OF HIV-POSITIVE MOTHERS WITHIN TWO MONTHS
97%

HIV TREATMENT AMONG POSITIVE PREGNANT WOMEN
92%

VERTICAL TRANSMISSION RATE **5.3%**

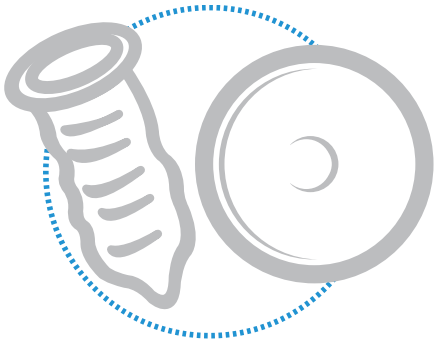
SEX BEFORE 15 YEARS OLD BOYS/GIRLS
14% **8%**

unicef

CHILE

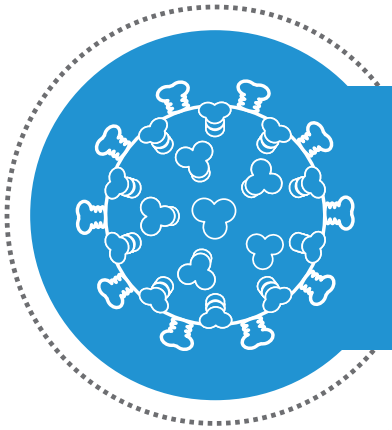
HIV PREVALENCE
AMONG **15-24**
YEARS OLD

0.2%



CONDOM USE
YOUNG PEOPLE,15-24 YEARS OLD
WITH MULTIPLE PARTNERS

N/A

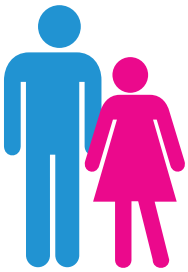


HIV KNOWLEDGE
AMONG YOUNG PEOPLE - 15-24 | BOYS/GIRLS

48% **57%**

N/A BIRTHS BY AGE 18

GIRLS 15-24 YEARS OLD
WHO HAD SEX WITH A 10 YEARS OLDER PARTNER **N/A**



DISCLOSING HIV DIAGNOSIS TO CHILDREN AND ADOLESCENTS

COLOMBIA

Fundamor

Children of the Andes

Vida, Salud y Bienestar

unicef

COLOMBIA

ABSTRACT

In 2012 the foundation FUNDAMOR and the association Vida, Salud y Bienestar, with the support from UNICEF and Children of the Andes, developed a tool to support the process of disclosing their HIV diagnosis to children, adolescents and young people. This practical guide is based on the right to know one's diagnosis with regard to HIV, in order to get appropriate and timely treatment to improve the quality of life of young people living with HIV and to avoid further transmission. It includes modules for the different stages of the disclosure process and proposes appropriate content and language for different age groups. The tool was developed through the participation of children, adolescents and young people, who shared their own experiences of disclosure and provided ideas on how to improve this experience for other children.

ISSUE

In comparing the 86.990 cases of HIV reported between 1983 and 2011 with the 129.630 cases estimated by the Ministry of Health in 2012, there is an obvious discrepancy that suggests that many people do not get appropriately diagnosed *(Resumen de la epidemia por VIH/SIDA en Colombia 1983 a 2011, Ministerio de Salud y Protección Social, 2012)*. This unawareness of HIV affects the entire population, including pregnant women who, without HIV diagnosis and appropriate treatment, may transmit the virus to the babies in their womb. In 2011, according to the National Health Institute, 247 children below 18 years were diagnosed with HIV, which represents 3.09% of all cases diagnosed. 136 of the cases (1.7% of the total) were children below 15 years old.

Timely access to comprehensive care, coupled with scientific advances and development of effective antiretroviral treatment, have achieved increased survival rates and improved quality of life for children and adolescents living with HIV. However, efforts still have to be scaled-up to improve HIV knowledge and self-care skills to improve adherence rates and to assume an HIV diagnosis positively.

Caregivers and health professionals need to strengthen their capacities to provide comprehensive care, avoiding false expectations and exposure to risky behaviors that could have a negative impact on the quality of life of young people

living with HIV, as well as on the contention of the epidemic. The Ministry of Health only developed a guide for managing antiretroviral treatment for children in 2012. However, the families and caregivers working in institutions responsible for children and adolescents living with HIV who have assumed the responsibility of disclosing the diagnosis for more than 15 years have demonstrated important achievements in terms of resilience, emotional adaptation, adherence to treatment and social inclusion.

ACTION

As part of UNICEF's cooperation with the Government of Colombia in the area of children and adolescents affected by HIV, a tool to support disclosure of HIV diagnosis was developed in 2012 by the Foundation FUNDAMOR and the association Vida, Salud y Bienestar. The practical guide was developed based on the experiences and practices of institutions, professionals, families and young people who already experienced the process, taking advantage of their learnings and suggestions. It is directed to professionals responsible for the care of young people living with HIV as well as to parents, foster families, support networks and the population in general.

Apart from some more general considerations on what HIV is, the current situation of the HIV epidemic in Colombia, and the right to know one's HIV status the guide explains what disclosure means and why it is important. It also contains information on common fears among parents and caregivers and explains what young people who already went through the process thought about their experience. It further provides advice on what to keep in mind before disclosing the diagnosis to a child (such as the age and the cognitive development of the child and the attitude and knowledge of the families and caregivers vis-a-vis the diagnosis) and during disclosure (such as the appropriate moment and language and the role of families and support networks). The guide also includes a proposed road map which shows step by step the process of disclosure. Finally, it includes stories that can be used as support in the moment of disclosure.

The participation of children, adolescents and service providers was paramount throughout the development of the manual, including its validation. One activity that allowed for participation of children was a story telling competition. The jury included experts in HIV, human rights, storytelling and literature and the winning stories were included in the manual.

IMPACT

Apart from being their right, a good process of disclosure also helps children and adolescents to:

- Know their rights and to accept their diagnosis in a positive way;
- Strengthen their skills and capacities of social interaction and increase their self –confidence;
- Achieve a greater understanding and acceptance of the diagnosis as an opportunity for personal development;
- Understand the importance of taking their medication, of good nutrition and personal hygiene;
- Direct some of their attention to prevention and protection strategies and mechanisms; and
- Positively change their view of HIV, facilitating their emotional adjustment and developing their ability to understand and not to blame anyone.

LESSONS LEARNED

Disclosure should not be understood exclusively as the moment when the HIV diagnosis is "told" but rather be considered as a continuous process: before, during and after the actual disclosure. It is important that disclosure is done by a person who has an emotional bond with the child and who has an attitude that does not generate discrimination or judgment towards HIV. It is suggested to address disclosure through meaningful learning methodologies. For example, self-constructing the concept of HIV by having children and adolescents use games, videos and computer software to create their own version of HIV with professional support. This facilitates the participation of children, using their abilities for association, meaningful experiences and creativity. The idea is to work on their acceptance from the perspective of opportunity and transformation, through individual sessions oriented towards development of self-care habits, increased self-esteem and achievement of a more comprehensive HIV knowledge of both children and their families and caregivers. It is important to help them understand that in fact HIV is a health condition that can be controlled with a healthy lifestyle and by following suggested recommendations. Disclosure implies a redefinition of HIV in which children and adolescents must realize the importance of accepting their diagnosis and adapt responsible habits in order to improve their situation of living with HIV.

CONTACT INFO

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REFERENCES

Herramienta de Apoyo para La Revelación del Diagnóstico del VIH
http://www.fundamor.org/Herramienta_fundamor.pdf

unicef

COLOMBIA

unicef

ADOLESCENTS

NUMBER OF ADOLESCENTS
10-19 YEARS OLD
8,797,000

PROPORTION OF ADOLESCENTS
18%

SEX BEFORE 15 YEARS OLD BOYS/GIRLS
N/A/14%

OVERWEIGHT IN ADOLESCENTS
13 -17 YEARS OLD BOYS / GIRLS
N/A **14%**

COMPREHENSIVE KNOWLEDGE OF HIV
ADOLESCENTS 15-19 YEARS OLD **N/A/21%**

SUICIDAL THOUGHTS
ADOLESCENTS
13-17 YEARS OLD BOYS / GIRLS
N/A

ADOLESCENT BIRTH RATE
PER 1,000
85

20% BIRTHS BY AGE 18

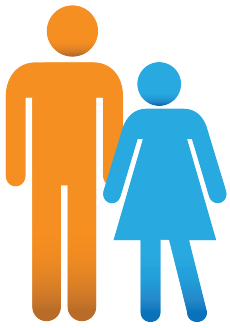
COLOMBIA

LOWER SECONDARY SCHOOL
GROSS ENROLMENT RATE
106%

UPPER SECONDARY SCHOOL
GROSS ENROLMENT RATE
81%

73%/79% **SECONDARY SCHOOL**
NET ATTENDANCE RATE
BOYS / GIRLS

CHILD LABOUR
5-14 YEARS OLD BOYS / GIRLS
17%/9%

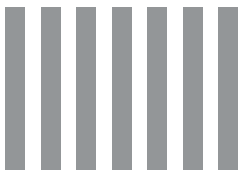


6% **MARRIAGE OR UNION**
BY 15 YEARS OLD

23% **MARRIAGE OR UNION**
BY 18 YEARS OLD

N/A **JUSTIFICATION OF WIFE BEATING**
AMONG ADOLESCENTS

MINIMUM AGE OF CRIMINAL RESPONSIBILITY
14



CHILDREN IN DETENTION
PER 100,000
108

HIV/AIDS COLOMBIA

HIV PREVALENCE AMONG **MSM***
N/A

*: MEN WHO HAVE SEX WITH MEN

HIV PREVALENCE AMONG **SEX WORKERS**
1%

HIV PREVALENCE AMONG **PREGNANT WOMEN**
0.1%

HIV PREVALENCE AMONG **15-49** YEARS OLD
0.5%

VIROLOGICAL TESTING OF BABIES OF HIV-POSITIVE MOTHERS WITHIN TWO MONTHS
57%

HIV TESTING AMONG PREGNANT WOMEN
62%

HIV TREATMENT AMONG POSITIVE PREGNANT WOMEN
70%

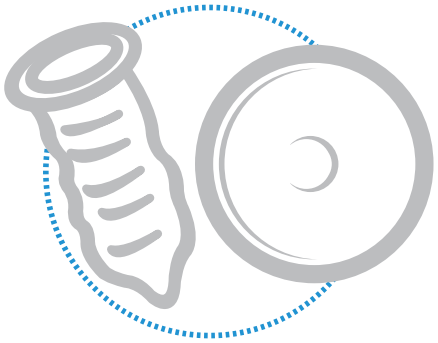
VERTICAL TRANSMISSION RATE **4.6%**

SEX BEFORE 15 YEARS OLD BOYS/GIRLS
N/A **14%**

unicef

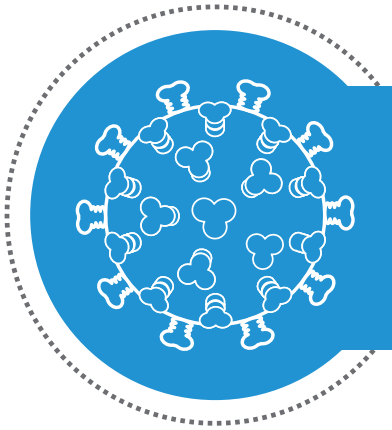
COLOMBIA

HIV PREVALENCE
AMONG **15-24**
YEARS OLD
0.2%



CONDOM USE
YOUNG PEOPLE,15-24 YEARS OLD
WITH MULTIPLE PARTNERS

N/A 39%

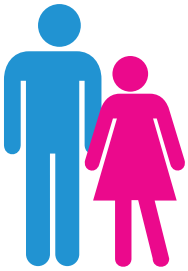


HIV KNOWLEDGE
AMONG YOUNG PEOPLE - 15-24 | BOYS/GIRLS

N/A **24%**

20% BIRTHS BY AGE 18

GIRLS 15-24 YEARS OLD
WHO HAD SEX WITH A 10 YEARS
OLDER PARTNER **8%**



PREVENTING HIV THROUGH OPEN TALKS ABOUT SEXUALITY WITHIN THE UN FAMILY

COSTA RICA

unicef

COSTA RICA

ABSTRACT

Funded by UNHCR and UNAIDS and with the aim to disseminate information about HIV and encourage talks about sexuality within the family, a group of adolescents – sons and daughters of UN staff- presented a play on World Aids Day, 1st December 2012. The play, which had the format of a slumber party, used stand-up comedy techniques to showcase and challenge some of the myths and realities of talking to teens about sexuality in a comical and respectful way. The play was presented to UN agencies - ILO, IOM, UNESCO, UNICEF, UNHCR, PAHO/WHO and at UN HOUSE, as well as at the Ministry of Health. The activity won the UN Cares award 2012 for best activity reaching children and adolescents.

ISSUE

UN Cares is an UN-wide initiative designed to reduce the impact of HIV in the UN workplace by supporting "universal access" to a comprehensive range of benefits for all UN personnel and their families. These benefits include information and education, voluntary counseling and testing, access to male and female condoms, and emergency prevention measures in case of accidental exposure, among others. UN Cares' Standards also call for increased measures to stop stigma and discrimination.

In 2012, the UN Cares team in Costa Rica identified the need to reflect on how parents can talk about sexuality with their adolescent children. One of the best methods to prevent HIV is the creation of spaces for discussions around sexuality as a first step that will lead to better access to protection and prevention. So, why not starting with our own children?

ACTION

With the aim to sensitize UN parents and families on how to talk about sexuality with their adolescent children, a group of adolescents – sons and daughters of UN staff- produced and performed a play promoting the message on how to talk to your teens about sexuality. A recruitment process was conducted by the UN Cares team with support of a small group of adolescents who had al-

ready participated in sensitization activities in 2010. UN staff gave their teenager children's telephone number to this group of boys and girls who made calls of invitation. Three meetings were held to select key participants and to give adolescents an idea of what the activity entailed. Ultimately, eight adolescents decided to participate in the play, and they practiced weekly for two and a half months. In these meetings, adolescents participated in a Q&A session; watched audiovisual material while discussing their experiences regarding relationships and their notions about sexuality; and started to rehearse their stories using stand-up comedy as the main technique.

IMPACT

With the guidance and support of the Director, adolescents were able to create and edit their own script, giving them the liberty to vocalize some of their needs with regards to discussing sexuality with their parents. Among the specific questions addressed in the play was "Why talk to your teens about sexuality?". The play answered this question in a creative way and conveyed the following messages:

- Education about sexuality is something that young people receive, with or without the input and participation of their parents. In addition, there is often little regard for whether the information they receive, or how it is presented, is correct or not.

- Parents cannot control how their children receive sexuality education. This information is conveyed via many sources such as their friends, teachers, the Internet and television, among others. What parents can do is to decide whether or not they wish to be part of that education.

- Sometimes parents think that their children are too young and already have too much information about sexuality, and therefore more is not needed. However, the fact is that although young people receive a wealth of information - not all of it is correct. They may in fact have a lot of misinformation. Therefore, one of the biggest challenges in sexuality education is teaching young people to distinguish between what information is correct and what is not, and how to know what constitutes reliable information or sources.

• Finally, to discuss healthy, safe and responsible sexuality with adolescents is not enough. It is also necessary for them to have access to sexual and reproductive health facilities and products, including access to methods of protection such as condoms. For this, the trust of their parents is essential.

At least 300 people were reached by this play. This represents approximately 50% of the total number of UN employees in Costa Rica and includes staff from UNICEF, UNDP, UNFPA, PAHO, UNHCR, U PEACE, ILO, IOM, UNESCO, FAO and the Resident Coordinators Office.

LESSONS LEARNED

The UN Cares team had reflected on sensitization activities from previous years and realized that some of the activities may have been ambiguous and did not target the UN personnel specifically since performances were done in public spaces, such as malls and parks. For these reasons the activities of 2012 focused on UN personnel by doing a tour of the play at the agency offices, thus engaging a large UN audience. Simultaneously, a trusting environment was developed among the teenagers who felt free to showcase and challenge, in a comical and respectful way, some of the myths and realities with regard to parents talking to teens about sexuality.

CONTACT INFO
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ADRIANA SANCHEZ, UNFPA

REFERENCES
UN Cares Costa Rica

unicef

COSTA RICA

unicef

ADOLESCENTS

NUMBER OF ADOLESCENTS
10-19 YEARS OLD

830,000

PROPORTION OF ADOLESCENTS

17%

SEX BEFORE 15 YEARS OLD BOYS/GIRLS

16% / 10%

OVERWEIGHT IN ADOLESCENTS
13 -17 YEARS OLD BOYS / GIRLS

27% **28%**

COMPREHENSIVE KNOWLEDGE OF HIV
ADOLESCENTS
15-19 YEARS OLD

N/A

ADOLESCENT BIRTH RATE
PER 1,000

67

9% BIRTHS BY AGE 18

SUICIDAL THOUGHTS
ADOLESCENTS
13-17 YEARS OLD BOYS / GIRLS

8% / 13%

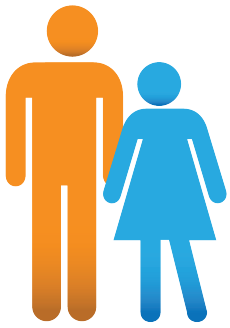
COSTA RICA

LOWER SECONDARY SCHOOL
GROSS ENROLMENT RATE
119%

UPPER SECONDARY SCHOOL
GROSS ENROLMENT RATE
76%

59%/65% **SECONDARY SCHOOL**
NET ATTENDANCE RATE
BOYS / GIRLS

CHILD LABOUR
5-14 YEARS OLD BOYS / GIRLS
6%/3%

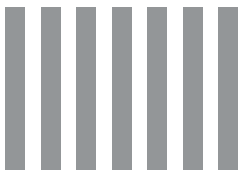


N/A **MARRIAGE OR UNION**
BY 15 YEARS OLD

N/A **MARRIAGE OR UNION**
BY 18 YEARS OLD

3% **JUSTIFICATION OF WIFE BEATING**
AMONG ADOLESCENT GIRLS

MINIMUM AGE OF CRIMINAL RESPONSIBILITY
12



CHILDREN IN DETENTION
PER 100,000
8

HIV/AIDS COSTA RICA

HIV PREVALENCE AMONG **MSM***

*: MEN WHO HAVE SEX WITH MEN

10.9%

HIV PREVALENCE AMONG **SEX WORKERS**

0.2%

HIV PREVALENCE AMONG 15-49 YEARS OLD

0.3%

HIV PREVALENCE AMONG **PREGNANT WOMEN**

0%

VIROLOGICAL TESTING OF BABIES OF HIV-POSITIVE MOTHERS WITHIN TWO MONTHS

100%

HIV TESTING AMONG PREGNANT WOMEN

85%

HIV TREATMENT AMONG POSITIVE PREGNANT WOMEN

82%

VERTICAL TRANSMISSION RATE **5.3%**

SEX BEFORE 15 YEARS OLD BOYS/GIRLS

16% **10%**

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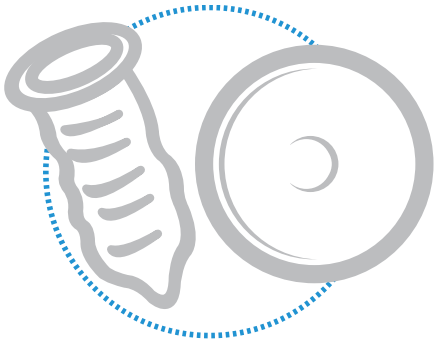
COSTA RICA

HIV PREVALENCE
AMONG **15-24**
YEARS OLD
0.2%



CONDOM USE
YOUNG PEOPLE,15-24 YEARS OLD
WITH MULTIPLE PARTNERS
N/A

HIV KNOWLEDGE
AMONG YOUNG PEOPLE - 15-24 | BOYS/GIRLS
N/A **33%**

9% BIRTHS BY AGE 18

GIRLS 15-24 YEARS OLD
WHO HAD SEX WITH A 10 YEARS
OLDER PARTNER **14%**

HIV AND STI PREVENTION THROUGH ADOLESCENT HEALTH PROMOTERS

CUBA

unicef

ONUSIDA

CUBA

ABSTRACT

In Cuba adolescents between 15 and 19 years old were selected and trained as health promoters to undertake activities to prevent HIV and other STIs, through social media and community interventions. Adolescents developed skills and techniques to express themselves and through their efforts they have managed to establish themselves as relevant actors in HIV prevention efforts in Cuba. The project was implemented in 2011 by the National Center for HIV/STI prevention and the Ministry of Health, in cooperation with UNAIDS and UNICEF.

ISSUE

Between 1986 and 2013 a total of 19,781 persons were diagnosed with HIV. The principal way of transmission is through sexual relations (99.6%), while transmission from mother to child and via blood transfusion only represent 0.22% and 0.10% respectively. The capital Havana is the most affected area in the country, with both higher incidence, mortality and prevalence than the average. 73, 7% of all the diagnosed cases are men who have sex with men (MSM) and the ratio men-women is 4:1. In the last six years the most affected age groups are persons between 20 and 29 years old. For these reasons there was an obvious need for a project involving adolescents and young people from the capital area to increase their awareness of risks linked with HIV and to encourage more responsible, safe and protected sexual behaviors.

ACTION

The national programme for STIs/HIV prevention and control was first implemented in Cuba in 1986. With the aim to strengthen the educative component of the programme, the National Center for STIs/HIV Prevention (CNP) was created in 1988. The main objective of the Center is to increase awareness of the risks of HIV and encourage more responsible, safe and protected sexual behaviors. The strategy of the CNP is information, education and communication and is directed to groups that are particularly vulnerable to STIs and HIV, including adolescents. In 2003, a group of adolescents, under the direction of the CNP, proposed to use mass media to help their peers to find answers to their worries and needs. The name they chose for their activity was S.com - as in sexuality, sensuality, solidarity, safe sex and communication. It was quickly expanded to other provinces in the country, counting more than 100 promoters.

In 2011, building on this experience and with the aim to incorporate the realities of adolescents in the national HIV response, a project was initiated with funds from UNAIDS and with technical support from UNICEF. The project was implemented in Havana where adolescents represent 6.9% of the population. The objective was to develop adolescents' skills and capacities to be able to act as health promoters using social media to carry out prevention activities. The project consisted of three main steps:

1. Identify 25 adolescents 15 to 19 years old in the Havana district to train them as health promoters who can undertake prevention activities through social media and community activities. Through a call for participation in TV and radio, 90 adolescents showed their interest to become health promoters. Following interviews by an expert panel, 25 adolescents were selected to be trained as health promoters.

2.Develop adolescents' skills and capacities to express themselves as health promoters in social media and in community activities. Through a workshop with a participatory methodology, a number of important subjects were covered, in-

cluding: self-confidence and assertiveness; sexuality and sexual health; STIs and HIV; pregnancy and AIDS; risky behaviors; HIV prevention; communication; and legal aspects of HIV. In order to put theory into practice, the newly trained health promoters were supervised by more experienced health promoters in their first experience of interacting with people on the streets of Havana on International Youth Day. Apart from answering questions from the crowd, promoters also spoke in radio and TV programs, at the University and at a number of municipality activities. During this period of practice promoters also participated in International AIDS Day celebrations and in various festivals where they answered questions about HIV from people of all ages. Finally, one of the most important experiences was their participation in the National Meeting of Adolescent Promoters, which allowed them to share ideas and experiences of promotion through media with adolescents working as promoters in other thematic areas.

3.Show the efforts of adolescent promoters and systematize their experiences. Through the development of communication materials such as education manuals, posters, TV spots and a documentary, adolescents' efforts were visualized and they managed to establish themselves as relevant actors in HIV prevention efforts in Cuba.

IMPACT

- 25 adolescents were trained as health promoters.
- Peer education and social communication among adolescents were strengthened.
- Messages directed to adolescents and young people with regard to STIs/HIV/AIDS prevention, sexual rights, sexual and reproductive health and gender have been sharpened.
- A space dedicated to prevention of HIV/AIDS and other STIs, conducted by adolescents and for adolescents and young people, is available in mass media such as television and provincial radio.

LESSONS LEARNED

- Participatory methodologies increased motivation and creativity of the group.
- During the activities, there was a clear acceptance towards each other.
- Training increased adolescents' life-skills in terms of protecting themselves from STI and HIV.
- Adolescents' potential to become communicators in media and community activities was stimulated.
- Adolescents were encouraged to gain personal growth and responsible sexual behavior.
- The reach of prevention activities was increased through the presence of promoters in different media.
- The fact that facilitators were young people with experience in educational work was of great importance.

CONTACT INFO

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orodriguez@unicef.org

REFERENCES

Adolescent promoters of HIV and STD prevention

unicef

CUBA

unicef

ADOLESCENTS

NUMBER OF ADOLESCENTS
10-19 YEARS OLD
1,430,000

PROPORTION OF ADOLESCENTS
13%

SEX BEFORE 15 YEARS OLD BOYS/GIRLS
25%/12%

COMPREHENSIVE KNOWLEDGE OF HIV
ADOLESCENTS 15-19 YEARS OLD **N/A/54%**

OVERWEIGHT IN ADOLESCENTS
13 -17 YEARS OLD BOYS / GIRLS

N/A **N/A**

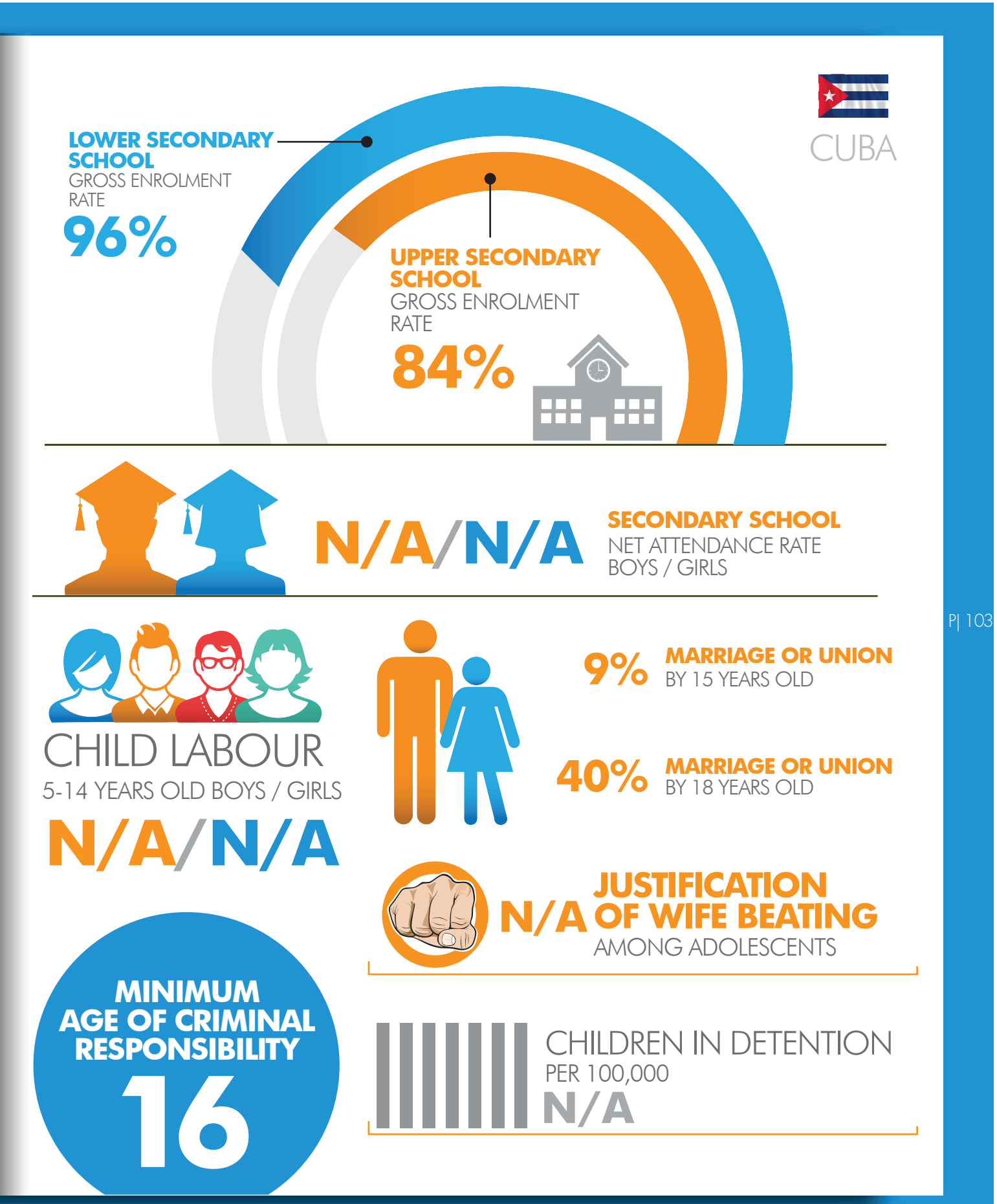
SUICIDAL THOUGHTS
ADOLESCENTS
13-17 YEARS OLD BOYS / GIRLS

N/A / N/A

ADOLESCENT BIRTH RATE
PER 1,000

51

9% BIRTHS BY AGE 18


CUBA
LOWER SECONDARY SCHOOL
GROSS ENROLMENT RATE
96%
UPPER SECONDARY SCHOOL
GROSS ENROLMENT RATE
84%
N/A/N/A
SECONDARY SCHOOL
NET ATTENDANCE RATE
BOYS / GIRLS
CHILD LABOUR
5-14 YEARS OLD BOYS / GIRLS
N/A/N/A
9%
MARRIAGE OR UNION
BY 15 YEARS OLD
40%
MARRIAGE OR UNION
BY 18 YEARS OLD
JUSTIFICATION
N/A OF WIFE BEATING
AMONG ADOLESCENTS
MINIMUM AGE OF CRIMINAL RESPONSIBILITY
16
CHILDREN IN DETENTION
PER 100,000
N/A

