

INTRODUCTION

Youth who do not attend school or who drop out prematurely miss many of the fundamentals of basic education reading and writing skills, mathematics, and science. But they are also disadvantaged because they lose a valuable opportunity to learn about reproductive health and HIV in a stable and credible environment: the classroom. Such youth are vulnerable to misinformation from unreliable sources or possibly never learn about the issues at all. While some parents fulfill their roles as educators by openly discussing these health concerns with their children, others avoid the topic because of embarrassment or lack of knowledge or skills. In some parts of the world, a growing number of out-of-school youth have lost their parents to AIDS.

Worldwide, some 120 million school-aged children are out of school, and slightly more than half of these are girls, according to UNICEF. Fortunately, some of these young people receive health information through innovative programs. One program brings education to rural youth in conjunction with agricultural training. Another uses radio to teach youth about HIV and reproductive health. Still another integrates health information with clinical services for high-risk youth. But most youth are not so fortunate in benefiting from these pilot projects.

The HIV/AIDS epidemic is increasingly a problem of youth, especially in parts of the developing world. Governments have noted with grave concern the fact that new HIV infections are heavily concentrated among youth and that there is a lack of information available to help youth to understand their sexuality, including their ability to protect themselves from HIV infection and sexually transmitted diseases and to prevent unwanted pregnancies.

RESEARCH METHODOLOGY

For the purpose of collecting all important data and information required to be processed for establishment of this report-content, secondary data collection is chosen to gather all available information regarding involvement and contribution of youth in promoting as well as applying a concept of HIV/AIDS in both governmental matter and their daily lives. Different sources ranging from journal papers to published news are used to extract and gather all factual information regarding youth-involvement in HIV/AIDS. A similar method is also used to gather all responses from various stakeholders towards youth and HIV/AIDS. The sources are carefully chosen in order to ensure quality of the content, relevance, and ease of comprehension. Reason of choosing secondary data collection is based on a fact that varieties of source are largely available in electronic network.

LITERATURE AND FACTUAL REVIEW

FACT-SHEET AND ITS EXPLANATION

Around the world, 5 million young people are living with HIV and with 41 percent of new HIV infections occurring among young people, that means every 30 seconds, another young person becomes HIV-positive. Most live in the Global South in countries that lack the resources to meet their needs. They face widespread stigma in a world that still often misunderstands HIV and fears or blames those who have it and the majority of HIV-positive youth are women, placing them at an even greater societal disadvantage in many countries. Most deaths from AIDS also occur in low and middle income countries. HIV prevention education, voluntary counseling and testing (VCT), treatment, and care programs can help young people prevent HIV, live with HIV, and reduce related stigma and discrimination, but more programs are needed. There are millions of young people living with HIV/AIDS is explained as below.

- Young people in every nation, of every race/ethnicity, and at every income level are living with HIV. But the epidemic is more concentrated in some geographic areas and among some populations.
- Most youth living with HIV are women. Overall, 64 percent of youth living with HIV are young women, while in sub-Saharan Africa, 71 percent of youth living with HIV are young women.
- In some countries, young sex workers are also at particular risk of contracting HIV. In a study conducted in St. Petersburg, Russia, 33 percent of sex workers who are under 18 years of age were HIV-positive.
- Young people who inject drugs can also be at increased risk of HIV. In a study conducted in Vietnam, 48 percent of injecting drug users were less than 25 years old, 24 percent of them had started injecting within the previous 12 months, and of these, 28 percent were infected with HIV.

RESPONSES FROM VARIOUS STAKEHOLDERS

INTERNATIONAL RESPONSES

More than 30 years into the HIV and AIDS pandemic, it remains one of the most serious challenges to global public health. Around the world, 5 million young people are living with HIV and with 41 percent of new HIV infections occurring among young people, that means every 30 seconds, another young person becomes HIV-positive. In 1996, the UN organized the Joint United Nations Programme on HIV/AIDS (UNAIDS), which now has seven cosponsoring bodies: the United Nations Children's Fund (UNICEF); the United Nations Development Programme (UNDP); the United Nations Population Fund (UNFPA); the United Nations International Drug Control Programme (UNDCP); the United Nations Educational, Scientific and Cultural Organization (UNESCO), WHO and the World Bank. UNAIDS is designed to be the leading advocate for an expanded worldwide response to HIV/AIDS. Below are the actions that have been taken from international responses to youth that affect the HIV/AIDS.

- Strengthen capacities of state and civil society institutions to effectively plan, implement, monitor and evaluate national and sub-national multi-sectorial HIV/AIDS strategies and action plans, and to promote healthy life style with the special focus on youth;
- Develop capability of the public sector institutions to protect the human rights of people affected by HIV/AIDS, especially youth, to address gender and HIV linkages in policies and plans and to ensure equal access to prevention, treatment, care and support services for men who have sex with men and transgender people;
- Enhance national health care system to ensure effective diagnostics and treatment of tuberculosis;
- Support and strengthen national capacities to test and implement innovative youth development approaches.

