YOUTH-FRIENDLY HIV SERVICES

A NECESSITY FOR YOUNG PEOPLE AROUND THE WORLD

www.worldaidscampaign.org

YOUTH-FRIENDLY HIV SERVICES

A necessity for young people around the world

Globally, almost a quarter of people living with HIV are under the age of 25[1]. Furthermore, 45% of all new HIV infections are among young people aged between 15 and 24[2] - while experts estimate that fewer than 40% of young people living with HIV and AIDS know their HIV status[3]. It is important to recognize the needs of young people as well as the vital role they play in halting and reversing the epidemic. Young people need accessible, affordable, youth-friendly sexual and reproductive health (SRHR) services, including HIV services.

Numerous barriers exist with regard to young people's access to services. These include; stigma and discrimination against sexually active youth and against people living with or affected by HIV and/or AIDS; and consent and confidentiality laws that do not guarantee a young person's right to private consultations about and care for their SRHR. Policymakers have attempted to address these issues through conventions and agreements, but much work remains to be done. Governments and civil society must acknowledge the danger and inequity created by the lack of services for young people, and must involve young people in the creation, implementation and improvement of programs and policies around SRHR services.

Young people need youth-friendly sexual and reproductive health services.

SRHR services are characterized as 'youth-friendly,' if they are conveniently located and open at convenient hours for young people; staff is competent and non-judgmental; youth are respected; a range of supplies and services are offered; costs are affordable for young people, and privacy and confidentiality are ensured[4].

Research has demonstrated that young people are more likely to seek services from health service providers they feel they can trust and who respect their right to privacy[5]. But due to more traditional values and cultures in many countries and communities, a lack of youth-friendly health providers and services continues to create barriers to SRHR services for young people around the world.

In addition, sexual and reproductive health services including HIV services are often fragmented, making it difficult for young people to access comprehensive, integrated services that can meet all of their needs, including preventing unintended pregnancies, sexual transmitted infections (STIs) and/or HIV and AIDS. Integrated services allow young people to meet all their

needs at the same location during the same visit and perhaps from the same provider; they may also save time, give the young person the opportunity to learn about a range of protective behaviors, and reduce the stigma they face for seeking these services.

The approach to HIV service delivery can affect young people's decision to reach out to HIV services and even determine whether the services provided meet the standard quality of youth-friendliness, sensitivity, and care. For example for HIV testing and counselling as one of the HIV services, there are three common approaches, each with a different impact on young people:

1. Voluntary Counselling and Testing (VCT) is a counseling process to enable individuals to make informed choices about being tested for HIV. VCT should be provided by a counsellor who helps patients understand the benefits and risks of knowing their HIV status. After counseling, people are free to express whether or not they still wish to get tested. When an individual receives their results, a counselor provides further information about how to protect themselves and others from HIV infection in the future, and/or information about antiretroviral treatment, care and support, which is usually referred to as post-testing counseling.

How does this affect young people?

Though VCT is common and available in most countries, a lot of young people are not able to access these services due to laws around the legal age of consent to medical services (discussed later in this paper). For instance, in Botswana, youth cannot get tested without parental consent until they are 21 years old, by which time about half are estimated to be HIV positive[6].

2. Provider-initiated testing and counselling occurs when HIV testing is part of a standard component of medical care, with the main purpose of enabling specific clinical decisions to be made that would not be possible without knowledge of the person's HIV status, particularly in handling cases of pregnancy care and/or STI treatment[7].

How does this affect young people?

In this model, the patient may not be provided the full information that would allow him or her to make a voluntary decision regarding whether or not they want to take an HIV test. Youth from key affected populations such as young men who have sex with men (MSM) or young people who use drugs may not feel comfortable consenting to provider-initiated testing and counselling since in some settings care providers may be

mandated by law to notify the result to the patient's parents or partners[8, 9]. Even where statutes authorize teenagers to independently consent to HIV testing, young people may nevertheless avoid testing if there is a possibility that their parents will be notified of the results[10].

3. Mandatory HIV testing is when clients are required to take an HIV test, typically for non-medical purposes, such as when seeking health insurance, visas, a marriage license, or release from prison. Many countries around the world have laws that mandate HIV testing, but it violates human rights and research has shown it has no demonstrable public health benefit.

How does this affect young people?

Mandated HIV testing is usually performed at the request of the authorities, and is paired with mandatory reporting, where the test results must be disclosed to certain individuals or organisations protected by law. Tests are often coerced and involuntary, particularly among young people[11, 12]. This model is often used among most at-risk populations, including but not limited to MSM, people who use drugs, sex workers and prisoners, among whom, a huge proportion are young people[13].

The International Guidelines on HIV and AIDS and Human Rights states that criminal and anti-discrimination legislation should prohibit mandatory HIV testing of targeted groups, including vulnerable populations[14]. Unless stigma and discrimination associated with HIV and AIDS are seriously addressed, routine policy and mandatory testing will be counter-productive since they will continue to discourage people from testing, particularly those at higher risk[15].

Cultural barriers hinder young people's access to SRHR services.

