

Youth and the Global HIV/AIDS Crisis: A Tool-kit for Action

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Carleton University School of Social Work

May 2002



United Nations Association in Canada

www.unac.org

Youth are one of the most vulnerable groups to HIV infection. In their *Declaration of Commitment on HIV/AIDS* (July 2001), Member States of the United Nations declared that young people's "full involvement and participation in the design, planning, implementation and evaluation of programmes is crucial to the development of effective responses to the HIV/AIDS epidemic."¹

The United Nations Association in Canada (UNA-Canada) is committed to supporting young people's full participation in realizing the Declaration's goals. This report, initiated shortly after the conclusion of the United Nations General Assembly Special Session on HIV/AIDS (June 25-27, 2001), is the first step in a wider programme of work on youth and the global HIV/AIDS crisis.

This *Tool-kit for Action* has two components. In Part One, you will hear from a sample of youth and youth workers (based in Ottawa) on what prevention, education, and awareness strategies have reached them, what they think about these strategies, and their own ideas for effective youth-centred HIV/AIDS actions for their communities.² Part Two looks at a range of for- and by-youth public education initiatives from Kenya, the US, South Africa, Bangladesh, and Canada. Hoping that the ideas from parts one and two will inspire you to also take action on the global HIV/AIDS crisis, included at the end of the report are pointers on what kinds of strategies and programmes have worked best over the past 20 years of HIV/AIDS practice.

With everyone's involvement, a global crisis can be turned into global action.



This report was produced with the support of the Canadian Centre for Foreign Policy Development, Department of Foreign Affairs and International Trade.

¹ *Declaration of Commitment on HIV/AIDS* (2001), www.unaids.org/UNGASS/index.html

² Erin M. Brown, Beth N. Collison, and Nancy L. Rogers-Currie are authors of Part One of this *Tool-kit for Action*. At the initiative of UNA-Canada, and in collaboration with the Master's of Social Work Program of Carleton University School of Social Work, Brown, Collison, and Rogers-Currie conducted a study with youth (aged 19-24) and youth allies in Ottawa on the HIV/AIDS crisis. Through discussion groups and individual interviews with key informants (using a qualitative semi-structured interview guide), youth and youth allies were asked for their ideas about HIV/AIDS action strategies for their communities. A detailed description of the study and literature review can be found on UNA-Canada's website: www.unac.org (in English).

P A R T O N E

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What do you know about HIV/AIDS? What do you think we should be doing? Are we doing enough? These are some of the questions that we had in mind when we started this project. We invited youth and youth workers to tell us what was on their minds about HIV/AIDS. Youth and youth workers came up with a few common themes, mainly to do with what is, what isn't, and what should be happening around the world with HIV/AIDS issues.

In this section, when we say “youth told us,” “youth said,” or “youth felt,” we are talking about the diverse group of youth and youth workers who spoke with us for this study. Also, you will notice quotes in text boxes. These are the exact words of youth and youth workers who talked with us.

We hope that you find something in here that is interesting or new to you and that after reading this you will have your own ideas to add.

This study was made possible by UNA-Canada (<http://www.unac.org>) and Carleton University School of Social Work.

Many thanks are given to the youth, youth allies, and youth workers who shared their opinions and ideas, which have added so much to this report.

These are the sections that follow in Part One:

- **Glossary**
- **Can you relate?**
- **What is HIV and AIDS?**
- **How many people are infected around the world?**
- **What youth told us**
- **What can be done? Tools for action**
- **The Social Work Manifesto on HIV/AIDS**
- **Appendix: How we carried out the study** (only on website)

Glossary

HIV Infected – Someone who has been diagnosed with HIV.

HIV Affected – Someone who is not infected with HIV, but who feels her/his life is in some way touched by HIV. For example, a person’s mother / sister / friend / partner has been diagnosed with HIV.

Anonymous HIV Testing – When people go for anonymous HIV testing, they are not asked to give any information about themselves; this includes their name, their address, and their health number. If you test positive, the doctor will report to Health Canada that someone has tested positive for HIV, but will not report your name because s/he does not know it.

Confidential HIV Testing – When people go for confidential HIV testing, they give their personal information (name, address, health number) to the person who does the test. If you test positive for HIV, the doctor must (by law) contact your past and current sexual partners and tell them that someone they had sex with has tested positive. The doctor will also contact Health Canada, give your name, and tell them that you have tested positive for HIV.

Youth – The Government of Canada defines “youth” as people between the ages of 15 and 29. The youth who talked to us were between the ages of 19 and 24.

Youth Allies – Our definition of a “youth ally” is someone who is over the age of 24 and who either works with or advocates for (assists and supports) youth.

Can you relate?

- ✧ We’ve heard and we understand that many youth are bored and tired of hearing the same things about HIV/AIDS and are looking for creative ways to learn and take action on HIV/AIDS issues.
- ✧ We’ve heard and we understand that many youth are confused about the HIV/AIDS information given to them.

🔗 We've heard and we understand that some educators and parents/caregivers are looking for new ways to educate youth about HIV/AIDS.

What is HIV and AIDS?

HIV stands for Human Immunodeficiency Virus. HIV is carried through the following bodily fluids: blood, semen (cum), and vaginal fluids (including menstrual blood and breast milk). These are the only bodily fluids that have enough HIV in them to infect someone. You can become infected with HIV if one of these four bodily fluids, from someone with HIV, gets into your body and finds a way to get into your bloodstream.