GOVERNMENT RESPONSES

HIV and AIDS have been described as the greatest developmental challenge in many countries today. Its impact is being felt in all sectors of the society. The epidemic has the greatest impact among the youth and the most economically productive age group of society. As the pandemic reaches new dimensions, it is reversing the economic gains since independence. Already there is a decline in life expectancy and the epidemic is overwhelming the health and social services delivery systems. It is contributing to the deepening poverty situation.

There is a demonstrated unparalleled political and economic commitment by the country's leadership spearheaded by the head of state. The National AIDS Council (NAC) was established four years ago so as to provide leadership and 5 policy direction in mobilizing the multi-sectorial approach that was adopted as a cornerstone for the HIV/AIDS response. NAC is the highest national level policy making body. The National AIDS Coordinating Agency (NACA) has also been established to serve as the secretariat to the NAC. NACA is mandated to coordinate HIV/AIDS activities at the national level. NAC also enjoys membership from the Parliamentary Select Committee on HIV/AIDS which ensures the representation of parliamentarians across all political parties. This committee also links central level political leadership to district and community level political leaders such as Councilors.

The governments have engaged in a strong advocacy approach led by the state President to mobilize the resources both locally and internationally. HIV/AIDS has been declared a national crisis. This resulted in a tremendous support especially locally where the private sector, the civil society in partnership with government strengthened established prevention, care, and support, impact mitigation, stigma and discrimination elimination programs. Government Ministries/departments have developed their individual HIV/AIDS policies informing their workplace HIV/AIDS programs. Some have gone further to develop strategic frameworks and medium term plans. AIDS coordination and management structures have also been established across government ministries and departments. All the Districts have established District Multi-Sectorial AIDS Committees (DMSAC) which has the responsibility of coordinating HIV/AIDS activities at the district level. Sub-DMSACs have also been initiated in some of the sub Districts.

Village Multi-Sectorial AIDS Committees are also being established at village level although the process is still slow. HIV/AIDS prevention and Care and Support programs such as Community Home Based Care (CHBC), Voluntary Counseling and Testing Centers (VCT), Anti-retroviral Therapy (ART) and the Orphan and Vulnerable Children (OVC) are being implemented in many districts across the country.

PRIVATE SECTOR RESPONSES

Private sector has strengthened its work with businesses by promoting their involvement in HIV/AIDS prevention, and is focusing on the young people. It supports work of the World Economic Forum in the establishment of National Business Coalitions on HIV/AIDS and the Global Business Coalition on HIV/AIDS, as well as several similar entities at the country level to promote the involvement of business in HIV prevention and care. Private sector organizations are provided in implementing the International Labour Organization code of practice for sound workplace programs.

The private sector has seen the introduction of new health insurance options. Facilities such as the Health-is-Vital Risk Equalization Fund and the Health Plan's Blue Diamond were established to equalize risk amongst medical schemes and to establish schemes for lower income beneficiaries for the youth. These schemes offer day-to-day medical aid benefits for the employed yet uninsured workforce, and include out-patient care and hospitalization services for HIV and AIDS.

Private sector are ideally placed to deal with AIDS since they can reach millions of youth through care programs in collaboration with NGOs, support national AIDS campaigns through high-level advocacy, and lobby for greater action and partnerships with government and civil society, including young people living with HIV. Relationships are also fostered directly with businesses with the aim of developing examples of care education in HIV and AIDS for others to follow.

The private sector has experienced a loss of productivity due to illness, absenteeism to care for sick young people and to attend funerals, and loss of skilled and

experienced young workers. The private sector is also increasing expenditures on health, disability, pension and death benefits, which contributes to decreased profit margins.

The increasing involvement of the private sector in responding to the impact of HIV/AIDS in the workplace and beyond has been influenced by the exceptionality of HIV/AIDS, which makes the epidemic a wider development challenge, and by the inability of government in some of the most affected countries to take on a larger share of the burden of HIV/AIDS on the country

NGO RESPONSES

NGOs and CBOs have since been actively engaged in various ways to mitigate the spread of HIV/AIDS, the care of those affected and infected, and in supporting young people. Non-government organizations have made significant contribution in the health sector by their innovative genius in the areas of health, family welfare and in arresting the spread of communicable disease such as HIV/AIDS.

Non-government's general objective is to prevent the epidemic from spreading further and to reduce the impact of the epidemic not only upon the infected young people but upon the health and socio-economic status of general population at all level. Below are the actions of non-government in order to prevent the epidemic of HIV/AIDS to young people.

- Preparation, documenting and dissemination of educational or awareness material for instance audio or video on HIV/AIDS, sex education and life education which suitable for young people that give opportunities for them to learn the new things about HIV/AIDS.
- Co-ordination and interactions with various NGOs working in the areas of HIV/AIDS and life education and providing them necessary technical inputs for their functioning.
- Provide educational and counseling services in the areas of HIV/AIDS.