In many countries, myths about HIV and AIDS abound. People living with or affected by HIV and AIDS face discrimination, stigma and even violence. The disclosure of people's HIV status can lead to rejection by their family and community, loss of employment, physical and sexual violence by their partners and in some cases, even fatal assaults[16]. Rejection by the community is especially harmful in low and middle income countries, where people often heavily depend on family and community for support and care. And in some countries, HIV transmission and exposure are criminalized. All these factors create an environment in which young people may feel that not knowing their status, and

therefore not having to live with the consequences of testing positive, is their best option[17, 18].

Furthermore, many young people do not perceive themselves to be at risk of contracting HIV[19]. For example, in the Philippines, 60% of young people believe that there is no chance of their becoming infected with HIV[20].

In many countries, talking about sex is still taboo, and there is prejudice against young people who have had sex prior to marriage. Young people may not know their HIV status because they don't have access to confidential care. For example, in Kenya, 30% of young people surveyed declared that they learned of their HIV status from their parents, instead of a health care professional[21]. In many countries, socio-cultural barriers to confidential, youth-friendly HIV services go hand in hand with legal barriers.

Age of consent laws inhibit young people's access to HIV services. Most experts agree that counselling and HIV education should be available to all young people[22]. However, as with other health services, many countries require young people to be a specific age before they can agree to a medical procedure such as an HIV test without parental notification and/or consent.

While parental involvement laws are intended to protect young people, they sometimes have the opposite effect. Many minors will not make use of certain services if they are forced to involve their parents[23]. The American Academy of Pediatrics states that «mandating parental notification does not achieve the intended benefit of promoting family communication, but it does increase the risk of harm to the adolescent by delaying access to appropriate care[24].

In many countries, the age of consent to confidential medical procedures is years higher than the average age of sexual initiation – meaning sexually active young people may not legally have access to STI and HIV testing and treatment without their parents' involvement.

- In Botswana the age of consent for health services is 21, while the median age of sexual initiation for young women is 17.5
- In Zambia, the age of consent for health services is 18, while the median age of initiation is 16 for boys, 17 for girls
- In Kenya, the age of consent for health services is 18, while the age of initiation for young men is 17

Many countries have reformed the laws that previously hindered young people from accessing HIV services. In Brazil, medical professionals are allowed to provide care to patients under the age of medical consent if the health provider deems such treatment to be in the best interest of the young person. In some states in the United States, parental consent is still required prior to testing of legal minors for HIV,[25] but the legal ability of minors to consent to a range of sensitive health care services, including SRHR, has expanded dramatically over the last 30 years. Evidence from the United States suggests that due to the reform of these laws, the number of adolescents seeking HIV testing has increased by approximately 44%. Among those who sought testing, a considerable proportion were identified as higher risk youth[26].

International human rights agreements have reaffirmed young people's right to consent, confidentiality and privacy of SRHR services.

International human rights norms and standards, as stipulated in various UN and regional human rights treaties, have already affirmed the rights of consent and confidentiality for young people such as:

- The United Nations Millennium Development Goals.
- The Programme of Action of the United Nations International Conference on Population and Development (ICPD)[27]
- The Declaration of Commitment on HIV and AIDS released at the United Nations General Assembly Special Session (UNGASS) on HIV and AIDS in June 2001[28]
- The International Conference on Population and Development Plus Five (ICPD+5)
- The Fourth World Conference on Women Plus Five

The Convention on the Right of Children (CRC), an international agreement signed in 1989, put young people under 18 at the center of the decision-making processes that affect their health and wellbeing. The agreement emphasized that "children have the right to get and share information, as long as the information is not damaging to them or others," particularly information that is "important to their health and well-being." Adequate measures to address HIV and AIDS can be undertaken only if the rights of the child are fully respected, including the right to privacy[29].

The Programme of Action of the ICPD recommends that countries ensure that young people and adolescents have access to appropriate services and information on STIs and sexual

abuse. The agreement further states that these services must safeguard the rights of adolescents to privacy, confidentiality, respect and informed consent, as well as respecting cultural values and religious beliefs[30].

These agreements reaffirm young people's right to access youth-friendly SRHR services. It is important for governments to take these agreements seriously and for civil society, young people and adult allies, to advocate that the implementation is effective at the national level.

Society must take steps to ensure young people's access to youth friendly SRHR, including HIV testing.

Governments must reform laws and policies to ensure that young people's right to confidentiality and privacy is protected when they access SRHR services including HIV services. Age and parental consent should be removed from relevant laws and policies.

Civil society and governments must provide capacity building for health care providers to enable them to fully understand the rights of young people and recognize their responsibilities to protect young people's rights regardless of their age, sexual orientation, religion, marital status or HIV status.
Civil society and governments must promote youth-friendly, voluntary counseling and testing, and reform laws and policies which mandate HIV testing.

Civil society and governments should empower young people to demand their rights and raise awareness among the community and more specifically among parents about the sexual and reproductive health and rights of young people.

Young people should be meaningfully involved by government and civil society in the establishment of guidelines for health care providers and in the development process of youth-friendly services to ensure that those services reflect the needs and rights of youth[31].

