

The Global Impact of HIV/AIDS on Youth

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Young people continue to bear the brunt of the global HIV/AIDS epidemic, with youth under age 25 accounting for more than half of all new HIV infections each year.¹ Those between the ages of 15-24 are particularly hard hit, especially girls and young women who comprise the majority of young people living with the disease. Young people face particular vulnerabilities that put them uniquely at risk for HIV, but they are also critical to the response to the epidemic; where HIV transmission has been reduced, the greatest reductions are often seen among young people.^{1,2,3}

Figure 1: UN General Assembly Special Session on HIV/AIDS Declaration of Commitment on HIV/AIDS: Global Targets & Principles for Young People⁴

- By 2005, reduce HIV prevalence among youth ages 15 to 24 in the most affected countries by 25%; by 2010, reduce global HIV prevalence among this age group by 25% (article 47);
- By 2005, ensure that at least 90% of youth ages 15 to 24 have access to the information, education, including peer education and youth-specific HIV education, and services necessary to develop the life skills required to reduce their vulnerability to HIV infection; ensure at least 95% access by 2010 (article 53);
- Ensure access of both girls and boys to primary and secondary education, including HIV/AIDS education (article 63);
- Ensure safe and secure environments, especially for young girls (article 63);
- Expand good quality youth-friendly information and sexual health education and counseling service (article 63);
- Involve young people in planning, implementing and evaluating HIV/AIDS prevention and care programs (article 63).

Current Impact

HIV/AIDS prevalence among young people is already high in many countries around the world, and young people continue to make up a significant proportion of new infections:

- UNAIDS reports that, of the 37.8 million people estimated to be living with HIV/AIDS worldwide at the end of 2003, approximately one third (32% or 12.1 million) are under the age of 25. Young people under age 25 also represent more than half of the 4.8 million people estimated to have been infected with HIV in 2003.^{1,5}
- Youth between the ages of 15-24 have been especially hard hit. These 10 million young people represent more than a quarter (28%) of adults⁶ with HIV/AIDS; and, they account for half of all new infections among adults—almost 6,000 infections per day occurring among 15-24 year olds, or approximately one every 15 seconds.¹
- Most young people, ages 15-24, living with HIV/AIDS are in sub-Saharan Africa (62%), followed by South/South East Asia (18%), Eastern Europe/Central Asia (6%), and Latin America (6%) (See Figure 2).¹
- HIV/AIDS prevalence rates among 15-24 year olds are highest in sub-Saharan Africa, followed by the Caribbean and Eastern Europe/Central Asia (See Figure 2).^{1,5} Within some countries, prevalence rates among young people are much higher. A recent, nationally representative household survey of youth in South Africa found that prevalence was

10.2% among 15-24 years olds, with a higher rate among young women (15.5%) than young men (4.8%).⁷

- In many cases, countries with high HIV/AIDS prevalence among youth also have very young populations. Over half the population of sub-Saharan Africa, for example, is estimated to be under the age of 18.⁸ The confluence of high HIV/AIDS prevalence and disproportionately young populations exacerbates the epidemic's impact.
- Some regions of the world have particularly young epidemics. In Eastern Europe/Central Asia, for example, young people represent almost half (48%) of adults living with HIV/AIDS; and in East Asia and Latin America, they represent 38%, respectively.^{1,5}

Adolescent Vulnerability

Several factors make youth particularly vulnerable to HIV/AIDS, including their age, biological and emotional development and their financial dependence. For example:

- Surveys indicate that although many more young people across the world have now heard about the HIV/AIDS epidemic, awareness is not universal and many are still unaware of how to protect themselves or harbor misconceptions about HIV transmission.^{1,2,3}
- Many sexually active young people at risk for HIV do not perceive themselves to be at risk, even those in countries with very high prevalence. Moreover, most young people living with HIV do not know they are infected.^{1,2}
- Studies indicate that the prevalence of sexually transmitted infections (STIs) other than HIV among youth is high. Being infected with another STI increases the likelihood of both acquiring and transmitting HIV.^{2,3}

Figure 2: Young People, Ages 15-24, Living with HIV/AIDS, by Region, End of 2003^{1,5}

Region	Number	Percent of Global Total	Prevalence Rate for 15-24 Yr Olds
Global Total	10,000,000	100%	0.9%
Sub-Saharan Africa	6,200,000	62.0%	4.5%
South/South-East Asia	1,800,000	18.0%	0.5%
Eastern Europe/Central Asia	630,000	6.3%	1.0%
Latin America	610,000	6.1%	0.6%
East Asia	340,000	3.4%	0.1%
Caribbean	130,000	1.3%	2.0%
North America	130,000	1.3%	0.3%
North Africa/Middle East	120,000	1.2%	0.2%
Western Europe	57,000	0.6%	0.1%
Oceania	7,200	0.1%	0.2%

- Most young people at risk for HIV infection or already living with HIV/AIDS reside in the world's poorest regions; their vulnerability to HIV operates within a broader context of

poverty, which may include lack of access to education, economic opportunities, and health-related services.