HIV/AIDS CUBA

HIV PREVALENCE AMONG **MSM***

*: MEN WHO HAVE SEX WITH MEN

3%

HIV PREVALENCE AMONG **SEX WORKERS**

1%

HIV PREVALENCE AMONG **PREGNANT WOMEN**

0%

HIV PREVALENCE AMONG **15-49** YEARS OLD

<0.1%

HIV TESTING AMONG PREGNANT WOMEN

95%

VIROLOGICAL TESTING OF BABIES OF HIV-POSITIVE MOTHERS WITHIN TWO MONTHS

97%

HIV TREATMENT AMONG POSITIVE PREGNANT WOMEN

96%

VERTICAL TRANSMISSION RATE **1.8%**

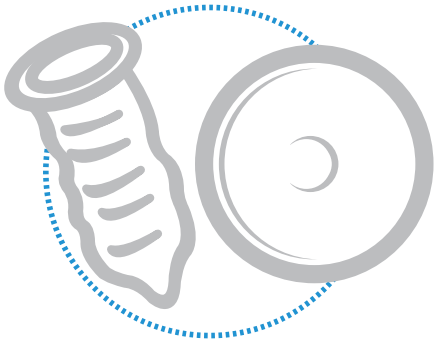
SEX BEFORE 15 YEARS OLD BOYS/GIRL

25% **12%**

unicef

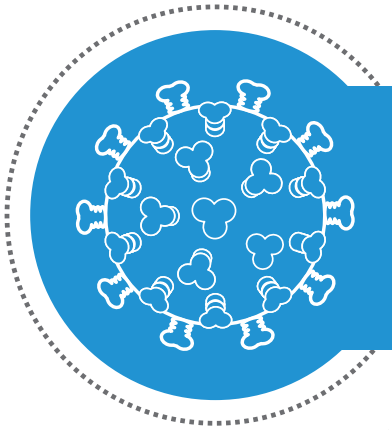
CUBA

HIV PREVALENCE
AMONG **15-24**
YEARS OLD
<0.1%



CONDOM USE
YOUNG PEOPLE,15-24 YEARS OLD
WITH MULTIPLE PARTNERS

N/A **66%**

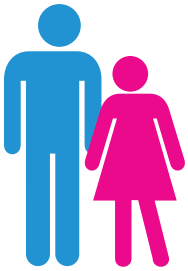


HIV KNOWLEDGE
AMONG YOUNG PEOPLE - 15-24 | BOYS/GIRLS

61% **60%**

BIRTHS BY AGE 18

GIRLS 15-24 YEARS OLD
WHO HAD SEX WITH A 10 YEARS
OLDER PARTNER **17%**



DOMINICA

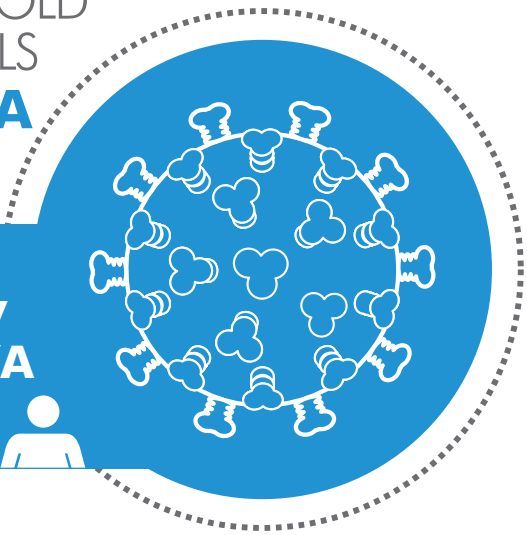
unicef

ADOLESCENTS

NUMBER OF ADOLESCENTS
10-19 YEARS OLD
N/A

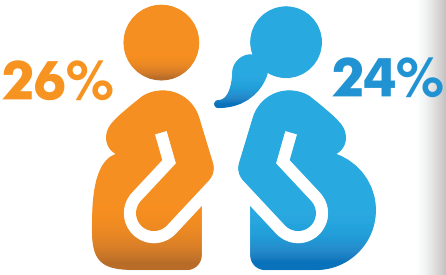
PROPORTION OF ADOLESCENTS
N/A

SEX BEFORE 15 YEARS OLD BOYS/GIRLS
N/A/N/A

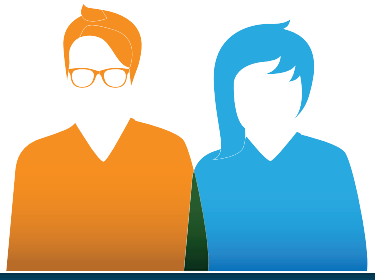


COMPREHENSIVE KNOWLEDGE OF HIV
ADOLESCENTS 15-19 YEARS OLD
N/A

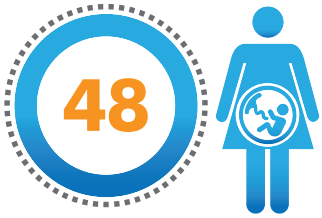
OVERWEIGHT IN ADOLESCENTS
13 -17 YEARS OLD BOYS / GIRLS



SUICIDAL THOUGHTS
ADOLESCENTS
13-17 YEARS OLD BOYS / GIRLS
16% / 25%



ADOLESCENT BIRTH RATE
PER 1,000



BIRTHS BY AGE 18

DOMINICA

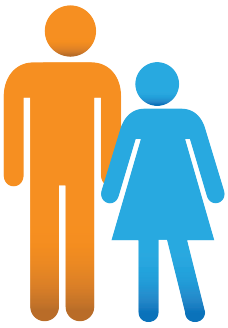
LOWER SECONDARY SCHOOL
GROSS ENROLMENT RATE
108%

UPPER SECONDARY SCHOOL
GROSS ENROLMENT RATE
85%

N/A

SECONDARY SCHOOL
NET ATTENDANCE RATE
BOYS / GIRLS

CHILD LABOUR
5-14 YEARS OLD BOYS / GIRLS
N/A

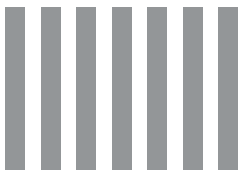


N/A **MARRIAGE OR UNION** BY 15 YEARS OLD

N/A **MARRIAGE OR UNION** BY 18 YEARS OLD

JUSTIFICATION N/A OF WIFE BEATING
AMONG ADOLESCENTS

MINIMUM AGE OF CRIMINAL RESPONSIBILITY
12



CHILDREN IN DETENTION
PER 100,000
N/A

HIV/AIDS

DOMINICA

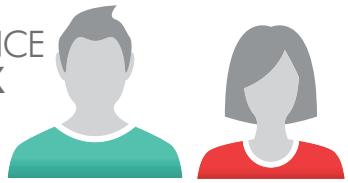
HIV PREVALENCE AMONG **MSM***

*: MEN WHO HAVE SEX WITH MEN

N/A

HIV PREVALENCE AMONG **SEX WORKERS**

N/A



HIV PREVALENCE AMONG 15-49 YEARS OLD

N/A

HIV PREVALENCE AMONG **PREGNANT WOMEN**

0.3%

VIROLOGICAL TESTING OF BABIES OF HIV-POSITIVE MOTHERS WITHIN TWO MONTHS

N/A

HIV TESTING AMONG PREGNANT WOMEN

70%

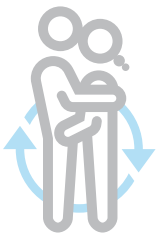
HIV TREATMENT AMONG POSITIVE PREGNANT WOMEN

N/A

VERTICAL TRANSMISSION RATE **0%**

SEX BEFORE 15 YEARS OLD BOYS/GIRLS

29%



8%

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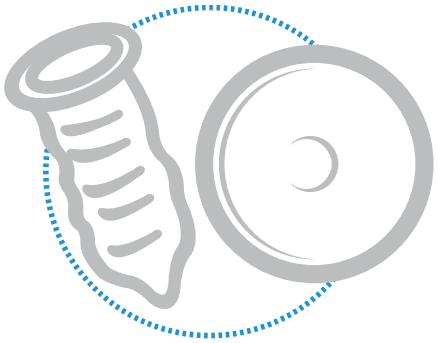
DOMINICA

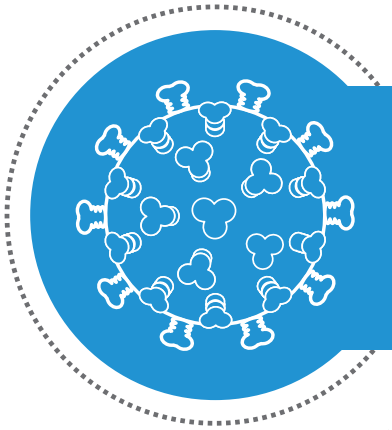
HIV PREVALENCE
AMONG **15-24**
YEARS OLD

N/A



CONDOM USE
YOUNG PEOPLE,15-24 YEARS OLD
WITH MULTIPLE PARTNERS

N/A

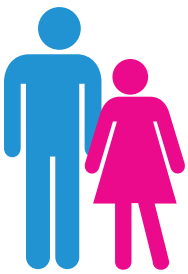


HIV KNOWLEDGE
AMONG YOUNG PEOPLE - 15-24 | BOYS/GIRLS

48% **56%**

N/A BIRTHS BY AGE 18

GIRLS 15-24 YEARS OLD
WHO HAD SEX WITH A 10 YEARS
OLDER PARTNER **N/A**



PROFILES OF CHILDREN AND ADOLESCENTS LIVING WITH HIV/AIDS

DOMINICAN REPUBLIC

IDEP

unicef

DOMINICAN REPUBLIC

ABSTRACT

In the Dominican Republic a study was conducted in 2011 by the Institute for Pediatric Research with the support from UNICEF, to explore the current situation of children and adolescents living with HIV, including their characteristics, services they use and existing gaps vis-à-vis the policy on protection of rights of children and adolescents vulnerable to HIV. The methodology included a Rapid Assessment Process, a mapping of institutions, a quantitative and a qualitative analysis of data, as well as a gap analysis of the policy. It found that while children, adolescents and their parents had a positive perception of the services provided, these still need to be decentralized in order to reach the most isolated and disadvantaged. It also concluded that while discrimination in care services is decreasing, stigma still impede parents to disclose the HIV diagnosis to their children, which in turn can have negative effects on their adherence to antiretroviral treatment.

ISSUE

In the Dominican Republic the general HIV prevalence rate is 0,7% and among young people between 15-24 years old it is 0.2%. According to the General Direction for HIV and STIs Control, in 2008 there were 2,663 children living with HIV. This coincides with the estimates from UNAIDS, which show that 2,700 children below 14 were living with HIV the same year. This prompted international organizations, together with the Dominican State, to take action to mitigate the impact of the disease in the Dominican population.

The physical and psychological impact of HIV/AIDS in children and adolescents has been pointed out by previous studies in other socio-cultural contexts. Despite previous studies in the Dominican Republic which address common characteristics and the emotional impact of HIV in this population, as well as how to deal with disclosure, there was no systematized information on the profile and the situation of children and adolescents living with HIV, nor on the services that they have access to. The absence of updated information in this regard has made it difficult to develop appropriate policies and strategies that favor their physical, psychological and social development.

ACTION

To address this situation a study was undertaken characterizing children and adolescents living with HIV/AIDS in the Dominican Republic, with the aim to identify the underlying reasons impeding their access to prevention, treatment and care. The study, which was commissioned by UNICEF and undertaken by IDEP (institute for pediatric research) included the following components:

1. Characterize the reality of children and adolescents living with HIV/AIDS, addressing issues such as name, nationality and birth registration; health, nutrition and food security; socio-economic situation and education; psycho-motoric stimulation and psycho-social support; protection, stigma and discrimination; recreation and residential area; and adherence to antiretroviral treatment and disclosure of HIV diagnosis.
2. Undertake a mapping of institutions, programs and interventions directed to this population.
3. Undertake an analysis of existing gaps with relation to the Policy of Protection of Rights of Children and Adolescents vulnerable to HIV, with recommendations on how to overcome them.

The target population of this study were children and adolescents who had been attended by one of the six Comprehensive Care Services (SAI). The study had five different components: a rapid assessment process, a mapping of institutions, a quantitative component, a qualitative component, and a gap analysis with relation to the national policies on children and adolescents vulnerable to HIV/AIDS.

IMPACT

THE STUDY MANAGED TO COLLECT A WEALTH OF FINDINGS, INCLUDING:

1. STRENGTHS AND WEAKNESSES OF COMPREHENSIVE CARE SERVICES:
The greatest strength of these services is their capacity to deliver free antiretroviral treatment to children and adolescents living with HIV, which has made a paradigm shift in dealing with this health condition. Other strengths are the trained staff, (which includes both doctors, nurses and psychologists) and patients' perception of the treatment provided. Weaknesses include the limited number of staff which impedes home visits and community awareness activities. Another challenge is that these services are associated with HIV, which can stigmatize the patients using these services.

2. SOCIO-DEMOGRAPHIC CHARACTERISTICS OF CHILDREN AND ADOLESCENTS; nutritional and socio-economic situation; psycho-social support; and education and recreation:
The majority of children came from urban areas; were not registered; had lost one or both parents (often because of HIV); and came from families in situation of poverty, sometimes extreme poverty. 23.2% of children had been victims of physical punishment and 26.6% did not attend school. Children's opportunities for cultural activities and recreation in their communities were very limited and services for early stimulation for children under 5 years old were basically non-existent.

3. BEHAVIORAL SYMPTOMS AND DEVELOPMENTAL PROBLEMS; SEXUALITY AND ADOLESCENCE; AND STIGMA AND DISCRIMINATION:
There were frequent cases of depression, hyper activity, aggression, rebellion and sadness. There were also high levels of psycho-motoric, cognitive and speech delays among younger children. 56,9% of parents or caregivers do not speak to their children about safe sex and most adolescents have their sexual debut at 12-13 years old. Discrimination in health centers was reported to be reduced, while some cases were still reported from school and other services. However, the reason for reduced discriminatory practices could be that families simply hide their condition.

4. DISCLOSURE OF DIAGNOSIS AND TRANSMISSION ROUTES OF HIV; vaccine coverage; laboratory tests and adherence to antiretroviral treatment: Vaccination rates are high among positive children below 1 year and 93.3% of all children in the study were provided with antiretroviral treatment. However, only 19% of the children and adolescents in the study showed up timely to their scheduled meetings to receive their treatment. The study showed that 25,9% of adolescents had discontinued their treatment, as well as 23.5% of children between 0-5 years old, while this decreased to 14.5% among children between 6-12. Results from the study show that 79% of children and adolescents are unaware of their HIV diagnosis.

5. Gap analysis of the national policy of protection of children and adolescents who are affected or infected by HIV/SIDA.

6. There is a need to increase the operationalization of the policy into concrete actions towards children, adolescents and their families, and especially to create sustainable mechanisms for the long term.

LESSONS LEARNED

Based on these findings, the study provided a long list of recommendations to address the situation:

- Establish capacity building strategies so that all SAI clinics are able to provide comprehensive care.

- Incorporate adequate mechanisms to ensure that all SAI clinics have the necessary staff to properly perform and operate: staff for home visits and advocacy work in communities, support to register patient information (which is essential for policy development) and to adequately store supplies for daily use and facilitate access to antiretroviral drugs and laboratory testing.

- Continue efforts to reduce stigma and discrimination by including persons living with HIV/AIDS in services where patients with other conditions are receiving care.

- Decentralization of urban centers to facilitate access to services for persons living in rural areas.

- Develop a strategy to improve uptake of those children and adolescents who are not accessing care services.

- Improve strategies and policies aiming to increase birth registration.

- Develop programs to increase the capacity of families to generate income.

- Regulate psychological counseling in centers through standardized care protocols which emphasize important aspects such as parenting practices; family losses and changes; and comprehensive sexuality education.

- Improve the capacity to identify and monitor behavioral and developmental problems, through appropriate assessment tools and partnerships with other services addressing these problems, with the aim of making appropriate referrals.

- Assess sexuality education in schools, making it more appropriate and effective.

- Improve strategies to reduce mother to child transmission.

- Introduce measures to reduce the possibility of noncompliance with medical appointments, such as creating financing mechanisms to provide transportation to patients in need, or by hiring staff who can make home visits, or involving community leaders who can ensure compliance with antiretroviral treatment.

- Develop strategies to deal with attitudes in childhood and adolescence, especially in relation to adherence to treatment and commitment to the prevention of development of drug resistance.

- Develop operational manuals and guidelines of care for the population of children and adolescents affected by the virus, taking into account the points related to the causes of non-compliance with treatment.

- Establish an agreed and standardized strategy for disclosure of diagnosis to children and adolescents, taking into account preparation of families, health professionals, the development of children and adolescents, among others. A first step could be a research study to evaluate the relevance of a strategy of disclosure and validated in another context.

CONTACT INFO
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REFERENCES

CARACTERIZACIÓN DEL PERFIL Y LA SITUACIÓN DE LOS NIÑOS, NIÑAS Y ADOLESCENTES QUE VIVEN CON EL VIH Y EL SIDA QUE ASISTEN A SERVICIOS DE ATENCIÓN INTEGRAL SELECCIONADOS EN LA REPÚBLICA DOMINICANA – Resumen ejecutivo

unicef

DOMINICAN REPUBLIC

unicef

ADOLESCENTS

NUMBER OF ADOLESCENTS
10-19 YEARS OLD
1,997,000

PROPORTION OF ADOLESCENTS
19%

SEX BEFORE 15 YEARS OLD
BOYS/GIRLS
24%/15%

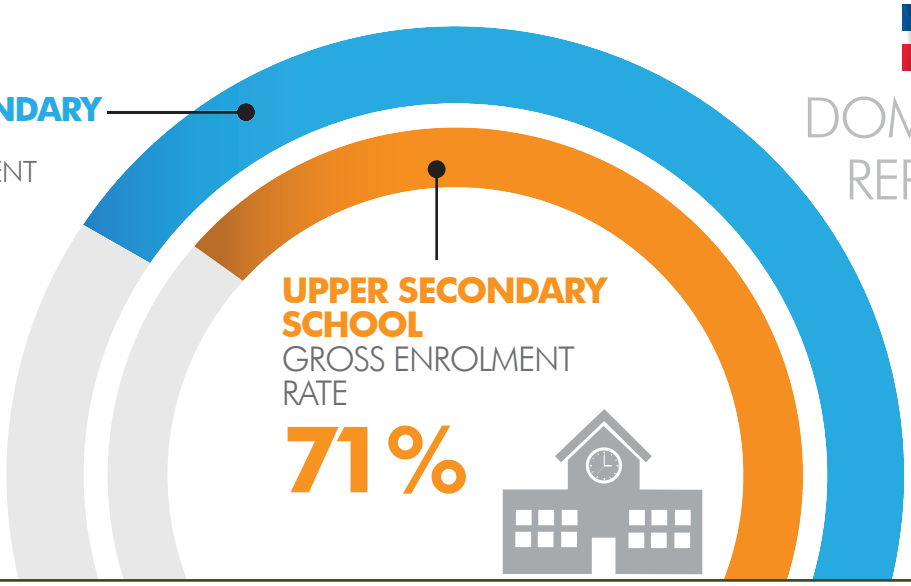
OVERWEIGHT IN ADOLESCENTS
13 -17 YEARS OLD BOYS / GIRLS
N/A **N/A**

COMPREHENSIVE KNOWLEDGE OF HIV
ADOLESCENTS 15-19 YEARS OLD **39%/45%**

SUICIDAL THOUGHTS
ADOLESCENTS
13-17 YEARS OLD BOYS / GIRLS
N/A

ADOLESCENT BIRTH RATE
PER 1,000
90

25% BIRTHS BY AGE 18

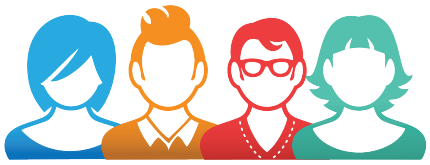


DOMINICAN REPUBLIC

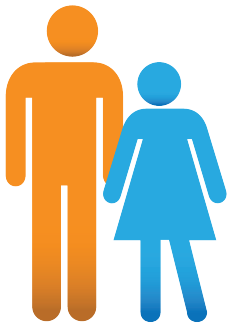
LOWER SECONDARY SCHOOL
GROSS ENROLMENT RATE
86%

UPPER SECONDARY SCHOOL
GROSS ENROLMENT RATE
71%

51%/65% **SECONDARY SCHOOL**
NET ATTENDANCE RATE
BOYS / GIRLS



CHILD LABOUR
5-14 YEARS OLD BOYS / GIRLS
18%/8%

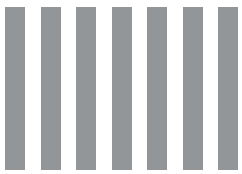


10% **MARRIAGE OR UNION**
BY 15 YEARS OLD

37% **MARRIAGE OR UNION**
BY 18 YEARS OLD

7% **JUSTIFICATION OF WIFE BEATING**
AMONG ADOLESCENT GIRLS

MINIMUM AGE OF CRIMINAL RESPONSIBILITY
13



CHILDREN IN DETENTION
PER 100,000
6

HIV/AIDS DOMINICAN REPUBLIC

HIV PREVALENCE AMONG **MSM***

*: MEN WHO HAVE SEX WITH MEN

5%

HIV PREVALENCE AMONG **SEX WORKERS**

5%

HIV PREVALENCE AMONG **PREGNANT WOMEN**

0.8%

HIV PREVALENCE AMONG **15-49** YEARS OLD

0.8%

HIV TESTING AMONG PREGNANT WOMEN

77%

HIV TREATMENT AMONG POSITIVE PREGNANT WOMEN

94%

VIROLOGICAL TESTING OF BABIES OF HIV-POSITIVE MOTHERS WITHIN TWO MONTHS

N/A

VERTICAL TRANSMISSION RATE **5.7%**

SEX BEFORE 15 YEARS OLD BOYS/GIRLS

24% **15%**

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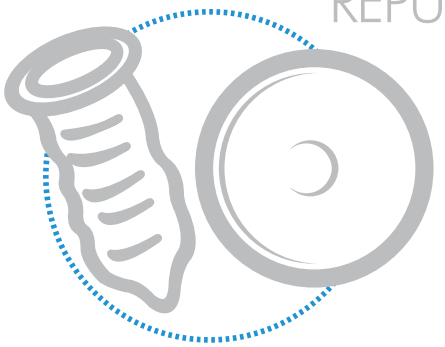
DOMINICAN REPUBLIC

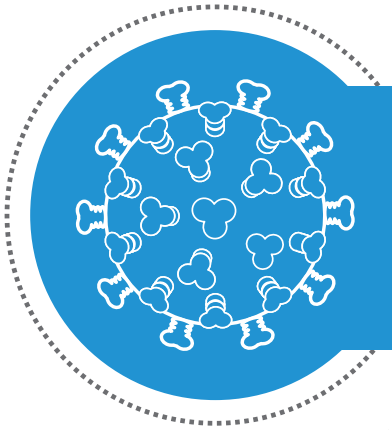
HIV PREVALENCE
AMONG **15-24** YEARS OLD

0.2%



CONDOM USE
YOUNG PEOPLE,15-24 YEARS OLD WITH MULTIPLE PARTNERS

57% **40%**

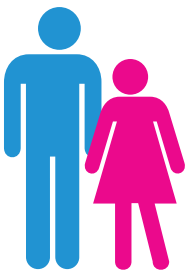


HIV KNOWLEDGE
AMONG YOUNG PEOPLE - 15-24 | BOYS/GIRLS

34% **41%**

BIRTHS BY AGE 18

GIRLS 15-24 YEARS OLD
WHO HAD SEX WITH A 10 YEARS OLDER PARTNER **27%**



ECUADORIAN NETWORK FOR ADOLESCENTS AND YOUNG PEOPLE LIVING WITH HIV/AIDS

ECUADOR

unicef

ECUADOR

ABSTRACT

In September 2014 the first national meeting of adolescents and young people living with HIV was organized, resulting in the creation of the Ecuadorian Network of positive adolescents and young people. The meeting's purpose was to promote a space in which adolescents and youth living with HIV/AIDS in Ecuador could participate in an organized and independent manner, by promoting conversations with national entities that focus on youth and human rights, including sexual and reproductive health rights. By the end of the meeting, the network had a vision and a mission, had drafted an action plan an organizational structure and criteria for membership and leadership, as well as a camaraderie among participants that may be the beginning of a strong and thriving network for adolescents and youth living with HIV in Ecuador.

ISSUE

More than 30 years have passed since the first case of HIV was reported in Ecuador and various actors from both government and civil society have developed plans and strategies to respond to the epidemic. However, due to its complexity and heterogeneity it has not been possible to control it entirely. Latest statistics show that adolescents and young people between 15-29 years represent most of new infections. They are also facing obstacles in accessing ARV treatment, accessing the labour market and the school system and they are more exposed to violence, stigma and discrimination.

In response to this situation, civil society has played an important role in advocating with government for the fulfillment of its social obligations with respect to HIV. In doing so, it was emphasized that integral services for adolescents and young people living with HIV have to be based on their physical, psychological, social, emotional, sexual and cultural characteristics. Since they are a special group they also need a special treatment that is adolescent-friendly and has an intergenerational, intercultural and gender focus, which the country is currently not offering.

Most spaces for social and political participation that were created for people living with HIV have an adult discourse and they do not facilitate participation of adolescents and young people. For this reason, adolescents and young people consider indispensable to create their own spaces where they can socialize, identify and share needs, requests, opportunities and obstacles that occur in educational, work and social environments.

ACTION

With the aim to promote organized and independent participation in national fora related to adolescent and youth participation, a first national meeting was organized by and for adolescents and young people living with HIV/AIDS in Ecuador, on 26-28 September 2014.

THE OBJECTIVES OF THE MEETING WERE:

1. Form a Political Committee established through a democratic election with gender quotas.
2. Develop a work plan with activities for 2014-2017.
3. Empower adolescents and young people to adhere to life, through group activities with regard to support and containment.
4. Review compliance of the Multi-sectorial Strategic Plan for the National HIV/AIDS Response to HIV/AIDS.
5. Strengthen young people's capacities in terms of HIV, human rights, sexual and reproductive health rights, medication, advocacy and social media.
6. Develop and strengthen competencies, skills and knowledge among adolescents and young women living with HIV, through gender focused empowerment, based on a life free of violence.

7. Develop strategic mechanisms to strengthen operational policies, through joint work plans with multilateral organizations.
8. Generate a positive representation of positive adolescents and young people on local, provincial and national levels, through the creation and strengthening of peer groups.

The meeting started by giving an overview of networks in the region: showcasing countries that already have networks for positive young people in place, as well as their characteristics. To frame the discussions, participants were also provided information on HIV, human rights and civic participation. The rest of the meeting was dedicated to group work and organized exchange among adolescents. One important moment was the session where participants exchanged their personal experiences with regard to disclosure of their diagnosis and discussions on how they would like to improve the protocols and procedures in this regard. The fact that participants were divided into small groups allowed for long and rich discussions which resulted in concrete recommendations for improvement of the protocols and procedures for disclosure. Another important activity was the SWOT exercise where participants analyzed strengths, weaknesses, opportunities and threats in establishing a network. Through this exercise adolescents came up with recommendations on how to strengthen peer support, communication strategies and policy advocacy efforts. Finally, criteria for membership, leadership and coordination were determined.

IMPACT

The main result from the meeting was the creation of a National Network of Adolescents and Young People Living with HIV in Ecuador. Based on the results from the meeting, the group developed a biannual operational work plan, guided by three principles: visibility, awareness and sensitization. The operational plan was developed around three themes defined in the meeting: strengthening of youth and adolescent networks, communication strategies and policy advocacy.

- Youth and Adolescent Networks activities will be organized with the aim to train leaders, develop an action plan and ensure recruitment of new members to the Network. It will include activities such as meetings, workshops, counselling, capacity building and recreational activities that strengthen the group as peers and as adolescents and young people living with HIV/AIDS.

- Communication strategies: Activities in public spaces such as communication campaigns, development of information material and a webpage that will articulate the visibility between the different strategies.

- Policy advocacy: Legal counseling, contact and partnership with public figures, a public accountability document, among others.

All the activities are linked to the National Development Plan and are accompanied with a proposed budget for their implementation.

LESSONS LEARNED

It is probably too early to speak of lessons learned, as this path has just been initiated. However, it was clear that learning from other national networks in the region, engaging young people with that experience and bringing on board UN agencies were valuable strategies to make this first meeting a success. How that evolves in the future will depend on the commitment and enthusiasm of Ecuadorian adolescents and young people themselves.

CONTACT INFO
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Plan Operativo Jóvenes Positivos

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ADOLESCENTS

NUMBER OF ADOLESCENTS
10-19 YEARS OLD

2,996,000

PROPORTION OF ADOLESCENTS

19%

SEX BEFORE 15 YEARS OLD
BOYS/GIRLS

N/A/10%

OVERWEIGHT IN ADOLESCENTS
13 -17 YEARS OLD BOYS / GIRLS

N/A **N/A**

COMPREHENSIVE KNOWLEDGE OF HIV
ADOLESCENTS
15-19 YEARS OLD

N/A

ADOLESCENT BIRTH RATE
PER 1,000

100

N/A BIRTHS BY AGE 18

SUICIDAL THOUGHTS
ADOLESCENTS
13-17 YEARS OLD BOYS / GIRLS

N/A

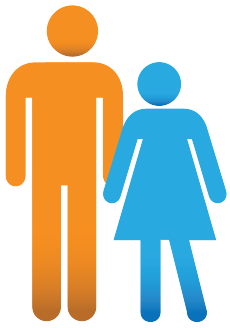
ECUADOR

LOWER SECONDARY SCHOOL
GROSS ENROLMENT RATE
97%

UPPER SECONDARY SCHOOL
GROSS ENROLMENT RATE
78%

78%/80% **SECONDARY SCHOOL**
NET ATTENDANCE RATE
BOYS / GIRLS

CHILD LABOUR
5-14 YEARS OLD BOYS / GIRLS
7%/8%

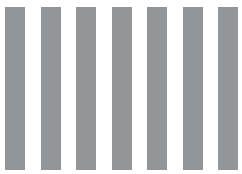


4% **MARRIAGE OR UNION**
BY 15 YEARS OLD

22% **MARRIAGE OR UNION**
BY 18 YEARS OLD

JUSTIFICATION N/A OF WIFE BEATING
AMONG ADOLESCENTS

MINIMUM AGE OF CRIMINAL RESPONSIBILITY
12



CHILDREN IN DETENTION
PER 100,000
12

HIV/AIDS ECUADOR

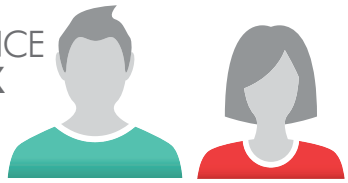
HIV PREVALENCE AMONG **MSM***

*: MEN WHO HAVE SEX WITH MEN

N/A

HIV PREVALENCE AMONG **SEX WORKERS**

N/A



HIV PREVALENCE AMONG **PREGNANT WOMEN**

0.2%

HIV PREVALENCE AMONG **15-49** YEARS OLD

0.6%

VIROLOGICAL TESTING OF BABIES OF HIV-POSITIVE MOTHERS WITHIN TWO MONTHS

N/A

HIV TESTING AMONG PREGNANT WOMEN

87%

HIV TREATMENT AMONG POSITIVE PREGNANT WOMEN

N/A

VERTICAL TRANSMISSION RATE **7.4%**

SEX BEFORE 15 YEARS OLD BOYS/GIRLS

N/A

10%

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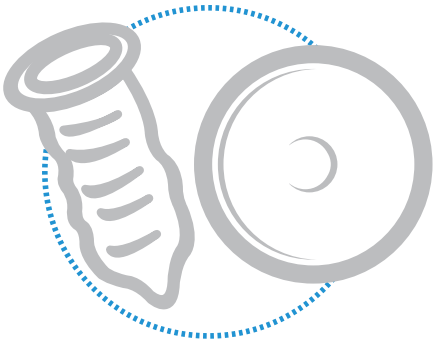
ECUADOR

HIV PREVALENCE AMONG 15-24 YEARS OLD

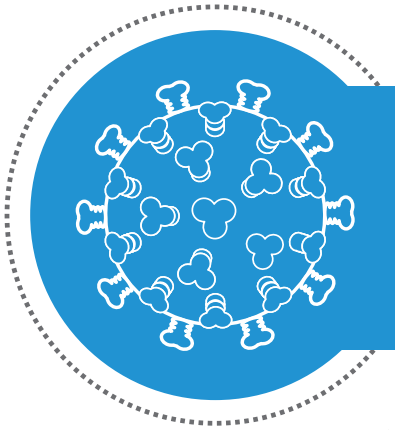
0.3%



CONDOM USE

YOUNG PEOPLE,15-24 YEARS OLD WITH MULTIPLE PARTNERS

N/A



HIV KNOWLEDGE

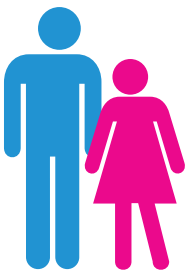
AMONG YOUNG PEOPLE - 15-24 | BOYS/GIRLS

31% **27%**

N/A BIRTHS BY AGE 18

GIRLS 15-24 YEARS OLD

WHO HAD SEX WITH A 10 YEARS OLDER PARTNER **N/A**



EMPOWERMENT OF ADOLESCENTS AND YOUNG PEOPLE ON SEXUAL AND REPRODUCTIVE RIGHTS

EL SALVADOR

unicef

EL SALVADOR

ABSTRACT

The project "Empowerment of adolescents and young people in the area of HIV/AIDS in order to promote and defend their sexual and reproductive rights, with a special focus on gender equality" was implemented by la Procuraduría para la Defensa de los Derechos Humanos (PDDH). The project used innovative methodologies and advocacy activities to strengthening capacity of adolescents and young people to replicate these activities with their peers. The main results included: 1) enhanced coordination among participating agencies in the promotion of rights and equity of adolescents and young people in relation to HIV, 2) empowerment of adolescents and young people in the prevention of HIV and promotion of their sexual and reproductive rights and gender equality, and 3) the elaboration and implementation of an advocacy plan.

