

# Young People and HIV/AIDS

Responding to the new Asian crisis



**Save the Children**

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# Contents

<b>Introduction</b>	<b>3</b>
<b>Mobilising Marginalised Communities in Nepal</b>	<b>8</b>
<b>HIV/AIDS Care and Prevention Work in the Southern Border Area of China</b>	<b>11</b>
<b>Reducing Risk Behaviours among Adolescents in Myanmar's Border Regions</b>	<b>14</b>
<b>Empowering Children to Protect their Sexual Health Rights in Pakistan</b>	<b>17</b>
<b>Addressing the Sexual and Reproductive Health Needs of Children and Young People in Lao PDR</b>	<b>20</b>
<b>Providing Reproductive Health and HIV/AIDS Services to Young People and Commercial Sex Workers in Cambodia</b>	<b>23</b>
<b>Preventing Sexual Exploitation of Children in Sri Lanka</b>	<b>26</b>
<b>Exploring the Vulnerabilities of Street Children in India to HIV/AIDS</b>	<b>29</b>
<b>Conclusions</b>	<b>32</b>
<b>Selected Save the Children UK Publications</b>	<b>36</b>

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## Introduction

HIV/AIDS is currently one of the biggest threats to children and adults worldwide with over 36 million people infected with HIV, of which 1.4m are children<sup>1</sup>.

Following on from sub-Saharan Africa, Asia is the next continent to see a rapid expansion of the epidemic, as large numbers of children are becoming infected or losing parents to HIV/AIDS over the coming years. New infections are already increasing rapidly throughout Asia and if current trends continue India will soon have more people living with HIV/AIDS than any other country<sup>2</sup>.

### HIV/AIDS in South and South-East Asia

- ⌘ **210,000** children under the age of 15 were living with HIV/AIDS at the end of 2000.
- ⌘ **470,000** children and adults throughout South and South-East Asia died from HIV/AIDS in 2000.
- ⌘ **40,000** of these were children under the age of 15.
- ⌘ **5.8m** adults and children were living with HIV/AIDS at the end of 2000.
- ⌘ **780,000** children and adults were newly infected with HIV/AIDS in 2000.
- ⌘ **65,000** of these were children under the age of 15.
- ⌘ **850,000** children under 15 in South and South-East Asia had lost one or both of their parents to HIV/AIDS by the end of 1999.

Source: UNAIDS Global Epidemic Update (Graphics), December 2000.

Save the Children UK (SC UK), the UK's leading advocate for children's rights, has recognised HIV/AIDS as a critical obstacle to achieving the fulfilment of children's rights as laid down in the United Nations Convention on the Rights of the Child (UNCRC). As a result, SC UK is working with partners across South and South-East Asia to try and prevent the epidemic from reaching the devastating levels that it has reached in much of sub-Saharan Africa. For those already infected and affected, we strive to help communities improve the quality of their care and support.

SC UK's impact on reducing the spread of HIV/AIDS and promoting quality care and support for children, and adults, infected with or affected by HIV/AIDS is further strengthened by its membership of the International Save the Children Alliance. As part of this Alliance SC UK is able to contribute to the development of an effective, co-ordinated and scaled-up response to the HIV/AIDS epidemic in more than 120 countries worldwide.

Through the work it has been supporting on HIV/AIDS throughout the past decade, SC UK has learned that while HIV/AIDS is devastating for all who are infected with or affected by it, the impact on children and young people is often much greater than it is on adults.

For many people, the principal relationship between HIV/AIDS and children and young people is the impact that the loss of parents to AIDS has on them. Living with parents who have HIV or losing parents to HIV/AIDS results in significant psychological difficulties for children who are required to provide long-term care for their sick parents and relatives, only to see them, and then possibly their step-parents or caring grandparents, die also. These psychological impacts can increase children's vulnerability to becoming infected with HIV/AIDS themselves, as they become isolated from their communities and even further removed from the information and support that might help protect them. These children also face increased vulnerability to HIV/AIDS as a result of greater exposure to exploitative work and trafficking.

Vulnerability of children and young people to HIV/AIDS, while heightened for orphans, is also increased for *all* children who are unable to access education or health services. Without access to these services, children lack the information that can protect them from becoming infected with HIV. In addition to this, in many communities and societies children's voices are rarely heard and listened to, especially on issues relating to sexual and reproductive health. As a result, children often do not receive the information that they want on these issues, so increasing their vulnerability. In poverty-stricken communities and countries these vulnerabilities are further increased as a result of the lack of control children have over their lives. This often results in children and young people being forced, or sold, into hazardous and exploitative work, such as sex work, at an early age in order to ensure the survival of the family.

SC UK aims to address these vulnerabilities through raising awareness of children's rights and supporting communities and governments to fulfil these rights. In its work throughout South and South-East Asia, SC UK aims to achieve this through reducing the effect that HIV/AIDS is having on children's rights to:

- survival, development and protection from abuse and neglect
- have a voice and be listened to
- ensure that the best interests of the child are of primary consideration
- freedom from discrimination.

HIV/AIDS threatens children's rights to survival and development. Those children who become infected with the illness face a much shorter life, with many of them not reaching adulthood. Children and young people also see their right to survival and development threatened as they are often required to give up their education and childhood in order to care for parents and elder siblings who are infected with HIV/AIDS.

In order to ensure that the best interests of children are of primary consideration, specific responses to the HIV/AIDS epidemic are required. To date, the majority of responses to HIV/AIDS have focused on adult populations. SC UK, however, believes that in order to prevent the further spread of HIV/AIDS, it is essential to prioritise child-focused programmes that address the issues that are of most concern to them. This involves not only developing HIV/AIDS programmes that support children who have lost one or

both of their parents to HIV/AIDS, but also developing HIV/AIDS prevention and care programmes that are specifically targeted at children and young people, such as peer education programmes involving the use of theatre.

SC UK also aims to ensure that all of its HIV/AIDS programmes involve children and young people in the design and implementation of HIV/AIDS programmes. SC UK's experience to date has proved that actively involving children in decision-making around programming priorities helps to ensure that they are well-targeted, effective and more sustainable, as a result of a greater sense of ownership of the programmes by the children and young people.

For children and young people, perhaps the significant right that is abused by the HIV/AIDS epidemic is their right to freedom from discrimination. The high levels of stigma attached to HIV/AIDS means that many of the children who are infected with HIV or who have lost their parents to AIDS face discrimination from all levels of society. SC UK therefore recognises the importance of developing non-discriminatory approaches to be incorporated into any response to the HIV/AIDS epidemic.

SC UK's rights-based response to the HIV/AIDS epidemic aims to address both the increased vulnerability of children as a result of the lack of respect for their rights, and the difficulties communities and governments face in fulfilling the rights of children as a result of the HIV/AIDS epidemic.

SC UK, for example, aims to ensure that a child's right to survival, development and protection from abuse and neglect is fulfilled through addressing the economic factors that often result in young girls and boys being sold into the sex trade. At the same time, SC UK aims to see the fulfilment of this right through ensuring that children who have lost their parents to HIV/AIDS have access to good quality community-based care, education and health services.

SC UK also recognises the need to reduce the stigma and discrimination associated with HIV/AIDS. Children who have been infected with or affected by HIV/AIDS face discrimination from all sections of their community, including other children, guardians, teachers, health workers and other professionals. This reduces these children's access to education and health services, thereby further undermining their right to survival and development while increasing their vulnerability to HIV/AIDS.

SC UK aims to ensure that children's voices are heard and are listened to, as this is fundamental to the protection of their rights. We achieve this through actively promoting the involvement of children and young people in the design and implementation of HIV/AIDS projects. This helps to ensure that these projects are meeting the needs of the children they are intended to support, and that children are gaining greater recognition as key agents for change within their communities. SC UK believes that in order to be truly effective, any response to HIV/AIDS must involve children and young people in decisions around programme planning and implementation. Children and young people themselves can best identify the problems they are facing.