Some of the most common ways that you can get HIV are: through unprotected sex (oral, anal, and vaginal contact without using new latex condoms, dental dams or gloves); sharing sex toys that haven't been thoroughly washed; sharing needles (studies have shown that used or dirty needles must be cleaned with a bleach if they are going to be shared safely); from mother to baby while giving birth or through breast milk; or from blood transfusions before 1985 (in Canada).

HIV attacks your immune system – the part of you that fights off infection – by damaging your T-helper cells (white blood cells that help fight infection).

AIDS stands for Acquired Immune Deficiency Syndrome. When you have HIV, because of damage to your immune system, you begin to experience health problems. At first these may be small problems, but over time the illnesses become more serious. The amount of time that it takes HIV to begin to affect a person's health varies widely from person to person. When you are diagnosed with one of the serious illnesses or cancers that are called "AIDS-defining," you are considered to have AIDS.

We have just barely covered the basics of HIV and AIDS. To get a better picture and more information about HIV/AIDS, you can check out these websites:

MTV in association with UNAIDS, the Kaiser Foundation, and the World Bank
<http://www.staying-alive.org>

(This is an amazing website, with tons of definitions, facts, figures, and interesting information – and it is designed for youth!)

AIDS Committee of Toronto

<http://www.actoronto.org/actweb/brochures.nsf>

Health Canada

<http://www.hc-sc.gc.ca/english/diseases/aids.html>

Health Canada – The Journey Begins

http://www.hc-sc.gc.ca/hppb/hiv_aids/youth/journey/aids.html

How many people are infected around the world?

There are people with HIV/AIDS living in every country in the world. As of December 2001, there were 40 million people worldwide living with HIV/AIDS. Everyday, about 14,000 people become infected with HIV. **Over 7000 of these newly diagnosed people are youth aged 15 to 24 years.** In some countries, like Botswana, 44 to 45% of people aged 20 to 29 are HIV positive. In Myanmar, 40 to 60% of some populations are infected with HIV. Since 1981, HIV is believed to have infected 60 million people in the world.

As of December 31, 2000, a total of 48,014 positive HIV tests had been reported to Health Canada. About 29% of these tests were from people between the ages of 15 to 29. These numbers only count the people who were tested; there could be many more people with HIV who have not been tested and do not know that they are infected.

The number of people around the world who are becoming infected, who are infected, and who are dying or have already died from HIV/AIDS is impacting the well-being of communi-

ties. In communities that are not wealthy, there are not enough resources for citizens: for example, people cannot afford medications, there is not enough health care or medical facilities, and there may be little support for people who are infected or affected. In the most affected communities (in sub-Saharan Africa):

.....
"...We're seeing a lot of young people, so what it's doing is that it's taking up this young generation, and you know, that's a scary thing, the majority of the people who are getting it are under 25..."
.....

- Children cannot get an education because their teachers are dying and some children leave school to take care of their family members who are sick. Some young women and girls also feel vulnerable at school.
- Faith congregations are disappearing because members are dying.
- There is not enough food because farmers are sick with and dying from HIV/AIDS and they cannot look after their crops.
- People cannot work because they are sick and must cover the costs of health care, which makes entire families poorer.
- Community leaders and politicians are HIV infected and are dying.

For these reasons and others, the United Nations has called the HIV/AIDS situation around the world a “global HIV/AIDS crisis.” In June 2001, the United Nations General Assembly Special Session on HIV/AIDS said that its first priority is to “ensure that people everywhere – particularly the young – know what to do to avoid infection.”

Check out these websites for more information:

.....
“...what’s happening is that people are dying, you know, we’re seeing people starting to die again...”

Canadian AIDS Society – Fact Sheet: Youth and HIV/AIDS

<http://www.cdnaids.ca/cdnaids/FactSheets.nsf>

Health Canada – HIV/AIDS Epi Update

http://www.hc-sc.gc.ca/hpb/lcdc/bah/epi/youth_e.html

United Nation – UNAIDS

<http://www.unaids.org>

United Nations – UNAIDS, World AIDS Day (December 1st)

<http://www.unaids.org/worldaidsday/2001>

United Nations Department of Public Information

<http://www.un.org/ga/aids>

What youth told us

There are many studies that talk about youth and HIV/AIDS, but have not really asked youth directly for their ideas. We wanted to hear directly from youth, who we consider to be experts on youth issues.

What youth told us about:

1. Prevention / Education / Awareness Strategies

Youth told us that they learned most of what they know about HIV/AIDS from the following places, some of which might sound familiar to you.

School-Based HIV/AIDS Education

Youth said they learned about HIV/AIDS during sexual education classes, physical education classes or science classes (Biology) and that this usually happened once during the school year. Youth felt that the main messages given to them by their teachers were “DON’T” messages, the biggest one being “DON’T HAVE SEX!” They also found that HIV/AIDS was taught as a separate topic from everything else about their health and sexuality (STIs – sexually transmitted infections, healthy relationships, peer pressure, and so on).

Parents and Caregivers

Some youth said that their parents/caregivers talked to them about HIV/AIDS and some said that their parents/caregivers did not. Messages from parents/caregivers were sometimes different from those delivered by teachers. Youth said that they often felt confused about which information to believe.

.....
“...one of the things we found with people is that they’re not interested in HIV/AIDS because it is an issue that has been treated as separate from your own sexuality, separate from your health, separate even from herpes...”

“...you’ve got to appreciate that there are people within communities who are sticking their necks out and they are saying that somebody has got to stand up for somebody...”
.....