The Most Vulnerable

Some youth are at increased risk and bear a disproportionate share of HIV's proliferation:

Young women and girls:

- Women and girls comprise an increasing proportion of adults living with HIV, rising from 41% in 1997 to almost half (48%) at the end of 2003. This is even more striking among younger women, who represent the majority of young people living with HIV/AIDS globally (62%). In sub-Saharan Africa, the face of the youth epidemic is decidedly female - three quarters of all young people with HIV/AIDS are young women (See Figure 3).¹
- Biologically, the risk of becoming infected with HIV during unprotected vaginal intercourse is greater for women than men, especially younger women. On average, women are infected at younger ages than men. In addition, women tend to have male partners who are older, in part due to poverty and economic need.^{1,2,3}

Young men who have sex with men (MSM):

- Stigma, social exclusion and lack of information can result in increased risk-taking among men who have sex with men. Male-to-male sexual transmission is a predominant risk factor for HIV in several countries, including the U.S., Brazil, Costa Rica, and Mexico, and may be playing an increasing role in Eastern Europe. Risky behaviors and HIV infection rates among young MSM may again be on the rise in the developed world.¹

Injection drug users:

- Injection drug use (IDU) continues to be a risk factor for many young people, particularly in Eastern Europe, Central Asia, and the Russian Federation.^{1,3}

Children orphaned by AIDS:

- An estimated 15 million children living today have been orphaned due to AIDS, having lost one or both parents to the epidemic. Most of these children (12 million) live in sub-Saharan Africa, a number that could rise to 18 million by 2010. Without support systems and resources, they are at substantially increased risk of malnutrition, abuse, illness—and HIV infection.¹

Sexually-exploited children:

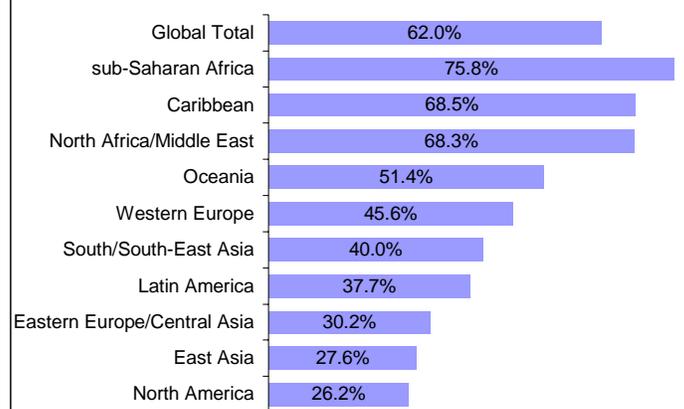
- Prostitution, trafficking, child pornography and forced marriages all bring increased likelihood of HIV infection for the children and the communities within which such practices occur. Rates of HIV infection among young sex workers are high in some parts of the world.^{1,3}

Prevention, Care, & Treatment Interventions

Like all people at risk for and living with HIV/AIDS, youth need access to prevention, care, and treatment services. Globally, however, it is estimated that prevention programs reach fewer than one in five of those who need them¹, and that only 7% of people with HIV in need of antiretroviral therapy have such access.⁹ And youth often also face unique challenges and needs in accessing information and services. Reviews of interventions from both developed and developing countries indicate the following:

- Prevention interventions have been effective in reducing risky behaviors and HIV transmission among young people.¹⁰ Where HIV transmission has been reduced, the greatest reductions are often seen among youth.¹ Because most HIV infections occur among young people, HIV prevention directed at youth is a crucial and effective strategy in altering the future course of the epidemic.
- Key components of prevention strategies for youth include: the use of peers, parents, and educators; school-based sex

Figure 3: Young Women and Girls as Percent of Young People, Ages 15-24, with HIV/AIDS, End 2003



Source: UNAIDS, 2004 Report on the Global AIDS Epidemic.

education; social marketing campaigns, including the use of the media to reach young people; and the development of "youth-friendly" services.^{1,2,3,7,10,11} It is important that these are included in comprehensive, national-scale HIV prevention programs that function as an integral part of a larger, national AIDS strategy.^{1,10}

- As treatment efforts are scaled up globally, it will be important to ensure that young people get access to needed services. Many of the strategies identified in the context of prevention are also important for care and treatment of young people. For example, South Africa's National Adolescent-Friendly Clinic Initiative (NAFCI), a part of loveLife, the national HIV prevention program for young people, is being expanded to incorporate antiretroviral treatment and monitoring as the country rolls out treatment to its HIV positive population.¹²
- Finally, in all of these efforts, it will be important to involve young people in the design, planning, implementation and evaluation of HIV/AIDS programs.⁴

References

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