Furthermore, their involvement is likely to increase the sustainability of HIV/AIDS programmes because of a greater sense of ownership of programmes and a commitment to ensuring that they work.

Fulfilling the rights of children to have a voice and be listened to also helps to contribute to ensuring that the best interests of the child are the primary consideration for SC UK's HIV/AIDS programmes. This serves to reduce the vulnerability of children to HIV/AIDS through placing all children – whether or not they have been infected with or affected by HIV/AIDS – at the centre of any response. By placing children at the centre, SC UK is able to ensure that it develops holistic programmes to address both the vulnerabilities to HIV/AIDS and its impacts. This involves developing programmes that not only look at all aspects of the HIV/AIDS continuum of care (prevention work, care and support of children and young people living with HIV/AIDS, and assisting children and young people to cope with the impact of HIV/AIDS on themselves and their families), but that also look at other factors such as access to education, health services and nutrition that can affect children's vulnerability to HIV.

In order to ensure that the best interests of the child are the primary consideration in responses to HIV/AIDS, SC UK has recognised the importance of working not only with local communities but also with government agencies. For example, without close collaboration with Chinese government agencies, SC UK would have been unable to conduct any HIV/AIDS prevention work. Through such a partnership, SC UK has developed a peer education programme that has been successfully scaled up to over 2000 schools in four provinces of China.

While recognising the importance of working with government agencies, SC UK also realises that without local community involvement it would be impossible to achieve effective responses. As can be seen from some of the responses highlighted in this report, such as those in Lao PDR and Nepal, SC UK's work in South and South-East Asia often involves working in multi-ethnic and culturally diverse settings. We therefore work closely with local communities to ensure that HIV/AIDS programmes are sensitive to different cultural values and norms and that they are responsive to local needs.

SC UK aims to achieve this through applying a number of different approaches, including:

- working with local communities and volunteers to provide a holistic approach to the HIV/AIDS situation within their community, involving raising awareness of HIV/AIDS, promoting positive behaviour change, improving the quality of support within the community for affected families, and reducing the stigma and discrimination associated with HIV/AIDS
- working in partnership with governmental and non-governmental agencies to achieve effective and sustainable approaches to the HIV/AIDS epidemic
- developing culturally appropriate strategies to raise awareness of HIV/AIDS and promote sustainable, positive, behaviour change
- promoting rights-based and value-based approaches to addressing HIV/AIDS within communities

- supporting and promoting the active participation of children and young people in the design and implementation of HIV/AIDS programmes.

This report aims to illustrate how these approaches are used by SC UK to reduce the impact of HIV/AIDS on children across South and South-East Asia and how we work with children to prevent the further spread of HIV/AIDS.

## **Mobilising Marginalised Communities in Nepal**

Nepal is a crucial country in the HIV/AIDS epidemic. Although HIV prevalence rates remain low at 0.29 per cent (%) among adults and between 0.06 and 0.26% for young people (aged 15-24)<sup>3</sup>, vulnerability to HIV/AIDS for the population of Nepal remains high as a result of deeply entrenched, mainly rural poverty, poor access to health services, and large numbers of young men migrating to India and further afield for work.

SCUK's HIV/AIDS programme in Nepal aims to maintain current levels of HIV prevalence in the country through the use of innovative methods to achieve sustainable behaviour change.

Through working with local communities, this programme, in the far western region of Nepal, has been able to rapidly increase HIV/AIDS awareness and promote behaviour change across the entire district of Achaam. This has been achieved through mobilising a network of unpaid community-based volunteers who are responsible for both promoting HIV/AIDS prevention and education messages and improving the care and support of people living with HIV/AIDS.

The Achaam district is located in the geographically isolated area of north-west Nepal. The population consists of a large number of poor subsistence farmers who are frequently required to travel to Mumbai, India to find work in order to support their families' needs. The isolated location and high levels of poverty of this district make it particularly vulnerable to HIV/AIDS as a result of a lack of information. High levels of migration between Achaam and Mumbai further increase the vulnerability of this region to HIV/AIDS as a result of exposure to sex worker communities in Mumbai.

Recognising these vulnerabilities, SC UK initiated its current HIV/AIDS programme in the Achaam district in 1999. The overall aim of this programme is to facilitate interaction with all members of the community on issues relating to HIV/AIDS. To achieve this, a network of community-based volunteers takes responsibility for engaging members of the community in explorations of the current and future impacts of HIV/AIDS on their community. These volunteers then work with the community to develop a series of activities and plans which they feel will help them to respond to the HIV/AIDS epidemic within their community, both in terms of prevention and care and support.

One of the key aspects of this programme is that, unlike many others in Nepal, the community-based volunteers are unpaid. Their motivation to carry forward this programme comes from their own personal interest in the issue, their sense of goodwill, and their personal desire to work towards resolving the problems relating to HIV/AIDS within their community.

This approach has had a number of positive impacts on the response to the HIV/AIDS epidemic in the far western region of Nepal. One of the most significant is the stimulation of a much greater interest in trying to respond to the epidemic, at both community and district levels. In addition to this, the

community-focused approach has meant that the resulting HIV/AIDS programme provides a holistic approach to tackling the HIV/AIDS situation. Rather than just focusing on prevention, it also looks at ways of providing community-based care and support to the people within the community who are living with or have been affected by HIV/AIDS.

The strength of this approach can be further demonstrated by the dramatic reduction of stigma and discrimination towards people living with HIV/AIDS (PLHA) in these communities. This has meant, in particular, that there is a much greater acceptance of widows and children who have lost their husbands and fathers to HIV/AIDS. This can be highlighted by the experience of an eight-year-old boy who faced high levels of discrimination – not being able to go to school or play with other children – when his father died of AIDS. Following SC UK's work in the region, as his mother explained, such discriminatory practices no longer exist. In addition, some communities are providing scholarships to children who have lost one or both parents to HIV/AIDS and PLHA and others affected by HIV/AIDS are receiving greater support from the community volunteers, including visits to affected families to provide informal psycho-social support and physical help. As a 22-year-old young man explained to members of the SC UK team, "when my father died of AIDS five years ago, no one from my village, no neighbours, came to carry his dead body to the place where he had to be buried. I alone with my brother did all the work - but now such hatred is not seen". Another member of the community explained how people stopped going to a tea shop when they realised that the brother of the owner had died of AIDS. Following SC UK's work with the community, however, people once again started going to the shop, without hesitating.

The community-focused approach of this project and its emphasis on using local energy and enthusiasm has enabled SC UK to develop, in less than two years, a network of volunteers covering all 75 village development committees (VDCs), with a combined population coverage of around 250,000. The large numbers of volunteers – more than 150 throughout the district – who take responsibility for implementing and driving forward the HIV/AIDS work has enabled SC UK to make use of just six paid facilitators, or 'Friends of Volunteers', for the whole district. The reduction of the number of SC UK staff involved in this project means that the volunteers are able to carry forward their work more rapidly than if they were reliant on SC UK facilitators. SC UK believes that this approach is more effective than conventional approaches to HIV/AIDS programming in Nepal as it provides local communities with the skills and confidence to develop and take forward locally appropriate HIV/AIDS programming strategies. This in turn increases the local ownership of the project, thereby increasing the likelihood of its sustainability.

The success of this approach can also be seen in the numbers of people across the district who have shown a strong desire to become involved in mobilising their communities to address HIV/AIDS. In the 57 village development committees where SC UK has carried out the most work, more than 700 community members, including teachers, government officials, children, women community health volunteers, infected and affected families,

and other members of the community have expressed a strong interest in becoming involved in community-based HIV/AIDS prevention and care programmes.