Information From Community Sources

Youth said that they received HIV/AIDS information from a number of places in their communities. The one they talked about most was community service advertising on public transit (the bus). These ads told youth where they could get more information about HIV testing options, healthy sexuality, and local community services.

They also talked about awareness campaigns such as World AIDS Day (every year on December 1st) and health fairs at universities, malls, and community centres. These campaigns gave youth information about HIV/AIDS, STIs, and healthy relationships, as well as safer sex tips and tools to protect themselves (latex condoms, dental dams, gloves). Youth also mentioned getting HIV/AIDS information from youth drop-in centres within their communities.

Planned Parenthood Federation of Canada
<http://www.ppfc.ca/HIV>

.....
". . . yea, so, I think the bus is a great source. . . people, they underestimate the power of the bus. . ."
.....

Canadian AIDS Society (CAS)
<http://www.cdn aids.ca>

World AIDS Day
<http://worldaidsday.org>

Internet

Although some youth found the internet to be a good source for HIV/AIDS information, other youth told us that not everyone has access to a computer and the internet. They also pointed out that not everyone would feel comfortable searching for HIV/AIDS information in public spaces such as libraries and schools. In addition, some youth did not find the internet "user-friendly." For instance, the information they were looking for could be hard to find, web-pages were out of date or unavailable, and the language was often unappealing (too scientific or boring).

.....
". . . I remember seeing on the bus something called *sexualityandu.ca*. It's like this new website and I went on it and it's got all kinds of resources. . ."
.....

A number of youth mentioned the website www.sexualityandu.ca that was advertised on local buses and bus stops.

Media

Some youth told us that their first introduction to HIV/AIDS information was music, music videos, and tape/CD jackets (lyrics and awareness messages). In fact, some youth told us that this source of information had more influence on them than anything they had heard from family or teachers.

.....
". . . I was trying to remember my experiences about learning about HIV. I couldn't remember much. . . but what I do remember is being in grade 6 and learning about AIDS and HIV from a Madonna tape. . ."
.....

Religious Institutions

Youth thought religious institutions (churches, temples, mosques) and spiritual leaders (community elders) could be more involved in responding to HIV/AIDS in their communities.

2. How Youth Felt About These Strategies

Youth and youth allies were very vocal with their concerns about the formal education system, current government priorities and responses, and the many youth that fall through the cracks of current approaches to HIV/AIDS.

Current HIV/AIDS Education Strategies Within the School System (Public, Private and Religious) Are Not Working!

.....
"...and that's the problem, a lot of these programmes and curriculums are made by adults who are making choices for children who don't even know what youth are going through..."

"...I think that the worst part of HIV education right now, to me from my experience, is it is just treated as something distant from the person..."

"...and if you have no self-esteem, you aren't going to be protecting yourself, right? So, there needs to be self-esteem building too for young people, especially for young women..."

"...I think that part of the problem is the lack of sex positive sexuality education. It's a problem here in Canada and it's a bigger problem in the States. With adults who aren't even comfortable talking about sex and they are basically teaching shame when they go red in the face when they are trying to teach young people about sex. All that is teaching them is how to be quiet about sex and when you are quiet about sex you can't protect your partners about a whole whack of things, like HIV and STIs... sexual violence and everything..."
.....

Most of the HIV/AIDS prevention strategies are “abstinence-based.” These strategies teach youth that not having sex is the only way to protect themselves from HIV/AIDS. No other options are given. In reality, many youth are having sex and want/need to know how to protect themselves and their partners.

Youth felt that school-based HIV/AIDS education focused too much on people “dying” of HIV/AIDS. These “scare-tactic” messages made them feel like they could not ask questions for fear of being shamed. They felt they had gotten the message that “if you have sex, you’re going to die.”

Not all educators are giving the same information to youth. Youth and youth allies think that this is because educators themselves may not be well informed, may not be comfortable with the subject of sexuality, and may not see how HIV/AIDS relates to health in general. The result of this is that youth often feel confused about the conflicting messages they may receive from educators and parents/caregivers.

Youth felt that there is not enough time devoted to HIV/AIDS prevention and awareness within the school curriculum. Youth said that HIV/AIDS education may only happen once a year, which they thought was too little to satisfy their sense of personal protection knowledge.

Often HIV/AIDS education within schools does not talk about HIV testing. Because of this, youth feel they have not been well informed of their testing options.

HIV testing is often not encouraged within schools, resulting in youth feeling that testing is not important or necessary in their lives. The lack of discussion about testing also leaves youth feeling scared about getting tested or talking about getting tested. Youth expressed to us that they didn't know the difference between confidential and anonymous testing or even where to get tested in their own communities.

Government Priorities Do Not Support Youth and HIV/AIDS!

Youth felt that the federal government does not care enough about HIV/AIDS. The reasons they thought the government does not care are:

- There is no federal protocol for HIV/AIDS treatment for youth.
- Most of the drug trials have been done with adult men; this means that we don't have a good idea of how HIV/AIDS drugs effect young bodies and minds.
- Not enough funds are given to create safe spaces in the community for HIV+ and HIV affected youth.