ENDNOTES

1. Joint United Nations Programme on HIV/AIDS (UNAIDS). 2008 Report on the Global AIDS Epidemic. Geneva, Switzerland:, 2008.
2. Ibid
3. WHO 2006
4. http://www.unfpa.org/adolescents/youthfriendly.htm
5. Kirby D, Waszak C, Ziegler J. An assessment of six school-based clinics: their reproductive health services and impact on sexual behaviors. Fam Plann Perspect 1991:23(1):6-16; Ford CA, Millstein SG, Halpern-Felsher BL, et al. Influence of physician confidentiality asssurances on adolescents' willingness to disclose information and seek future health care: a randomized controlled trial. JAMA 1997;278(12):1029-34
6. Family Health International : HIV prevention for Young People in Developing Countries: Report of a Technical Meeting, Washington DC, July 24,2003
7. Joint WHO/UNICEF/UNAIDS technical consultation on scaling up HIV testing and counselling in Asia and the Pacific, 4-6 June 2007. Global Guidance on Provider Initiated Testing and Counselling (PITC) and fundamental principles. WHO, Geneva 2007
8. Jackson Shelly, Hafemeister Thomas L: Impact of parental consent and notification policies on the decisions of adolescents to be tested for HIV. Journal of adolescent health, 2001, vol. 29, no2, pp. 81-93
9. American Civil Liberties Union: HIV partner notification: why coercion won't work
10. 5 J.L& Pol'y 339 (1996-1997) « Eliminating parental consent and notification for adolescent HIV testing: A legitimate statutory response to AIDS Epidemic », Felsman. Janine P.
11. Canadian HIV AIDS Legal Network: Briefing paper: Outcomes of the Symposium on HIV testing and Human Rights, Montréal, 24-25 October 2005.
12. Population Council Inc, HIV/AIDS related Stigma and Discrimination: A Conceptual Framework and an Agenda for Action. Horizons Program, May 2002
13. UNAIDS,M&E for HIV Prevention Programmes for Most-At-Risk-Population. UNAIDS 2006
14. International Guidelines on HIV/AIDS and Human Rights: 2006 Consolidated Version. (2006). Office of the UN High Commissioner for Human Rights and Joint United Nations Programme on HIV/AIDS. Available online at data.unaids.org/Publications/IRC-pub07/jc1252- internguidelines_en.pdf
15. Bulletin of the World Health organisation : " scaling up for HIV prevention: why routine or mandatory HIV testing is not feasible for sub saharan Africa", BLT, Volume 85, August 2007
16. Raubenheimer M. AIDS activist murdered. *Women's Health News Views* 1999;29:1-2; Gielen AC, O'Campo P, Faden R, et al. Women's disclosure of HIV status: experiences of mistreatment and violence in an urban setting. *Women Health* 1997;25(3):19-31; Gielen AC, Fogarty L, O'Campo P, et al. Women living with HIV: disclosure, violence, and social support. *J Urban Health* 2000;77(3):480-91.
17. WHO 2006
18. Verdict on a virus, IPPF, GNP+, AND ICW, 2008
19. http://origin-www.unicef.org/publications/index_22232.html (accessed January, 24th 2010)
20. Philippine National AIDS Council, Fourt AIDS Medium Term Plan 2005-2010
21. HORIZONS PROJECT. HIV voluntary counseling and testing among youth ages 14 to 21: Results from an exploratory study in Nairobi, Kenya, and Kampala and Masaka, Uganda. [Draft]. Washington, DC, Population Council, 2001. 35 p.
22. Hein K. Mandatory testing of youth : a lose-lose proposition. JAMA. 1991; 266 : 2430-2431
23. Bisola O. Ashiru, Sindy M. Paul, Anne C. Spaulding : « HIV testing for minors without parental consent : Has new Legisltation in New jersey increased the number of adolescents being tested for HIV ?
24. American Academy of Pediatrics, Committee on Adolescence, "The Adolescent's Right to Confidential Care When Considering Abortion," 97 Pediatrics, (1996).
25. Bisola O. Ashiru, Sindy M. Paul, Anne C. Spaulding : HIV testing for minors without parental consent : Has new Legisltation in New jersey increased the number of adolescents being tested for HIV ?
26. MEEHAN, T. The impact of parental consent on the HIV testing of minors. American Journal of Public Health 87(8): 1338-1341. Aug. 1997.
27. http://www.un.org/ecosocdev/geninfo/populatin/icpd.htm
28. http://web.unfpa.org/adolescents/policy.htm#young"
29. United Nations, Committee on the Rights of the Child, Convention on the Right of the Child, General Comment No 3: HIV AIDS and the Right of the Child, January 2003
30. Programme of Action of the United Nations International Conference on Population and Development (ICPD): Cairo, Egypt; 5-13 September, 1994
31. World AIDS Campaign/UNFPA, Youth Organisations on the road to Universal Access; Youth Campaigning Consultation report. Amsterdam, January 2008

38 Hout Street, Cape Town 8001, South Africa
+27 21 487 3010

Van Diemenstraat 192, 1013 CP Amsterdam, Netherlands
+31 20 616 9045

DESIGN: Ph.D, A DESIGN OFFICE. www.phdla.com