## Lessons learned

Some of the challenges and lessons that this project highlights include:

- *Conventional approaches are not always the most effective.* At the outset of this project many people (including SC UK partners and staff) believed that the approach would be too simplistic to achieve any real impact on the epidemic and on people's attitudes towards PLHA. However, by the end of the first year, it had become evident that a community-based volunteer approach was able both to revive interest in responding to HIV/AIDS and reduce the stigma and discrimination associated with it. After one year of the project, the district authority in Achaam highlighted HIV/AIDS as the second priority area for the district to address and is planning to use this approach in its response to HIV/AIDS.
- *Community-based approaches reduce the reliance of the community on outside influences to effect change.* While recognising the important role external facilitators have to play in the provision of HIV-related services, SC UK's programme in Achaam has illustrated that there is also a great deal that communities can do for themselves. For example, the use of fewer paid staff ('Friends of Volunteers') in this programme makes it easier for the local volunteers to make their own decisions and take forward, at their own pace, their HIV/AIDS activities. For SC UK, using fewer staff has actually helped the project to grow faster.
- *The development of a network of volunteers is important to ensure the success of community-based approaches.* This not only increases the reach of the project but also provides the volunteers with opportunities to motivate each other, and ensures that knowledge and skills are shared with and transferred to other volunteers. This helps to ensure that even if volunteers drop out of the system, there are others who can continue to carry the work forward. The volunteer network also helps to maintain the enthusiasm and motivation for carrying forward this work.
- *Real attitude and behaviour change is much easier to achieve when people make their own decisions based on their own analyses.* This programme has illustrated the importance of developing community-based approaches to promote behaviour change for both the prevention of HIV/AIDS and the care and support of those living with or affected by it. As communities identify their own needs in relation to HIV/AIDS and develop appropriate ways to meet these needs, community members are more motivated to work towards achieving these outcomes, both at an individual level and as a community. This project has also shown that communities involved in this process feel a greater commitment to addressing HIV/AIDS than others following a more conventional approach where involvement is motivated through financial rewards, rather than on the basis of goodwill.

Involvement of members from all levels of society also helps to increase the recognition of the role that children and young people have to play in responding to HIV/AIDS.

## **HIV/AIDS Care and Prevention Work in the Southern Border Area of China**

Working on HIV/AIDS in the mountainous border area of China and Myanmar, NGOs, governments and communities face many challenges. These include high levels of cross-border migration and trade, close proximity to South-East Asia's illegal drug manufacturing centre, significant numbers of injecting drug users, an active commercial sex industry, and trafficking of girls and women. In addition to this, ethnic minority communities make up 60% of the total population of this region, the majority of whom live in the countryside.

In response to this situation, in 1995 SC UK initiated a HIV/AIDS programme in Ruili county, in Yunnan province on the border area with Myanmar. SC UK's work here began with research which led to discrete interventions. Now a new five-year plan has been launched to support capacity-building in border areas through the development of a holistic approach to HIV/AIDS prevention, treatment and care. This holistic approach is centred around increasing the capacity of the Ruili community to reduce the risk of HIV/AIDS/STD transmission and provide community-based treatment and care for people living with HIV/AIDS.

The key objectives of this work include:

- developing a sustainable HIV/AIDS/STD prevention, counselling and community-based care and treatment programme
- raising awareness and providing education on HIV/AIDS/STDs
- developing and implementing peer education approaches, especially among sex workers and drug users, as well as with children and young people in schools
- providing confidential HIV/AIDS/STD clinical services
- providing ongoing training for health centre staff and developing a referral system for rural health centres
- distributing condoms to sex workers and their clients, drug users and young people
- developing a community-based care programme for children who have lost their parents to HIV/AIDS
- developing a replicable model of prevention, care and treatment which can serve as a model of good practice for China.

The above is being achieved through working in partnership with the county and prefecture government and local communities to conduct baseline and cross-border research, provide institutional development support and health education for high risk target groups, carry out condom distribution and promotion, and establish a care clinic to provide reproductive health services. Some of the activities that this has involved include:

- developing a HIV/AIDS prevention project in middle schools with the Yunnan Provincial Education Commission – now being scaled up to more than 2000 schools in four provinces
- establishing centres which provide legal support, health services and counselling for women and children in Ruili
- supporting condom distribution programmes for Chinese and Burmese sex workers
- providing reproductive health services and HIV/AIDS education programmes for high risk target groups, including sex workers, drug users and young people
- implementing capacity-building and awareness raising programmes
- cross-border collaboration with the SC UK Myanmar programme.

One of the strengths of this programme is the work that is being carried out with the Chinese and Burmese sex worker communities. At the Burmese Centre in Ruili, for example, Saturday afternoons have become a regular meeting time for the sex workers. This provides them with a safe space where they come together to sing, dance, and chat with each other. It also gives SC UK the opportunity to provide them with training and workshops on HIV prevention.

The success of SC UK's programme can also be seen in the response of some of the brothel owners. In Jiageo, a border town five kilometres from Ruili, one of the brothel owners, who is also a well-respected elder in the Burmese community, has been involved in SC UK's training workshops. Following her involvement in this training, she now buys condoms from Project Services International to sell to the more than 200 sex workers in the Jiageo area.

Key aspects of the success of this approach to date include building on existing community support for SC UK's work, raising awareness of HIV/AIDS and reducing the AIDS-related stigma associated with it.

## **Lessons learned**

Throughout the last five years of working in this region of China many successes have been achieved and many lessons learned. The next five-year plan will build on these experiences to ensure sustainability and replicability in other parts of China.

Some of the key lessons from the first five years of SC UK's work in China include:

- *Gaining government approval is key to ensuring the longer-term sustainability of HIV/AIDS programmes.* This is particularly significant when conducting work on very sensitive issues in highly centralised countries such as China. Working closely with government offices has enabled SC UK to carry out work on HIV/AIDS, especially condom distribution and sex education, which would otherwise have been

impossible to carry out. Working with relevant government departments has ensured that SC UK's work complements their local plans and through inclusion of government representatives in the design and implementation of SC UK's projects. The success of this approach can be seen in the peer education project that SC UK's China programme has developed. Starting from a pilot project involving just two schools in Yunnan province, by working closely with the Yunnan Provincial Education Commission SC UK has been able to scale up this project so that it now reaches over 2000 schools in the province and is also being replicated in three new areas – Anhui, Tibet and Xinjiang.

- *It is important to consider both the benefits and challenges of working with government offices.* Although SC UK's peer education project in Yunnan province highlighted the benefits of working closely with government offices, it is equally important to recognise the potential challenges. Within SC UK's sex worker programme in Ruili district, for example, while tacit support of the government is essential to ensure that the programme continues, ultimate ownership of the programme by the government may be rejected by both the government itself and the sex worker community. This is because the government may consider the issue too sensitive for it to become involved in, while the sex workers may not trust the government to invest as fully in the project as other non-governmental agencies would do. SC UK therefore plays an essential role in this programme in developing and maintaining the balance between governmental and non-governmental involvement.
- *The development of linkages between programmes greatly enhances their impact, especially in politically difficult contexts.* SC UK is currently conducting programmes on both sides of the China-Myanmar border. By facilitating the development of close links between these two programmes SC UK has been able to reinforce its HIV/AIDS interventions on both sides of the border and has shown that it is possible to develop effective cross-border programmes, even in politically difficult contexts. This has been achieved through the China and Myanmar programmes working together to develop culturally and linguistically appropriate information, education and communication (IEC) materials for the Burmese sex worker community in Ruili district. The close links between the two programmes have also facilitated exchanges of skills and experiences. For example, there has been an exchange of skills regarding sexual and reproductive health and voluntary counselling and testing. Finally, by working collaboratively to target the same groups on both sides of the border, these two programmes have been able to mutually strengthen HIV/AIDS prevention and care messages, thereby increasing the impact of interventions for both programmes.
- *A holistic framework does not necessarily mean that one programme has to cover all aspects of the continuum of care itself.* One of the strengths of SC UK's China programme is that while aiming towards developing a holistic approach to HIV/AIDS, it does not attempt to carry out all of the work itself. For example, the strengths of the China programme currently

lie in its peer education work with young people in middle schools and its HIV/AIDS prevention work with the sex workers and injecting drug users among both the Chinese and Burmese communities. However, the China programme also recognises that in order to provide a holistic approach to HIV/AIDS prevention, care and treatment and impact mitigation, it is equally important to address the needs of PLHA and children affected by HIV/AIDS. The current focus and capacity of the programme, however, is making it difficult for the team to achieve this on their own. As a result, they have recognised the importance of looking to develop strategic partnerships and linkages with other institutions, such as local hospitals and the Red Cross, for the provision of support to PLHA.