ISSUE

According to data reflected in the national policy on Sexual and Reproductive Health, 7% of women in El Salvador have their first sexual relation before the age of 15 years and 38% before 19 years. The fertility rate of the group of 15-19 years old is 89 children per 1,000 women. The percentage of adolescent pregnancies has risen significantly from 7% among women of 15 years to 41% among those of 19 years. 19% of women between 15 and 19 have at least one child currently alive. According to an assessment on sexual and reproductive health care conducted in the neighborhood of San Jacinto in June 2012, 88% of young respondents expressed having some knowledge of sexual and reproductive health. The issues that they were more knowledgeable about were: HIV/AIDS (17.6%), condom use (17.4%) teenage pregnancy (16.7 %), STIs (15.7%) contraceptive methods (13.6%) and life project (12%).

ACTION

With the aim to promote and defend the sexual and reproductive rights of adolescents and young people, the PDDH Youth Units for the dissemination of Human Rights, with the technical support from UNFPA and financial support from UNAIDS and the Chair of the United Nations Joint Team on HIV, implemented a project empowering adolescents and young people in the area of HIV/AIDS.

THE PROJECT WAS IMPLEMENTED IN THREE STAGES:

1. COORDINATION: Potential key partners from local authorities, cultural centers, student organizations and youth movements from churches and cooperative associations were identified and approached by local delegations of the PDDH. Together with key local authorities in each municipality, the PDDH delegations developed a project plan which facilitated coordination among the different instances and agencies. It also facilitated the selection of adolescents and young people to be trained as facilitators or to participate in replication workshops.

2. EMPOWERMENT: A training of trainers of 40 hours was given to a group of 20 young people by members of the PDDH Youth Units for Dissemination of Human Rights. The training was later replicated during five days for students in education centers and institutions in different areas of the city. In these workshops they were taught innovative methodologies to promote sexual and reproductive rights in their municipalities, including technical tools to develop their writing skills and speech for radio, theater and puppet shows. As part of the empowerment process, adolescents who had been trained as trainers participated in the following activities: validation of a manual for the trainer of trainers workshop; planning and design of replication workshops on sexual and reproductive rights, HIV prevention and gender equality; planning of advocacy activities; and development and presentation of statements with relation to sexual and reproductive rights.

3. ADVOCACY: All the youth groups undertook advocacy activities to impact their community in the medium and long term with to the aim of preventing adolescent pregnancies, HIV and other STIs. A signature of engagement was sought from local authorities to pursuit actions complying with the rights to comprehensive education and sexual and reproductive health. For example, in the neighborhood of San Jacinto an assessment on sexual and reproductive health care was conducted.

IMPACT

The strategy of peer education to empower adolescents and young people to prevent HIV and promote and defend their sexual and reproductive rights showed to be both relevant and useful. In particular those adolescents and young people trained as facilitators showed important evidence of empowerment:

- Improved interpersonal communication skills and skills to speak to media about sexual and reproductive rights.

- Exercising strategic ways of civic participation by promoting and requesting their sexual and reproductive rights before international, national and local authorities.

- Increased their self-confidence

• Recognized that their participation in the Project keeps them away from risks and promote their development.

• Showed interest to know more about the reality of their peers.

• Showed willingness and interest to share their feelings and experiences with regard to sexual and reproductive rights with their peers.
• Increased enthusiasm to discuss their needs with their families and teachers.
Although the replication effect among peers did not generate the same level of empowerment as among those adolescents and young people who were trained as trainers, the adolescents who participated in replication workshops and participated in advocacy activities showed their empowerment through:

• Showing interest in participating as a trainer, which shows the impact of their peers acting as role models.

• Participating, asking and discussing their reality, their needs and models related to their sexuality.

• Recognizing that they need to develop some behaviors such as abstinence or condom use to prevent HIV or other STIs

• Incorporating and accompanying the process to request their civic youth rights before national and local authorities.

For each of the 72 participants who were trained as a trainer, a multiplying effect of approximately 28 adolescents and young people was generated, achieving the presence of 2,248 additional adolescents to conduct advocacy activities. This shows the potential of advocacy in terms of reach, without taking into account the impact of dissemination of radio spots, banners, blankets, brochures and stickers. The materials produced in the Project, especially the facilitators' manual, were appreciated by adolescents and young people, considering them useful for the work on sexual and reproductive rights education and prevention of HIV among young people.

LESSONS LEARNED

In terms of coordination, it was recommended to develop new approaches to increase coverage of information, awareness, education and care of adolescents and youth in the area of promotion of rights and gender equality with relation to sexual and reproductive health and HIV prevention .This would be achieved through joint efforts and interagency collaboration, which would also allow for integration of resources, increasing the impact and avoiding duplication. It was also recommended to take advantage of spaces and networks of interagency work that PDDH and UNFPA maintain with other institutions, such as the Ministries of Health and Education, to share the results of the project and identify areas that require further work. Examples include: the provision of child friendly services; the respectful and technical approach of sexual and reproductive health; attention to the needs of adolescents and young people with regard to their sexual and reproductive rights and training of staff.

In terms of empowerment, is was recommended for future similar exercises to:

- Expand the training time for the groups of adolescents and youth facilitators to enable a deeper understanding of the various issues of sexual and reproductive health.

- Focus the training modules on specific themes instead of covering all issues related to sexual and reproductive health in order not to confuse or overwhelm facilitators with too much information. This would allow for more time to prepare the topics, discussions and reflections with peers and would ensure effectiveness of the replications and decrease the cost of the workshops, which in turn would give opportunity for larger participation.

- Ensure early support to facilitators in all processes of replication among peers to give them more confidence in their performance.

- Continue to accompany and support adolescents and youth facilitators in the planning processes and advocacy activities.
- Include the participation of parents, teachers, health workers and adolescents in the same training to promote and advance a single approach for sexual and reproductive health for adolescents and youth.

- Assure that replication workshops are given the same amount of time as initial workshops, i.e not try to replicate a workshop of 40 hours in 20 hours.

- Promote development of advocacy activities to allow for reflection and dissemination of messages and information as well as exercise and demand for monitoring of sexual and reproductive rights for adolescents and young people. This strengthens the development of skills for active and democratic citizenship.

- Revise the facilitator's manual to improve its layout, and above all the content, to include more information on HIV and contraceptive methods. Also revise the methodologies suggested for development of activities using the materials that are available for young people and teenagers.

- Make an agreement with local radio stations to disseminate messages and spread radio spots produced by adolescents.

CONTACT INFO

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Local Development Specialist UNICEF El Salvador drivera@unicef.org

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unicef

EL SALVADOR

unicef

ADOLESCENTS

NUMBER OF ADOLESCENTS
10-19 YEARS OLD
1,425,000

PROPORTION OF ADOLESCENTS
23%

SEX BEFORE 15 YEARS OLD BOYS/GIRLS
30% / 11%

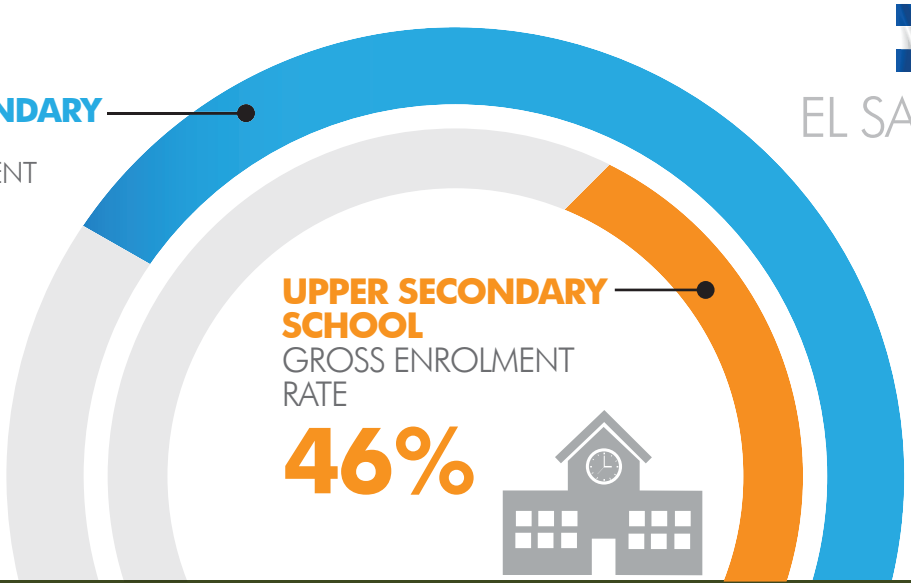
OVERWEIGHT IN ADOLESCENTS
13 -17 YEARS OLD BOYS / GIRLS
28% **30%**

COMPREHENSIVE KNOWLEDGE OF HIV
ADOLESCENTS 15-19 YEARS OLD
N/A

SUICIDAL THOUGHTS
ADOLESCENTS
13-17 YEARS OLD BOYS / GIRLS
10% / 18%

ADOLESCENT BIRTH RATE
PER 1,000
65

N/A BIRTHS BY AGE 18



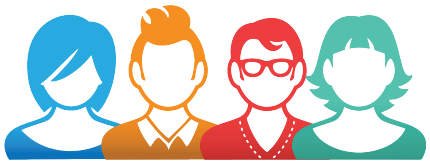
EL SALVADOR

LOWER SECONDARY SCHOOL
GROSS ENROLMENT RATE
89%

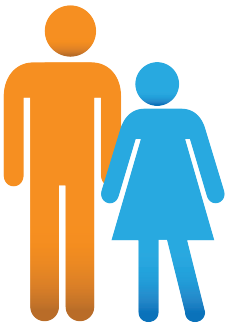
UPPER SECONDARY SCHOOL
GROSS ENROLMENT RATE
46%

N/A

SECONDARY SCHOOL
NET ATTENDANCE RATE
BOYS / GIRLS



CHILD LABOUR
5-14 YEARS OLD BOYS / GIRLS
10%

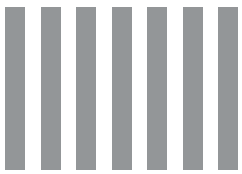


5% **MARRIAGE OR UNION** BY 15 YEARS OLD

25% **MARRIAGE OR UNION** BY 18 YEARS OLD

JUSTIFICATION OF WIFE BEATING
N/A
AMONG ADOLESCENTS

MINIMUM AGE OF CRIMINAL RESPONSIBILITY
12



CHILDREN IN DETENTION
PER 100,000
41

HIV/AIDS EL SALVADOR

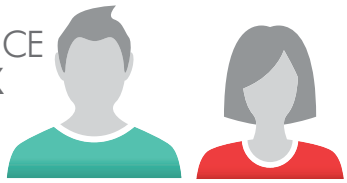
HIV PREVALENCE AMONG **MSM***

*: MEN WHO HAVE SEX WITH MEN

10%

HIV PREVALENCE AMONG **SEX WORKERS**

3%



HIV PREVALENCE AMONG **PREGNANT WOMEN**

0.1%

HIV PREVALENCE AMONG **15-49** YEARS OLD

0.6%

VIROLOGICAL TESTING OF BABIES OF HIV-POSITIVE MOTHERS WITHIN TWO MONTHS

N/A

HIV TESTING AMONG PREGNANT WOMEN

95%

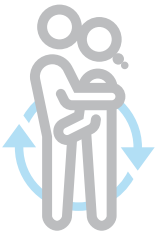
HIV TREATMENT AMONG POSITIVE PREGNANT WOMEN

N/A

VERTICAL TRANSMISSION RATE **24.8%**

SEX BEFORE 15 YEARS OLD BOYS/GIRLS

30% **11%**



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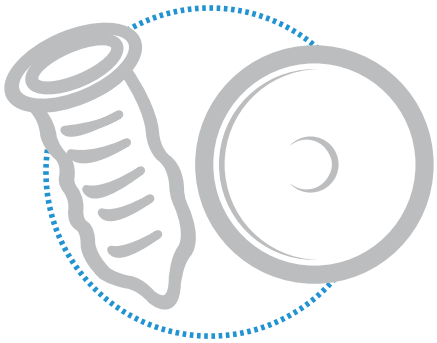
EL SALVADOR

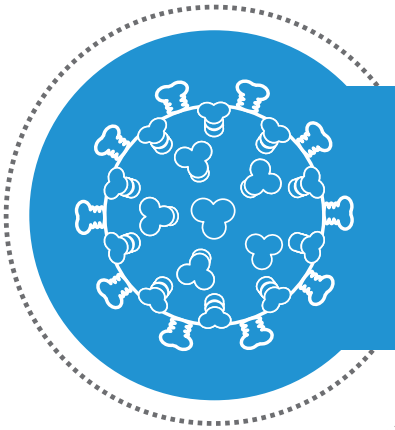
HIV PREVALENCE
AMONG **15-24** YEARS OLD

0.3%



CONDOM USE
YOUNG PEOPLE,15-24 YEARS OLD WITH MULTIPLE PARTNERS

N/A



HIV KNOWLEDGE
AMONG YOUNG PEOPLE - 15-24 | BOYS/GIRLS

54% **55%**

N/A BIRTHS BY AGE 18

GIRLS 15-24 YEARS OLD
WHO HAD SEX WITH A 10 YEARS OLDER PARTNER **N/A**

GRENADA

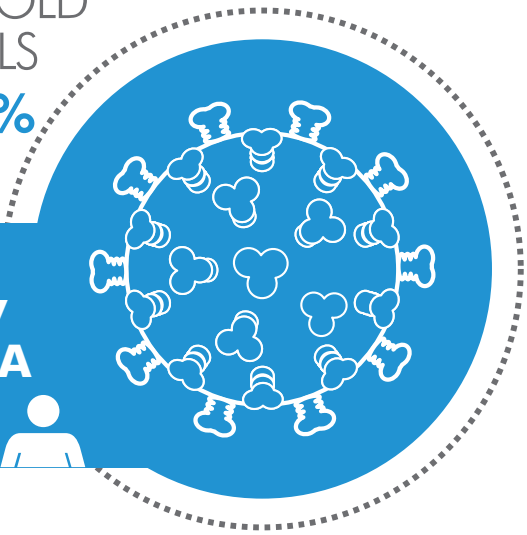
unicef

ADOLESCENTS

NUMBER OF ADOLESCENTS
10-19 YEARS OLD
20,000

PROPORTION OF ADOLESCENTS
19%

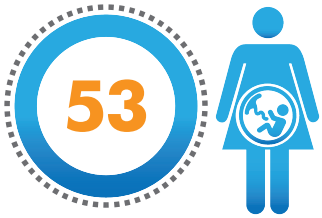
SEX BEFORE 15 YEARS OLD BOYS/GIRLS
36% / 12%



OVERWEIGHT IN ADOLESCENTS
13 -17 YEARS OLD BOYS / GIRLS

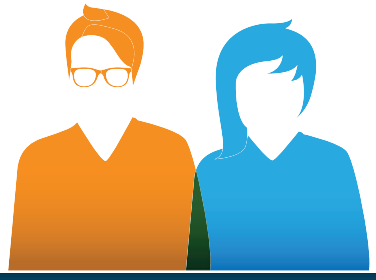
COMPREHENSIVE KNOWLEDGE OF HIV
ADOLESCENTS
15-19 YEARS OLD
N/A

ADOLESCENT BIRTH RATE
PER 1,000



BIRTHS BY AGE 18

SUICIDAL THOUGHTS
ADOLESCENTS
13-17 YEARS OLD BOYS / GIRLS
18% / 24%



GRENADA

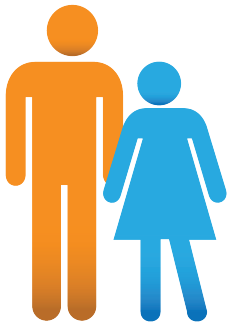
LOWER SECONDARY SCHOOL
GROSS ENROLMENT RATE
121%

UPPER SECONDARY SCHOOL
GROSS ENROLMENT RATE
89%

N/A

SECONDARY SCHOOL
NET ATTENDANCE RATE
BOYS / GIRLS

CHILD LABOUR
5-14 YEARS OLD BOYS / GIRLS
N/A

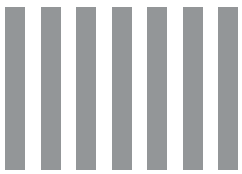


N/A **MARRIAGE OR UNION**
BY 15 YEARS OLD

N/A **MARRIAGE OR UNION**
BY 18 YEARS OLD

JUSTIFICATION OF WIFE BEATING
N/A
AMONG ADOLESCENTS

MINIMUM AGE OF CRIMINAL RESPONSIBILITY
12



CHILDREN IN DETENTION
PER 100,000
N/A

HIV/AIDS

GRENADA

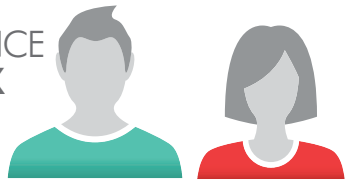
HIV PREVALENCE AMONG **MSM***

*: MEN WHO HAVE SEX WITH MEN

N/A

HIV PREVALENCE AMONG **SEX WORKERS**

N/A



HIV PREVALENCE AMONG 15-49 YEARS OLD

N/A

HIV PREVALENCE AMONG **PREGNANT WOMEN**

0.1%

VIROLOGICAL TESTING OF BABIES OF HIV-POSITIVE MOTHERS WITHIN TWO MONTHS

N/A

HIV TESTING AMONG PREGNANT WOMEN

87%

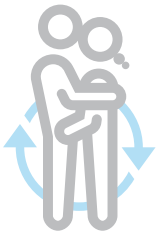
HIV TREATMENT AMONG POSITIVE PREGNANT WOMEN

N/A

VERTICAL TRANSMISSION RATE **N/A**

SEX BEFORE 15 YEARS OLD BOYS/GIRLS

36%



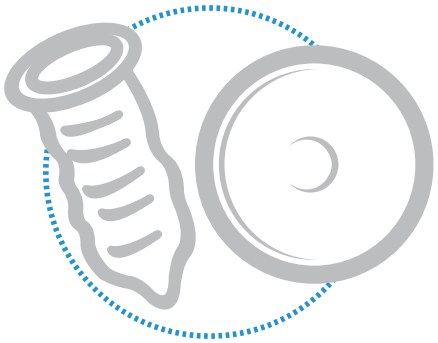
12%

unicef

GRENADA

HIV PREVALENCE AMONG 15-24 YEARS OLD

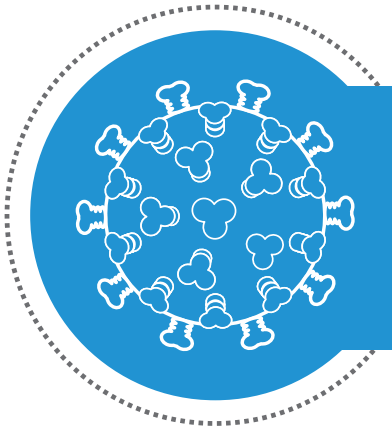
N/A



CONDOM USE

YOUNG PEOPLE,15-24 YEARS OLD WITH MULTIPLE PARTNERS

N/A



HIV KNOWLEDGE

AMONG YOUNG PEOPLE - 15-24 | BOYS/GIRLS

60% **65%**

N/A BIRTHS BY AGE 18

GIRLS 15-24 YEARS OLD

WHO HAD SEX WITH A 10 YEARS OLDER PARTNER **N/A**

ONE VOICE AGAINST HIV: A NATIONAL CONSULTATION TO IMPROVE HIV PROGRAMS FOR ADOLESCENTS AND YOUNG PEOPLE

GUATEMALA

una voz frente al VIH

unicef

ONUSIDA

UNESCO

GUATEMALA

ABSTRACT

In 2013 a national consultation, "One voice against HIV" (Una Voz Frente al VIH), was organized for youth and adolescents in Guatemala, with the aim to obtain recommendations and key actions to improve the HIV/AIDS response in the country. The consultation was led, facilitated and systematized by adolescents and young people who participated in community meetings and used social networks as means to gather information. The recommendations and key actions, which are products of the collective work of youth organizations and networks with the support of UNAIDS, UNICEF and UNESCO, will be used as an advocacy tool to design and implement more efficient programs on HIV and youth.

ISSUE

Guatemala has a concentrated HIV epidemic and adolescents and young people are among the most affected. However, according to the Ministry of Public Health and Social Assistance, only 23% of young people have an adequate knowledge of HIV, including three ways of prevention. 58% are between 15 and 18 years at their first sexual encounter and 55% do not use contraceptives during their first sexual experience. 5 out of 10 young people identify incorrect ways of prevent HIV. 0.2% of young women and 0.3% of young men between 15-24 years live with HIV. In 2013 1.281 new infections were detected among young people below 29 years old.

ACTION

Inspired by the Global Consultation CrowdOutAIDS, UNICEF and UNAIDS proposed to the UN working group on adolescence and youth in Guatemala to organize a highly participatory national consultation on young people and HIV. The objective was to obtain recommendations from adolescents and young people on how to make HIV programmes directed to adolescents and youth more effective. In June 2013 a committee composed by representatives of youth organizations and networks was established to lead the design and the implementation of the consultation. UNAIDS, UNICEF and UNESCO provided financial and technical support and three organizations working with adolescents and young people volunteered to lead the consultation. A strategy was developed to ensure participation of different ethnical, cultural and sexual diversity groups. The consultation also included persons living with HIV and different age groups of adolescents and young people, as well as a variety of youth organizations working in different areas of youth development and promotion.

The methodology was playful and participatory and included three modalities of information gathering: the “corn field”, the “idea chaser” and the “legislative theater”. The “corn field”, which is a metaphor of daily life, generated discussions on how to achieve positive change. The “idea chaser” simulated different contexts to stimulate expression of feelings and ideas in relation to myths and perceptions on HIV, sexual and reproductive rights and the special needs of people living with HIV. The “legislative theater” was an exercise of citizenship where adolescents and young people could take space to reflect, debate, propose and be heard. All these different group works and dynamics were documented in a video to facilitate post-consultation activities and to contribute to the memory of the entire initiative.

Two regional consultations were held in Quetzaltenango and Guatemala City in September and November 2013 respectively. Each consultation lasted three days and between participants and facilitators gathered more than 200 young

people. In addition there was an online consultation which lasted for six weeks, with the aim to reach many more young people than those who could participate in the two regional consultations. In order to attract participants, a video spot was produced showcasing parts of the group works from regional consultations. The video spot was disseminated through facebook and hashtag #VozJovenVIH and the ideas and proposals gathered online were included in the systematization that led to its final recommendations.

IMPACT

In the end of the two consultations a smaller group of 15 volunteers from different youth organizations systematized all the information. The process took one day and the result were seven recommendations and 30 key actions to guide their implementation. The main recommendations were as follows:

1. Promote greater engagement and effective action by the education system in the response to HIV;
2.Develop communication programs on HIV with greater reach and impact;
3.Strengthen citizen mobilization of young people in support of the national response to HIV;
4. Foster intergenerational dialogue about sexual health and HIV;
5. Strengthen self-help groups for young people living with HIV;
6. Ensure the provision of accessible HIV related health services without discrimination;
7. Strengthen the role of youth in the community.

On World AIDS Day these recommendations were presented in public and validated by representatives of youth organizations. Based on the recommendations, the report “One Voice against HIV” was elaborated and handed over to Government. The UN system in Guatemala officially handed over the report to the Youth Cabinet to allow this inter-institutional organ to consider incorporation of the recommendations in their sectorial work plans, programmes and policies. The report was also handed over to representatives of youth organizations to allow them to continue advocating for their implementation in a progressive and integrated way.

LESSONS LEARNED

The wealth of results from the national consultation “One Voice against HIV” positions young people as strategic partners to achieve a more effective response to HIV in Guatemala. Recommendations and key actions serve as a solid basis for developing a youth agenda for HIV. Results of the national consultation also reveal challenges that adolescents and young people face in relation to HIV. For example: access to quality health care (incl. prevention, physical and psychosocial care); access to culturally appropriate and age-sensitive formal and informal education on reproductive health and HIV; inclusive spaces to exercise their rights to citizenship as right holders without being stigmatized or

discriminated against; and opportunities to propose articulated, comprehensive and effective responses to HIV. The information and recommendations allow to draw up a map of the current needs, in order to better understand where to focus and strengthen political, technical and financial efforts, while taking into account the type of epidemic in the country, key populations and young people.

CONTACT INFO

Juan Enrique Quinonez, Adolescent Development and Social Inclusion Specialist, UNICEF Guatemala, jequinonez@unicef.org

REFERENCES

Una Voz frente a HIV/AIDS: Recomendaciones para la elaboración de programas de VIH más efectivos para adolescentes y jóvenes en Guatemala.
http://onusida.org.gt/politicas-y-acciones/369.html

unicef

GUATEMALA

unicef

ADOLESCENTS

NUMBER OF ADOLESCENTS
10-19 YEARS OLD
3,537,000

PROPORTION OF ADOLESCENTS
23%

SEX BEFORE 15 YEARS OLD BOYS/GIRLS
17% / 8%

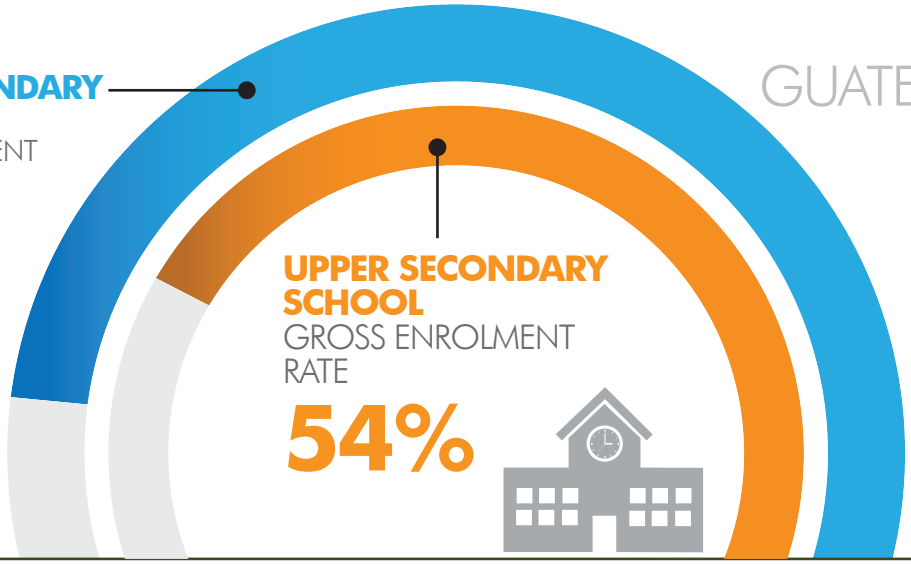
OVERWEIGHT IN ADOLESCENTS
13 -17 YEARS OLD BOYS / GIRLS
27% **27%**

COMPREHENSIVE KNOWLEDGE OF HIV
ADOLESCENTS 15-19 YEARS OLD
24%/20%

ADOLESCENT BIRTH RATE
PER 1,000
92

22% BIRTHS BY AGE 18

SUICIDAL THOUGHTS
ADOLESCENTS
13-17 YEARS OLD BOYS / GIRLS
10% / 18%



GUATEMALA

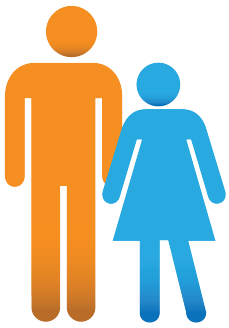
LOWER SECONDARY SCHOOL
GROSS ENROLMENT RATE
71%

UPPER SECONDARY SCHOOL
GROSS ENROLMENT RATE
54%

N/A

SECONDARY SCHOOL
NET ATTENDANCE RATE
BOYS / GIRLS

CHILD LABOUR
5-14 YEARS OLD BOYS / GIRLS
35%/16%

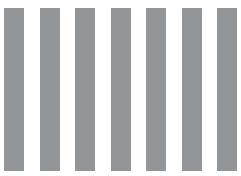


7% **MARRIAGE OR UNION** BY 15 YEARS OLD

30% **MARRIAGE OR UNION** BY 18 YEARS OLD

JUSTIFICATION OF WIFE BEATING
N/A
AMONG ADOLESCENTS

MINIMUM AGE OF CRIMINAL RESPONSIBILITY
13



CHILDREN IN DETENTION
PER 100,000
54

HIV/AIDS GUATEMALA

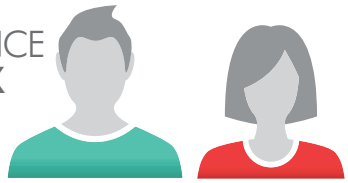
HIV PREVALENCE AMONG **MSM***

*: MEN WHO HAVE SEX WITH MEN

9%

HIV PREVALENCE AMONG **SEX WORKERS**

1%



HIV PREVALENCE AMONG **PREGNANT WOMEN**

0.3%

HIV PREVALENCE AMONG 15-49 YEARS OLD

0.6%

VIROLOGICAL TESTING OF BABIES OF HIV-POSITIVE MOTHERS WITHIN TWO MONTHS

7%

HIV TESTING AMONG PREGNANT WOMEN

35%

HIV TREATMENT AMONG POSITIVE PREGNANT WOMEN

22%

VERTICAL TRANSMISSION RATE **24.7%**

SEX BEFORE 15 YEARS OLD BOYS/GIRLS

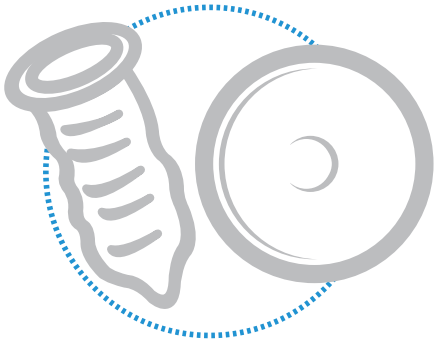
17%

8%

unicef GUATEMALA

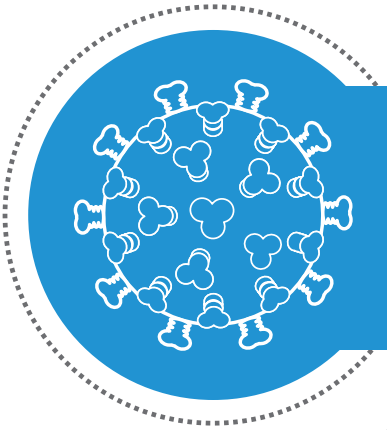
HIV PREVALENCE
AMONG **15-24** YEARS OLD

0.3%



CONDOM USE
YOUNG PEOPLE, 15-24 YEARS OLD WITH MULTIPLE PARTNERS

74% **27%**



HIV KNOWLEDGE
AMONG YOUNG PEOPLE - 15-24 | BOYS/GIRLS

24% **22%**

22% BIRTHS BY AGE 18

GIRLS 15-24 YEARS OLD
WHO HAD SEX WITH A 10 YEARS OLDER PARTNER **N/A**

A QUALITATIVE RESEARCH STUDY ON YOUNG KEY AFFECTED POPULATIONS AND THEIR VULNERABILITY TO HIV

GUYANA

unicef

GUYANA

ABSTRACT

In Guyana a qualitative research study on Young Key Affected Populations (YKAP), and their vulnerability to HIV/AIDS was commissioned in 2012 by the Ministry of Education (MoE), with funding from UNICEF. The study examines the behavioral and socio-cultural factors that make adolescents vulnerable and seeks to go beyond the numbers, to explore experiences, views and challenges through the eyes of adolescents themselves. Adolescents engaged in the study included men who have sex with men, in-school youth, youth in contact with the law, commercial sex workers and out-of-school youth. The research was dual purposed in that it firstly sought to generate information, and secondly to create an action-oriented framework to allow for identified gaps and challenges to be addressed by duty bearers in Guyana.