.....
"*...It has to be current... if you show young people today a video from 1985, they're going to be laughing the whole time at the hairstyles and they're gonna go, 'who cares? That was like 15 years ago?' And that's all they remember... That's all I remember from the health videos in grade six... so accessibility is really important and diversity is huge..."*

.....
"*...They still get incredibly confused about HIV and AIDS and the difference and so on..."*

.....
"*...Just listen you know. That's all the government has to do, is just listen and then allocate the funds, but they don't. There is a huge investment in a system based on privilege and oppression and capitalism..."*

.....
"*...No one is going to be elected for being an AIDS representative..."*

.....
"*... If I were new to Ottawa, I wouldn't know where to go [to get tested]..."*

.....
"*... I hate hospitals, and you know, I've been in situations, where I'm like, go and get tested and that kind of stuff, but I've never been tested..."*

.....
"*...Clinical settings are so impersonal..."*

- Youth also thought that there are not enough places to get HIV testing that they would feel comfortable visiting.
- Some youth told us that they have not been tested yet because they feel scared or intimidated by “clinical settings,” like hospitals.
- Youth felt that certain populations of young people are particularly left out of community services, including young women, Aboriginal youth, youth living on the street (homeless youth), and youth not living in bigger cities (youth who live in small rural areas where there may not be hospitals or clinics).

Current School-based Strategies Leave Too Many Youth Out!

Youth thought that a lot of people are missed by HIV/AIDS education in schools. Youth who do not go to school (street youth, youth in prison) miss out on all education that happens in schools. Youth who do not take physical education (where most HIV/AIDS education happens) are left out. Youth whose first language is not English or French might have a hard time understanding the vocabulary of HIV/AIDS.

Educators often only talk about heterosexual sex (sex between men and women) when teaching about HIV/AIDS and sex education in general. Youth said that gay, lesbian, bisexual or transgendered (GLBT) youth would not learn how to protect themselves. By talking only about heterosexual sex and relationships, GLBT youth may also be taught to think that their relationships don’t matter and aren’t considered “normal.”

Youth told us that youth with disabilities are often left out of HIV/AIDS education. Part of this has to do with the idea that people with disabilities do not have sex. This is not true. People with cognitive, mental, and physical disabilities have intimate relationships and they need to know how to protect themselves during sex.

.....
“...let’s just take the regular sort of sex-ed, from when I was in high school, there was an assumption in the language that it was a heterosexual relationship...”

.....
“...people are still going to be injecting anyways, people are still going to be having sex anyways...”

Youth also thought that not enough is taught about needle use and HIV/AIDS. In schools, it seems like HIV/AIDS is mostly talked about in relation to sex. People who use needles are often described as “junkies” (illegal injection drug users, who use drugs like heroin or cocaine). However, some youth living with diabetes need to inject

insulin to stay healthy. Also, some youth might inject doctor-prescribed steroids for medical conditions or inject steroids illegally. Youth who are injecting any kind of drug need to know how to use needles safely.

Some youth found the following website on “harm reduction” helpful:
<http://www.mylifeboat.com>

3. HIV/AIDS: Not Me, Not My Community, Not My Country

All the youth who talked with us expressed a concern about the stereotypes that exist for people living with HIV/AIDS. Youth said that people in society seem to blame HIV/AIDS on groups to which they do not belong. For instance, youth said that they had heard family, friends, and the media make statements and assumptions like the ones below:

- ↳ HIV/AIDS is only in Africa.
- ↳ HIV/AIDS only happens in Aboriginal communities.
- ↳ HIV/AIDS is a gay disease.
- ↳ HIV/AIDS is a white person’s problem.
- ↳ Only junkies and prostitutes get HIV/AIDS.
- ↳ Young people don’t get HIV/AIDS.

.....
“...AIDS is something that is not geographically limited.
It is not something that exists on the other side of the ocean.
It is not something that exists in certain atmospheres.
It’s not something that exists in certain altitudes. The only
reason it is in Africa is because that’s where lots of poor
people are and that’s where they say it started, but no one
really knows. It could’ve started in Toronto...”
.....

Youth told us that HIV/AIDS seems to be treated differently than other illnesses, such as cancer or diabetes. There is a stigma attached to the people who are infected with HIV. Because of this stigma, people are often blamed for being infected with HIV and made to feel ashamed for having HIV/AIDS. This stigma may prevent people from talking about their illness and from getting support from family, friends, and services. This stigma may also stop people and communities from offering support. Stigma is not only attached to HIV/AIDS. People who are part of a group that is discriminated against (for example, women, youth, non-white, poor, GLBT, etc.) are often blamed or made to feel ashamed for being who they are. People living with HIV/AIDS who are female, poor, non-white, etc., may experience a “double-stigma.”

.....
"...we don't want to believe that we have it, we don't want to believe that our brother has it, we don't want to believe that our friends have it..."

"...that whole idea, it's not in our community, our community is immune to it..."

"...HIV is everybody's business and it shouldn't be dumped just on the gay community anymore, but it can't be ignored by the gay community either. So, there is that balance there..."
.....

International organizations, such as the United Nations, agree that stigma is harmful. They have found that people who experience stigma(s) have a higher risk of becoming infected with HIV. For example, if you live in poverty you are less likely to be able to afford HIV/AIDS treatment/medication, or if you are a youth you may not feel comfortable going to a programme for adults.

Youth wanted to emphasize that HIV/AIDS can affect anyone, anywhere. Because we all could be infected or affected by HIV/AIDS, we need to think about how we can help prevent HIV/AIDS and support people living with HIV/AIDS.

What can be done? Tools for action

Youth had some ideas about what they would like to see and how they could get involved in HIV/AIDS strategies. Here are some of the tools they suggested.