## **Reducing Risk Behaviours among Adolescents in Myanmar's Border Regions**

SC UK is currently carrying out a number of HIV/AIDS interventions in the eastern border areas of Shan State, Kayin State and Mon State in Myanmar. The proximity of these states to northern Thailand and the Yunnan province of China, where HIV prevalence rates are the highest for each of these countries, make the children and young people living in this region of Myanmar especially vulnerable to HIV/AIDS and other sexual and reproductive health problems.

The vulnerabilities of children and young people living in this area of Myanmar are increased further as a result of their limited access to information, education and health services while at the same time having easy access to drugs and involvement in commercial sex work. The high levels of cross-border migration and trafficking between Myanmar, China and Thailand further expose these children and young people to HIV infection.

Given the multiple vulnerabilities of children and young people living in this area, SC UK has established a programme which aims to increase access to information on HIV/AIDS and to sexual and reproductive health services. Working primarily with out-of-school adolescents and young people from ethnic minority and migrant communities, SC UK also aims to provide children and young people with the life skills that will enable them to make the best use of these services to protect themselves from HIV/AIDS.

Peer education and the development of life skills underlie the work to promote awareness of HIV/AIDS and to encourage safe behaviours in relation to sexual and reproductive health. Children and young people are encouraged to examine their knowledge of sexual and reproductive health, their attitudes towards sex and sexuality, and their sexual behaviour. They then look at how this has been influenced by the culture and society in which they live and what they can do to change their attitudes and behaviours. This involves equipping them with the skills to challenge negative social norms and reinforce positive ones.

SC UK's work in Myanmar has led to the development of a culture-based curriculum for peer education on adolescent reproductive health, which uses traditional themes and cultures as the framework for peer education programmes. The use of traditional themes and cultures helps to ensure that the peer education programmes are directly relevant to the experiences that these young people are living with in their daily lives which, in turn, makes it easier for them to understand the sexual and reproductive health risks they are facing. Participatory learning activities are then used to improve the skills of adolescents and young people to identify culturally appropriate ways to address these risks and develop safer sex practices. In order to facilitate the development of culturally appropriate responses, the peer educators involved in this programme range from migrant labourers and sex workers to Buddhist monks and Catholic novices.

The use of culturally appropriate responses has made it much easier to address issues relating to adolescent reproductive health (ARH) and HIV/AIDS. As one of SCUK's training assistants from Mon State explained, "while we were conducting an ARH workshop with adolescents in a Mon village, two elderly Mon women came to observe. At one point one of the women interrupted us by saying, 'Excuse me. Could you please wait for a few minutes? I want to bring my two daughters so that they would have a chance to hear what you are discussing now...It is really important they understand these issues'. As you know, Mon women, especially elderly women, are very conservative but they appreciated our discussion on sexual health because our approach is culturally acceptable".

This approach has also been proved to be acceptable to both the broader community and to adolescents themselves. For example, after having seen the curriculum in use, a volunteer teacher at a boarding school in Kayin said, "this approach is very good. It not only provides information to the young persons, but also guides them how to keep away from the risky behaviour". A 15-year-old young man from Shan State also believes that this is a good way of changing sexual behaviours. As he explained, "we did not know about STDs and HIV/AIDS, so we are doing whatever we like. Abortion is not uncommon, one can easily have an abortion in China...Now we realise the dangers of AIDS and other diseases, so we changed our risky behaviour".

A second aspect of this programme involves working with health providers to help them to understand the needs of adolescents in relation to sexual and reproductive health, and encourages the development of non-judgemental and supportive attitudes among health workers in providing adolescents with reproductive health-related information and services.

In order to achieve this, SC UK has been training community-based midwives to assist in the use of a reproductive health curriculum. Following this initial training, the midwives then train local adolescents and young people,

including adolescent peer educators who are able to work directly with the out-of-school groups of young people.

This approach achieves two things – at the same time as raising awareness of HIV/AIDS and other sexual and reproductive health issues among the midwives and the adolescents, it improves interaction between the two groups. Young people are thus encouraged to approach the midwives for information on sexual and reproductive health. At the same time, it encourages the midwives to provide the adolescents and young people with the information they require in a non-judgemental and 'youth-friendly' manner.

A midwife from Kayin State explained how significant SC UK's training had been in changing her attitude towards providing young people with information on and services in sexual and reproductive health: "No one teaches adolescents about sex. We have been keeping silent on the issue because we think we should not teach them such dirty things. But children learn from adult videos...Adolescents are experimenting with sex because they don't know the consequence at all. That is why reproductive health problems among them become more and more common. Now I realise that it is our responsibility to provide proper information to them".

## **Lessons learned**

Some of the key lessons that have been identified during the implementation of this project include:

- *Cultural analysis with young people is an effective entry point for addressing sexual health issues.* This not only helps the young people to understand why they might be at increased risk of contracting HIV/AIDS, but also makes it easier to identify ways in which they can achieve positive behaviour change. This approach also helps to ensure that the messages being given to young people are culturally appropriate, and not seen as threatening by local communities.
- *All members of the community have an important role to play in responding to HIV/AIDS.* One of the key findings of SC UK's programme in Myanmar was that the involvement of members of the community such as Buddhist monks not only serves to mobilise communities to respond to HIV/AIDS but can also bind families and communities together. This has a particularly significant impact on achieving effective responses to HIV/AIDS in countries such as Myanmar which have experienced years of tensions between ethnic groups and where there is lingering mistrust.
- *Flexibility and adaptability are key to ensuring the effectiveness of a culture-based curriculum.* The ability to adapt the peer education and life skills curriculum to different cultural settings has been extremely important in ensuring the success of this programme. In Myanmar, there are 135 officially recognised ethnic groups and over 200 dialects. As such, it has

been essential to develop a reproductive health curriculum with a flexible enough structure to allow trainers to adapt it to any ethnic culture, language or tradition. This has involved translating the curriculum and using local stories and proverbs. The adaptability of the curriculum also helps to ensure that local social backgrounds are reflected in the training, which enhances its relevance and meaning for young people.

## **Empowering Children to Protect their Sexual Health Rights in Pakistan**

Societal stigma surrounding sex and sexuality in Pakistan means that children and young people have very limited access to correct information regarding sexual and reproductive processes, including healthy and safe sexual practices. This lack of information, coupled with a lack of control over decisions relating to sexual behaviour, places children and young people at risk of HIV infection. Boys are particularly vulnerable as a result of unprotected male-to-male sex and child sexual abuse, while girls are vulnerable as a result of their disempowered status in society.

In order to begin to tackle these issues, the Karachi-based NGO, Aahung, in partnership with SC UK, initiated an AIDS Awareness Programme in 1997. The main objective of this programme was to develop a life skills curriculum to improve the sexual health and well-being of adolescents.

In developing its AIDS Awareness Programme, Aahung recognised that information alone cannot effect sustainable behaviour change – access to quality health services and awareness of rights and responsibilities along with the self-confidence and self-esteem to act on these are equally important. As a result, Aahung developed a three-pronged approach to improving adolescent sexual health which includes:

- access to correct information and knowledge
- access to quality health services
- increasing confidence, self-esteem and consciousness of the issues.