ISSUE

Adolescents in Guyana live in a fast, technology-charged, promising, colorful, violent, and exciting world. It is a world with its own language, its own values, its own pulse, its own complexity and its own dangers. These dangers, especially for some adolescents, include a high risk of contracting HIV. The 2009 Demographic and Health Survey (DHS) in Guyana found that the age group of 15-19 years had shown a steep increase in the proportion of HIV cases, moving from 3.66% in 2006 to 6.04% in 2009. Adolescents in Guyana are a key demographic group; more than fifty percent of the total population is less than the age of twenty-four (Census 2002). Adolescents are a crucial catalyst for socio-economic development, and as such their well-being is inextricably linked to the development prospects of the country. These realities put into immediate perspective the potential impact of the world's second leading cause of adolescent mortality. As a Government of Guyana publication has highlighted, "as in other countries, HIV/AIDS affects the most productive age groups in society. This makes Guyana very vulnerable to the devastating impact of HIV/AIDS. HIV/AIDS is already the leading cause of death among these age groups in Guyana."

ACTION

A qualitative research study on Young Key Affected Populations (YKAP), and their vulnerability to HIV/AIDS was commissioned by the Ministry of Education (MoE), with funding from UNICEF. The study sought to generate information to determine the level of awareness and attitudes among 10-14 year old adolescents in urban, rural and hinterland areas, to gather additional data on 15-19 and 20-24 year old male and female adolescents, as well as MSMs, YPLHIV and FSWs in order to enable effective planning to deliver comprehensive, culturally appropriate targeted programmes for HIV prevention and other health related activities for youth in Guyana. The study spanned four geographical regions (Barima-Waini, Pomeroon-Supenaam, Demerara-Mahaica and East Berbice-Corentyne) representing three settlement types – rural, urban and hinterland.

The study examined the behavioral and socio-cultural factors that make adolescents vulnerable and sought to go beyond the numbers, to explore experiences, views and challenges through the eyes of adolescents themselves. The study used a comprehensive framework to organize the research, which included a review of structural factors (laws, policies etc.), as well as the contextual characteristics (networks, services, socio-economic situation etc.) of adolescent vulnerability to HIV/AIDS. The study gathered information from 352 adolescents; in rural (124 adolescents), hinterland (88 adolescents) and urban (140 adolescents) contexts, over a three-month period. The research team also conducted more than 50 interviews with key persons in the adolescents' world including teachers, employers, parents, probation officers, religious leaders and their peers.

This study came at a dynamic time when global funding is decreasing and several programs that directly provide services to youth are being scaled down or terminated, which makes Guyana's pledge to ensure zero new transmissions and its MDG goals all the more challenging, especially for at-risk adolescent populations. The knowledge that this report has generated was largely made possible by the participation of adolescents themselves. More than 300 young persons from all across Guyana travelled to venues and took the time to share

their views, perspectives, dreams and sorrows with a small team of researchers. Many of them did so with an understanding that what they shared was valued, and their contribution would help to improve the situation of young people throughout Guyana.

IMPACT

Through gathering and analyzing information from desk reviews, political and legal frameworks, as well as the findings of the empirical research, the study produced multiple important Key Findings in the following areas:

GUYANA'S POLICY AND LEGAL FRAMEWORK

FINDINGS INCLUDED:

- Key acts such as the Sexual Offences Act are not fully implemented and punitive laws that negatively impact at-risk populations, such as MSMs and FSWs, reinforce stigma and discrimination, and can potentially negatively affect access to services.

A national assessment in 2004 found several legal and constitutional gaps, which are directly relevant to YKAP, including the criminalization of same-sex partnerships, confidentiality and privacy laws.

- The age of consent in Guyana is 16 years old. This, among other things, requires the authorization of parents of sexually active YKAP who are under-age to have an HIV/AIDS test done. This was generally reported as a prohibitive factor for accessing the service. There is some indication that the Ministry of Health has shown some flexibility with this provision.

PSYCHO-SOCIAL AND PROTECTION ISSUES

FINDINGS INCLUDED:

- Many male and female YKAP were grappling with various psychosocial issues (feelings of abandonment, low self-esteem, trauma, bullying etc.) that were bottled up, and for which professional counselling was generally not available, resulting in feelings of isolation. In a few extreme cases, cutting, overdose and other forms of suicide had been attempted. In-school youth also stated that

they wanted to have confidential counselling services available to them.
- Alcohol and, to a significantly lesser extent, marijuana/cocaine were perceived as being significant risk factors.
- Suicide, teenage pregnancy and teenage marriage were pronounced in both urban and rural contexts.

SEXUAL AND REPRODUCTIVE HEALTH ISSUES

FINDINGS INCLUDED:

- There are no extensive facilities or services available for adolescents who have been abused.
- FSWs and MSMs tended to have higher levels of awareness of HIV/AIDS than other cohorts. However, there are still knowledge gaps in terms of awareness and understanding on HIV/AIDS, and awareness efforts are still needed among various YKAP populations, including youth in contact with the law and in-school youth.
- It was common among young girls and boys who had become sexually active to try to induce the same type of behavior in their immediate circle, and peer pressure was widely cited as an important factor.

PERCEPTIONS OF THE AVAILABILITY, ACCESSIBILITY AND QUALITY OF REPRODUCTIVE AND SEXUAL HEALTH AND HIV-RELATED SERVICES

FINDINGS INCLUDED:

- The use of condoms is not high among key YKAP groups (especially MSM and youth in contact with the law), the overwhelming majority of male youth in contact with the law (15-19 age range) respondents have had sex, but approximately only one third have ever used a condom.
- Across all geographic locations there was a perception that condoms have a high failure rate, especially those condoms that are sourced from NGOs and hospitals, which meant that adolescents felt that they had to buy condoms, but they did not always have the money to do so. In hinterland areas, there was a perceived lack of anonymous access to free condoms, and the relatively high price of “good” condoms in the shops was at times prohibitive.
- In rural areas, among sexually active 15-19 year old girls and boys, there was a significant reporting of unprotected sex. Even among older 19-24 year old educated females whose sexual partners were not monogamous, unprotected sex and unwanted pregnancies were also reported. It was found that even though adolescents were aware of the risk and of means of protection, it did not always lead to behavioral change.

- Testing was generally found to be very low, especially among youth where services are largely unavailable, such as hinterland and rural areas.

STIGMA AND DISCRIMINATION

FINDINGS INCLUDED:

- Homophobia is prevalent in both urban and rural areas.
- There was significant reporting of discrimination against female SWs and MSMs.

LESSONS LEARNED

With this report, Guyana has documented what is occurring, and now has the evidence-based knowledge to begin to address the needs of adolescents, in an effort to provide them the best environment in which to become productive adults. Some of the recommendations of the study, which will serve as a basis for a plan of action, included interventions in the areas of advocacy, specific policies and guidelines for YKAP, knowledge and skills for duty bearers, general HIV/AIDS awareness, improved monitoring and data collection, inter-agency coordination, evaluation and expansion of the Health and Family Life Education (HFLE) programme, expansion of VCT services in hinterland areas, alcohol and drug abuse prevention, addressing peer pressure, involving the private sector, strengthening of youth groups and organizations, etc.

CONTACT INFO

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REFERENCES

Guyana, UNICEF
www.unicef.org/guyana/ykap_Final_Report_31_July_2013.pdf

GUYANA

unicef

ADOLESCENTS

NUMBER OF ADOLESCENTS
10-19 YEARS OLD
173,000

PROPORTION OF ADOLESCENTS
22%

SEX BEFORE 15 YEARS OLD BOYS/GIRLS
19%/10%

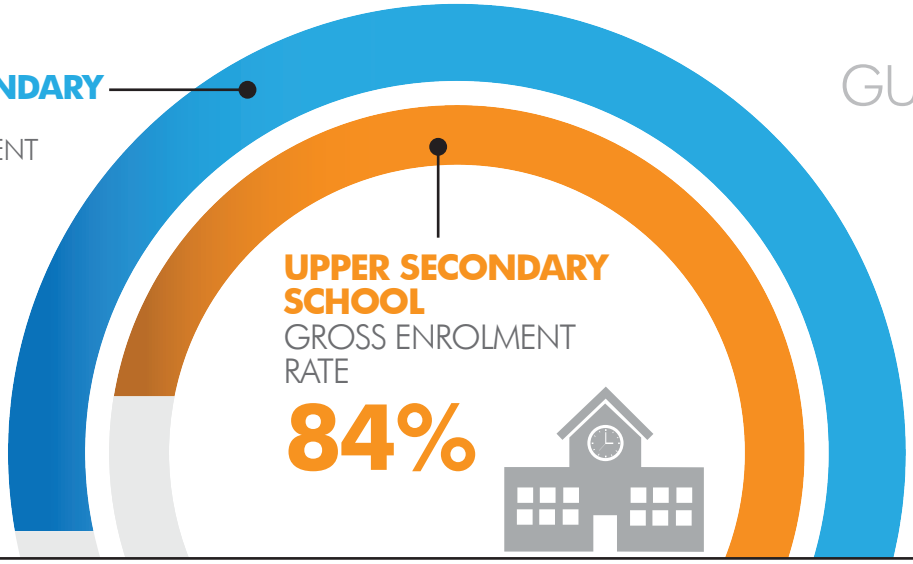
OVERWEIGHT IN ADOLESCENTS
13 -17 YEARS OLD BOYS / GIRLS
16% **15%**

COMPREHENSIVE KNOWLEDGE OF HIV
ADOLESCENTS 15-19 YEARS OLD
45%/53%

ADOLESCENT BIRTH RATE
PER 1,000
97

16% BIRTHS BY AGE 18

SUICIDAL THOUGHTS
ADOLESCENTS
13-17 YEARS OLD BOYS / GIRLS
17% / 29%



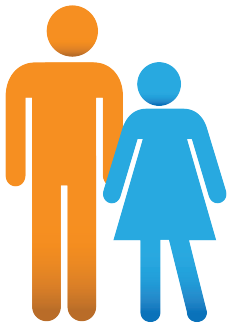
GUYANA

LOWER SECONDARY SCHOOL
GROSS ENROLMENT RATE
98%

UPPER SECONDARY SCHOOL
GROSS ENROLMENT RATE
84%

70%/79% **SECONDARY SCHOOL**
NET ATTENDANCE RATE
BOYS / GIRLS

CHILD LABOUR
5-14 YEARS OLD BOYS / GIRLS
17%/16%



6% **MARRIAGE OR UNION**
BY 15 YEARS OLD

23% **MARRIAGE OR UNION**
BY 18 YEARS OLD

25%/18%
JUSTIFICATION OF WIFE BEATING
AMONG ADOLESCENT BOYS / GIRLS

MINIMUM AGE OF CRIMINAL RESPONSIBILITY
10

CHILDREN IN DETENTION
PER 100,000
63

HIV/AIDS GUYANA

HIV PREVALENCE AMONG **MSM***

*: MEN WHO HAVE SEX WITH MEN **19%**

HIV PREVALENCE AMONG **SEX WORKERS** **17%**

HIV PREVALENCE AMONG **PREGNANT WOMEN** **0.9%**

HIV PREVALENCE AMONG **15-49** YEARS OLD **1.7%**

HIV TESTING AMONG PREGNANT WOMEN **90%**

HIV TREATMENT AMONG POSITIVE PREGNANT WOMEN **74%**

VIROLOGICAL TESTING OF BABIES OF HIV-POSITIVE MOTHERS WITHIN TWO MONTHS **33%**

VERTICAL TRANSMISSION RATE **1.6%**

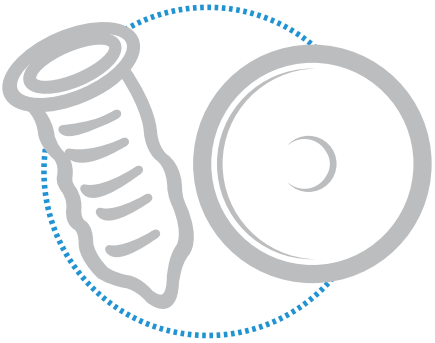
SEX BEFORE 15 YEARS OLD BOYS/GIRLS **19%** **10%**

unicef

GUYANA

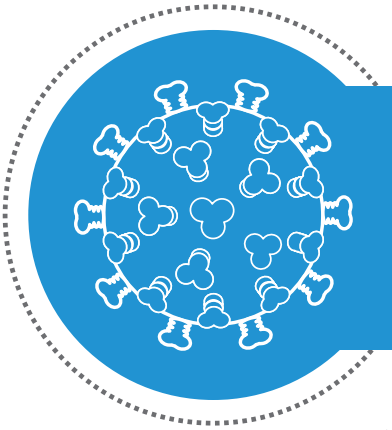
HIV PREVALENCE
AMONG **15-24** YEARS OLD

0.6%



CONDOM USE
YOUNG PEOPLE, 15-24 YEARS OLD WITH MULTIPLE PARTNERS

76% **N/A**



HIV KNOWLEDGE
AMONG YOUNG PEOPLE - 15-24 | BOYS/GIRLS

47% **54%**

16% BIRTHS BY AGE 18

GIRLS 15-24 YEARS OLD
WHO HAD SEX WITH A 10 YEARS OLDER PARTNER **4%**

A SPECIALIZED ADOLESCENT CLINIC FOR HIV PREVENTION AND TREATMENT

HAITI

unicef

HAITI

ABSTRACT

In Haiti adolescents and young people living with HIV, or at risk, are offered quality service and care from a specialized adolescent clinic and a community clinic covering five disadvantaged communities. Services are offered by an NGO called GHESKIO, which works in close collaboration with the Ministry of Health and is dedicated to service delivery, research and training. GHESKIO and UNICEF have been collaborating since 1998 and in 2007 a specialized clinic for adolescents was established with UNICEF support. Through the 2014 collaboration between GHESKIO and UNICEF, adolescents and young people, as well as their parents and caregivers, are being sensitized to the process of disclosure and supported to adhere to their treatment. Personnel in the center are trained to provide quality care and they are systematically following up on adolescents who do not show up to their scheduled visits, so as to ensure a high retention level. With the approach of peer support and group sessions, adolescents are being prepared to act as agents of change in their community to stop the chain of HIV infection.

ISSUE

Outside sub-Saharan Africa, Haiti is the most HIV-affected country, with a prevalence of 2.2% among adults between 15-49 years old and 0,4% among adolescents between 15-19 years. In the Western department of the country, this prevalence is 1.1% and in the capital area it is 0.7%. Adolescents and young people are a particularly vulnerable group because of various factors that put them at risk to get infected by HIV and other STIs (including HPV), as well as the risk of early and unwanted pregnancies. As shown by the latest demographic household survey (DHS) in 2012, adolescents have low knowledge of HIV; many have an early sexual debut; an active sexual life; multiple sexual partners; not systematically using condoms; young girls having sex with older men; low awareness of their HIV status; and an increasing HIV prevalence rate among young people, especially young women. Furthermore, a study undertaken by GHESKIO in 2005-2006 shows that among 3,391 sexually active adolescents between 13-25 years old that were seen for counseling and testing, 65% of the young women and 55% of the young men reported never having used condoms. Another study, also by GHESKIO, showed that only 45% of HIV-infected adolescents adhered to their antiretroviral treatment over the period of one year. For these reasons, adolescents need specific support adapted to their context and situation to decrease their risk-taking behavior; minimize the risks of infection of HIV or other STIs; as well as early pregnancy, drop out of school or running away from home.

ACTION

To address these problems a special clinic for adolescents and young people was established in 2007 by GHESKIO, with UNICEF's support. The clinic, which is the first and only of its kind in Haiti, provides specialized care for adolescents with regard to HIV, TB, family planning and sexual violence. The clinic currently serves more than 50.000 adolescents and young people, whereof 1,641 are infected by HIV. In 2013 GHESKIO inaugurated a community clinic for disadvantaged adolescents and young people living in the 5 shanty towns neighboring the GHESKIO clinic. Those tested HIV positive are referred to the GHESKIO clinic, while those tested HIV negative are being followed closely by the community clinic to reduce their risk of being infected.

In 2014 the general objective of the collaboration between GHESKIO and UNICEF is that 90% of adolescent girls and boys followed by GHESKIO who are between 10-19 years old; from the capital area; and infected by HIV, other STIs or tuberculosis, have an improved quality of life. To achieve this main objective, activities are organized under five sub-objectives:

1. 100% of the personnel in GHESKIO provide quality care to adolescents: By training GHESKIO's personnel (including medical doctors, nurses, social assistants, psychologists and peer educators) in topics such as HIV prevention and care and the disclosure process and psycho-social care, GHESKIO centers will also be able to offer quality care for adolescents.

2. 50% of adolescents' parents or caregivers are taking active part in their children's treatment: This objective is being achieved through three different activities: 1) Training in disclosure of HIV diagnosis for young patients below 15 years old, as well as their parents or caregivers. 2) Guidance and assistance to adolescents and young people at risk – as well as parents and caregivers who are going through a hard time in bringing up their adolescent children- in topics such as sexuality, self-esteem, adolescence and puberty, adherence to medicine, and grief. 3) Group sessions for parents and caregivers to prepare for the disclosure of HIV diagnosis of their adolescent children. Upon identified needs, individual sessions are also organized.

3. 85% of adolescents adhere to their treatment: Through information sessions and support to adhere to treatment, group sessions to support the experience of disclosure and the provision of spaces for young people and their caregivers to express themselves, identify obstacles and put in place strategies to improve their retention rate.

4. 95% of adolescents return regularly to the clinic for their check-up appointments: By providing integrated and specialized care at GHESKIO centers, such as testing and pre-and post-counseling and information on HIV and family planning etc. For those patients who do not come to their scheduled visits, follow-up phone calls and home visits are made. With the aim of improving self-confidence and responsibility among adolescents, support is provided for their studies and vocational training (including courses in cooking, sewing, informatics, plumbing, mechanics, cosmetology, secretary, nursery and handicraft). Finally, social activities are also organized to contribute to adolescents' wellbeing.

IMPACT

- 98.9 % of HIV-infected adolescents who receive care and support at GHESKIO had an improved quality of life. As of August 2014 only 1,1% (4/367) had an opportunistic infection.

- All care givers have received continuous training.

- 90 % of adolescents adhere to treatment after an average period of 40 months.

- Retention rate of adolescents for regular check-ups is 92%.

LESSONS LEARNED

The different interventions undertaken through this project have permitted to refine the model of care in the clinic specialized for adolescents and young people, to become more integrated and delivered in a friendly space and environment. One of the major challenges to assure timely quality care for adolescents at risk and those living with HIV, has been the fact that approval for testing and treatment is needed from their parents or caregivers. For this reason the project has made an emphasis on the inclusion of parents and caregivers in the process of disclosure of HIV status. Through peer education and training of selected adolescents to become prevention agents in their community, adolescents and young people targeted in this project have the opportunity to become responsible adults who are able to cope with their situation and to be agents of change in their community, thus breaking the chain of HIV transmission. It is recommended that this kind of specialized clinic for adolescents and young people be replicated on a national level in order to reinforce services for these age groups.

CONTACT INFO
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www.gheskio.org

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HAITI

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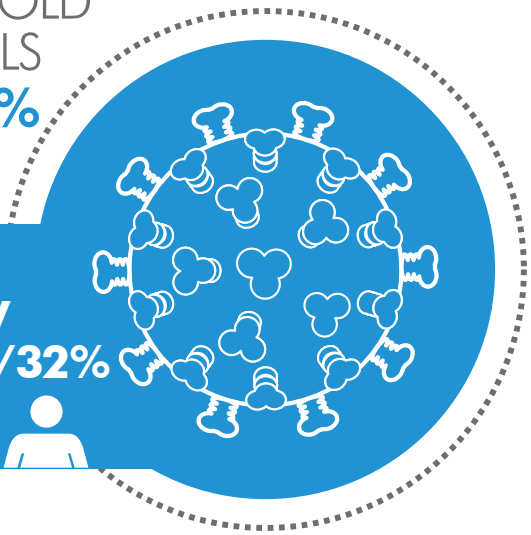
ADOLESCENTS

NUMBER OF ADOLESCENTS
10-19 YEARS OLD
2,243,000

PROPORTION OF ADOLESCENTS
22%

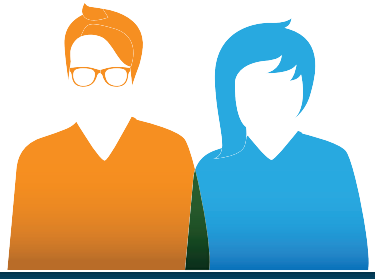
SEX BEFORE 15 YEARS OLD BOYS/GIRLS
35%/13%



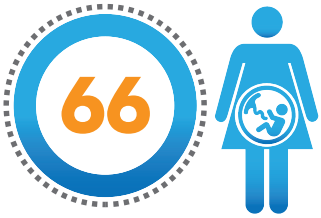
COMPREHENSIVE KNOWLEDGE OF HIV
ADOLESCENTS 15-19 YEARS OLD
25%/32%

OVERWEIGHT IN ADOLESCENTS
13 -17 YEARS OLD BOYS / GIRLS

SUICIDAL THOUGHTS
ADOLESCENTS
13-17 YEARS OLD BOYS / GIRLS
N/A



ADOLESCENT BIRTH RATE
PER 1,000



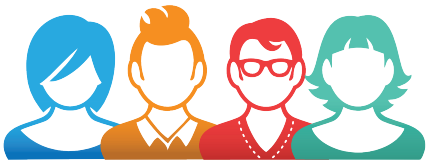
BIRTHS BY AGE 18

HAITI

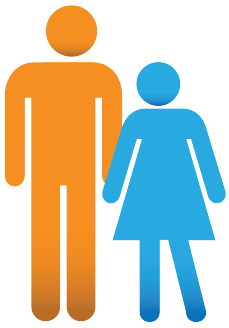
LOWER SECONDARY SCHOOL
GROSS ENROLMENT RATE
N/A

UPPER SECONDARY SCHOOL
GROSS ENROLMENT RATE
N/A

22%/29% **SECONDARY SCHOOL**
NET ATTENDANCE RATE
BOYS / GIRLS



CHILD LABOUR
5-14 YEARS OLD BOYS / GIRLS
25%/24%



3% **MARRIAGE OR UNION**
BY 15 YEARS OLD

18% **MARRIAGE OR UNION**
BY 18 YEARS OLD

22%/24%
JUSTIFICATION OF WIFE BEATING
AMONG ADOLESCENT BOYS / GIRLS

MINIMUM AGE OF CRIMINAL RESPONSIBILITY
13

CHILDREN IN DETENTION
PER 100,000
1

HIV/AIDS HAITI

HIV PREVALENCE AMONG **MSM***

*: MEN WHO HAVE SEX WITH MEN **18%**

HIV PREVALENCE AMONG **SEX WORKERS** **8%**

HIV PREVALENCE AMONG **PREGNANT WOMEN** **2.5%**

HIV PREVALENCE AMONG **15-49** YEARS OLD **2.1%**

HIV TESTING AMONG PREGNANT WOMEN **93%**

VIROLOGICAL TESTING OF BABIES OF HIV-POSITIVE MOTHERS WITHIN TWO MONTHS **45%**

HIV TREATMENT AMONG POSITIVE PREGNANT WOMEN **N/A**

VERTICAL TRANSMISSION RATE **6.4%**

SEX BEFORE 15 YEARS OLD BOYS/GIRLS **35%** **13%**

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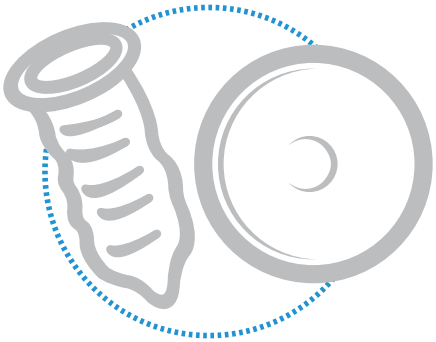
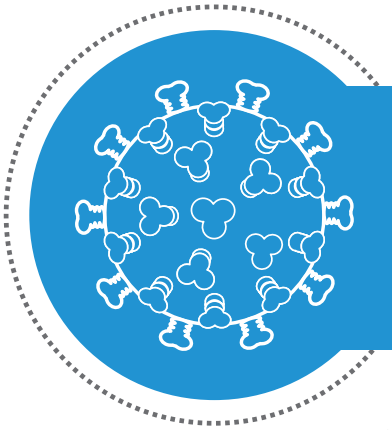
HIV PREVALENCE
AMONG **15-24**
YEARS OLD
0.7%



CONDOM USE
YOUNG PEOPLE, 15-24 YEARS OLD
WITH MULTIPLE PARTNERS

65% **52%**



HIV KNOWLEDGE
AMONG YOUNG PEOPLE - 15-24 | BOYS/GIRLS

28% **35%**

13% BIRTHS BY AGE 18

GIRLS 15-24 YEARS OLD
WHO HAD SEX WITH A 10 YEARS OLDER PARTNER **14%**

COMVIDA CHOLOMA: AN INTEGRATED APPROACH TO PREVENTION OF VIOLENCE, HIV AND EARLY PREGNANCY

HONDURAS

unicef

HONDURAS

ABSTRACT

In Honduras the COMVIDA childhood and youth programme, with an aim to prevent violence, HIV and early pregnancy, was integrated in the organic structure of the municipality of Choloma and two social contracts were signed to benefit children and youth through community projects. Prevention of HIV, early pregnancy, and violence was promoted through a new integrated and systematic approach, including policy advocacy; youth participation; promotion and supply of health care services and counseling; construction of citizenship and a culture of peace through art and sport; and development of life-skills.

ISSUE

Honduras is a young nation where 7 out of 10 people are under 30 years old and 38% of the population is between 12 and 30 years old. It is also a poor nation where estimations indicate that 60% of children below 12 years old and 50% of adolescents live in poverty. Only 2 out of 3 children attend pre-school and only 1 out of 3 adolescents finish secondary school. There is a high level of early pregnancy with its side effects such as abortion, maternal mortality, school drop-out, and psycho-social problems. 10,5 % initiate sexual relations before the age of 15 and 47% before 18, and prevalence of HIV and other STIs is high.

The municipality of Choloma, which is part of the department of Cortes,situated in the North of the country, presents a particular socio-economic case because of the high migration rate. In fact only 44,3% are natives and 55,7% migrants. Choloma has become one of the most dynamic municipalities in terms of employment because of the establishment of the industrial zones. This has also contributed to a high level of social vulnerability, including overcrowding, unsatisfied basic needs and an increased demand for services.

In this context, the COMVIDA municipal childhood and youth programme was established in Choloma, with the general objective of improving the conditions for healthy development of children and youth through the promotion of participation, organization and leadership, generating constructive life projects and healthy life styles, with emphasis on prevention of violence, HIV and early pregnancy.

ACTION

TOWARDS PUBLIC POLICY

The first COMVIDA (abbreviation for Communication and Life in Spanish) programme was initiated in San Pedro Sula in 1993 and focused on HIV prevention. Inspired by this experience, and through the efforts of social organizations and the Chamber of Commerce, the COMVIDA programme was also initiated in Choloma in 1998. Initially, the municipality was not supportive of the programme but in 2003 it started to finance a large part of it and in 2006 it was entirely transferred to the municipality of Choloma as part of its organic structure, with a decentralized budget and administration. The transition was the direct result of an inter-sectorial campaign during municipal elections, which culminated in a forum with the Mayor candidates signing a municipal contract for childhood and youth.

INTEGRATED AND SYSTEMIC INTERVENTIONS

In 2009 COMVIDA took a new shape. While the programme had achieved positive results in limited areas, the municipality now needed to implement it in a more integrated and systematic way in order to transform it into a public policy. This integrated and systemic intervention approach is guided by principles of gender equality, human rights and participation and maintains the following criteria: strategic vision, primary prevention, international cooperation and a clear strategic approach. The theoretic models that the municipal programme is using for its activities are: participation, human rights, gender, life skills, and theory of behavior change, ecologic model and networking. The programme is constructed around 5 strategic axes: policy advocacy; construction of citizenship; health care promotion; fostering a peace culture; and access to information and knowledge.

ADVOCACY FOR DEVELOPMENT OF MUNICIPAL CHILDHOOD AND YOUTH POLICIES AND INTER-AGENCY COORDINATION: In the frame of this axis, local authorities were lobbied to develop specific polices on childhood and youth, such as the Strategic Plan for Childhood and Youth 2009-2023, the Contract for Good Municipal Governance of 2009 and the Municipal Political Contract of 2013. Inter-agency coordination was managed through a network of childhood and adolescence agencies, which COMVIDA participated in. The Network was paramount when lobbying with local authorities on the importance of polices that benefit children and adolescents.

PARTICIPATION AND CONSTRUCTION OF CITIZENSHIP FOR CHILDREN AND YOUTH: This axis consists in empowering children and youth to know, enforce and demand their rights. It was promoted through youth organization, development of forum and campaigns, as well as a youth certificate in participation and policy advocacy.

PROMOTION OF HEALTH CARE: This axis includes one component of promotion of healthy life styles through prevention of HIV, adolescent pregnancies and drug abuse and another component of promotion and supply of friendly health services and counseling. The promotion of healthy life styles takes shape through conferences and trainings, events and campaigns, and art and sport activities. The promotion and supply of friendly health services allows paying attention to the specific problems of adolescents.
Friendly health services were offered in a caring and relaxing environment and through the counseling clinic adolescents received important guidance on birth control, prenatal control, HIV prevention, child rearing, etc. Thanks to the coordination of the Adolescence Network and the funding from UNICEF, UNFPA and Canadian Cooperation, Choloma health center was able to offer adolescents specialized services, as part of the municipal health care programme.