Youth would like to see **MORE...**

- ✧ Sex-positive education in schools that is not only based on “no sex,” but also talks about how to have “safer sex.” Although youth understand that abstinence is an option, they want to hear about more options. Let’s face it, many youth have sex and need to know how to protect themselves and their partners.
- ✧ Information given to them about how youth and their communities around the world are affected by HIV/AIDS. They think that this would help youth to see that HIV/AIDS is not only a problem in Africa; it is a serious issue around the world.
- ✧ Youth teaching youth about HIV/AIDS. Some youth call this “peer-to-peer education.” This kind of education could involve youth who are infected or affected by HIV/AIDS sharing their own experiences and stories. These stories and experiences are often referred to as “testimonials.”

🌀 Train-the-trainer programmes and opportunities for people who work with youth. These programmes provide the people responsible for educating youth about HIV/AIDS (teachers, community workers, and other people with leadership roles in their communities) with up-to-date information and creative ways to share this information.

.....
“...in an ideal world there would be condoms in every high school bathroom...”

“...and trying to get the message out there to other youth and using your experience as one to learn from and grow from was great...”
.....

🌀 Support for parents and caregivers to learn how to communicate better about HIV/AIDS with their children. Information needs to be more accessible to parents with questions and concerns about HIV/AIDS. Programmes should not only be located in downtown cores of cities, but in suburbs and smaller communities as well.

🌀 Diversity of experiences and lifestyles included in HIV/AIDS education. In order for HIV/AIDS education to be meaningful and important, youth would like to see their own lives and choices reflected in HIV/AIDS education. For instance, sex education must include GLBT and heterosexual issues.

🌀 Creative and interactive ways of learning about HIV/AIDS. Many youth are tired of being “talked at” by educators who may not be comfortable or open about sexuality and HIV/AIDS. Youth had heard about and were interested in seeing theatre, radio, and discussions dealing with the topic of HIV/AIDS.

🌀 Community services for youth, designed with the help of youth. Some youth may not feel comfortable getting involved with programmes designed by adults. Many youth are looking for more “youth-friendly” places where they can get information about HIV/AIDS, HIV and STI testing, support, and counselling. There are some great “youth-friendly” programmes already out there, but more are needed especially in smaller communities.

.....
“...So, it's important to have safe spaces where young women can go in and not have to worry or be scared to talk to other women about their experiences...”

“...and the only reason we're here today is because someone, somewhere, pushed the issue. And this issue became a theme and the theme became a programme. Something is happening. And what is happening now is a lot better than what was happening 10 years ago...”
.....

🌀 Government encouragement, support, and funding for all of the good work that individuals, groups, and organizations are presently struggling to create and sustain.

Some examples of the good work that is happening and that youth would like to see more of include:

SPEAKERS BUREAUS AND PEER-FOR-PEER EDUCATION

Some community and non-profit agencies organize individuals to give presentations on HIV/AIDS. These speakers can be invited to present at schools, prisons, community centres, police stations, religious institutions, and in smaller communities. This idea of arranging speakers is called a “speakers bureau.” Youth interested in sharing their stories with other youth can also become involved with a speakers bureau. This type of information sharing (youth speaking with other youth) is known as peer-for-peer education. This can be an opportunity for youth who are infected and affected to share their stories and experiences with other youth. This presents an opportunity for youth to meet with people LIVING with HIV/AIDS.

.....
“...Like, what about people who live with HIV and are managing it everyday and it is a normal part of life and that’s that...”

“...youth speaking to youth or an adult speaking to an adult, women speaking to women, it’s powerful you know. You have it right in front of you, you can’t say ‘you have no idea.’

They do, they do have an idea...”
.....

Positive Youth Outreach (Toronto)

<http://www.positiveyouth.com>

YouthCO (Vancouver)

<http://www.youthco.org>

THEATRE

Community and school-based theatre groups that create and perform plays and skits about real life issues. Plays about HIV/AIDS often express situations that youth can identify with and present different ways of handling these experiences. Discussion and question periods often follow these kinds of performances. Some of these productions are created by youth and involve youth actors. All the youth we spoke with agreed that theatre is a great way to learn.

Planned Parenthood Ottawa

<http://www.planparenthoodottawa.on.ca/theatre.html>

YMCA AIDS Control and Rehabilitation Programme

http://www.ymca.int/Publications/YMCAWorld/June2002/2_2000Kenya.htm

MASS MEDIA

Radio, music, and the internet are all ways that HIV/AIDS information can be delivered to youth. In Africa, radio programmes have been very successful in spreading information about HIV/AIDS to youth. This strategy is becoming more popular in Canada on independent and campus radio stations. Music concerts and musicians have been active in promoting awareness about HIV/AIDS to youth through lyrics and benefit concerts. There are a number of websites dedicated to sharing information that youth might find important; however, make sure the websites you look up are up-to-date in their HIV/AIDS information. Some websites have message boards for youth to post questions and share experiences.

MTV in association with UNAIDS, the Kaiser Foundation, and the World Bank

<http://www.staying-alive.org>

RELIGIOUS/SPIRITUAL COMMUNITIES

Because of their influential roles in people's lives, some youth feel that it is important for churches, mosques, temples, and spiritual organizations to provide space for the discussion of HIV/AIDS issues. Some religious and spiritual communities are making HIV/AIDS education a priority. For example, some churches in sub-Saharan Africa are talking openly about HIV/AIDS and working with their communities around prevention and support to people living with HIV/AIDS.