This led to the development of the Aware for Life curriculum, which now forms the core of the AIDS Awareness Programme. The development of the curriculum began by working with school-going and non-school-going adolescents to help them understand their needs in relation to sexual and reproductive health. The main issues the adolescents identified as needing to be addressed were:

- poor access to necessary and adequate information about adolescents' bodies and their processes, and safe and healthy sexual practices
- high prevalence of myths and misconceptions about sexual and reproductive processes which breed shame and guilt, inhibit positive health-seeking behaviour, and lead to unsafe and unhealthy practices
- existence of a repressive environment in which sexual health is a taboo issue and discussion on this topic is deemed inappropriate and is discouraged

- high levels of gender-based discrimination which increases the vulnerability of young girls and women to HIV/AIDS/STDs
- lack of accessible quality youth healthcare and information services.

Due to the problems of gender imbalance, ignorance about rights and responsibilities, and the feelings of shame and guilt surrounding sex, it became evident that information alone was not enough to effectively address these problems. The Aware for Life curriculum therefore aimed to equip adolescents with the skills to negotiate safe and healthy sexual practices as well as prioritise values such as respect for human dignity, freedom from discrimination, and respect of the rights of individuals to behave in accordance with their values.

Following further discussions with the adolescents and with their parents, teachers and community elders, a series of ten lessons was developed that sought to:

- improve knowledge on sexual health issues
- increase access to quality health services
- build confidence and self-esteem through the reduction of shame, guilt and fear
- promote the value of respect for human dignity
- raise consciousness about human rights and responsibilities
- increase gender sensitivity.

The impact of this curriculum on those using it has led to:

- increased knowledge on sexual health and on sexual and reproductive health rights for young people
- adolescents feeling comfortable sharing their questions and concerns regarding sexual health with their peers and adults, thereby facilitating their access to information
- improved health-seeking behaviours as the students are now able to identify and approach qualified practitioners
- increased consciousness regarding rights and responsibilities
- increased confidence, contributing to not only a more positive sense of self but also a more open, honest and truthful parent-child relationship where parents value and respect their children
- increased awareness among adolescents of the importance of sharing their learning with their friends and families
- improved gender sensitivity and respect for the equal rights of members of the opposite sex.

The positive impact of this programme on the community can be seen in some of the comments from those involved in the development and implementation of the curriculum. The Principal of Qamr-e-Bani Hashim School, for example, now has a better understanding of the importance of providing children and young people with accurate information on sexual and reproductive health. As he said, "children should know such information [on sexual and reproductive health] through a reliable person...it is important to give correct information because they are curious and they tend to

explore and experiment". A 16-year-old boy from the same school explained how the curriculum had improved his health-seeking behaviours saying, "I'll go to my family physician if I'm not well, I'll go to someone else if I'm not getting better and he refers me to some other place". A 14-year-old girl from St. Francis School who had participated in the curriculum felt that it had greatly improved her ability to communicate with her parents. She commented that, "I used to keep quiet, I was afraid that my mother might get angry, afraid of my family, but now I know my rights, I know that I have the right to give my opinion so I do this with confidence and this has improved the understanding among us".

The strength of this curriculum can be further illustrated by the positive results it has had in raising awareness of sexual and reproductive health and HIV/AIDS among adolescents in Karachi. The following chart illustrates this increase in knowledge:

School/ Community	Pre-Test	Post-Test	Difference
Morning Star Theatre(MST)	Boys: 49%	78%	29%
Christian Development Forum (CDF)	Girls: 38%	66%	28%
Qamr-e-Bani Hashim School (QBHS)	Girls: 54%	63%	9%
	Boys: 23%	89%	66%
St. Francis School	Girls: 30%	66%	36%
	Boys: 29%	48%	19%
	Teachers: 67%	88%	21%

## Lessons learned

- *Value-based approaches are key to enabling effective and sustainable behaviour change.* The development of the Aware for Life curriculum revealed the importance of simultaneously focusing on values *and* providing accurate information in order to promote positive behaviour change. The importance of the value-based approach is linked to the way in which values shape identities and direct behaviours. If these values can be adapted, through increasing awareness of human, and children's, rights and responsibilities, this can facilitate the development of sustainable behaviour change. For example, at the beginning of the Aware for Life curriculum development, many adolescents experienced high levels of guilt and shame around changes they were experiencing in their bodies and around their sexual needs, such as the onset of periods for girls and wet dreams and masturbation for boys. As a result, many adolescents were too shy to ask their parents, teachers or health practitioners for more information on the changes they were experiencing which prevented them from accessing accurate information on sexual and reproductive health. However, by the end of the curriculum, the students following it were less shy about such issues and were more confident about asking adults for information, and the adults were more willing to provide it.

- *The involvement of a broad cross-section of the community is important to ensure that the value-based approach works.* In the development of the Aware for Life curriculum, Aahung involved parents, teachers and community elders, as well as adolescents, in the identification of issues that they felt needed to be addressed to improve their sexual health and well-being. This helped to ensure that the messages being given through the curriculum complemented the values currently in place within the community. For example, one of the curriculum's lessons includes a case study about a girl who, on her way to school, is sexually harassed by some young boys. When her brother finds out he insists that his sister be prohibited from going to school. The questions linked to this case study explore some of the traditional reactions to such an incident, such as the reduction in the girl's rights to freedom of mobility and education in the name of honour and respectability. They then take this further to discuss how such reactions can be a violation of the rights of the girl and what other reactions might ensure that the girl's honour and respectability can be protected without the need for reducing her freedom. Involving a cross-section of the community in the development of lessons such as these helps to ensure that any alternative solutions that are proposed in the lessons complement rather than contradict the existing cultures and traditions of the community. This helps to increase support for such approaches within the community which, in turn, helps to facilitate positive behaviour change.
  
- *Integrating sexual health education activities into existing community activities increases their impact.* One of the weaknesses of the use of the Aware for Life curriculum by Aahung came from its lack of integration into existing community activities. This meant that, while for the most part it was well received by the adolescents and communities in which it was implemented, attendance at the sessions was often irregular and there was a high turnover of students. One of the reasons for this was that the curriculum sessions were often implemented on Saturdays – normally a student holiday. As a result, it was difficult to ensure regular attendance at the sessions. Integrating the curriculum into pre-existing activities for the adolescents, such as youth groups, after-school clubs, or informal – but regular – gatherings of young people, could have served to ensure more regular attendance at the sessions and increase the number of students completing the curriculum.

## **Addressing the Sexual and Reproductive Health Needs of Children and Young People in Lao PDR**

Only five years ago, Vientiane, the capital of Lao PDR, was a quiet backwater where buffaloes and push-carts were the main competition for bicycles on mostly unsealed roads. Since the introduction of free-market reforms in the late 1980s and the opening of its borders in the mid-1990s however, Vientiane has rapidly grown to become a bustling city of more than half a million people.

While the economic and social changes accompanying the opening up of Lao PDR are bringing new and exciting experiences and opportunities for young Lao people, they are also bringing new uncertainties, risks and dangers for which the young people are ill-prepared. Some of these risks and dangers include limited education and employment opportunities, coupled with growing drug abuse, commercial sex and promiscuity and the undermining of traditional values.

In order to try and address these challenges, SC UK's programme in Lao PDR is working with the Vientiane Municipality Women's Union to promote awareness among young people of the risks they are facing and is helping them to identify ways to reduce these risks. One of the ways in which this has been achieved has been through the development of the Vientiane Youth Centre for Health and Development.

The Centre is for young people, run by young people. Its main role is to act as a sexual and reproductive health information and advice centre for the young people of Vientiane. It also provides a place to meet friends, eat and drink, play team sports, join theatre workshops, watch music bands, and socialise with friends.

The reproductive health work is carried out through the first confidential drop-in health clinic for young people in the country that is staffed by specially trained medical professionals. It also involves youth workers providing confidential reproductive health advice and referrals. Youth workers at the centre also provide confidential counselling on a range of issues, from drug abuse to trafficking of girls to Thailand, for children and young people who need someone to talk to, offering mature and non-judgemental advice.