MEDIA RESPONSES

HIV/AIDS has rarely been out of the headlines since the disease was identified in 1981. The media such as newspaper, radio and television has reported the global epidemic as a significant threat to the health of youth especially girls. At the same time, because the issues surrounding AIDS provoke strong emotional reactions, the media has also frequently presented the epidemic in accurate and sensationalist terms.

In Bangladesh, the main access to information about HIV/AIDS is through the media. The media plays a primary role both in providing information about the disease and in shaping public attitudes towards both the disease and those affected by it. However, there may be a conflict between the media's role in providing accurate information advertisement and its priorities in representing a particular political, social or religious point of view. Moreover, only certain forms of information have news value.

First, the media give the news reporting on HIV/AIDS regarding the new epidemiological information, new scientific information, and new government policies. Second, writing background articles on HIV/AIDS and sexual health (with general educational value). Rather than focus on statistics or sensationalized stories of young people who are ill or dying of AIDS, reporting on AIDS should include more of a youth focus and practical materials. Examples of young people who are managing to live productive, full lives despite their HIV infection will do a great deal to reduce the discrimination and despair associated with AIDS.

To enable media to play their role effectively, their right to information should be acted upon without shunning the issue of confidentiality. It is the duty and role of other actors in this field to provide the media with information so that they can write useful and relevant articles. Individual journalists reporting on HIV and AIDS therefore have a huge responsibility to inform the public fairly and accurately about the virus. This responsibility outweighs their own attitudes and prejudices, and any pressure they may be under to provide sensational, badly researched and inaccurate stories.

YOUTH RESPONSES

Young people are being appreciated as a resource for changing the course of the epidemic. They are responsive to HIV prevention programs and are effective promoters of HIV prevention action. Investing in HIV prevention among young people is likely to contribute significantly to a more sustainable response to HIV/AIDS. Several lessons have been learned over the past years that can be applied to planning effective actions to focus more on young people in the HIV epidemic. Priority actions to be considered in the light of situation and response analysis in various countries, and feedback from youth organizations and young people, include:

- Establishing or reviewing national policies to reduce the vulnerability of young people to HIV/AIDS and ensuring that their rights are respected, protected, and fulfilled
- Promoting young people's genuine participation in expanding national responses to HIV/AIDS
- Supporting peer and youth groups in the community to contribute to local and national responses to HIV/AIDS.
- Mobilizing parents, policy-makers, media, and religious organizations to influence public opinions and policies with regard to HIV/AIDS and young people.
- Improving the quality and coverage of school programs that include HIV/AIDS and related issues.
- Expanding access to youth-friendly health services including HIV and STD prevention, testing and counselling, and care and support services.
- Ensuring care and support of young people living with HIV/AIDS

CONCLUSION AND RECOMMENDATIONS

CONCLUSION

There is great potential to revitalize HIV prevention among young people. The many evidence informed interventions and innovative approaches at our disposal need to be scaled up. Moreover, young people are the population most likely to adopt safer behaviors so investing in prevention is wise, paying dividends in the short and long terms, from lower rates of adolescent pregnancy and sexually transmitted infections to decreased HIV incidence.

Examples of success and failure in preventing HIV among young people point to the need to build a continuum of prevention for them. Such a continuum begins with the needs of an individual as he or she transitions through the various stages of life, from early adolescence, through older adolescence, to young adulthood. As is true for all populations, the response for young people must be tailored to the epidemic among young people, and it needs to be ‘owned’ by the affected communities.

The continuum of prevention should be reflected in national planning and implementation processes, with sectorial responsibilities spelled out. Prevention strategies depend on ‘knowing your epidemic’ and who is newly infected and why, so as to adapt the continuum to the identified risks and trends. For HIV/AIDS incidence among young people to come down, a combination of actions must be undertaken. They must be started early and delivered in an age-appropriate way, at the right scale and conscious of impact relative to cost.

There is an urgent and ongoing need to address young people’s sexual and reproductive health using a preventive, rights-based, gender-responsive and empowering approach. Relevant efforts should build on the creative energies of youth and respect their rights and capacities for participation and leadership in decisions that affect their lives. Sexual and reproductive health tied to emotional, mental and physical health as part of the holistic concept of overall well-being is an essential component of young people’s ability to become well-adjusted, responsible and productive members of society.

RECOMMENDATIONS

RESPONSES OF WORLD ASSEMBLY OF YOUTH

In order to achieve the millennium Development goals by 2015, WAY has prioritized to play an active role in bringing awareness about the issues to the youth globally. WAY will also reduce by 10% the death rate resulting from HIV/AIDS, Malaria and other disease. Addition, the organization will encourage all members to organize programs to combat the cause of those deadly disease or pandemics. In 2006, WAY also published a book entitled World Responses to HIV/AIDS Pandemic that contain the facts and information of HIV/AIDS around the world. At the present rate of increase, it is estimated that there will be 45 million new HIV infections globally. Future projections of the HIV/AIDS epidemic cannot be made with any precision because whatever happens next will depend on what action is taken by the people in each country or continent.

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