Catholics For A Free Choice

<http://www.condoms4life.org>

AIDS National Interfaith Network

<http://www.thebody.com/anin/aninpage.html>

.....
"*... When you look at what's going on overseas, I mean, there are a lot of churches that are involved because most of their population has HIV, so, I think that that needs to happen more here, and not just churches, but mosques and temples, and you know, we need to figure out a way of working with communities around that...*"
.....

UNITED NATIONS AND INTERNATIONAL ORGANIZATIONS

The United Nations and other international organizations have a commitment to preventing the spread of HIV/AIDS and caring for people infected and affected by HIV/AIDS. There are too many projects and programmes to list, but here are some websites for more details:

UNAIDS

<http://www.unaids.org>

UNAIDS – List of international organizations

<http://www.unaids.org/links/activist.asp>

UNICEF

<http://www.unicef.org/programme/hiv/mainmenu.htm>

The Canadian International Development Agency (CIDA)

<http://www.acdi-cida.gc.ca/aids.htm>

INTERNATIONAL SOLIDARITY

There was an expressed interest by youth to connect with other youth around the world. Youth thought that learning from each other, sharing experiences, and supporting each other would be a meaningful way to better understand the global HIV/AIDS crisis. A global youth understanding of HIV/AIDS would have the potential to lead to youth and their communities sharing effective strategies and ideas for action.

.....
*"...So, it's a question of like listening and sharing power
and making it so people have empowered choices and groups
have resources and can choose what they want to do and have
something to work with because, um, grassroot activists
who exists all over the world, they know what's going on..."*
.....

Youth Against AIDS

<http://www.yaids.org>

AIDS Quilt

<http://www.aidsquilt.org>

Some Final Messages From Youth...

This is what youth wanted us to know. We would like to leave you with these final thoughts and ideas. We know that you will have your own to add.

For Youth...

- 🌀 Find out as much as you can about HIV/AIDS.
- 🌀 Keep asking questions.
- 🌀 Find a teacher who you trust and tell her/him what you want to be learning about HIV/AIDS in school. If you do not think this person is listening, tell someone else. Keep talking until someone listens to you. You can also try contacting an AIDS Service Organization (ASO) and ask them to approach your teacher. Do not get discouraged!
- 🌀 Increase your understanding of communities and cultures around the world.
- 🌀 Volunteer in your community with agencies and organizations that promote HIV/AIDS awareness, prevention, and support.
- 🌀 If you do not like what is out there, find out how to start something new.
- 🌀 Be critical about what you hear from your friends, your family, your teachers, and the media. Find out where they got their information.
- 🌀 Feel good about who you are.
- 🌀 Youth are experts on youth issues. Trust yourself.

.....
". . . It's good to say, like, 'made by youth,' but if you really don't use youth and you just use like the experts that come in and take over, then the whole effort has been lost. . ."

". . . Listen to us, if you want them to live healthy, happy, safe lives you need to listen and you need to encourage open dialogue and you need to educate yourself and you need to figure out your own blocks around this. . ."

For Parents...

- 🌀 Find out as much as you can about HIV/AIDS.
- 🌀 You and your children can learn a lot from each other.
- 🌀 Be available to talk to your children about important issues in their lives even if it makes you feel uncomfortable. If you feel that you can't, find someone who can talk to your children.

.....
". . . I think it's really important for us to keep, you know, the doors open to what can happen and to understand that youth do have a voice and can do a lot. . ."

✧ Staying silent about sexuality and HIV/AIDS will not protect your children.

For Service Providers...

✧ Keep up the good work!

✧ Be sure to involve youth in all decisions about service planning and delivery that affect youth.

✧ Invite and encourage youth to sit on your boards and committees.

For Federal and Provincial Governments...

✧ Make youth a funding priority.

✧ Continue to hold HIV/AIDS as a funding priority.

✧ Include youth in medical and social research on HIV/AIDS.

The Social Work Manifesto on HIV/AIDS

As social workers, we are concerned about the impact of HIV/AIDS on our communities and are dedicated to supporting and caring for people infected and affected by HIV. The Canadian Association of Social Workers, the International Federation of Social Workers, and the International Association of Schools of Social Work, with the help of many people from all over the world, have created a “manifesto” calling social workers and social work educators to take action on HIV/AIDS.

To read the entire manifesto, see:

<http://www.ifsw.org/Publications/4.13e.pub.html>

Appendix: How we carried out this study

This section is published on UNA-Canada’s website (www.unac.org) in English.

P A R T T W O

Because HIV/AIDS represents the greatest threat to the health and security of our generation; And because more than half of all new HIV/AIDS deaths occur in young people under the age of 24; And because HIV/AIDS is set to destroy much of our generation in Africa and is an increasingly deadly force in Asia and the Pacific, the Caribbean, South America, and in communities in North America and Europe; We, the youth of the world, annex this document to the Dakar Youth Empowerment Strategy in recognition of the crucial relevance of the HIV/AIDS crisis to all issues facing youth in the 21st century.

Excerpt from the Dakar Youth Empowerment Strategy: Annex on HIV/AIDS, Fourth World Youth Forum of the United Nations System, Dakar, 6-10 August 2001
www.unfpa.org/adolescents/docs/dakarstrategy.doc

Youth responses around the world

You've just read about conversations with youth and youth workers on what is and what should be happening on the HIV/AIDS scene in Canada. We will now look briefly at how youth in other countries are responding to the global crisis, and list some pointers for initiating a successful youth and HIV/AIDS project. Perhaps reading about what has worked in other contexts will inspire you to "import" and activate a model in your own area, or will spark a whole chain of other ideas...