PROMOTION OF A CULTURE OF PEACE AND COEXISTENCE IN CREATIVE WAYS:
In response to the violence that Choloma is facing, the COMVIDA programme promotes a culture of peace and coexistence through increased opportunities to recreation, culture and sports. Activities include painting walls with peace messages, artistic events with folkloric music and dance, and sport tournaments. Peace and coexistence were promoted in learning centers, in the community and through media. Through the Network for Adolescence, the COMVIDA programme managed to influence public policy when municipal plans of violence prevention were developed and implemented.

ACCESS TO INFORMATION AND KNOWLEDGE: This last strategic axis supports youth employment and education. Through practical workshops children and adolescents learn how to use Microsoft Office, combined with a package of

life skills and prevention of HIV, teenage pregnancy and violence. The municipal programme offers a library with computers and books, which also offers free internet to school and university students. In addition, and in order to prepare adolescents for working life, the programme offers courses in computer maintenance and programming, as well as an employment exchange with the support of the Chamber of Commerce and Industries of Choloma.

IMPACT

After 5 years of rolling out the integrated intervention model, the COMVIDA programme managed to implement systematic and durable strategies, which allowed the achievement of important results:

- The incorporation of the COMVIDA programme into the organic structure of the municipality and the signature of two social contracts benefitting children and youths through municipal projects.
- The municipal strategic plan for childhood and youth 2009-2023 is in line with the strategic axis of the COMVIDA integrated intervention model and the coordination and mobilization through the Adolescent Network is part of the municipal public policy.
- Increased participation of children and adolescents in community life and activities.
- The success of the activities to promote a culture of peace and co-existence has inspired local authorities to create a Culture Unit and the COMVIDA programme has influenced its structure, organization and strategy.
- Youth and adolescents of Choloma have increased access to internet and are equipped with skills that will help them excel in their education and/or find an employment.

LESSONS LEARNED

Contributing factors to the success of the COMVIDA Choloma programme were that it was integrated, systematic, preventive, innovative, flexible, result-oriented and decentralized. Of fundamental importance was also the support and trust of local authorities, in the knowhow of the COMVIDA programme. Combined with a decentralized administration, it allowed for smooth implementation. Interagency coordination was also very important to prevent HIV and teenage pregnancy since each and every agency contributed with a variety of knowledge and expertise. Likewise was the work of the Adolescent Network, whose influence in shaping public policies was notable. The continuity of personnel and team spirit created throughout the years also had an added value to the project.

However, the project has also showed some weaknesses and limitations, in particular in terms of sustainability. For example, the Adolescent Network has stopped functioning and the counseling offered by the COMVIDA programme through the municipal health center is no longer available due to lack of external funding. This shows the need for thorough monitoring and evaluation of the different commitments and projects. Another important aspect to take into account is that an increase in awareness and organization does not automatically lead to behavior change. While the programme shows important results in terms of mobilization and empowerment, it does not show any concrete results in terms of prevention of HIV and early pregnancy.

An external factor that is likely to have had a negative impact on the results is the increased violence in the country as such, and in the District of Cortes and the municipality of Choloma in particular. However, the fact that the programme is showing good practices and innovation in a time of financial difficulties shows that there are always hope, opportunities and space for development and expression of children and adolescents.

CONTACT INFO
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Official auto-evaluation of the COMVIDA CHOLOMA programme, by CIID, 2014

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ADOLESCENTS

NUMBER OF ADOLESCENTS
10-19 YEARS OLD
1,793,000

PROPORTION OF ADOLESCENTS
23%

SEX BEFORE 15 YEARS OLD BOYS/GIRLS
25%/11%

OVERWEIGHT IN ADOLESCENTS
13 -17 YEARS OLD BOYS / GIRLS
19% **17%**

COMPREHENSIVE KNOWLEDGE OF HIV
ADOLESCENTS 15-19 YEARS OLD
33%/29%

SUICIDAL THOUGHTS
ADOLESCENTS
13-17 YEARS OLD BOYS / GIRLS
20%/14%

ADOLESCENT BIRTH RATE
PER 1,000
108

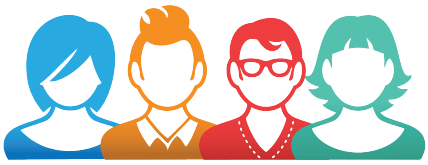
22% BIRTHS BY AGE 18

HONDURAS

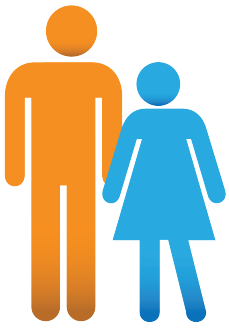
LOWER SECONDARY SCHOOL
GROSS ENROLMENT RATE
75%

UPPER SECONDARY SCHOOL
GROSS ENROLMENT RATE
72%

43%/52% **SECONDARY SCHOOL**
NET ATTENDANCE RATE
BOYS / GIRLS



CHILD LABOUR
5-14 YEARS OLD BOYS / GIRLS
16%/15%



8% **MARRIAGE OR UNION**
BY 15 YEARS OLD

34% **MARRIAGE OR UNION**
BY 18 YEARS OLD

18%/15%
JUSTIFICATION OF WIFE BEATING
AMONG ADOLESCENT BOYS / GIRLS

MINIMUM AGE OF CRIMINAL RESPONSIBILITY
12

CHILDREN IN DETENTION
PER 100,000
5

HIV/AIDS HONDURAS

HIV PREVALENCE AMONG **MSM*** **N/A**

*: MEN WHO HAVE SEX WITH MEN

HIV PREVALENCE AMONG **SEX WORKERS** **N/A**

HIV PREVALENCE AMONG **PREGNANT WOMEN** **0.6%**

HIV PREVALENCE AMONG **15-49** YEARS OLD **0.5%**

HIV TESTING AMONG PREGNANT WOMEN **63%**

HIV TREATMENT AMONG POSITIVE PREGNANT WOMEN **N/A**

VIROLOGICAL TESTING OF BABIES OF HIV-POSITIVE MOTHERS WITHIN TWO MONTHS **95%**

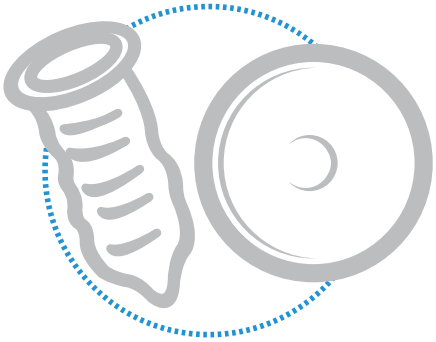
VERTICAL TRANSMISSION RATE **19.7%**

SEX BEFORE 15 YEARS OLD BOYS/GIRLS **25%** **11%**

unicef HONDURAS

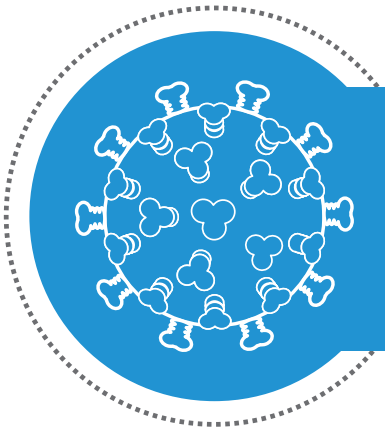
HIV PREVALENCE
AMONG **15-24** YEARS OLD

0.2%



CONDOM USE
YOUNG PEOPLE, 15-24 YEARS OLD WITH MULTIPLE PARTNERS

59% **38%**

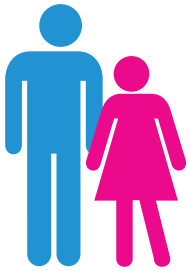


HIV KNOWLEDGE
AMONG YOUNG PEOPLE - 15- 24 | BOYS/GIRLS

35% **33%**

22% BIRTHS BY AGE 18

GIRLS 15-24 YEARS OLD
WHO HAD SEX WITH A 10 YEARS OLDER PARTNER **18%**



THE "BASHY BUS" A MOBILE CLINIC TO PREVENT HIV

JAMAICA

unicef

JAMAICA

ABSTRACT

In Jamaica, in response to the high numbers of new cases of HIV among young people and the challenges of risky sexual behavior among adolescents, a mobile reproductive health clinic was put in place in four communities where HIV prevalence is high. To inform the design of the bus and its services, a baseline study was carried out assessing knowledge, attitudes and behaviors of adolescents and young people within targeted communities. After two years of implementation a survey was conducted to assess the impact of the "Bashy Bus" project. The survey showed positive results in both knowledge and awareness as well as sexual decision making and health practices.

ISSUE

In Jamaica the number of HIV cases has been steadily increasing, particularly in the parishes of St Catherine, St Ann and St James, where there are high rates of internal migration and population movement as a result of urbanization and tourism. Almost 10 percent of all reported HIV cases in Jamaica are among people under 19 years of age, and adolescent girls are two to three times more likely to become infected with HIV than adolescent boys. Reports of risky sexual behaviors among adolescents, including sex between school girls and taxi drivers/bus workers as well as young people engaging in sexual intercourse in public transport, mark a worrying trend in adolescent sexual and reproductive health.

ACTION

In 2005, against the background of rising HIV cases in Jamaica and increasing risky sexual behaviors among adolescents and youth, the NGO Children First, the National HIV/AIDS Programme of the Ministry of Health and UNICEF conceptualized an innovative HIV prevention project called the "Bashy Bus".

The Bashy Bus, which is the first mobile reproductive health clinic of its kind in Jamaica, provides HIV/AIDS/STIs information, skill-based counseling and services to particularly vulnerable adolescents in targeted communities in Jamaica,

within a safe and adolescent-friendly environment. The Bashy Bus was conceived as a positive response to the negative phenomenon of engaging in sex on the bus, believed to have prevailed among some youth in Jamaica.

"...a safe space where young people can learn about sex and sexuality in a wholesome environment, free of abuse and exploitation, and where they access essential sexual and reproductive health services at low or no cost. Instead of creating a service and expecting youth to utilize it, the aim of the initiative is to meet young people where they are."

In 2006, UNICEF commissioned a study to establish baseline data and a monitoring framework for the design and delivery of the Bashy Bus project. The findings of that baseline study included the following: 48% of the respondents were sexually active (most having had sex before they were 15 years old); among the sexually experienced 37% of the girls and 29% of the boys did not use a condom during their latest sexual encounter; 28% indicated involvement with multiple sex partners and 10% reported having experienced forced sex. Overall, 73% of the respondents showed gaps in their understanding of safe sex and/or held popular sexual myths. The results of the study informed the design of the bus and its services.

According to the performance framework of the Bashy Bus project, within two years of its establishment the following objectives were to be attained:

- Increase in proportion of adolescents who correctly identify two methods of HIV prevention and who reject three sexual myths;
- Increase in proportion of adolescents who demonstrate good risk assessment, sexual decision making skills and sexual health practices; and
- Increase in proportion of adolescents who are aware of and use other sexual reproductive health (SRH) services available.

Between 2006 and 2008, the Bashy Bus was making stops in four selected communities where HIV/prevalence levels had been particularly high: March Pen in

Spanish Town (St. Catherine), Exchange in Ocho Rios (St. Ann), Bohemia (St Ann rural) and Flankers in Montego Bay (St. James). Three other communities, characterized by a high proportion of adolescents showing signs of being sexually active, were selected to constitute a control group: York Town (Clarendon rural), Lawrence Tavern (St. Andrew rural) and Springfield (Morant Bay in St. Thomas).

IMPACT

In order to assess the extent to which the Bashy Bus HIV Prevention Clinic had had an impact on the knowledge, attitudes and behaviors of adolescents and young people within targeted communities, a second study was commissioned to monitor its impact in accordance with the performance framework established. Both the experimental and the control communities were surveyed in December 2008, using the same survey instrument.

Correctly identify two methods of HIV prevention and reject three sexual myths: The proportion of adolescents who incorrectly assessed one of the three safer sex ideas was reduced from 67% in 2006 to 52% in 2008, which implies that the proportion of adolescents who correctly identified two methods of HIV prevention increased by 15% between 2006 and 2008. With reference to sexual health myths, the proportion of adolescents who rejected all three sexual myths increased from 32% in the 2006 to 49% in the 2008 survey.

Increase in good risk assessment, sexual decision making skills and sexual health practices: First, the average age of sexual initiation increased from 14.9 years for female adolescents in the 2006 survey to 17.1 years in the 2008 survey. For male adolescents, the average age of sexual initiation increased from 11.8 years in 2006 to 13.9 in 2008. Second, condom use at last sexual encounter with non-main partner increased among female adolescents from 52% in 2006 to 74% in 2008. Among male adolescents, it increased from 77% in 2006 to 88% in 2008. Third, the proportion of unplanned pregnancy among adolescent mothers aged 15-19 years decreased from 94% in 2006 to 84% in 2008.

The proportion of forced sex encounters among adolescents who depend on their sexual partners for money most of the time declined from 60% in 2006 to 38% in 2008. Moreover, the study demonstrates that the proportion of forced sexual encounters among adolescents involved in mixed age relationships also declined between 2006 and 2008.

Increase in awareness and use of other sexual and reproductive health (SRH) services: The proportion of adolescents who did not get help when they needed it in reference to eight SRH situations declined between 2006 and 2008, in all but one SRH situation. Moreover, adolescents who were interviewed in the 2008 survey demonstrated a higher ability than those in the 2006 survey in seeking professional services in handling most of the SRH situations. Within the last two years, adolescents have not only become more aware of how to seek help when they need it, but also where to seek professional services for different SRH situations.

LESSONS LEARNED

Given the success of the Bashy Bus project so far, the initiative should be expanded to cover more communities across Jamaica, in order to help adolescents to better protect themselves against HIV/AIDS and other STIs.

As the services of the Bashy Bus are expanded across Jamaica, all service providers should develop user-friendly and short customer service survey instruments to regularly collect feedback from adolescents about services being provided, in order to give adolescents both a voice and the acknowledgement

that their opinions are vital in decision-making related to services they receive. Failure to consult with these adolescents and youth on a regular basis may have disastrous consequences, including an apathetic clientele that often leads to complacency on the part of service providers.
The level of awareness among adolescents about the Bashy Bush project during the 2008 survey was quite low (23%), even within communities that are on its route. It is therefore recommended that an awareness campaign about the Bashy Bus project be launched within communities on its route through newspapers, talk-back radio programmes and seminars in order to reach as wide an audience as possible, thereby making the project more effective.

Finally, the impact assessment of the Bashy Bus Project should be conducted at regular intervals, for example every two years, as a means of monitoring progress.

CONTACT INFO

Novia Condell, Adolescent and HIV/AIDS Specialist, UNICEF, ncondell@unicef.org

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http://childrenfirst.org.jm/html/?page_id=40

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JAMAICA

unicef

ADOLESCENTS

NUMBER OF ADOLESCENTS
10-19 YEARS OLD
560.000

PROPORTION OF ADOLESCENTS
20%

SEX BEFORE 15 YEARS OLD BOYS/GIRLS
50%/14%

COMPREHENSIVE KNOWLEDGE OF HIV
ADOLESCENTS 15-19 YEARS OLD
34%/39%

OVERWEIGHT IN ADOLESCENTS
13 -17 YEARS OLD BOYS / GIRLS
25% **18%**

SUICIDAL THOUGHTS
ADOLESCENTS
13-17 YEARS OLD BOYS / GIRLS
20%/26%

ADOLESCENT BIRTH RATE
PER 1,000
72

16% BIRTHS BY AGE 18

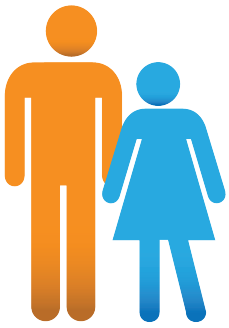
JAMAICA

LOWER SECONDARY SCHOOL
GROSS ENROLMENT RATE
91%

UPPER SECONDARY SCHOOL
GROSS ENROLMENT RATE
95%

89%/93% **SECONDARY SCHOOL**
NET ATTENDANCE RATE
BOYS / GIRLS

CHILD LABOUR
5-14 YEARS OLD BOYS / GIRLS
7%/5%

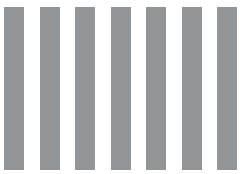


1% **MARRIAGE OR UNION**
BY 15 YEARS OLD

9% **MARRIAGE OR UNION**
BY 18 YEARS OLD

28%/4%
JUSTIFICATION OF WIFE BEATING
AMONG ADOLESCENT BOYS / GIRLS

MINIMUM AGE OF CRIMINAL RESPONSIBILITY
12



CHILDREN IN DETENTION
PER 100,000
51

HIV/AIDS JAMAICA

HIV PREVALENCE AMONG **MSM***
33%

*: MEN WHO HAVE SEX WITH MEN

HIV PREVALENCE AMONG **SEX WORKERS**
4%

HIV PREVALENCE AMONG **PREGNANT WOMEN**
0.9%

HIV PREVALENCE AMONG **15-49** YEARS OLD
1.7%

HIV TESTING AMONG PREGNANT WOMEN
67%

VIROLOGICAL TESTING OF BABIES OF HIV-POSITIVE MOTHERS WITHIN TWO MONTHS
62%

HIV TREATMENT AMONG POSITIVE PREGNANT WOMEN
88%

VERTICAL TRANSMISSION RATE **6.4%**

SEX BEFORE 15 YEARS OLD BOYS/GIRLS
50% **14%**

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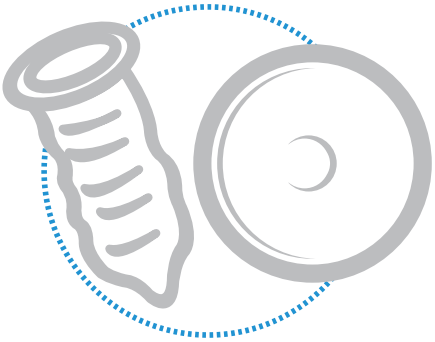
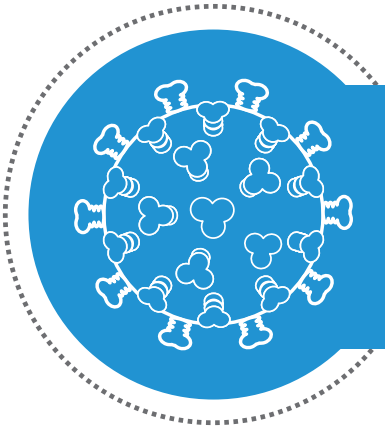
JAMAICA

HIV PREVALENCE
AMONG **15-24**
YEARS OLD
0.7%



CONDOM USE
YOUNG PEOPLE,15-24 YEARS OLD
WITH MULTIPLE PARTNERS

76% **49%**



HIV KNOWLEDGE
AMONG YOUNG PEOPLE - 15-24 | BOYS/GIRLS

34% **43%**

16% BIRTHS BY AGE 18

GIRLS 15-24 YEARS OLD
WHO HAD SEX WITH A 10 YEARS
OLDER PARTNER **N/A**

dance4life: EDUCATING YOUNG PEOPLE ON SEXUALITY AND HIV

MEXICO

Mexfam

dance 4 life

UNFPA

MEXICO

ABSTRACT

Since 2007 the project dance4life is using dance, music, new technologies and participation of political front figures to educate young people in Mexico on sexuality and HIV. Through workshops that are positive and fun, and have a high impact, young people learn to break taboos related to sexuality and HIV and become agents for change, replicating what they learnt in the area of sexual and reproductive health in their own communities. The project was initiated through a collaboration between the NGOs dance4life Mexico, Mexfam and Ave de Mexico with support from dance4life International, UNFPA and CENSIDA. The project is now entirely managed by Mexfam.

ISSUE

According to the latest reported statistics from CENSIDA (the National Center for HIV/AIDS prevention and control), young people between 15-29 amount to 41,5% of all registered cases of HIV. The HIV/Aids epidemic in Mexico is mainly transmitted through sexual relations. In fact, 90% of all accumulated cases of HIV have been transmitted this way. The percentage of young women and men between 15-24 who had their first sexual relation before 15 years of age is 7,7%. However, the percentage of young women and men between 15-24 who correctly identifies ways of HIV transmission is 81,6%.

ACTION

The strategy of the project is to work with young people to generate a positive change towards their own needs to influence previous, present and future generations. The project is built on voluntarism and participants in the workshops commit to replicate social programmes with focus on sexual and reproductive health in their communities. The project attempts to connect with young people through dance and music and with a language and spirit that engage them. The innovative aspects of dance4life are the use of tools such as music and dance,

but also the power of communication through new technologies and participation of public figures. Worth mentioning is also the importance given to adolescents as protagonists of the project, transferring knowledge and skills through peer to peer activities and trainings of trainers.

The targets of the project are to:
- Empower and sensitize agents of change
- Increase the reach of schools in Mexico City
- Start projects in other states of Mexico
- Transfer capacities to implementers
- Hold virtual biannual meetings with 20 other countries
- Nominate new ambassadors for the project
- Carry out pilot projects in the non-formal school system
- Search for additional partners and donors

IMPACT

Thanks to the donation from MAC AIDS Fund, young people have been empowered to reach community schools in both urban and rural areas with information on HIV and STIs prevention, human rights and work with them on development of life skills, empowerment of the body and various group works. This group of agents of change has implemented 55 life skills workshops for 150 groups of young girls and boys who have benefited from a comprehensive sexuality education.

Implementation of the project has been 100% successful in the sense that:
- The number of agents of change exceeded the expectations
- The committee was established
- The biannual meeting was held
- Extension of the project to two more states was negotiated
- Capacity building in fundraising was provided
- Funding from the European Commission and Nextel was granted
- Support to dance4life was provided in various events such as World Youth Conference, Revancha and others.

LESSONS LEARNED

One of the project's strengths is that it was initiated by civil society. Another strength, and maybe the most important positive aspect of the project is that it is being implemented in the education system. However, the weaknesses of the project is that it is a costly project and that it has not been implemented among out-of-school children, who are among the most vulnerable.

An innovative aspect of this project is the involvement of youth as agents of change for themselves, their social circle, their peers, and in their context in general. The thesis behind this idea is that young people have the power to promote change and stop HIV AIDS. The other distinct aspect of this project is that it involves a lot of music, such as dancing and singing, which has proved very attractive to reach young people.

*: This intervention is included in this compilation as a relevant practice from Mexico in the area of HIV and Adolescents, but was not supported or financed by UNICEF.

CONTACT INFO

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Matthias Sachse, UNICEF, msachse@unicef.org

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unicef

MÉXICO

unicef

ADOLESCENTS

NUMBER OF ADOLESCENTS
10-19 YEARS OLD
23,592,000

PROPORTION OF ADOLESCENTS
19%

SEX BEFORE 15 YEARS OLD BOYS/GIRLS
10%/15%

OVERWEIGHT IN ADOLESCENTS
13 -17 YEARS OLD BOYS / GIRLS
N/A **N/A**

COMPREHENSIVE KNOWLEDGE OF HIV
ADOLESCENTS
15-19 YEARS OLD
N/A

SUICIDAL THOUGHTS
ADOLESCENTS
13-17 YEARS OLD BOYS / GIRLS
N/A

ADOLESCENT BIRTH RATE
PER 1,000
87

39% BIRTHS BY AGE 18

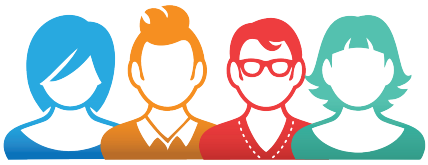
MÉXICO

LOWER SECONDARY SCHOOL
GROSS ENROLMENT RATE
119%

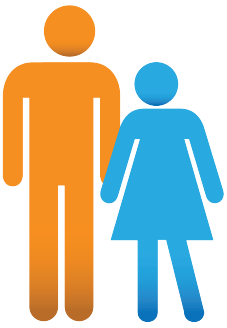
UPPER SECONDARY SCHOOL
GROSS ENROLMENT RATE
63%

N/A

SECONDARY SCHOOL
NET ATTENDANCE RATE
BOYS / GIRLS



CHILD LABOUR
5-14 YEARS OLD BOYS / GIRLS
7%/5%



5% **MARRIAGE OR UNION** BY 15 YEARS OLD

23% **MARRIAGE OR UNION** BY 18 YEARS OLD

N/A
JUSTIFICATION OF WIFE BEATING
AMONG ADOLESCENT BOYS / GIRLS

MINIMUM AGE OF CRIMINAL RESPONSIBILITY
12

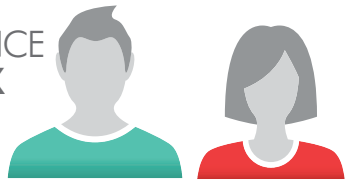
CHILDREN IN DETENTION
PER 100,000
12

HIV/AIDS MEXICO

HIV PREVALENCE AMONG **MSM*** **17%**

*: MEN WHO HAVE SEX WITH MEN

HIV PREVALENCE AMONG **SEX WORKERS** **7%**



HIV PREVALENCE AMONG **PREGNANT WOMEN** **0%**

HIV PREVALENCE AMONG **15-49** YEARS OLD **0.2%**

VIROLOGICAL TESTING OF BABIES OF HIV-POSITIVE MOTHERS WITHIN TWO MONTHS **N/A**

HIV TESTING AMONG PREGNANT WOMEN **69%**

HIV TREATMENT AMONG POSITIVE PREGNANT WOMEN **75%**

VERTICAL TRANSMISSION RATE **6.6%**

SEX BEFORE 15 YEARS OLD BOYS/GIRLS **10%** **15%**

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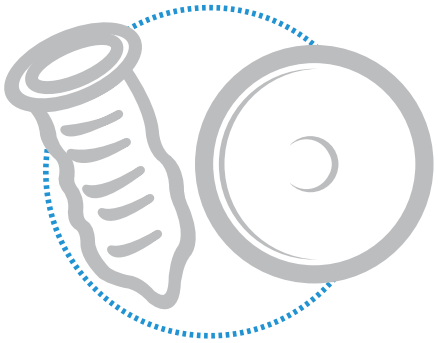
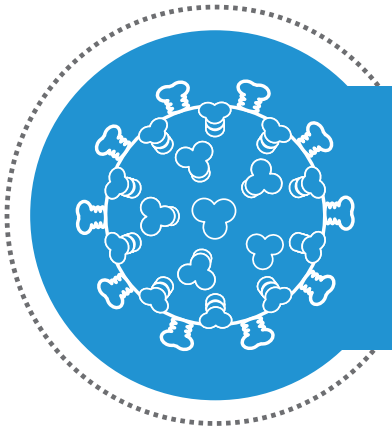
MEXICO

HIV PREVALENCE
AMONG **15-24**
YEARS OLD
0.1%



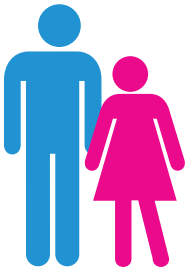
CONDOM USE
YOUNG PEOPLE, 15-24 YEARS OLD
WITH MULTIPLE PARTNERS
N/A



HIV KNOWLEDGE
AMONG YOUNG PEOPLE - 15-24 | BOYS/GIRLS
82% **82%**

BIRTHS BY AGE 18

GIRLS 15-24 YEARS OLD
WHO HAD SEX WITH A 10 YEARS
OLDER PARTNER **N/A**



ADOLESCENT PARTICIPATION IN THE PREVENTION OF HIV

NICARAGUA

unicef

NICARAGUA

ABSTRACT

In Nicaragua, through UNICEF's support to the Government's National Strategic HIV Plan, 35,075 out of school adolescents in 15 priority municipalities were equipped with knowledge on HIV prevention and increased their capacities to change risk-taking behaviors. The success of the initiative was much due to the creation of a network of adolescent counselors and the establishment of community promoters who engaged community leaders and parents and facilitated adolescent participation in advocacy efforts.

ISSUE

In Nicaragua 22% of the population consist of adolescents. 4 out of 10 drop out of secondary school to start working, due to lack of money or simply lack of interest to study because of the low quality of the public education system. The national average age to initiate sexual relations is 17.4 years old, while it is as low as 13 or 14 years in the regions of the Caribbean Coast. While it is socially accepted for boys to have sexual relations, girls tend to be monitored by their parents, who also want to be involved in the choice of their daughter's partner. On a national level, adolescent pregnancy is 27%. Between 16% and 17% of adolescents have their first pregnancy before 15 years old, while in the Caribbean Coast areas it is as high as 27%. 65 out of 100 adolescents, who are already mothers or are pregnant, do not have a formal education and 34 belong to the poorest quintile. 20% of adolescents between 12-14 years old and 18% of the 15-19 years old are living in extreme poverty. In 2006 adolescents between 15 and 19 years old represented 6.8% of those newly infected with HIV, while in 2009 it increased to 9% and in 2013 to 13%.

ACTION

The overall objective of the initiative was to prevent HIV among adolescents and the specific expected result was that 60% of the adolescents in 15 priority communes acquired knowledge in HIV prevention and increased their capacity to change risk-taking behaviors. In order to achieve the goal, a strategy was developed and implemented during five years. The strategy consisted in three integrated axes: spaces for learning and promotion of rights; construction of individual and collective identity; and participation in advocacy. A full time consultant was needed for the timely implementation of the initiative that evolved into four interrelated stages:

1. Elaboration of education materials and methodology (2008-2009): Through an adaptation of the manual "Life Skills" a multi-culturally and multi-ethnically version was developed called "Let's develop Life Skills". Implementing partners and facilitators were selected to participate in two facilitators' workshops as well as one workshop on advocacy, networks and strategic alliances and another on counseling and peer support among adolescents, including thematic sessions on gender, masculinity and the rights of people living with HIV. Each partner association provided for one technical facilitator per municipality and by the end of the workshops 20 adolescents were selected as adolescent promoters in each municipality. Partner organizations also presented the initiative through meetings with community leaders, parents and adolescents in selected communities.

2. Transformative education and organizational strengthening (2010-2011): Meetings to promote health and adolescent participation in the prevention of HIV were organized with adolescent groups. Each promoter formed a group of 10-15 adolescents, composed by 50% girls and 50% boys and from the age groups 10-14 and 15-19. The meetings provided an opportunity to share information, concerns, interests and challenges and reinforced knowledge of gender, masculinity and human rights. The experiential-reflective methodology of the sessions allowed for development of individual and collective identity. Sessions were accompanied with community activities, realizing the right to recreation through sport and cultural activities.

Participation in communication events and development of communication products allowed adolescents to develop advocacy capacity to influence decision-making.

Partner associations undertook a competency-based evaluation of life skills and the results allowed for a prioritization of skills to be reinforced in the next phase: 1) self-awareness, 2) assertive communication, 3) interpersonal relations, 4) decision making, 5) management of feelings and conflicts.

3. Community reflection processes and creation of networks (2011-2012):
In order to respond to the unsatisfied needs of adolescents in terms of access to adequate health services, 131 adolescents between 16 and 18 were trained in counselling skills to become "counselor promoters". Through different modalities, including text messages, counselors maintained an active channel of communication with their group and with adolescents in the communities who contacted them looking for help.

The network of adolescent counselors pushed for the establishment of coordination mechanisms between different institutions to resolve specific cases of health issues, rape, domestic violence, drop out of school, incorporation in youth gangs and alcohol and drug use. On a community level the network built alliances with other adolescent groups to ensure the right to education and the inclusion of adolescents at risk and out of school.