The other key aspect of this centre is the role it will play in providing peer education on sexual and reproductive health issues to young people. Before becoming a youth volunteer for the Centre each and every young person must first complete two months' training on sexual and reproductive health (including HIV/AIDS) and other life skills issues of value to their personal lives. This training will form the basis for volunteers to participate in the peer education programme currently being put together by consultants and the young people. This highly participatory training will help them to make informed choices about such important and relevant issues as substance use. The information and the training received by the peer educators is further reinforced by the production, by the young people, of accurate and accessible materials on these, and other, essential issues.

Since the opening of the Centre in March 2001 over 3000 young people have visited it, with more than 200 of these becoming involved in weekly activities at the Centre. In addition to this, 75 young people have graduated from the Centre's adolescent reproductive health programme and 18 of these will begin training as peer educators in October 2001. In the six months since the opening of the Centre, over 100 people have visited the clinic and 65 young people have used the confidential counselling.

The young people of Vientiane value highly the opportunities that the Centre provides them with. For example, one of the young people involved in the Centre is Loy, a young woman who at the age of 14 left school to look for work in Bangkok. On returning to Vientiane, two years later however, she was unable to go to school and spent the next two years doing nothing. The Centre has provided Loy with an opportunity to join its theatre group and she is now a veteran of two performances and is looking forward to the next one.

## **Lessons learned**

Although the Vientiane Youth Centre for Health and Development has only been open officially since March 2001, a number of lessons learned have already been identified. These include:

- *Involving young people at all stages of programme development helps to enhance their sense of ownership of the programme.* The Vientiane Youth Centre for Health and Development involved young people at all stages of its development. Peer researchers, for example, played a key role in developing the Centre and identifying activities that were relevant for and interesting to the young people that the Centre hoped to attract. This involvement has ensured that the Centre provides opportunities for recreational activities that the young people actually want to be involved in, such as theatre groups, bands, sports teams, or just a safe space for socialising with their friends, as well as sexual and reproductive health services. The result of this is that there is a sense among the Centre users that this is truly a centre that aims to address their needs. Consequently, support for and use of the youth centre is rapidly increasing.
- *Addressing immediate concerns can be a useful entry point for providing sexual and reproductive health services for young people.* The development of the Centre has illustrated how addressing immediate concerns, in this instance a lack of recreational facilities, can provide a useful entry point for addressing broader, and often less obvious, concerns such as sexual and reproductive health. Prior to the establishment of the youth centre many children were engaging in adult-oriented and illegal activities such as going to bars or turning to drugs, thereby increasing their exposure to sexual and reproductive health risks, including HIV/AIDS. However, the children and young people were not identifying HIV/AIDS as a need that they felt necessary to address. The opening of the Centre, at the same time as providing them with opportunities to become involved in more youth-focused activities, such as music and performance in bands, also provided an opportunity to highlight the importance of sexual and reproductive health-related issues to these young people.
- *Awareness of traditional and cultural concerns of the local community can increase the acceptance and sustainability of sexual and reproductive health programmes.* The rapid changes that have occurred in Lao PDR since the 1990s have led to a rapid expansion of foreign values and cultures, especially among young people. As a result, many adults in Vientiane are concerned that exposure to additional outside influences

may result in the loss of Lao values and cultures. Recognising this, SC UK, in supporting the development of the Centre, was careful to ensure that it provided the young people with accurate information on sexual and reproductive health while respecting Lao cultures and traditions. This has been achieved through promoting the Centre as a venue for traditional arts programmes, at the same time as training youth volunteers in sexual and reproductive health issues. This has meant that the Centre is able to address the needs of the young people while not alienating them from their traditional culture, making this approach much less threatening and more acceptable to adults and other key community stakeholders.

### **Providing Reproductive Health and HIV/AIDS Services to Young People and Commercial Sex Workers in Cambodia**

Following two generations of civil war, Cambodia is now one of the poorest countries in the world, with more than one-third of its population living below the poverty line. Vulnerabilities for children in Cambodia are particularly high, as over 50% of the country's twelve million people are under the age of 18, many of whom are isolated from families and communities. The situation of vulnerable children in Cambodia is further compounded by the HIV/AIDS epidemic.

Cambodia is the seat of South-East Asia's fastest growing HIV/AIDS epidemic, with an estimated infection rate of 3.2% among the general population. It was predicted that by the end of 2000 over 5% of all HIV infections are likely to be in children under 18 years old<sup>4</sup>. Economic and social factors help to fuel the epidemic as young Cambodians are growing up in a society where social dislocation and migration is widespread, poverty is endemic, and access to information and health services is low.

In an attempt to address the HIV/AIDS situation, SC UK has established two programmes within Cambodia to provide sexual and reproductive health services to young people, in particular to marginalised and hard to reach young people such as commercial sex workers and out of school youth.

The main aspects of these programmes involve:

- education of garment workers
- training of monks to train other monks and people who come to Pagodas
- providing young people with information on HIV/AIDS and contraception
- empowering young people to make informed decisions about their sexual and reproductive health
- training young volunteers from squatter communities to carry out peer education on sexual and reproductive health in bars, work places and homes of other young people
- developing youth-focused condom distribution programmes and, when necessary, referring young people to sexual health clinics
- using radio slots to talk about HIV/AIDS and sexual health and reinforce outreach work

- conducting individual and small group counselling sessions with referral as necessary to agencies providing clinical services.

The principal focus of this work has been working with the Women's Organisation for Modern Economy and Nursing and the Solidarity for Urban Poor Federation in Phnom Penh. Through working in partnership with these organisations, SC UK has been able to develop and implement peer education programmes for HIV/AIDS prevention with marginalised young people in the slum areas of Phnom Penh, and Prey Veng. The work of these organisations has also contributed to improving the provision of youth-friendly health services for children and adolescents in these areas. The reproductive health work in Prey Veng is integrated with, and reinforced by, general child-focused community development activities. In Kratie province, SC UK works with local youth and children's support organisations.

The project focuses primarily on HIV/AIDS awareness and prevention, but also addresses reproductive health and birth spacing issues with particular emphasis on empowering young people to make enlightened decisions about their sexual health, including responsible sexual behaviours.

This work has been achieved through using creative, adaptive outreach services directed at the target population where they live, work and play, backed up by basic information, counselling and referral services in the targeted communities. The success of this has been reliant on the use of peer educators who act as community outreach workers. However, this has also led to a number of difficulties, such as finding incentives to keep volunteers involved. As a result, many of these volunteers have become paid community outreach workers, which has raised some difficulties around how they are perceived by their peers and how they perceive themselves. This also raises the question of cost-effectiveness and sustainability, as the fact that volunteers are paid threatens the concept of voluntarism. However, paid peer educators are more willing to work longer hours, have higher motivation levels, and reduce the costs of training as turnover is low and they do the training themselves.

The project has provided the young people with a better understanding of basic reproductive health and a greater awareness of how HIV/AIDS/STDs are transmitted and prevented. The young people and sex workers are also more aware of the choices available to them with respect to responsible sexual behaviours and the means of accessing medical services which are responsive to young people's reproductive health needs. In addition to medical services, more than 14,000 young people aged 12-25 are accessing training and counselling activities through SC UK's programme. The community outreach workers have become highly skilled communicators and are also well accepted in the communities where they work, having acquired considerable status through the project.

In 2000-2001, successful efforts were made to include ethnic Vietnamese minority young people in the project outreach activities, which was originally

difficult due to traditional suspicion and distrust between Cambodians and Vietnamese.