Reality check

At the end of 2001, 12 million young people were living with HIV/AIDS and more than 7000 youth have become newly infected each day since.

What do these figures really mean? What do they mean for young people in the most seriously affected areas – for example, in sub-Saharan Africa where more than 70% of HIV-positive youth live? Well, if a medium to large high school in Canada has about 1500




students, that's more than 4 high schools *per day* in which the entire student population becomes HIV-positive. And that's just young people.

Global targets

The news is not all discouraging. With strong national strategies, combining the efforts and expertise of government, private sector, and NGOs, countries like Brazil, Thailand, Uganda, and Senegal are turning the epidemic around in their countries. For example, Thailand has reduced its infection rate from 140,000 per year a decade ago to 30,000 per year now. In Uganda, HIV prevalence among pregnant women has fallen from 29% in 1992 to 11% in 2000.

There is growing global momentum too. World leaders agreed to pursue common targets at the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS in June of 2001; and in August of 2001, youth leaders at the Fourth World Youth Forum in Dakar, Senegal – in slightly stronger language – called upon governments to fulfil these commitments with the participation of youth and civil society.

In the *Declaration of Commitment on HIV/AIDS*, Member States of the UN declared the global HIV/AIDS epidemic a “global emergency” and agreed to:

-  develop and implement, with the participation of youth, national strategies for combating HIV/AIDS including financing plans (by 2003)
-  reduce HIV prevalence by 25% among youth aged 15-24 (by 2010)
-  ensure that 90% of youth aged 15-24 have access to information, education, and services necessary to reduce their vulnerability to HIV infection (by 2005) ¹

Youth strategies

Youth everywhere are already responding to the HIV/AIDS crisis – in youth to youth initiatives and outreach to the broader community, at local, national, regional, and global levels. Here are a few examples.

Turning the tables

KENYA

Africa Alive! is a network of African youth organizations promoting AIDS prevention and safe sexual behaviour through the medium of popular entertainment. The prevention message is integrated in comics, music lyrics, public service announcements with entertainers, articles in newspapers and magazines, and TV shows, to name a few.

In Kenya, while 14% of the adult population (ages 15-49) was HIV-positive at the end of 1999, prevalence among specific populations (e.g. pregnant women, youth, sex workers) can be much higher. Among tested sex workers in Nairobi, HIV prevalence is extremely high: 62% in 1985, rising to 82% by 1992.

Africa Alive!'s **Kenya chapter** saw that DJs were uniquely placed to reach youth with key messages on reducing risky behaviour. They work in nightclubs: places where young people – male and female – congregate, drink, mix, dance, and possibly meet new sexual partners. DJs are the driving force behind the medium of entertainment – and tend to be role models too.

After attending a training workshop on integrating HIV/AIDS prevention messages into their shows, club DJs in Mombasa, Nairobi, Kisumu, and Eldoret have started bringing those messages to some of the hotspots for urban nightlife. Preliminary results have shown that in the relaxed and fun atmosphere of a nightclub, youth audiences are open to the message.

Web address: www.africaalive.org

Respect and credibility are important when it comes to communicating with youth. Being a role model is one way. Having firsthand experience of the issues is another. Edwin Odera, a young person living with HIV/AIDS, spearheaded a campaign for students to establish and run Anti-AIDS clubs in their schools. Working with the **Kenya Society for People with AIDS** (KEPSA) in western Kenya, Odera inspired thousands of students to link with each other in schools and direct their own actions on HIV/AIDS. Odera died of AIDS in June 1997, but his campaign is carried on by KEPSA.²

Web address: see www.annea.or.tz

From outrage to action

UNITED STATES

Just as students and young people in the US have mobilized in the past to protest war, apartheid, and civil rights abuses, the **Student Global AIDS Campaign** (SGAC) is organizing youth in the US to fight the global HIV/AIDS pandemic – by taking aim at their own government’s policies.

While only 3.79% of the 40 million people living with HIV/AIDS are from the developed world, the vast majority of annual HIV/AIDS expenditures is still spent in wealthy, industrialized countries like the US.

Coordinated advocacy, education, training, and direct action by hundreds of members across the country push for vastly increased US global AIDS spending, total bilateral and multilateral debt cancellation, and guaranteed access to treatment and care.

A straightforward “What Can I Do?” list on their website encourages members (and site visitors) to communicate with their elected officials, become an active member of a local branch of SGAC, do media outreach work, organize a regional conference, or become a ‘national leader’ of the campaign by strategizing and leading national work on topics ranging from lobbying to chapter development, research and education, and international partnerships.

Website address: www.fightglobalaids.org

Dead men don’t play

SOUTH AFRICA

Soccer is somewhat unique in having mass male participation, as both players and supporters, and particularly among the age range that is most vulnerable to HIV infection: young men. It is played and has widespread appeal in both rural and urban areas. And it receives a tremendous amount of media coverage. These are the ingredients for a powerful public education campaign.

In South Africa, a woman is leading teams of young male soccer players engaged in the **Shosholoza Programme**. Gethwana Makhaye started her HIV/AIDS work with women, but soon realized that awareness raising and behaviour change initiatives targeted only to women were missing an important part of the equation. The young male players engaged in her programme undergo training to become peer educators – a training regimen involving counselling, group work, even sewing – and then speak when or wherever they can to others about HIV/AIDS prevention, sexuality, and gender equality, encouraging those around them to change their behaviour by way of example.