An initiative called "Strong Families", directed to parents, was implemented to create and strengthen protective environments. The initiative included thematic sessions on prevention of HIV, early pregnancies and drug consumption as well as an exchange of experiences through regional meetings. Some of the families who participated in the initiative were selected to conduct follow up activities and replicate the workshops with families in communities considered as high risk or living in conditions of poverty or extreme poverty.

4. Policy making and participation (2011-2012): Spaces were created where adolescents could defend their rights and express their needs to duty bearers and propose alternative solutions to decision makers. Following a guide on how to undertake participatory diagnosis, adolescents pointed out situations that affected their health, education, recreation, family relations, access to food and environment, and the common needs and requests were selected to elaborate "Adolescent Agendas". A separate agenda was developed for indigenous and afro-descendant adolescents. Adolescents undertook activities to give visibility to their concerns in the 4th Regional UN Conference for Youth of Latin America and the Caribbean, and advocated for the realization of their rights, promoting the right to citizenship and prevention of HIV.

The Network of child and adolescent communicators trained other children and adolescents in techniques of educative communication and socio-cultural expressions to equip them with capacities and competencies to demand the realization of their rights to decision makers. The Network also provided a special dynamic to advocacy and social mobilization processes by convening municipal events with broad inter-sectorial participation, and using community radio, schools, churches and the community as such to communicate adolescents' demands and messages of HIV prevention, promoting the rights of people with HIV and contributing to a culture of solidarity.

IMPACT

- 35,075 (58%) of the out of school adolescents in 15 priority municipalities developed competencies to prevent HIV through 3,600 trained adolescent promoters.
- An adolescent network composed of 131 counselors was established to provide support to their peers in case of emotional, addiction or sexuality problems.
- 1,457 parents developed skills in assertive communication, peace culture, intergenerational and power relations.
- 80% of adolescents in the groups, counselors and promoters remained in school, graduated from secondary school and looked for opportunities to transit to university.

- 1,827 leaders and adolescents participated in political dialogues and in the organization and mobilization of adolescent agendas.
- 90% (14) of municipalities have decrees that make adolescent participation in Municipality Councils compulsory.
- 100% of municipalities have adolescent agendas incorporated in their local development plans and the municipalities of Dipilto, Mozonte, San Lucas and Ciudad Antigua even have municipal policies for children and adolescents.
- The special agenda on afro-descendent adolescents and youth in the Caribbean Coast has served as a reference in the design of regional youth policies. The experience was presented at the Central American Forum for Afro-descendant Adolescents and Youth and in the 4th Regional UN Conference for Youth of Latin America and the Caribbean.

LESSONS LEARNED

The initiative had a positive impact on adolescents and made them aware of their political, economic and social rights. Their participation and exchange of experiences, together with the development of critical thinking and leadership, generated capacities of working in networks and of transformative action necessary to initiate political dialogue. Contributing factors to the success of the initiative were the empathy that aroused between promoters and their peers, as well as the support from parents that was generated through active exchange and recreational activities.

It was recommended that the initiative be scaled up and replicated with counselors and promoters in schools and adapted to the realities of adolescents living in the countryside, always considering determinants such as the environment and social norms, as well as structural factors such as poverty and gender based violence. While this initiative was focused on prevention of early pregnancies and HIV, it was recommended that it should be more inclusive of themes such as human rights, gender, family relations and a culture of peace, as well as building capacities in intergenerational relations among adults.

In order to guarantee the sustainability of similar experiences, it would be important to involve community leaders and municipal authorities from the initial stage of the initiative's design. This would allow ownership of processes and ensure engagement of the community to guarantee alliances for continued action.

Finally, while the initiative showed important results in the area of adolescent mobilization, participation and empowerment, it is not possible to ascertain what were the concrete results in prevention of HIV and early pregnancies, due to lack of baselines or end lines in this respect. It is assumed that adolescents participating in the initiative are better prepared for their sexual life, but the project cannot demonstrate its impact in that area.

"We want to be subjects of change, to participate, contribute, that our reality and culture is taken into account"
ROMMEL PONCE, FACILITATOR

"Life-skills allow us to find solutions to difficult situations, to manage our emotions and feelings and to take responsible decisions. It helps us to participate in our development"
STACY HAMMOND, PROMOTER

"This programme helped me to share what I learned in the meeting in Laguna de Perlas with other parents ... to put on a condom. I distribute condoms to young people who come to my house to get them. I explain how to put them on because I know how to put them on and I use them"
RENÉ ARGÜELLO, FATHER

CONTACT INFO

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NICARAGUA

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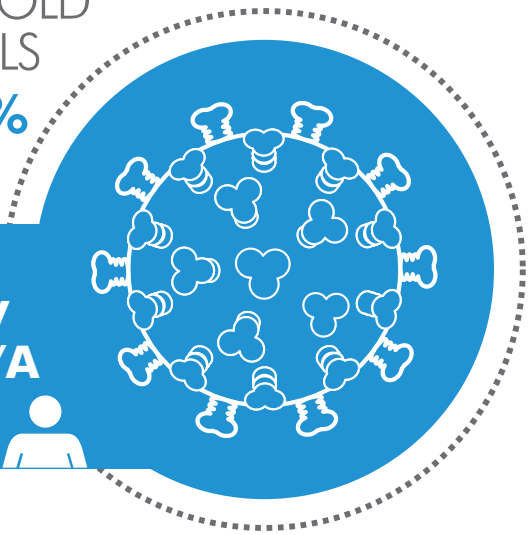
ADOLESCENTS

NUMBER OF ADOLESCENTS
10-19 YEARS OLD
1,319,000

PROPORTION OF ADOLESCENTS
22%

SEX BEFORE 15 YEARS OLD BOYS/GIRLS
34% / 11%

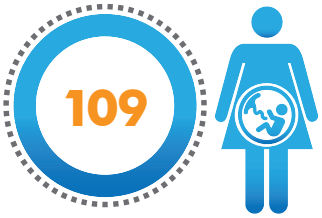


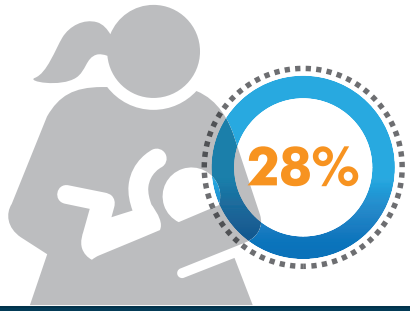
OVERWEIGHT IN ADOLESCENTS
13 -17 YEARS OLD BOYS / GIRLS

COMPREHENSIVE KNOWLEDGE OF HIV
ADOLESCENTS
15-19 YEARS OLD
N/A

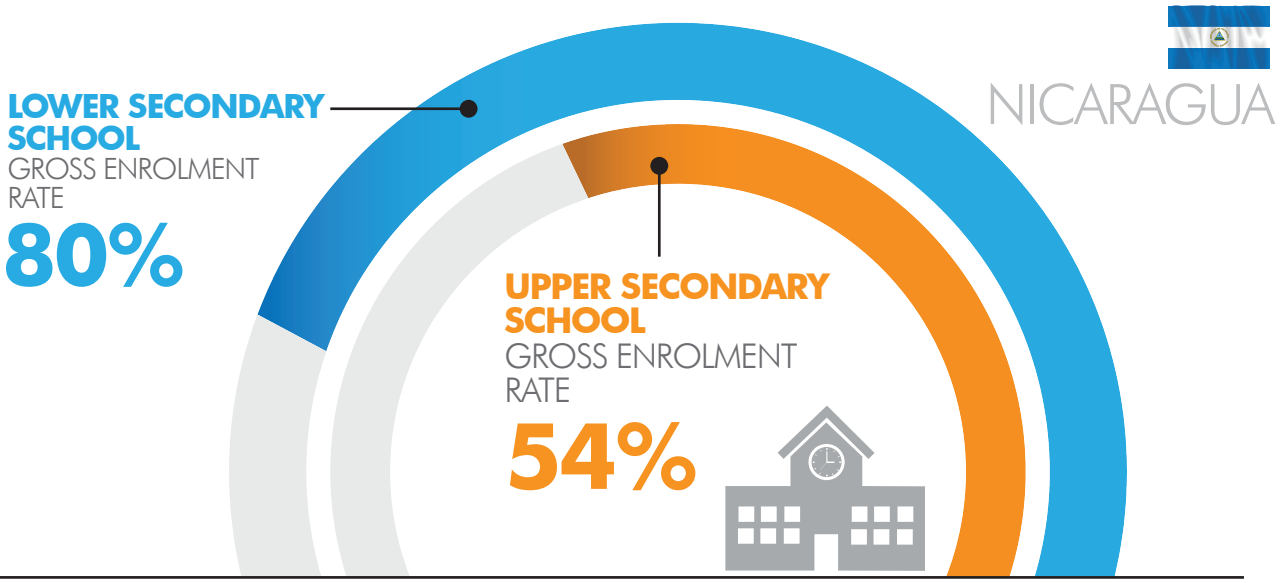
SUICIDAL THOUGHTS
ADOLESCENTS
13-17 YEARS OLD BOYS / GIRLS
N/A

ADOLESCENT BIRTH RATE
PER 1,000

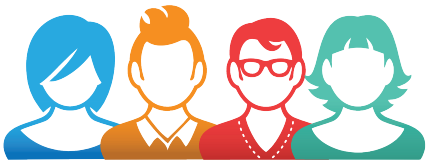




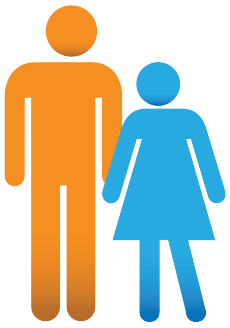
BIRTHS BY AGE 18



35%/47% **SECONDARY SCHOOL**
NET ATTENDANCE RATE
BOYS / GIRLS



CHILD LABOUR
5-14 YEARS OLD BOYS / GIRLS
18%/11%

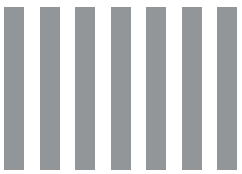


10% **MARRIAGE OR UNION**
BY 15 YEARS OLD

41% **MARRIAGE OR UNION**
BY 18 YEARS OLD

19%
JUSTIFICATION OF WIFE BEATING
AMONG ADOLESCENT GIRLS

MINIMUM AGE OF CRIMINAL RESPONSIBILITY
13



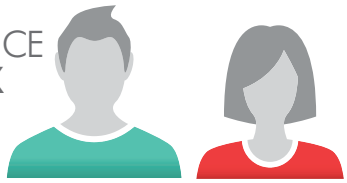
CHILDREN IN DETENTION
PER 100,000
15

HIV/AIDS NICARAGUA

*: MEN WHO HAVE SEX WITH MEN

HIV PREVALENCE AMONG **MSM*** **9.7%**

HIV PREVALENCE AMONG **SEX WORKERS** **2.3%**



HIV PREVALENCE AMONG **15-49** YEARS OLD **0.3%**

HIV PREVALENCE AMONG **PREGNANT WOMEN** **0.15%**

VIROLOGICAL TESTING OF BABIES OF HIV-POSITIVE MOTHERS WITHIN TWO MONTHS **71%**

HIV TESTING AMONG PREGNANT WOMEN **95%**

HIV TREATMENT AMONG POSITIVE PREGNANT WOMEN **94%**

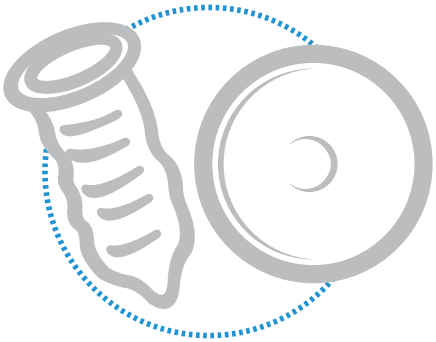
VERTICAL TRANSMISSION RATE **3.6%**

SEX BEFORE 15 YEARS OLD BOYS/GIRLS **34%** **11%**

unicef NICARAGUA

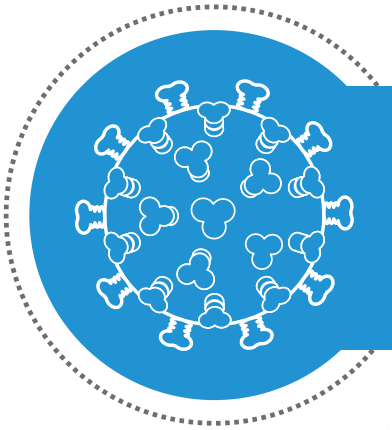
HIV PREVALENCE
AMONG **15-24** YEARS OLD

0.2%



CONDOM USE
YOUNG PEOPLE,15-24 YEARS OLD WITH MULTIPLE PARTNERS

28/21



HIV KNOWLEDGE
AMONG YOUNG PEOPLE - 15-24 | BOYS/GIRLS

N/A **N/A**

28% BIRTHS BY AGE 18

GIRLS 15-24 YEARS OLD
WHO HAD SEX WITH A 10 YEARS OLDER PARTNER **N/A**

LIFE SKILLS FOR ADOLESCENTS AND YOUNG PEOPLE

PANAMA

UNFPA

unicef

PANAMA

With the aim to train adolescents and young Panamanians to take care of their health, wellbeing and promote gender equality, an easy manual was developed in 2013 by the Ministry of Health, UNAIDS, PAHO and UNFPA with the support of other agencies such as UNHCR, UNICEF, WFP, UNODC, ILO, UNESCO, WHO and the World Bank. In addition, a facilitator's guide was developed to train facilitators to use the 33 sessions that the manual contains. Sessions are divided into five thematic modules: life skills; adolescents and rights; prevention of violence against women; prevention of adolescent pregnancy; and prevention of HIV/AIDS and other STIs. Sessions are designed to last two and a half hours each and are developed around five key phases: presenting the topic; taking stock of previous knowledge; acquiring new knowledge; transforming knowledge into practice; and follow up.

The first module, "Life skills", include sessions on how to show empathy; to communicate with others; to be in control of one's life; to be creative; to resolve problems and conflicts; to use critical thinking; to manage feelings and stress; to identify factors of risk and protection, and how to be resilient.

The second module, "Adolescents and rights", include sessions on growth and development; body parts; adolescent sexuality; sexual and reproductive rights; civic participation; intercultural identity; and gender.

The third module, "Prevention of violence against women", include sessions on violence against women; intimate partner violence; and how adolescents can contribute to a violence-free community.

The fourth module, "Prevention of adolescent pregnancy", include sessions on contraceptive methods; risks of adolescent pregnancy; rights of pregnant adolescents; sexually transmitted infections; and mother-to-child transmission of HIV.
The fifth and last module, "Prevention of HIV", include sessions on condom use; HIV/AIDS test; and stigma and discrimination.

CONTACT INFO

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REFERENCES

Aprendiendo de Salud Integral como Adolescente y Joven Panameño/a: Desarrollo para Habilidades para la Vida.

PANAMÁ

unicef

ADOLESCENTS

NUMBER OF ADOLESCENTS
10-19 YEARS OLD
690,000

PROPORTION OF ADOLESCENTS
18%

SEX BEFORE 15 YEARS OLD BOYS/GIRLS
23%/ 11%

OVERWEIGHT IN ADOLESCENTS
13 -17 YEARS OLD BOYS / GIRLS
N/A **N/A**

COMPREHENSIVE KNOWLEDGE OF HIV
ADOLESCENTS 15-19 YEARS OLD
N/A

SUICIDAL THOUGHTS
ADOLESCENTS
13-17 YEARS OLD BOYS / GIRLS
N/A

ADOLESCENT BIRTH RATE
PER 1,000
86

N/A BIRTHS BY AGE 18

PANAMÁ

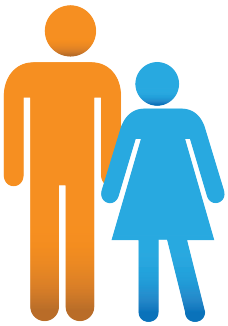
LOWER SECONDARY SCHOOL
GROSS ENROLMENT RATE
92%

UPPER SECONDARY SCHOOL
GROSS ENROLMENT RATE
54%

N/A

SECONDARY SCHOOL
NET ATTENDANCE RATE
BOYS / GIRLS

CHILD LABOUR
5-14 YEARS OLD BOYS / GIRLS
8%/3%

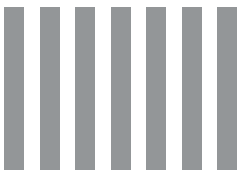


N/A **MARRIAGE OR UNION**
BY 15 YEARS OLD

N/A **MARRIAGE OR UNION**
BY 18 YEARS OLD

N/A
JUSTIFICATION OF WIFE BEATING
AMONG ADOLESCENTS

MINIMUM AGE OF CRIMINAL RESPONSIBILITY
12



CHILDREN IN DETENTION
PER 100,000
65

HIV/AIDS PANAMA

HIV PREVALENCE AMONG **MSM***
23%

*: MEN WHO HAVE SEX WITH MEN

HIV PREVALENCE AMONG **SEX WORKERS**
N/A

HIV PREVALENCE AMONG **PREGNANT WOMEN**
0.3%

HIV PREVALENCE AMONG **15-49** YEARS OLD
0.7%

HIV TESTING AMONG PREGNANT WOMEN
92%

HIV TREATMENT AMONG POSITIVE PREGNANT WOMEN
71%

VIROLOGICAL TESTING OF BABIES OF HIV-POSITIVE MOTHERS WITHIN TWO MONTHS
60%

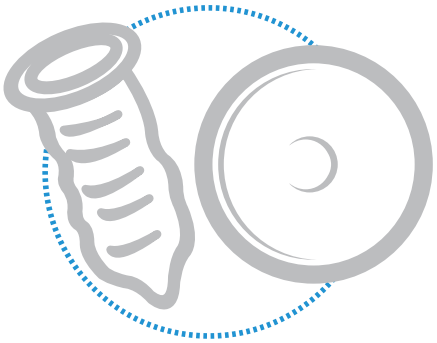
VERTICAL TRANSMISSION RATE **5.5%**

SEX BEFORE 15 YEARS OLD BOYS/GIRLS
23% **11%**

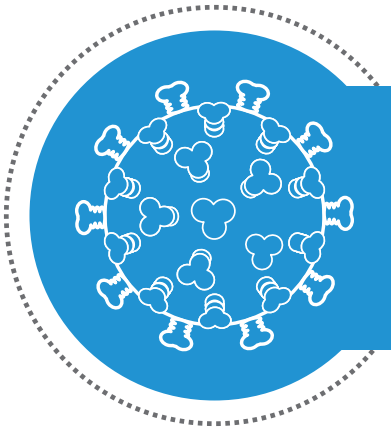
unicef

PANAMA

HIV PREVALENCE
AMONG **15-24**
YEARS OLD
0.3%



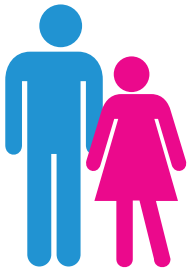
CONDOM USE
YOUNG PEOPLE,15-24 YEARS OLD
WITH MULTIPLE PARTNERS
N/A



HIV KNOWLEDGE
AMONG YOUNG PEOPLE - 15-24 | BOYS/GIRLS
12% **15%**

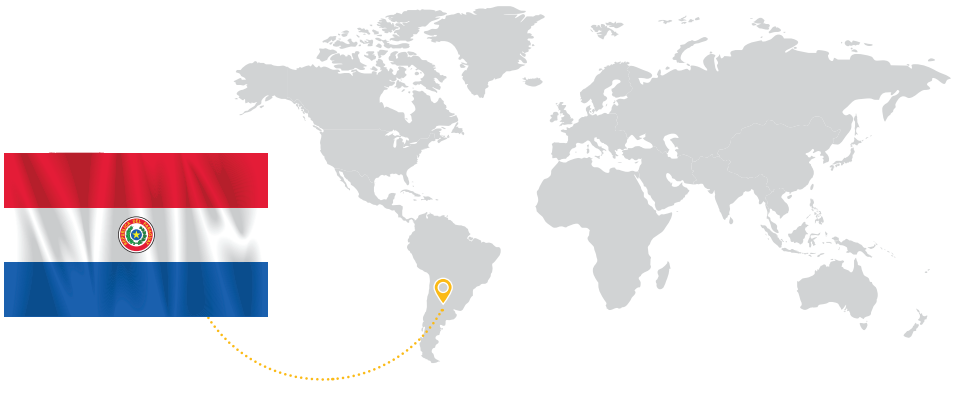
N/A BIRTHS BY AGE 18

GIRLS 15-24 YEARS OLD
WHO HAD SEX WITH A 10 YEARS
OLDER PARTNER **15%**



SOMOSGAY: YOUNG PEOPLE AS AGENTS OF CHANGE

PARAGUAY



SOMOSGAY
ÑANDE JOJA HA RORY

PARAGUAY

ABSTRACT

In Paraguay young people were trained to become community agents to promote health and human rights. The programme aimed to create social spaces that would stimulate and promote adolescent participation and the exercise of their rights as well to prevent HIV. It was organized by the NGO SOMOSGAY and supported by the European Union and the Spanish cooperation agency.

ISSUE

In Paraguay 66% of the population is below 30 years old. One out of four are between 15-29 years old and 40% are below 15 years old. This demographic situation provides an opportunity for Paraguay to reach sustainable development with the youth population as a fundamental socioeconomic force. However, public spaces where the younger population can learn and enjoy themselves without discrimination or fear are scarce and the main place for youth to get together remains the church. Paraguay is gradually being urbanized and currently 56,7% of the population lives in urban areas. This increases the demand on public services and puts pressure on cities to provide services. The LGTB community in Paraguay is not guaranteed full legal protection, which results in stigma, discrimination and violence against them. HIV/AIDS also represents an element of stigma for the dominant majority.

The Community Agents on Human Rights and Health program emerges from the analysis and collective construction of SOMOSGAY, which addresses the phenomenon of the demographic dividend and the need to create and strengthen informal and popular spaces for learning, reflection, advocacy and political action by youth. It positions leisure, entertainment, recreation and migration from the countryside to the city as basic axis for the development of holistic, realistic and sustainable responses.

ACTION

The initiative of community agents seeks to train young people from 16 years and above to develop a more efficient leadership, allowing them to participate at different levels of policy planning and activity implementation that affect them as a young population. The idea of the initiative is that the knowledge acquired is passed on to communities, as a way to empower them and advance human rights at all levels of social interaction.

The course, which is free of charge and comes with a certification, is open to all young people who wish to participate in actions promoting human rights in their communities. The training program contains 10 sessions of 4 hours each and is provided by a team of professionals from Paraguay and abroad, as well as by SOMOSGAY's staff. The methodology used is the transfer of knowledge to and among volunteers, through group work techniques as a model for "popular education".

The training sessions include the following themes: dynamics and discussions on heteronormativity; HIV transmission; recreational drugs; gender and expression of sexual behavior; LGBT and human rights; dynamics of facilitation practice; behavioral and epidemiological data on gays and transgender; provision of mass testing; history of the LGBT movement; and public policy on youth in Paraguay.
The Community Agents initiative emphasizes the inclusion of youth in the implementation of actions towards the advancement of human rights in Paraguay, regardless of their sexual orientation and/or gender identity. The primary goal is to train youth leaders, so that they become agents of change and advocates for new and innovative health and human rights paradigms.

IMPACT

- Four training programmes have been implemented.

- By the end of first year, 56 young people infected or affected by HIV had been trained as community agents.

- In total, more than 200 adolescents and youth from more than 20 cities participated in a series of workshops.

- Follow-up meetings were conducted with the young people who had been trained.

- In November 2012, more than 30 young members of SOMOSGAY, the team of community agents and representatives from LESVOS and VOX Civic Association participated in a regional meeting in Rosario, in Argentina, to exchange experiences. Several people specialized in various fields served as support for the discussions during the meeting of lesbian, gay, bi- and transsexual people.

- Two young people were selected to participate in the Global Fund's National Coordination Mechanism of Paraguay.

- Adolescents and young people are now part of a permanent team of SOMOSGAY that organizes workshops on sexual health and provides massive HIV and Syphilis testing, counseling and prevention materials and information to communities across the country.

LESSONS LEARNED

The Community Agents Program hosted more than 200 adolescents and young people in a series of workshops organized within the programme. Once the training was completed, the organization counted on more than 200 volunteers with the necessary knowledge and skills to conduct community interventions.

The idea of forming community agents focuses on political action and its replication in their respective communities. SOMOSGAY provides the necessary technical and logistical support to create a permanent national youth network who collectively approach different spaces to conduct workshops related to sexual health, rapid testing for HIV and syphilis, counseling and provision of prevention materials and information, as well as to provide opportunities for decision making and meaningful participation.

To date those Agents have conducted more than 100 community interventions related to sexual health, HIV testing, counseling and prevention. The network "Different", composed by young people living with HIV, was officially established and two youth representatives were selected to participate in the Global Fund's National Coordination Mechanism.

With these actions, the communities have learned that the LGBT community is not isolated. On the contrary, it is closely inserted in daily and structural realities. They have also learnt that youth is the response to social problems and that HIV is an issue that affect everyone. Therefore, addressing stigma and discrimination and assuming responsibility for health and wellbeing is the duty of everybody.

*: This intervention is included in this compilation as a relevant practice from Paraguay in the area of HIV and Adolescents, but was not supported or financed by UNICEF.

CONTACT INFO

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Simón Cazal, Director Ejecutivo y Co Fundador de SOMOSGAY
Martín Vera, Coordinador de Enlace Comunitario de SOMOSGAY
Marcos Molinas, Gerentes de Gestión Interna de SOMOSGAY.

REFERENCES

Página web de SOMOSGAY: www.somosgay.org
Página en Facebook: https://www.facebook.com/elcentrosomosgay
Perfil en Twitter: https://twitter.com/SOMOSGAY

unicef

PARAGUAY

unicef

ADOLESCENTS

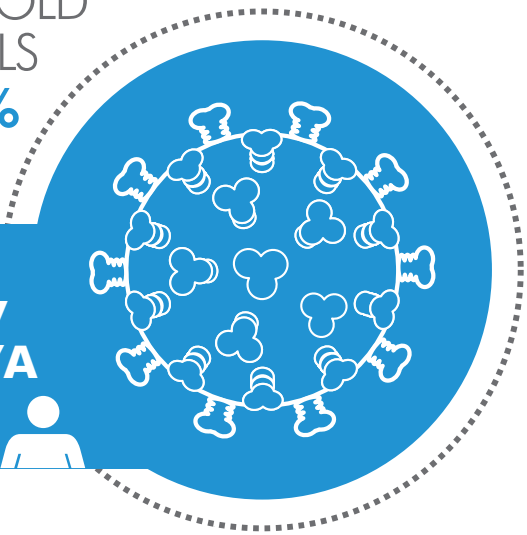
NUMBER OF ADOLESCENTS
10-19 YEARS OLD
1,395,000

PROPORTION OF ADOLESCENTS
21%

SEX BEFORE 15 YEARS OLD BOYS/GIRLS
N/A / 8%

OVERWEIGHT IN ADOLESCENTS
13 -17 YEARS OLD BOYS / GIRLS

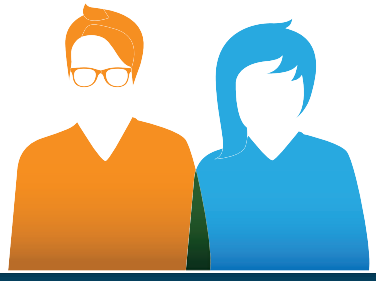
COMPREHENSIVE KNOWLEDGE OF HIV
ADOLESCENTS
15-19 YEARS OLD
N/A



SUICIDAL THOUGHTS
ADOLESCENTS
13-17 YEARS OLD BOYS / GIRLS
N/A

ADOLESCENT BIRTH RATE
PER 1,000
63

N/A BIRTHS BY AGE 18



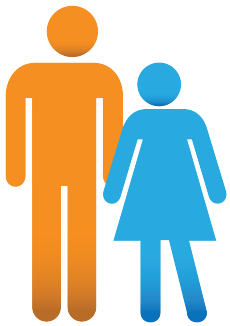
PARAGUAY

LOWER SECONDARY SCHOOL
GROSS ENROLMENT RATE
80%

UPPER SECONDARY SCHOOL
GROSS ENROLMENT RATE
59%

81%/80% **SECONDARY SCHOOL**
NET ATTENDANCE RATE
BOYS / GIRLS

CHILD LABOUR
5-14 YEARS OLD BOYS / GIRLS
17%/12%

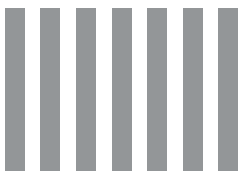


N/A **MARRIAGE OR UNION**
BY 15 YEARS OLD

18% **MARRIAGE OR UNION**
BY 18 YEARS OLD

N/A
JUSTIFICATION OF WIFE BEATING
AMONG ADOLESCENTS

MINIMUM AGE OF CRIMINAL RESPONSIBILITY
14



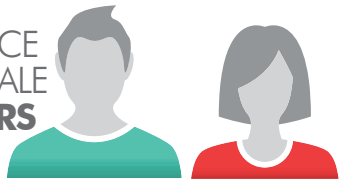
CHILDREN IN DETENTION
PER 100,000
9

HIV/AIDS PARAGUAY

HIV PREVALENCE AMONG **MSM*** **13%**

*: MEN WHO HAVE SEX WITH MEN

HIV PREVALENCE AMONG FEMALE **SEX WORKERS** **2.1%**



HIV PREVALENCE AMONG **15-49** YEARS OLD **0.4%**

HIV PREVALENCE AMONG **PREGNANT WOMEN** **0.5%**

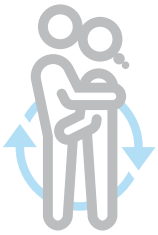
HIV TESTING AMONG PREGNANT WOMEN **61%**

HIV TREATMENT AMONG POSITIVE PREGNANT WOMEN **N/A**

VIROLOGICAL TESTING OF BABIES OF HIV-POSITIVE MOTHERS WITHIN TWO MONTHS **N/A**

VERTICAL TRANSMISSION RATE **14.3%**

SEX BEFORE 15 YEARS OLD BOYS/GIRLS **N/A**

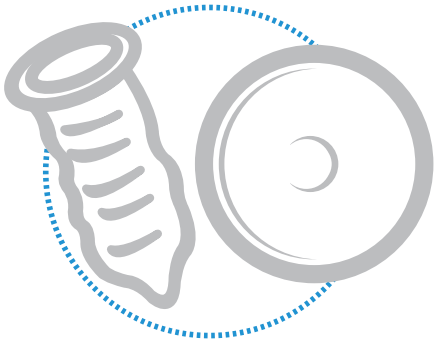


8%

unicef PARAGUAY

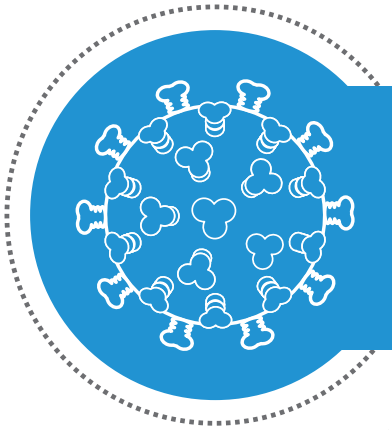
HIV PREVALENCE
AMONG **15-24** YEARS OLD

0.2%



CONDOM USE
YOUNG PEOPLE, 15-24 YEARS OLD WITH MULTIPLE PARTNERS

N/A **51%**



HIV KNOWLEDGE
AMONG YOUNG PEOPLE - 15-24 | BOYS/GIRLS

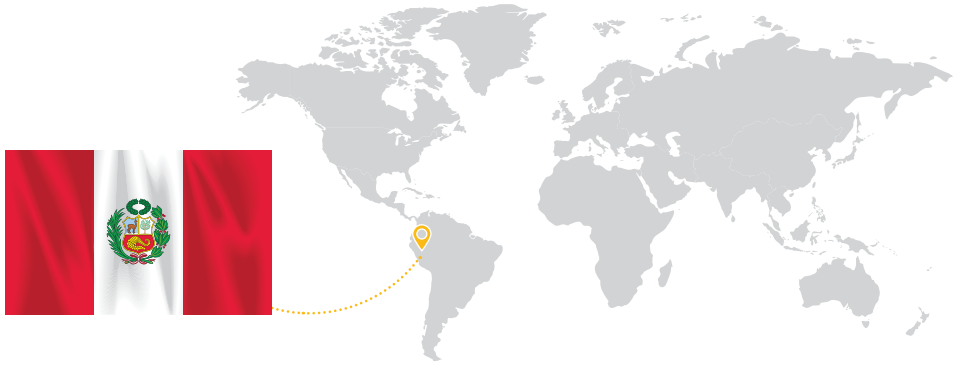
N/A **N/A**

N/A BIRTHS BY AGE 18

GIRLS 15-24 YEARS OLD
WHO HAD SEX WITH A 10 YEARS OLDER PARTNER **N/A**

UNICEF PROCUREMENT OF RAPID TESTS FOR HIV AND SYPHILIS

PERU



unicef

PERU

ABSTRACT

Since 2012 the Ministry of Health in Peru procured through UNICEF 5,518,440 units of rapid tests for HIV and 3,923,190 rapid tests for syphilis at a significantly lower cost than local market prices. This intervention has contributed to a considerable spread of HIV testing/diagnosis and a subsequent increase in treatment for HIV positive pregnant women and a reduction in mother to child transmission. The initiative has also benefitted many adolescents directly (pregnant girls) and indirectly, through the proliferation of rapid tests across the country.