## Lessons learned

In the four years since SC UK began working on HIV/AIDS in Cambodia, a lot of progress has been made and many valuable lessons have been learned:

- *It is essential to develop linkages between non-governmental and governmental agencies to ensure the long-term sustainability of programmes.* SC UK's programme in Cambodia involves working with seven 'stand-alone' partners who are working alongside each other to respond to different aspects of the epidemic within the country. The partners involved in this project are mainly NGOs and very few formal linkages have been made between these NGOs and government or national HIV/AIDS or sexual and reproductive health programmes. As a result, there are concerns about the long-term sustainability of this project. While without government involvement, the work of SC UK and the other partners in the programme will have contributed to developing more sustainable effective sexual and reproductive health services, stronger linkages between the NGOs themselves and with government programmes will ensure a more holistic and sustainable response to HIV/AIDS throughout Cambodia.
- *Interventions designed to alleviate poverty can also act as effective HIV/AIDS prevention activities.* One aspect of the work that SCUK is supporting in Cambodia has been to develop ways to alleviate the poverty in rural areas. For example, by aiming to alleviate rural poverty, the programme in Prey Veng has indirectly succeeded in preventing the rapid transmission of HIV/AIDS in this rural community. The alleviation of poverty in Prey Veng has meant that children and young people now find it less important to migrate to urban centres, such as Phnom Penh, in the dry season. As a result, these children and young people face less exposure to risks, such as sex work, which helps to greatly reduce their vulnerability to HIV/AIDS.
- *Peer education on children's rights can serve as an entry point to discussions on HIV/AIDS.* One of the main focuses of the work that SC UK supports in Cambodia has been providing peer education on the rights of children as laid down in the United Nations Convention on the Rights of the Child (UNCRC). In conducting discussions on children's rights to protection, education, participation, correct information, and freedom from exploitation and abuse, it became evident that the children and young people involved in these discussions considered HIV prevention to be a sexual and reproductive health right. Therefore the identification of HIV and sexual and reproductive health as an important issue for children through the discussions on children's rights, provided a useful catalyst for developing peer education and outreach programmes on HIV/AIDS.

- *Prolonged access to education can reduce children's vulnerability to HIV/AIDS.* The peer educators involved in SC UK's programmes in Cambodia believe that children who stay in school for longer reduce their risk of HIV infection. This is because they are able to access more information on HIV/AIDS and therefore have a better understanding of how they can protect themselves from HIV/AIDS. The experience of the peer educators also revealed that prolonging children's access to education reduces their risk of being trafficked into exploitative work elsewhere, which ultimately reduces their risk of HIV infection. The experience of SC UK's partners in Cambodia also highlighted that children and young people who remain in school for longer are less vulnerable to HIV/AIDS as they are less likely to migrate to urban centres for work and, as a result, are less exposed to 'high risk' situations such as easy access to sex workers and drugs that are prevalent in urban areas.
  
- *It is essential to assess the links between cost-effectiveness and sustainability.* SC UK's work with the Women's Organisation for Modern Economy and Nursing and the Solidarity for Urban Poor Federation in Phnom Penh involves working with peer outreach workers who are paid a salary of \$50 per month. Whilst this could be regarded as potentially unsustainable because of the high costs involved, SC UK believes that the benefits of the added costs are counter-balanced by the sustainability, coverage and impact of the programme. The wages that the outreach workers receive provide them with a greater incentive to continue with their peer education and HIV/AIDS prevention work, which means that recruitment and re-training costs are kept low. In addition to this, the fact that these outreach workers are salaried means that they can commit to carrying out their work on a full-time basis, which serves to increase both the impact their work has on their target audiences and the number of children and young people they can reach. The benefits of this can be illustrated by comparing the Phnom Penh and the Prey Veng programmes. In Prey Veng, where the peer educators are paid in kind or receive a token amount of money per month, the motivation levels are much lower, turnover of volunteers is higher and peer educators can only dedicate one to two days per week to their HIV/AIDS work, which means that the number of children and young people they can reach is much reduced.

## **Preventing Sexual Exploitation of Children in Sri Lanka**

Anuradhapura is the largest district of Sri Lanka with the northernmost borders suffering from ongoing conflict. Most of the problems that the children face in this region, such as poor nutrition and lack of access to health and education services, stem from the war. These conflict-related difficulties are further intensified by high levels of sexual abuse and exploitation.

Some of the key issues faced by children in the district include incest in families where mothers have migrated to the Middle East for employment, school dropouts – especially girls – and child labour in garment factories, where the children are vulnerable to exploitation. Girls who have been

sexually exploited often continue their lives as sex workers. Girls also serve as sex workers for the army personnel who are in transit from the war front. Sexual harassment on public transport is common, as are unwanted teenage pregnancies and attempted suicides among children as a result of sexual exploitation.

SC UK in Sri Lanka has been working with the children from Anuradhapura district to identify strategies to help them reduce their vulnerabilities to sexual abuse and exploitation. The strategies that the children have identified include using street theatre to raise awareness within the community of the risks that children are facing and raising awareness of HIV/AIDS and other sexual and reproductive health issues through the use of peer educators and the development of IEC materials.

The main way that this has been achieved is through the development of four children's clubs across the district, with a combined membership of more than 350 children and young people. These clubs bring together the children from the local community and provide them with a secure place to discuss issues which are important to them and identify ways to address these issues. One of the common problems faced by the children, for example, is sexual and physical abuse by alcoholic fathers. The children's clubs have helped to reduce the incidence of alcoholism among the fathers in the community. This has been achieved through the children developing and performing street dramas showing the impact of alcoholism on children, which helps to raise awareness of the issue. The awareness-raising work is further reinforced by equipping the children with skills to help reduce the alcohol consumption of their fathers, through, for example, talking about the issue with their fathers when they are sober and in a good mood.

The children's clubs also provide an opportunity for children to talk about sexual health and access reliable information on ways to protect themselves from STDs and HIV/AIDS. This has been particularly important for the children of the Anuradhapura district as their parents and teachers are reluctant to talk about sexual and reproductive health and HIV/AIDS with them. As a result, when children ask for information on these issues they often receive irrelevant or incorrect messages and information. The work of SC UK through the children's clubs, however, has made it easier for children and young people to access information on these issues. As one child said, "we did not know about these things. Nobody told us about these things. Now we know the difference between love and lust".

In addition to providing opportunities for raising awareness of issues affecting children and identifying ways to address these, the children's clubs also have a significant role to play in providing psycho-social support to children and young people. Many of the children attending the clubs experience similar problems relating to sexual abuse and exploitation, sexual harassment, intimidation, humiliation, or sexual and reproductive health. However, they are often unable to discuss these issues in their homes as their mothers are frequently absent and their fathers show little interest in talking to their

children about the issues. As a result, children often feel isolated and alone in coping with their problems. The children's clubs, however, provide a space for discussing problems with other children. This helps them to realise that they are not alone and that other children are experiencing the same problems and difficulties. This has proved to be a valuable role of the children's clubs. As one young member said, "the sexual health and exploitation and prevention programme of Save the Children has changed our lives. Earlier we did not know what to do if one of us is sexually abused. But now we feel strong".

The children's clubs, however, do not only provide an opportunity for influencing the behaviour of other members of the local community. They have also played a key role in raising awareness of the issues among government departments and altering the government's approach to some of these issues. The children's clubs have acted as a useful vehicle for engaging with a number of government departments such as the police, probation and childcare, public health and education. As a result, government departments and agencies now pay greater attention to the requests and complaints of children and young people and treat them and their concerns in a much more positive manner. This has meant that the behavioural changes that the children have contributed to at the community level are reinforced by the relevant government agencies. This helps to increase the sustainability of the changes and, over time, reduce the vulnerability of children to exposure to HIV/AIDS and other STDs through sexual abuse and exploitation.