At the end of 1999, already 20% of the adult population in South Africa was HIV-positive and current prevalence among youth is thought to be still higher. In the province where Makhaye works, KwaZulu-Natal, 36.2% of pregnant women attending antenatal clinics in 2000 were HIV-positive.

In this climate, there are strong reasons for these ambitious youth to train with Shosholoza and to heed the prevention messages. The programme is clear on this: they won't be able to play with the revered national team, Bafana Bafana, if they're dead.³

Youth in showbiz

BANGLADESH

A recent study in Bangladesh found that 96% of girls and 88% of boys between the ages of 15 and 19 did not know of any way to protect themselves against HIV infection. Prevention education efforts are not working.

Youth volunteers with the **Family Planning Association of Bangladesh** (FPAB) are experimenting with using mass media as a means of reaching young people: they are in the business of making TV shows that will help carry important health information to a mass audience.

Following the success of several radio and TV talk show programmes on adolescent sexual and reproductive health, FPAB decided to produce a seven-episode TV drama incorporating HIV/AIDS issues and other social and health topics of concern to young people. This time though, young people played a key role in designing the series,

making sure that messages communicated through the script were youth-friendly, relevant to both urban and rural youth needs, and appealing. The new approach worked: after airing, 60,000 viewers wrote in to comment on the series.⁴

Web address: www.ippf.org

The writing's on the wall

CANADA

One of the significant and emerging risks among youth in Canada is a sense of invincibility vis-à-vis HIV/AIDS. Some youth feel that drug therapies will save them – and their quality of life – if they become HIV-positive, and others believe that HIV/AIDS is only a risk for certain groups. But all youth are at risk of HIV infection. Prevention education is clearly still a necessity, and the need for it is growing.

The **Canadian AIDS Society** (CAS), a national coalition of community-based AIDS organizations, is experimenting with using art – graffiti mural art – to engage and educate youth in HIV/AIDS prevention, and to get youth to educate others through art. In collaboration with a professional artists' collective, CAS is launching an HIV/AIDS graffiti project to empower the youth involved in creating the mural and to bring a powerful prevention message to a much wider audience through public art.

Youth are involved in all aspects of the project from planning and fundraising to publicity and evaluation. And 'expression' is not restricted to the graffiti art itself. Project participants are responsible for producing communications and promotional materials (including newspaper articles, posters, rave cards), planning and carrying out the graffiti work, and launching the mural. The preliminary 5-day workshop focuses on HIV/AIDS education – ensuring that this theme informs their graffiti work – as well as practical art training.

Web address: www.cdnaids.ca

What works? Lessons from 20 years of practice

The above are just a few of the diverse examples of how youth are effectively responding to the global HIV/AIDS crisis. What do these examples have in common and what do you need to know to ensure that *your initiative* can be effective too?

In 2001, UNESCO and UNAIDS prepared a guidebook for youth organizations on HIV/AIDS and human rights, focusing on public education, peer education, advocacy, and care and support initiatives. They found that the **most successful programmes** in these theme areas share the following characteristics:

- they involve people living with HIV, and the wider community, in all stages (in planning, implementation and evaluation)
- they recognize the realities that people face in their daily lives, and take people's own needs and interests as a starting point (rather than, for example, start from their own assumptions about people's knowledge, beliefs or attitudes)
- they create open attitudes and accept how people are (rather than be critical or judgemental)
- they use positive images and friendly messages (not frightening or authoritarian)
- they develop skills and knowledge (rather than tell people what to do)
- they win support from people in positions of authority (for example teachers, doctors, religious leaders, professional associations, government officials)
- they recognize that even well planned approaches sometimes fail (and, therefore, review progress and adjust the programme when needed)
- they carry out some form of evaluation, however brief (so that the activity can be replicated or improved by the same group or by others in the future)

If your planned initiative is a **public education campaign**, they recommend that you:

- consult and involve relevant community groups, including people living with HIV/AIDS

- make your messages short, direct, and adapted to the target group’s lifestyle and motivations
- test images and messages by getting reactions from a representative sample of people
- be provocative and controversial if needed, but avoid offending others
- present positive images; remember that people living with HIV and AIDS have the right to lead full lives for a long time
- aim to motivate people – this works better than telling them what they have to do ⁵

Out there

So, what now? Well – we hope that this report has increased your understanding of the global HIV/AIDS crisis. And even more so, we hope that you are inspired to get up and get going in the fight against HIV/AIDS. Be unique in the way that you get involved – “off the wall” (though still well planned!) ideas are sometimes the most effective.

Keep up-to-date on what’s happening – on the global HIV/AIDS situation, what youth are doing globally, what your government is doing, and what initiatives are taking place in your own community.

And finally – though it really comes first – continue to challenge and change your own behaviour and attitudes.

¹ From the Declaration of Commitment on HIV/AIDS (2001), www.unaids.org/UNGASS/index.html

² See *UNAIDS Best Practice Digest*, www.unaids.org/bestpractice/digest/files/YouthinKenya.html

³ See “Once were heroes” in IDASA’s *Siyaya!* magazine, Issue 8, Winter 2001, Cape Town, South Africa, www.idasa.org.za

⁴ See “Involving teenagers in creating TV dramas” in *Real Lives*, Issue 7, January 2002, International Planned Parenthood Federation (SAR), London, UK, www.ippf.org/regions/sar/rl/issue7

⁵ *HIV/AIDS and Human Rights: Young People in Action: A kit of ideas for youth organisations*, UNESCO & UNAIDS (2001), www.unaids.org/publications/documents/human/JC651-HumRights-Linked-E.pdf