ACTION

Since 2004, when rapid tests to screen HIV/AIDS were first introduced, there has been a steady increase in screening pregnant women in Peru. In 2012, out of a total of 299,985 pregnant women who were screened for HIV/AIDS, 265,772 (88.6%), used the rapid test, while the rest used the Elisa test.

As a result of the increased diagnosis of cases during pregnancy, in 2013 78.64% of the pregnant women received antiretroviral prophylaxis, reducing the estimated rate of mother-to-child transmission of HIV from 24.4% to 9.2%.

Progress can be explained by the following factors:

- The priority assigned to Elimination of Mother-Child Transmission of HIV/AIDS, which is expressed in budget allocations to achieve the goal, through the Strategic Budget Program for the Control of Communicable Diseases.
- The expansion of spaces for screening pregnant women during prenatal care, more specifically, the possibility for Obstetricians (Professional Midwives) to perform rapid testing during pre-natal consultations. If the case were to be reactive, it would be referred to the team of professionals who would make the final diagnosis and implement the protocol for prevention of mother -child transmission.
- The sustained and timely availability of rapid testing in health facilities, including those located in rural and inaccessible areas. This is an intervention in which UNICEF has played a decisive role, as it has supported the acquisition of rapid tests for the diagnosis of HIV/AIDS and syphilis, using UNICEF's procurement services based in Copenhagen, Denmark.

IMPACT

Between 2012 and 2014, the Ministry of Health in Peru procured through UNICEF 5,518,440 units of rapid tests for HIV at a cost of 1.6413 US$ per unit, and 3,923,190 rapid tests for syphilis for 0.8031 US$ per unit. Importantly, although the main objective of this initiative is the prevention of Mother-to-child transmission, many teenagers have benefited from the massive purchase of rapid tests. On one hand, because a high percentage of pregnant women are adolescents. On the other hand, because adolescents in general have benefitted from the proliferation of rapid tests throughout the country, since they now have access to a much easier and immediate testing.

THE ADVANTAGES OF BUYING THE RAPID TESTS THROUGH UNICEF PROCUREMENT SERVICES INCLUDE THE FOLLOWING:

- Availability of supply, preventing the breakdown of stock, which is the main cause of low coverage of screening.
- Affordable prices, three to five times lower than local market prices.
- Quality products guaranteed by WHO/UNICEF control system.
- Standardization of testing, which avoids confusion in the application and interpretation of evidence on an operational level.

LESSONS LEARNED

The creative use of certain UNICEF services (in this case its procurement services) can have a significant impact on the achievement of program outcomes. The case of Peru is a good example in this sense and it could be replicated in other countries.

CONTACT INFO
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REFERENCES

La experiencia del uso del Sistema de Compras de UNICEF para asegurar la disponibilidad de Pruebas Rápidas para la eliminación de la Transmisión materno Infantil del VIH y la Sífilis

unicef

PERÚ

unicef

ADOLESCENTS

NUMBER OF ADOLESCENTS
10-19 YEARS OLD
5,811,000

PROPORTION OF ADOLESCENTS
19%

SEX BEFORE 15 YEARS OLD BOYS/GIRLS
N/A / 9%

OVERWEIGHT IN ADOLESCENTS
13 -17 YEARS OLD BOYS / GIRLS
19% **21%**

COMPREHENSIVE KNOWLEDGE OF HIV
ADOLESCENTS 15-19 YEARS OLD
N/A

ADOLESCENT BIRTH RATE
PER 1,000
64

17% BIRTHS BY AGE 18

SUICIDAL THOUGHTS
ADOLESCENTS
13-17 YEARS OLD BOYS / GIRLS
12% **28%**

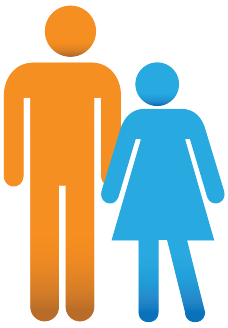
PERÚ

LOWER SECONDARY SCHOOL
GROSS ENROLMENT RATE
100%

UPPER SECONDARY SCHOOL
GROSS ENROLMENT RATE
78%

81%/82% **SECONDARY SCHOOL**
NET ATTENDANCE RATE
BOYS / GIRLS

CHILD LABOUR
5-14 YEARS OLD BOYS / GIRLS
32%/24%



3% **MARRIAGE OR UNION**
BY 15 YEARS OLD

19% **MARRIAGE OR UNION**
BY 18 YEARS OLD

N/A
JUSTIFICATION OF WIFE BEATING
AMONG ADOLESCENTS

MINIMUM AGE OF CRIMINAL RESPONSIBILITY
14

CHILDREN IN DETENTION
PER 100,000
12

HIV/AIDS PERU

HIV PREVALENCE AMONG **MSM***
12%

*: MEN WHO HAVE SEX WITH MEN

HIV PREVALENCE AMONG **SEX WORKERS**
N/A

HIV PREVALENCE AMONG **PREGNANT WOMEN**
0.2%

HIV PREVALENCE AMONG **15-49** YEARS OLD
0.4%

VIROLOGICAL TESTING OF BABIES OF HIV-POSITIVE MOTHERS WITHIN TWO MONTHS
38%

HIV TESTING AMONG PREGNANT WOMEN
61%

HIV TREATMENT AMONG POSITIVE PREGNANT WOMEN
74%

VERTICAL TRANSMISSION RATE **2%**

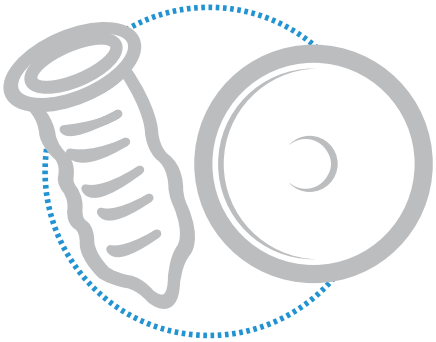
SEX BEFORE 15 YEARS OLD BOYS/GIRLS
N/A **9%**

unicef

PERU

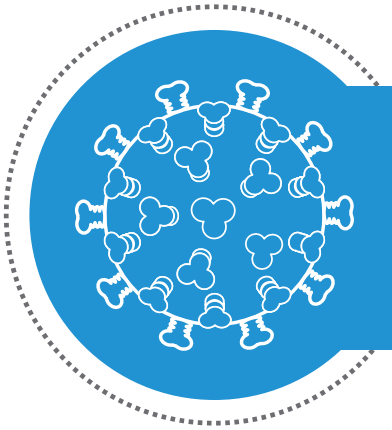
HIV PREVALENCE
AMONG **15-24**
YEARS OLD

0.2%



CONDOM USE
YOUNG PEOPLE, 15-24 YEARS OLD
WITH MULTIPLE PARTNERS

N/A **38%**

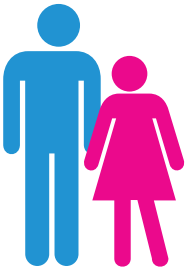


HIV KNOWLEDGE
AMONG YOUNG PEOPLE - 15-24 | BOYS/GIRLS

N/A **27%**

15% BIRTHS BY AGE 18

GIRLS 15-24 YEARS OLD
WHO HAD SEX WITH A 10 YEARS OLDER PARTNER **3%**



SAINT KITTS AND NEVIS

unicef

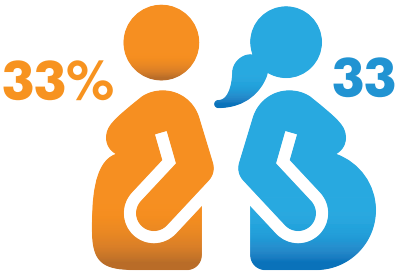
ADOLESCENTS

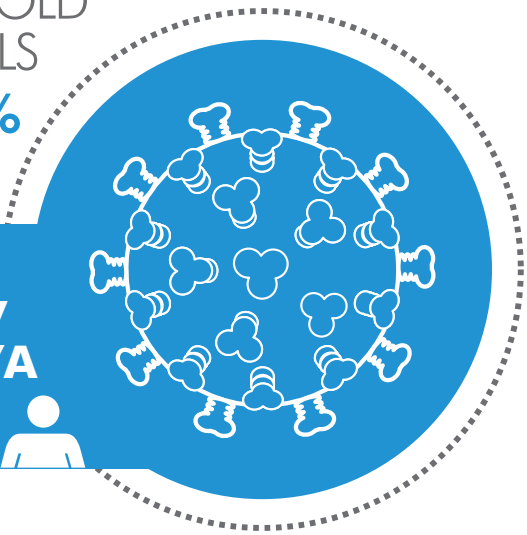
NUMBER OF ADOLESCENTS
10-19 YEARS OLD
N/A

PROPORTION OF ADOLESCENTS
N/A

SEX BEFORE 15 YEARS OLD BOYS/GIRLS
21% / 6%

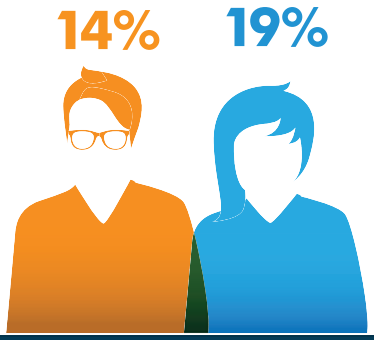
OVERWEIGHT IN ADOLESCENTS
13 -17 YEARS OLD BOYS / GIRLS



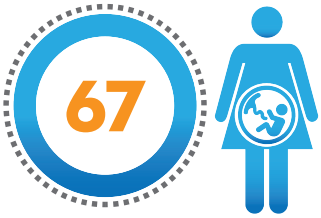


COMPREHENSIVE KNOWLEDGE OF HIV
ADOLESCENTS
15-19 YEARS OLD
N/A

SUICIDAL THOUGHTS
ADOLESCENTS
13-17 YEARS OLD BOYS / GIRLS



ADOLESCENT BIRTH RATE
PER 1,000



BIRTHS BY AGE 18

SAINT KITTS AND NEVIS

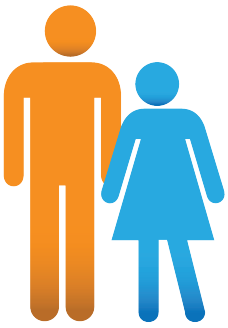
LOWER SECONDARY SCHOOL
GROSS ENROLMENT RATE
99%

UPPER SECONDARY SCHOOL
GROSS ENROLMENT RATE
87%

N/A

SECONDARY SCHOOL
NET ATTENDANCE RATE
BOYS / GIRLS

CHILD LABOUR
5-14 YEARS OLD BOYS / GIRLS
N/A



N/A **MARRIAGE OR UNION**
BY 15 YEARS OLD

N/A **MARRIAGE OR UNION**
BY 18 YEARS OLD

N/A
JUSTIFICATION OF WIFE BEATING
AMONG ADOLESCENTS

MINIMUM AGE OF CRIMINAL RESPONSIBILITY
8

CHILDREN IN DETENTION
PER 100,000
N/A

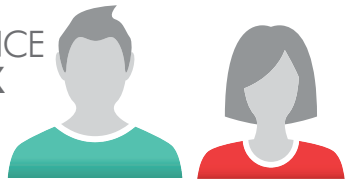
HIV/AIDS

SAINT KITTS AND NEVIS

HIV PREVALENCE AMONG **MSM*** **N/A**

*: MEN WHO HAVE SEX WITH MEN

HIV PREVALENCE AMONG **SEX WORKERS** **N/A**



HIV PREVALENCE AMONG **15-49** YEARS OLD **N/A**

HIV PREVALENCE AMONG **PREGNANT WOMEN** **0.2%**

VIROLOGICAL TESTING OF BABIES OF HIV-POSITIVE MOTHERS WITHIN TWO MONTHS **N/A**

HIV TESTING AMONG PREGNANT WOMEN **75%**

HIV TREATMENT AMONG POSITIVE PREGNANT WOMEN **100%**

VERTICAL TRANSMISSION RATE **0%**

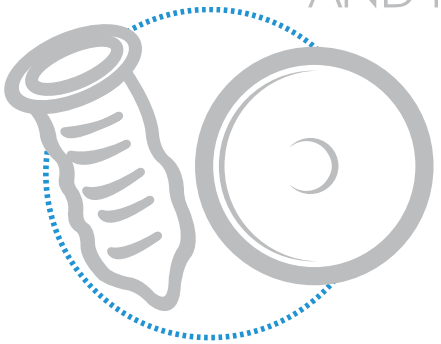
SEX BEFORE 15 YEARS OLD BOYS/GIRLS **21%** **6%**

unicef

SAINT KITTS AND NEVIS

HIV PREVALENCE AMONG 15-24 YEARS OLD

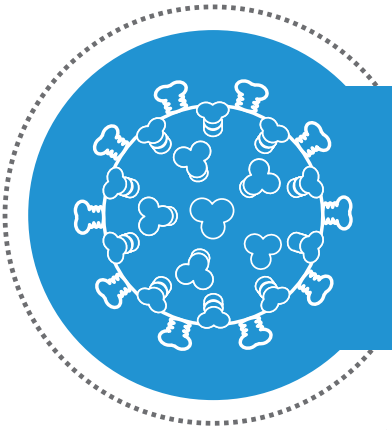
N/A



CONDOM USE

YOUNG PEOPLE,15-24 YEARS OLD WITH MULTIPLE PARTNERS

N/A



HIV KNOWLEDGE

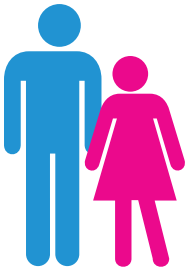
AMONG YOUNG PEOPLE - 15-24 | BOYS/GIRLS

50% **53%**

N/A BIRTHS BY AGE 18

GIRLS 15-24 YEARS OLD

WHO HAD SEX WITH A 10 YEARS OLDER PARTNER **N/A**



SAINT LUCIA

unicef

ADOLESCENTS

NUMBER OF ADOLESCENTS
10-19 YEARS OLD
32,000

PROPORTION OF ADOLESCENTS
18%

SEX BEFORE 15 YEARS OLD BOYS/GIRLS
N/A / 6%

OVERWEIGHT IN ADOLESCENTS
13 -17 YEARS OLD BOYS / GIRLS
N/A **N/A**

COMPREHENSIVE KNOWLEDGE OF HIV
ADOLESCENTS 15-19 YEARS OLD
N/A

SUICIDAL THOUGHTS
ADOLESCENTS
13-17 YEARS OLD BOYS / GIRLS
16% **20%**

ADOLESCENT BIRTH RATE
PER 1,000
49

N/A BIRTHS BY AGE 18

SAINT LUCIA

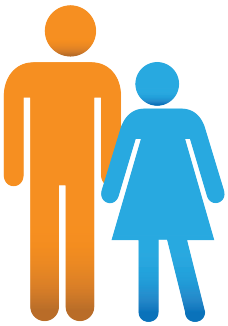
LOWER SECONDARY SCHOOL
GROSS ENROLMENT RATE
94%

UPPER SECONDARY SCHOOL
GROSS ENROLMENT RATE
97%

N/A

SECONDARY SCHOOL
NET ATTENDANCE RATE
BOYS / GIRLS

CHILD LABOUR
5-14 YEARS OLD BOYS / GIRLS
N/A



N/A **MARRIAGE OR UNION**
BY 15 YEARS OLD

N/A **MARRIAGE OR UNION**
BY 18 YEARS OLD

15%
JUSTIFICATION OF WIFE BEATING
AMONG ADOLESCENT GIRLS

MINIMUM AGE OF CRIMINAL RESPONSIBILITY
12

CHILDREN IN DETENTION
PER 100,000
N/A

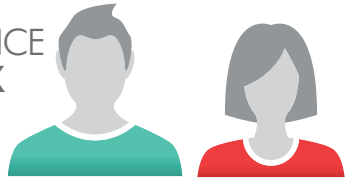
HIV/AIDS

SAINT LUCIA

*: MEN WHO HAVE SEX WITH MEN

HIV PREVALENCE AMONG **MSM*** **N/A**

HIV PREVALENCE AMONG **SEX WORKERS** **N/A**



HIV PREVALENCE AMONG 15-49 YEARS OLD

N/A

HIV PREVALENCE AMONG **PREGNANT WOMEN**

0.2%

VIROLOGICAL TESTING
OF BABIES OF HIV-POSITIVE MOTHERS WITHIN TWO MONTHS
80%

HIV TESTING
AMONG PREGNANT WOMEN
72%

HIV TREATMENT
AMONG POSITIVE PREGNANT WOMEN
80%

VERTICAL TRANSMISSION RATE **0%**

SEX BEFORE 15 YEARS OLD BOYS/GIRLS

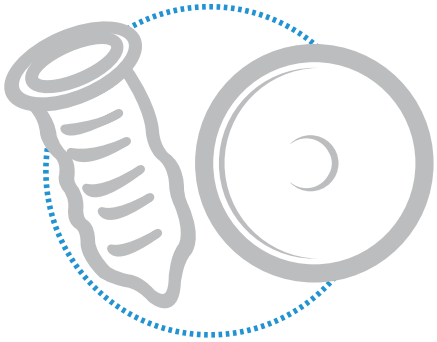
N/A

6%

unicef SAINT LUCIA

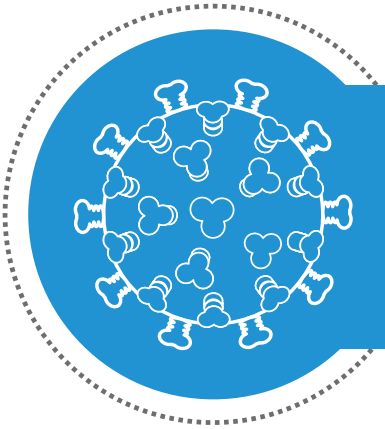
HIV PREVALENCE
AMONG **15-24**
YEARS OLD

N/A



CONDOM USE
YOUNG PEOPLE,15-24 YEARS OLD
WITH MULTIPLE PARTNERS

N/A

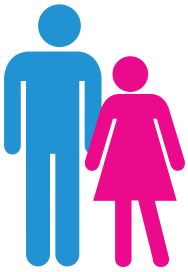


HIV KNOWLEDGE
AMONG YOUNG PEOPLE - 15-24 | BOYS/GIRLS

N/A **62%**

N/A BIRTHS BY AGE 18

GIRLS 15-24 YEARS OLD
WHO HAD SEX WITH A 10 YEARS OLDER PARTNER **16%**



SAINT VINCENT AND THE GRENADINES

unicef

ADOLESCENTS

NUMBER OF ADOLESCENTS
10-19 YEARS OLD
20,000

PROPORTION OF ADOLESCENTS
18%

SEX BEFORE 15 YEARS OLD BOYS/GIRLS
31% / 14%

OVERWEIGHT IN ADOLESCENTS
13 -17 YEARS OLD BOYS / GIRLS
N/A **N/A**

COMPREHENSIVE KNOWLEDGE OF HIV
ADOLESCENTS 15-19 YEARS OLD
N/A

SUICIDAL THOUGHTS
ADOLESCENTS
13-17 YEARS OLD BOYS / GIRLS
17% **21%**

ADOLESCENT BIRTH RATE
PER 1,000
70

N/A BIRTHS BY AGE 18

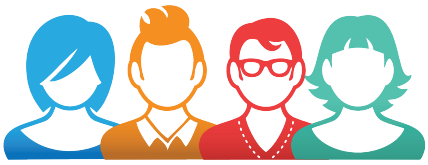
SAINT VINCENT AND THE GRENADINES

LOWER SECONDARY SCHOOL
GROSS ENROLMENT RATE
119%

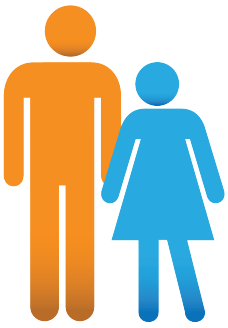
UPPER SECONDARY SCHOOL
GROSS ENROLMENT RATE
91%

N/A

SECONDARY SCHOOL
NET ATTENDANCE RATE
BOYS / GIRLS



CHILD LABOUR
5-14 YEARS OLD BOYS / GIRLS
N/A



N/A **MARRIAGE OR UNION**
BY 15 YEARS OLD

N/A **MARRIAGE OR UNION**
BY 18 YEARS OLD

N/A
JUSTIFICATION OF WIFE BEATING
AMONG ADOLESCENTS

MINIMUM AGE OF CRIMINAL RESPONSIBILITY
8

CHILDREN IN DETENTION
PER 100,000
N/A

HIV/AIDS

SAINT VINCENT AND THE GRENADINES

HIV PREVALENCE AMONG **MSM*** **N/A**

*: MEN WHO HAVE SEX WITH MEN

HIV PREVALENCE AMONG **SEX WORKERS** **N/A**

HIV PREVALENCE AMONG **15-49** YEARS OLD **N/A**

HIV PREVALENCE AMONG **PREGNANT WOMEN** **0.7%**

HIV TESTING AMONG PREGNANT WOMEN **95%**

HIV TREATMENT AMONG POSITIVE PREGNANT WOMEN **80%**

VIROLOGICAL TESTING OF BABIES OF HIV-POSITIVE MOTHERS WITHIN TWO MONTHS **87%**

VERTICAL TRANSMISSION RATE **N/A**

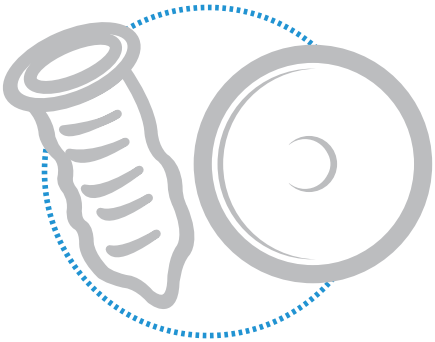
SEX BEFORE 15 YEARS OLD BOYS/GIRLS **31%** **14%**

unicef

SAINT VINCENT AND THE GRENADINES

HIV PREVALENCE AMONG 15-24 YEARS OLD

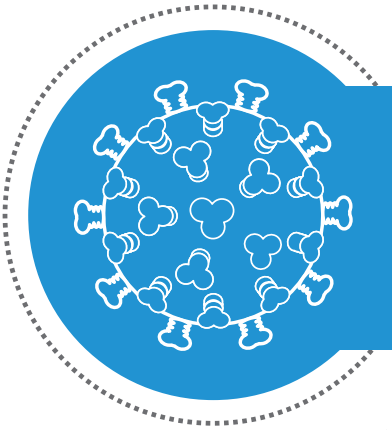
N/A



CONDOM USE

YOUNG PEOPLE, 15-24 YEARS OLD WITH MULTIPLE PARTNERS

N/A



HIV KNOWLEDGE

AMONG YOUNG PEOPLE - 15-24 | BOYS/GIRLS

59% **40%**

N/A BIRTHS BY AGE 18

GIRLS 15-24 YEARS OLD

WHO HAD SEX WITH A 10 YEARS OLDER PARTNER **N/A**

SURINAME

unicef

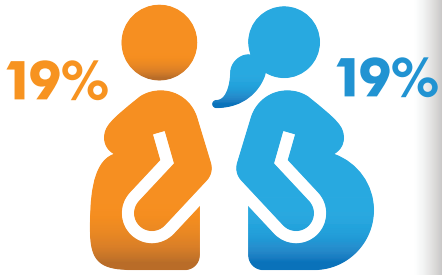
ADOLESCENTS

NUMBER OF ADOLESCENTS
10-19 YEARS OLD
97,000

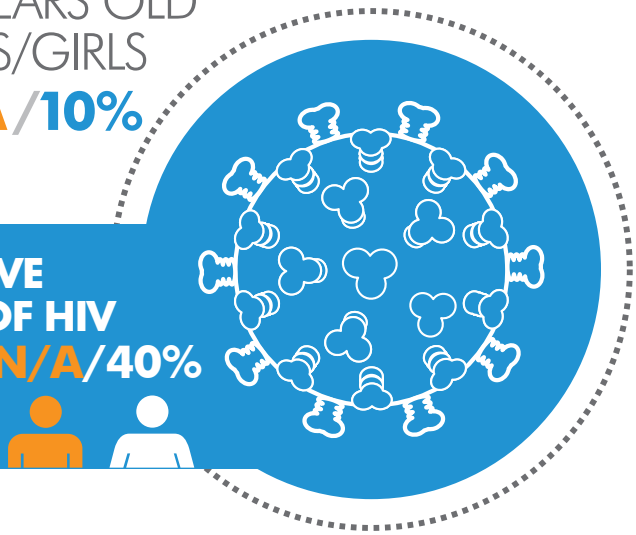
PROPORTION OF ADOLESCENTS
18%

SEX BEFORE 15 YEARS OLD BOYS/GIRLS
N/A /10%

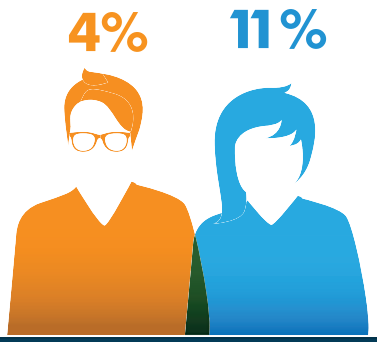
OVERWEIGHT IN ADOLESCENTS
13 -17 YEARS OLD BOYS / GIRLS



COMPREHENSIVE KNOWLEDGE OF HIV
ADOLESCENTS 15-19 YEARS OLD **N/A/40%**



SUICIDAL THOUGHTS
ADOLESCENTS
13-17 YEARS OLD BOYS / GIRLS



ADOLESCENT BIRTH RATE
PER 1,000
66

BIRTHS BY AGE 18

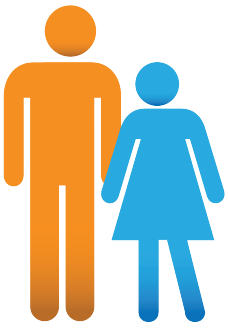
SURINAME

LOWER SECONDARY SCHOOL
GROSS ENROLMENT RATE
90%

UPPER SECONDARY SCHOOL
GROSS ENROLMENT RATE
79%

53%/66%
SECONDARY SCHOOL
NET ATTENDANCE RATE
BOYS / GIRLS

CHILD LABOUR
5-14 YEARS OLD BOYS / GIRLS
4% / 4%

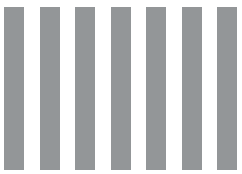


5% **MARRIAGE OR UNION**
BY 15 YEARS OLD

19% **MARRIAGE OR UNION**
BY 18 YEARS OLD

19%
JUSTIFICATION OF WIFE BEATING
AMONG ADOLESCENT GIRLS

MINIMUM AGE OF CRIMINAL RESPONSIBILITY
10



CHILDREN IN DETENTION
PER 100,000
100

HIV/AIDS

SURINAME

HIV PREVALENCE AMONG **MSM*** **6.7%**

*: MEN WHO HAVE SEX WITH MEN

HIV PREVALENCE AMONG **SEX WORKERS** **5.8%**

HIV PREVALENCE AMONG **PREGNANT WOMEN** **0.7%**

HIV PREVALENCE AMONG **15-49** YEARS OLD **0.9%**

VIROLOGICAL TESTING OF BABIES OF HIV-POSITIVE MOTHERS WITHIN TWO MONTHS **85%**

HIV TESTING AMONG PREGNANT WOMEN **85%**

HIV TREATMENT AMONG POSITIVE PREGNANT WOMEN **111%**

VERTICAL TRANSMISSION RATE **2.1%**

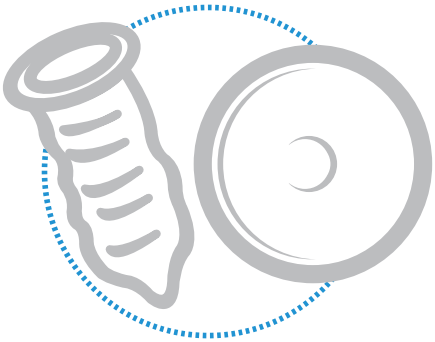
SEX BEFORE 15 YEARS OLD BOYS/GIRLS **N/A** **10%**

unicef

SURINAME

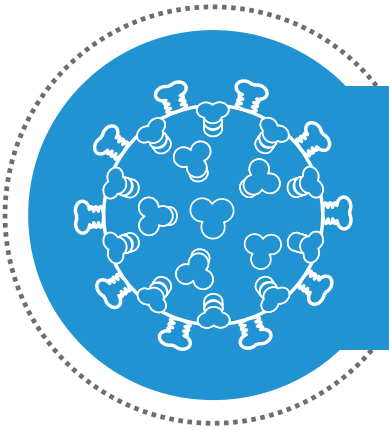
HIV PREVALENCE
AMONG **15-24** YEARS OLD

0.5%



CONDOM USE
YOUNG PEOPLE, 15-24 YEARS OLD WITH MULTIPLE PARTNERS

N/A **39%**

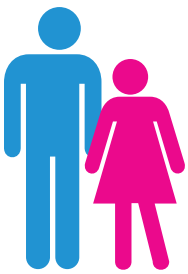


HIV KNOWLEDGE
AMONG YOUNG PEOPLE - 15-24 | BOYS/GIRLS

N/A **42%**

N/A BIRTHS BY AGE 18

GIRLS 15-24 YEARS OLD
WHO HAD SEX WITH A 10 YEARS OLDER PARTNER **15%**



TRINIDAD AND TOBAGO

unicef

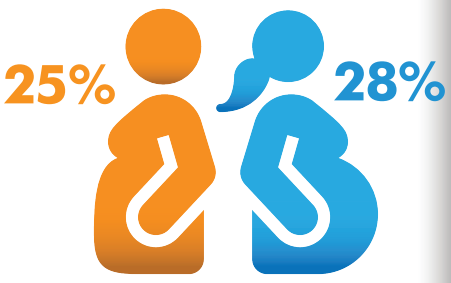
ADOLESCENTS

NUMBER OF ADOLESCENTS
10-19 YEARS OLD
177,000

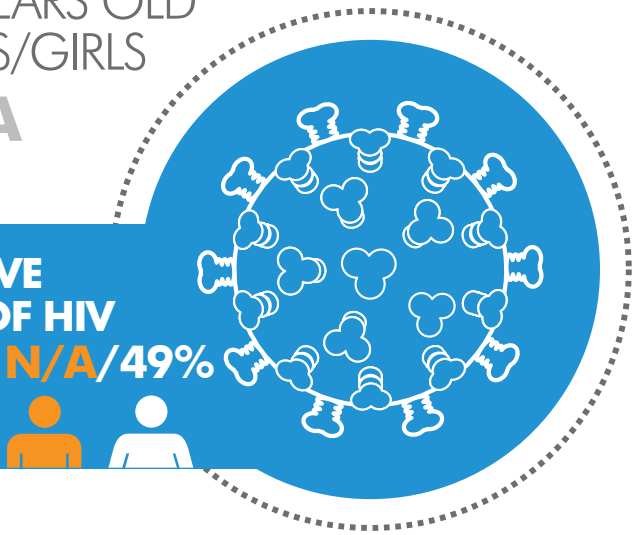
PROPORTION OF ADOLESCENTS
13%

SEX BEFORE 15 YEARS OLD BOYS/GIRLS
N/A

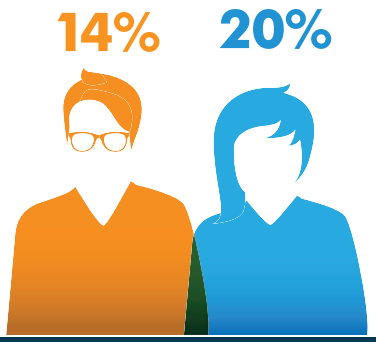
OVERWEIGHT IN ADOLESCENTS
13 -17 YEARS OLD BOYS / GIRLS



COMPREHENSIVE KNOWLEDGE OF HIV
ADOLESCENTS
15-19 YEARS OLD
N/A/49%

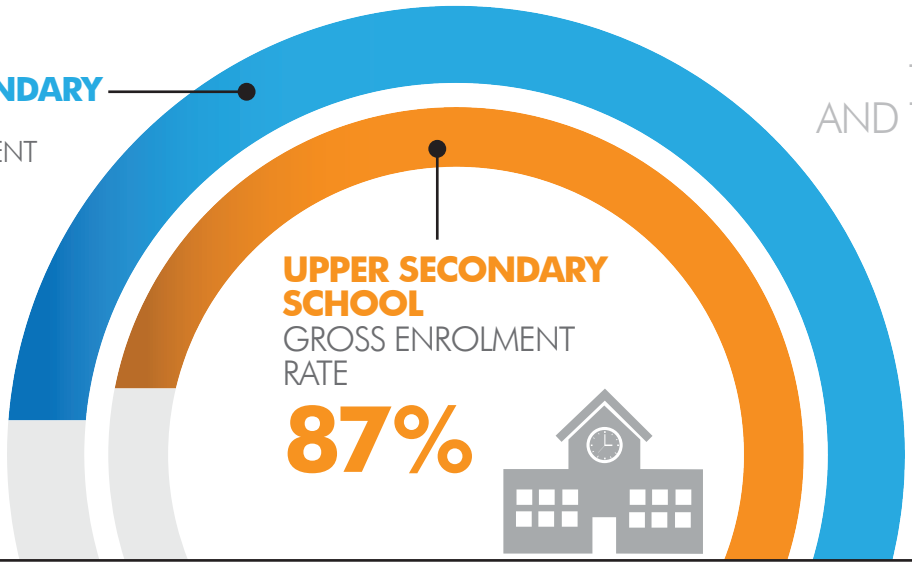


SUICIDAL THOUGHTS
ADOLESCENTS
13-17 YEARS OLD BOYS / GIRLS



ADOLESCENT BIRTH RATE
PER 1,000
33

N/A BIRTHS BY AGE 18



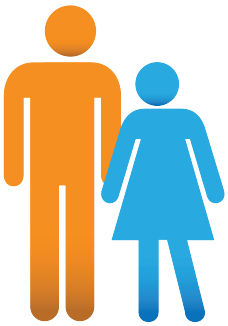
TRINIDAD AND TOBAGO

LOWER SECONDARY SCHOOL
GROSS ENROLMENT RATE
89%

UPPER SECONDARY SCHOOL
GROSS ENROLMENT RATE
87%

84%/90%
SECONDARY SCHOOL
NET ATTENDANCE RATE
BOYS / GIRLS

CHILD LABOUR
5-14 YEARS OLD BOYS / GIRLS
1%/1%

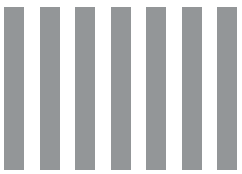


2% **MARRIAGE OR UNION**
BY 15 YEARS OLD

8% **MARRIAGE OR UNION**
BY 18 YEARS OLD

10%
JUSTIFICATION OF WIFE BEATING
AMONG ADOLESCENT GIRLS

MINIMUM AGE OF CRIMINAL RESPONSIBILITY
7



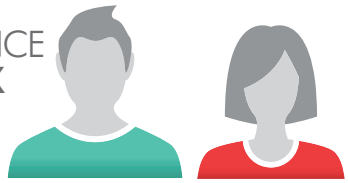
CHILDREN IN DETENTION
PER 100,000
N/A

HIV/AIDS TRINIDAD AND TOBAGO

HIV PREVALENCE AMONG **MSM*** **20%**

*: MEN WHO HAVE SEX WITH MEN

HIV PREVALENCE AMONG **SEX WORKERS** **N/A**



HIV PREVALENCE AMONG **15-49** YEARS OLD **N/A**

HIV PREVALENCE AMONG **PREGNANT WOMEN** **1.4%**

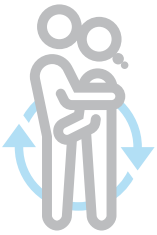
VIROLOGICAL TESTING OF BABIES OF HIV-POSITIVE MOTHERS WITHIN TWO MONTHS **40%**

HIV TESTING AMONG PREGNANT WOMEN **69%**

HIV TREATMENT AMONG POSITIVE PREGNANT WOMEN **83%**

VERTICAL TRANSMISSION RATE **6.3%**

SEX BEFORE 15 YEARS OLD BOYS/GIRLS **N/A** **N/A**



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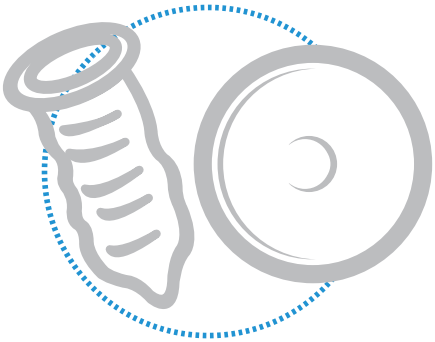
TRINIDAD AND TOBAGO

HIV PREVALENCE AMONG 15-24 YEARS OLD

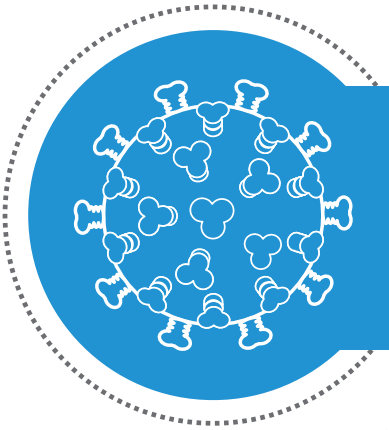
N/A



CONDOM USE

YOUNG PEOPLE, 15-24 YEARS OLD WITH MULTIPLE PARTNERS

N/A **67%**



HIV KNOWLEDGE

AMONG YOUNG PEOPLE - 15-25 | BOYS/GIRLS

N/A **54%**

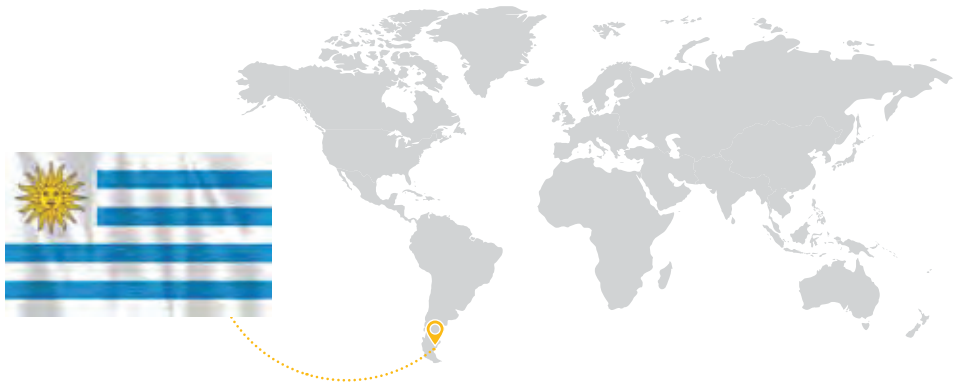
N/A BIRTHS BY AGE 18

GIRLS 15-24 YEARS OLD

WHO HAD SEX WITH A 10 YEARS OLDER PARTNER **N/A**

SEXUALITY EDUCATION AND DISABILITY

URUGUAY



Fondo de Población de las Naciones Unidas

iiDi

ADMINISTRACIÓN NACIONAL DE EDUCACIÓN PÚBLICA

unicef

Naciones Unidas Uruguay

URUGUAY

ABSTRACT

In Uruguay a manual on sexuality education and disability was developed to support parents with children and adolescents living with disabilities. The manual provides basic information on sexuality and disability as well as guidance on how and when to discuss certain issues within the family. The material was elaborated with the support of UNFPA and UNICEF and the collaboration of a network of organizations and professionals working on childhood and disability. It represents a starting point in the implementation of actions that strengthen sexuality education in school, providing support and creating spaces for participation of families and organizations working with persons with disabilities.

ISSUE

Children and adolescents living with disabilities also have sexual and reproductive rights, but their needs in this respect are often neglected, putting them at increased risk of sexual violence, abuse, STIs and HIV.

ACTION

In 2011 the Sexuality Education Programme (ANEP-CODICEN) and the Interamerican Institut for Disability and Inclusive Development (iiDi) undertook a research on the implementation of sexuality education in situations of inclusion. In this context, a number of group discussions and exchanges among parents with children attending special needs' schools in Montevideo and Canelones were conducted to know their opinions, needs and interests in relation to sexuality education. Why is sexuality education important? What should be discussed within the family and when? How and to what extent can the sexuality of a child living with disabilities develop? How to handle uncomfortable situations and teach how to take care of intimacy and respect? These and other questions were discussed in the groups, often accompanied with fear, laughter and insecurities. In order to

respond to these questions a manual was developed, including both basic information and guidance on how to address certain topics, which serves as a useful tool to discuss sexuality within the family.

In many of the focus groups parents repeated a sentence that seemed to represent their thoughts around the importance but also the challenges of sexuality education, especially in case of children living with disabilities. Many said... "Sexuality is part of life.... Therefore we have to speak to them about it..... "

The manual was inspired by the idea that sexuality is an important part of our life which defines many of our dreams, projects and pursuits. Sexuality education is a necessary tool for constructing a life project and should therefore be available to each and every child and adolescent. It is a responsibility that starts at home and continues throughout life. Today not only schools but also social media have an enormous influence on young people and therefore they also have a part in this shared responsibility.

In the case of children and adolescents living with disabilities, the issues that generate uncertainty for them and their families and require additional support from everyone, are often the same issues that affect those living without disabilities. Therefore the manual has attempted to achieve a balance between general issues of sexuality education and some specific issues with regard to social and personal development of children living with disabilities and their families.

The material was elaborated with the support of UNFPA and UNICEF and the collaboration of a network of organizations and professionals working on issues of childhood and disability. It represents a starting point in the implementation of actions that strengthen sexuality education in schools, providing support and creating spaces for participation of families and organizations working with persons with disabilities. Hopefully future versions can benefit from this collaboration and pave the way for a healthy development full of rights and inclusion for all girls and boys in Uruguay.

IMPACT

The manual provides a practical tool for parents to discuss sexuality with their children, in particular with children and adolescents living with specific disabilities. The manual has three chapters: 1) Getting started: What is sexuality and why is sexuality education important? 2) Children and adolescents living with disabilities and their sexuality, 3) It is part of life: Recommendations for children and adolescents living with specific disabilities.

1. The first module starts by setting the legal basis for sexuality education for children, which in Uruguay can be found both in the "General Education Legislation" (which establish sexuality education as a transversal axis in basic education) and the "Law Defending the Right to Sexual and Reproductive Health" (which makes sexuality education mandatory in all teacher training). It also explains the developmental needs for sexuality education, in terms of creation of self-confidence and sexual identity and recognition of feelings and creation of relations between men and women. Finally, this module includes information on gender stereotypes and discrimination, as well as recommendations on how parents can guide and monitor their children's use of Internet.

2. The second module deals with sexuality and children and adolescents living with disability: their rights and needs, how to speak to them about sexuality and how to help them understand and deal with their feelings and desires. It addresses issues such as common myths, taboos and fears, puberty and protection. It also recommends attitudes and techniques that help parents address these issues with their children.

3. The third and last module, which is called "It is part of life", provides advice and specific recommendations with regard to sexuality of children and adolescents with specific disabilities, such as intellectual disability, hearing impairment, physical disability and cerebral palsy. This module include information

on sexuality of adolescents with these specific disabilities and it also shares tips on movies which tell the stories of people with specific disabilities to be shown within families to facilitate discussion about feelings and desires, as well as agreements and disagreements that persons living with disabilities experience.

LESSON LEARNED

Sexuality education does not start “someday” but is present from birth. Children will create an idea of themselves as someone being desired and who desire from the attitudes of their parents and siblings.

The responsibility of sexuality education cannot be transferred only to school. Everyone who is close to the child has to be sensitive to his/her needs and desires and try to have a positive influence.

Sexuality education is more of a means than an end in itself: the most important is the recognition that children’s education, dreams, projects and relations to others, also include sexuality.

Through dialogue and reflection over knowledge and feelings that mobilize sexuality education, parents can be a tool for inclusion and solidarity for their children living with disabilities, contributing to a life with dignity, health and pleasure for everyone.

CONTACT INFO

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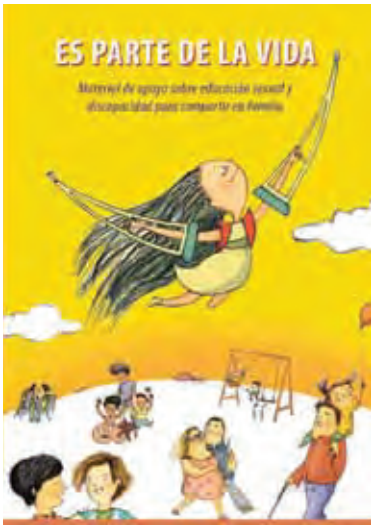
aarroyo@unicef.org

REFERENCES

Es parte de la Vida – material de apoyo sobre educación sexual y discapacidad para compartir en familia: http://www.unicef.org/uruguay/spanish/Es_parte_de_la_vida_tagged.pdf



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URUGUAY

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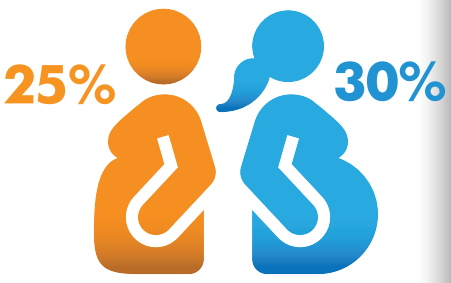
ADOLESCENTS

NUMBER OF ADOLESCENTS
10-19 YEARS OLD
521,000

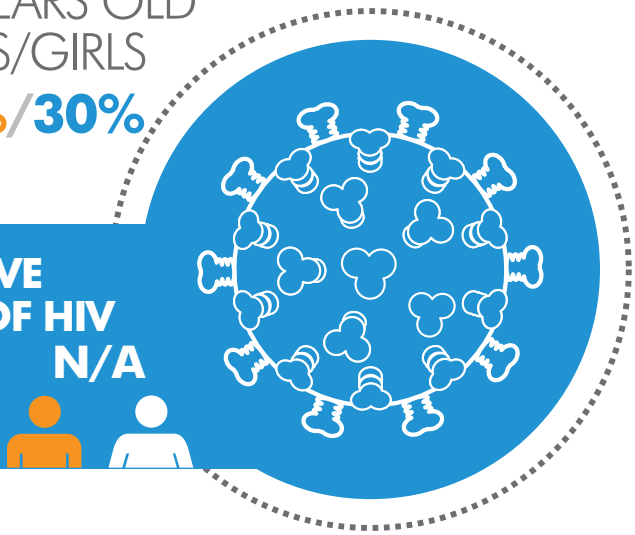
PROPORTION OF ADOLESCENTS
15%

SEX BEFORE 15 YEARS OLD BOYS/GIRLS
44%/30%

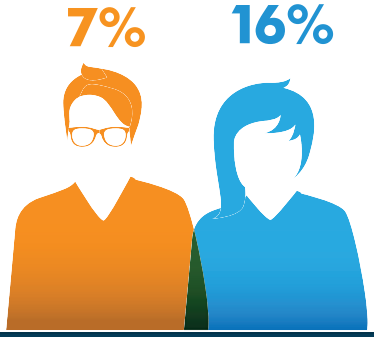
OVERWEIGHT IN ADOLESCENTS
13 -17 YEARS OLD BOYS / GIRLS



COMPREHENSIVE KNOWLEDGE OF HIV
ADOLESCENTS
15-19 YEARS OLD
N/A



SUICIDAL THOUGHTS
ADOLESCENTS
13-17 YEARS OLD BOYS / GIRLS



ADOLESCENT BIRTH RATE
PER 1,000
60

BIRTHS BY AGE 18

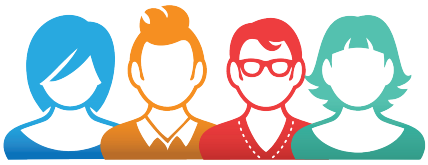
URUGUAY

LOWER SECONDARY SCHOOL
GROSS ENROLMENT RATE
111 %

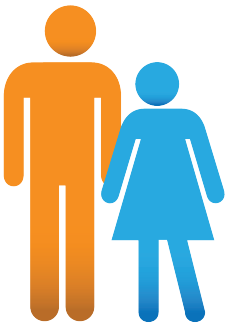
UPPER SECONDARY SCHOOL
GROSS ENROLMENT RATE
71 %

N/A

SECONDARY SCHOOL
NET ATTENDANCE RATE
BOYS / GIRLS



CHILD LABOUR
5-14 YEARS OLD BOYS / GIRLS
8%/8%



N/A **MARRIAGE OR UNION**
BY 15 YEARS OLD

N/A **MARRIAGE OR UNION**
BY 18 YEARS OLD

N/A
JUSTIFICATION OF WIFE BEATING
AMONG ADOLESCENTS

MINIMUM AGE OF CRIMINAL RESPONSIBILITY
13

CHILDREN IN DETENTION
PER 100,000
55

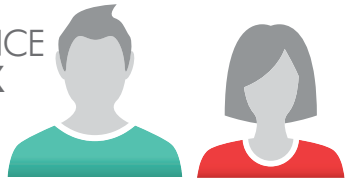
HIV/AIDS

URUGUAY

HIV PREVALENCE AMONG **MSM*** **10%**

*: MEN WHO HAVE SEX WITH MEN

HIV PREVALENCE AMONG **SEX WORKERS** **19%**



HIV PREVALENCE AMONG **15-49** YEARS OLD **0.7%**

HIV PREVALENCE AMONG **PREGNANT WOMEN** **0.03%**

VIROLOGICAL TESTING OF BABIES OF HIV-POSITIVE MOTHERS WITHIN TWO MONTHS **100%**

HIV TESTING AMONG PREGNANT WOMEN **93%**

HIV TREATMENT AMONG POSITIVE PREGNANT WOMEN **96%**

VERTICAL TRANSMISSION RATE **5.2%**

SEX BEFORE 15 YEARS OLD BOYS/GIRLS

44%  **30%**

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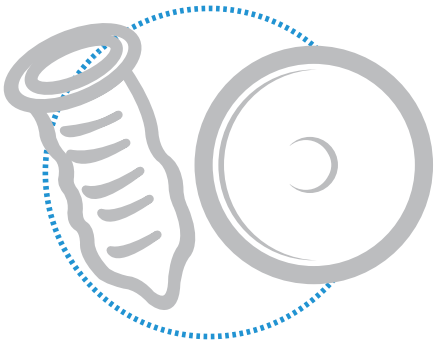
URUGUAY

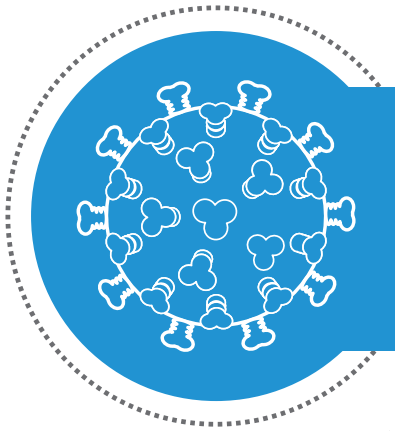
HIV PREVALENCE
AMONG **15-24** YEARS OLD

0.3%



CONDOM USE
YOUNG PEOPLE,15-24 YEARS OLD WITH MULTIPLE PARTNERS

N/A

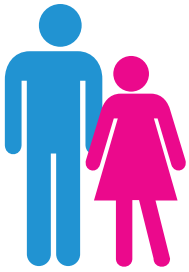


HIV KNOWLEDGE
AMONG YOUNG PEOPLE - 15-24 | BOYS/GIRLS

48% **52%**

N/A BIRTHS BY AGE 18

GIRLS 15-24 YEARS OLD
WHO HAD SEX WITH A 10 YEARS OLDER PARTNER **N/A**



EDUCATIONAL GUIDE FOR PARENTS AND FAMILIES WITH LGBTI CHILDREN AND RELATIVES

VENEZUELA
(BOLIVARIAN REPUBLIC OF)

unicef

VENEZUELA

ABSTRACT

Mindful of the need to support parents and families with LGBTI (Lesbian, Gay, Bisexual, Trans and Intersexual) children and relatives on how to support them in a non-discriminatory manner, the NGO Fundación Reflejos de Venezuela, developed an educational guide for parents and families. The manual includes the necessary information and guidance from a psychological and social perspective. The manual was developed in 2014 with the financial assistance from the British Embassy in Venezuela. Apart from this orientation to parents and relatives, the NGO also organizes activities such as gatherings and group discussions to allow parents and relatives to vent and share their experiences.

ISSUE

In order to avoid discrimination, especially within the family, it is necessary to have knowledge and be prepared. The best emotional and psychological support that parents can give to their children is to show them love and trust. However, fear and doubts will always be present, not because their child is homosexual or transsexual, but rather because they feel it is their responsibility and obligation to protect him/her. The root cause of fear being ignorance, the more information one has, the less fearful one will be. Sexual orientation and sexual identity of children is largely formed in the intimate space of the family, since this is their first educative space and the first actor of their sexual education. Therefore, it is necessary to provide parents and families with a tool to help them react in a caring and constructive way to their children's sexual orientation and gender identity when they are different than those of the majority or are not aligned to what is considered socially or morally acceptable by the community.

ACTION

Fundación Reflejos de Venezuela is an NGO that was created in 2004 with the objective to visualize diversity and its discriminatory consequences. Through education, training and information it aims to eradicate discrimination, maltreatment and inequality. Activities include: human rights training directed to society in general, specialized preparations for homoparental families and transsexual persons (including therapeutic support) and radio transmissions that are broadcasted in three continents.

As part of its educational work, the organization developed a guide for parents and families with LGBTI children. The guide "I love and respect my child" provides necessary information and guidance from a psychological and social perspective. In the first place the manual guides the parent through all the psychological phases in the discovery of his/her child's sexual orientation: denial, guilt, acceptance, doubts, fear etc. It then provides practical advice on how to behave in all these phases and provides answers to many of the most common questions among parents who have just learnt that their child is homosexual or transsexual. It provides guidance on how to deal with other people's reactions in order to avoid discrimination and encourages sexuality education to prevent HIV and other STIs. Above all, it gives the message that these parents are not alone and that this is a natural part of life, one that a parent can learn to deal with if properly informed and guided.

Apart from this orientation of parents and relatives, the NGO Fundacion Reflejos Venezuela also organizes activities such as gatherings and group discussions to allow parents and relatives to vent and share their experiences.

IMPACT

Although it is difficult to speak about impact of such an initiative, the manual provides some key messages that are fundamental for parents and can contribute to fight stigma and discrimination, both of which fuel HIV and human rights' violations:

- Sexual orientation is not a mental disorder and to be homosexual or transsexual is not a decision that your child takes.

- Although your child claims to be "out of the closet " and you have accepted his/her sexual orientation, your son/daughter might still have many concerns.

- It is necessary to show your child that although every human being is different in his/her physical aspect, emotions, reactions, personality etc., in terms of his/her human rights he/she has to have as a mantra "I am not different, don't treat me different".

- The aim of sexuality education is to increase knowledge and provide other patterns to reduce risks and tensions and promote mature and responsible behaviour. It is important to not instil fear.

*: This intervention is included in this compilation as a relevant practice from Venezuela in the area of HIV and Adolescents, but was not supported or financed by UNICEF.

CONTACT INFO

Elena Hernáiz Landáez – Presidenta de la Fundación Reflejos de Venezuela
contacto@fundacionreflejosdevenezuela.com

REFERENCES

Amo, respeto a mi hij@ - guía educativa para padres, madres y familiares
http://www.fundacionreflejosdevenezuela.com

unicef

VENEZUELA
(BOLIVARIAN REPUBLIC OF)

ADOLESCENTS

NUMBER OF ADOLESCENTS
10-19 YEARS OLD
5,537,000

PROPORTION OF ADOLESCENTS
18%

SEX BEFORE 15 YEARS OLD BOYS/GIRLS
N/A

OVERWEIGHT IN ADOLESCENTS
13 -17 YEARS OLD BOYS / GIRLS
N/A **N/A**

COMPREHENSIVE KNOWLEDGE OF HIV
ADOLESCENTS 15-19 YEARS OLD
N/A

SUICIDAL THOUGHTS
ADOLESCENTS
13-17 YEARS OLD BOYS / GIRLS
N/A

ADOLESCENT BIRTH RATE
PER 1,000
91.8

N/A BIRTHS BY AGE 18

VENEZUELA (BOLIVARIAN REPUBLIC OF)

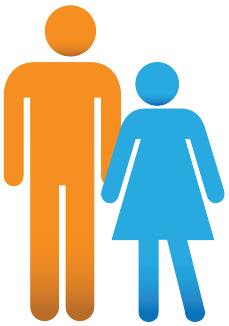
LOWER SECONDARY SCHOOL
GROSS ENROLMENT RATE
90%

UPPER SECONDARY SCHOOL
GROSS ENROLMENT RATE
73%

88.3%

SECONDARY SCHOOL
NET ATTENDANCE RATE

CHILD LABOUR
5-14 YEARS OLD BOYS / GIRLS
N/A



N/A **MARRIAGE OR UNION** BY 15 YEARS OLD

N/A **MARRIAGE OR UNION** BY 18 YEARS OLD

N/A
JUSTIFICATION OF WIFE BEATING
AMONG ADOLESCENTS

MINIMUM AGE OF CRIMINAL RESPONSIBILITY
12

CHILDREN IN DETENTION
PER 100,000
N/A

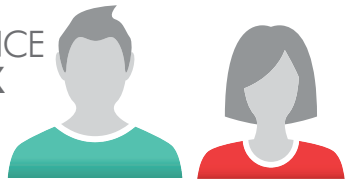
HIV/AIDS

VENEZUELA
(BOLIVARIAN REPUBLIC OF)

HIV PREVALENCE AMONG **MSM***
N/A

*: MEN WHO HAVE SEX WITH MEN

HIV PREVALENCE AMONG **SEX WORKERS**
N/A



HIV PREVALENCE AMONG **PREGNANT WOMEN**
N/A

HIV PREVALENCE AMONG **15-49** YEARS OLD
0.6%

VIROLOGICAL TESTING
OF BABIES OF HIV-POSITIVE MOTHERS WITHIN TWO MONTHS
65%

HIV TESTING
AMONG PREGNANT WOMEN
60%

HIV TREATMENT
AMONG POSITIVE PREGNANT WOMEN
34%

VERTICAL TRANSMISSION RATE **21.9%**

SEX BEFORE 15 YEARS OLD BOYS/GIRLS

N/A  **N/A**

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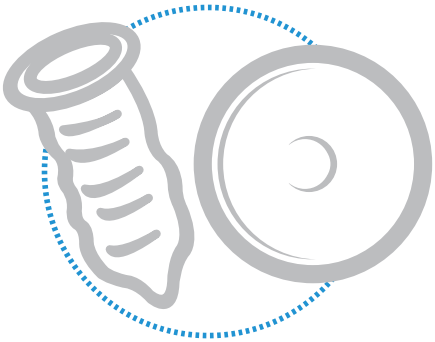
VENEZUELA (BOLIVARIAN REPUBLIC OF)

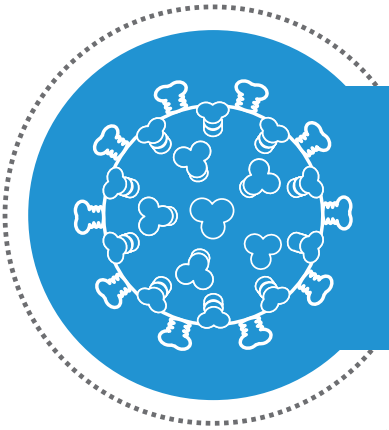
HIV PREVALENCE
AMONG **15-24** YEARS OLD

0.3%



CONDOM USE
YOUNG PEOPLE, 15-24 YEARS OLD WITH MULTIPLE PARTNERS

N/A



HIV KNOWLEDGE
AMONG YOUNG PEOPLE - 15-24 | BOYS/GIRLS

N/A **N/A**

N/A BIRTHS BY AGE 18

GIRLS 15-24 YEARS OLD
WHO HAD SEX WITH A 10 YEARS OLDER PARTNER **N/A**

unicef

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