## **Lessons learned**

The development of the children's clubs in Anuradhapura highlighted a number of key lessons:

- *Providing children and young people with the skills to influence their lives is more sustainable than simply providing them with material support.* This programme aims to equip children with skills that empower them to make positive changes to their lives, either through being able to make decisions to help reduce their vulnerability to risks or through being able to influence the behaviour of others. In Sri Lanka, this has proved to be more effective than simply supplying them with material support as it provides the children with a greater sense of control over their decisions and equips them with the information and skills that help them to reduce their risks of sexual abuse and exploitation.
- *A group approach is more effective and sustainable than working alone.* The children's clubs in Anuradhapura have highlighted the benefits that working as a group can bring. As a result of working together as a group, the children involved in these clubs have been able to make their voices heard on a number of issues relating to sexual abuse and exploitation. The strength of their collective voices has also meant that they have been able to effect change in the attitudes and behaviours of adults at both community and government levels. Working as part of a group has also

helped to ensure that these children's clubs are very strong and self-sustaining and as a result are now in a stronger position to ensure the longer-term sustainability of these behaviour changes.

- *Addressing the concerns of children can promote greater awareness of these issues among adults.* Listening to the concerns identified by children and young people through the children's clubs has enabled SC UK to greatly raise the profile of issues relating to sexual abuse and exploitation, sexual harassment, intimidation, humiliation, and sexual and reproductive health. Without the children's clubs to facilitate this, many of these issues could have gone unrecognised for years to come.
- *It is essential to plan activities in order to maintain focus and momentum.* While one of the advantages of the children's clubs is that they are places where children can go and talk to other children about issues that concern them, it is also important to provide structured activities for them to participate in. Without these structured activities the children are likely to rapidly lose interest in the group and it would also be difficult for the clubs to have the impact on behaviour change within the communities and government agencies that they have succeeded in achieving to date.

## **Exploring the Vulnerabilities of Street Children in India to HIV/AIDS**

HIV/AIDS is changing the world for children, with 50% of new infections occurring in 10-24 year olds. This is particularly significant for children and young people in India which, as the epidemic in Asia increases, is likely to become the country with the highest number of people living with HIV/AIDS if current trends continue.

Throughout India there are large groups of children who are particularly vulnerable to HIV/AIDS. These include children living on the streets and in slum areas, children from marginalised tribal communities and children whose parents have died as a result of HIV/AIDS.

In order to assess the particular vulnerabilities of these groups of children, SC UK conducted a series of four studies across India to look at:

- the vulnerability of children living on the streets, in slums and in marginalised tribal communities to HIV/AIDS
- factors that increase the vulnerability of children to HIV/AIDS and in particular the contexts and circumstances that contribute to increased risky behaviour
- the impact of HIV/AIDS on children.

In conducting these studies SC UK worked closely with groups of children and young people who are most vulnerable to HIV/AIDS in India. This involved, for example, some of the older boys from the street children community in Delhi working with SC UK to gather information from the other children living on the streets at the New Delhi railway station. These boys also assisted in

developing guidelines for the questions that the street children were to be asked. This made it possible for SC UK to reach a much greater number of children and young people from this community.

Some of the key risk factors and vulnerabilities that these studies highlighted include the need for particularly marginalised children and young people to feel loved and cared for. Many of the children involved in these studies, especially those living on the streets and in slums, expressed this as one of the reasons for becoming involved in high levels of sexual activity. As one of the older boys involved in SC UK's research in Delhi explained, "some of us have been staying in the streets for the last 15 years and we do not get love. A child living on the street will do anything if he/she gets love".

One of the other factors identified that was seen to increase the vulnerability of these children to HIV/AIDS was the need to use sex as a means of survival. Many of the younger girls and boys, living on the streets at the New Delhi railway station, for example, are required to provide sexual favours to the older boys if they want to continue living and working around the railway station. Girls also have sex with the older boys in exchange for protection from abuse from other boys. The need to use sex for survival was also mirrored in the study that was conducted with children living in the slums and in traditional sex worker communities in Rajasthan. In these communities, sex was seen as a means of survival because of the income it provides. As a result of this, prevention of HIV/AIDS was not considered to be an immediate need - earning a living and basic survival were considered much more important.

Another key risk factor for many children and young people living on the streets, in slums and in tribal communities is their desire to have sex. In Delhi, the study that was conducted with the Sahabad Dairy and Govind Puri highlighted that the young girls have their own sexual desires and see sex as perfectly natural and a need that they want to have fulfilled. The openness of this community to sex, however, makes its members more open to receiving HIV prevention messages and adjusting their sexual behaviours to reduce their vulnerability to HIV/AIDS.

Other key factors increasing children's vulnerability to HIV/AIDS that these studies highlighted include:

- greater exposure to rape and sexual abuse of boys and girls
- freedom of sexual behaviour and early initiation to sex
- illiteracy and early initiation to work
- reduced access to information on HIV and health services.

In order to respond to some of these vulnerabilities, SC UK has recently begun work with the organisation Kotapet Mahila Mandal, in Andhra Pradesh, to reduce the vulnerability of street children to HIV/AIDS in eight sites around the medium-sized town of Guntur.

## Lessons learned

During the course of the study, a number of key lessons for developing future HIV/AIDS programmes with marginalised children were identified. These include:

- *It is essential to regularly evaluate and adapt HIV/AIDS prevention messages to ensure they are relevant to their target audiences.* One of the key findings of SC UK's research is that many of the HIV/AIDS prevention messages being given to children living on the streets, in slums and in tribal communities are not appropriate. The messages being given to the children in these communities, for example, fail to discuss the risks associated with male-to-male sex and injecting drugs. Instead, these messages focus on heterosexual modes of transmission and on encouraging people to avoid sex with 'dirty women' (ie sex workers). As a result, these children believe that anal sex with boys is safe and that as long as they do not have sex with sex workers they do not have to worry about HIV/AIDS.
- *The involvement of children and young people in the design and implementation of programmes is essential to ensure that their needs are met.* The four studies conducted by SC UK and the research teams all illustrated that no programme directed at children and young people can hope to succeed without real efforts being made to find out from the children themselves what they think and to involve these children in the design and implementation of programmes. Involving children also helps to understand the circumstances under which sexual behaviour takes place and the level of control children have over their behavioural needs. As the study in the slum area of Delhi revealed, children and young people often have sex because they want to. In such circumstances it is essential to help children to develop their own HIV/AIDS prevention strategies.
- *Addressing broader contextual factors can indirectly reduce children and young people's vulnerabilities to HIV/AIDS.* For many of the children involved in SCUK's studies, their vulnerability to HIV/AIDS was increased as a result of their lack of access to education and their early initiation into the world of work. For the tribal communities in Rajasthan it was more important for their children to start working than to continue their education. This increases their vulnerability to HIV/AIDS not only because they are unable to access information on HIV/AIDS but also, as was highlighted by the study in Delhi, because early initiation to work brings with it earlier exposure to sexual behaviours. Reducing the need for children to start work at an early age and prolonging their education can therefore serve to reduce their vulnerability to HIV/AIDS.

## Conclusions

As this report shows, all of the projects supported by SC UK in Asia have valuable experiences which highlight lessons that we can learn from to improve future HIV/AIDS programming. While each programme may have specific lessons, there are a number of key issues across the region:

- *Community-based approaches are an effective way of achieving positive behaviour change.* They ensure that responses to HIV/AIDS meet the needs that have been identified by community members. Community-based approaches also reduce the reliance of the community on outside influences to effect change, thereby enabling them to move projects forward at their own pace. The development of networks of community-based volunteers also helps to ensure that skills are transferred which means that the work can continue even if some of the volunteers leave the programme.
- *Strategic partnerships can greatly enhance the impact and sustainability of HIV/AIDS programmes.* The development of strategic partnerships can benefit programmes in a number of ways – they can help to increase the coverage of programmes, facilitate the sharing of expertise and, particularly in cross-border regions, ensure that HIV/AIDS programmes are reinforced in different, but neighbouring, geographical areas. Developing strategic partnerships also increases the potential for achieving a holistic approach to HIV/AIDS.
- *Culturally and politically sensitive approaches are essential in developing HIV/AIDS programmes for children and young people.* Talking about sex, sexuality, and sexual and reproductive health (including HIV/AIDS) with children and young people is considered a taboo in many cultures. In order to be able to effectively address these issues with young people SC UK has learned that it is essential to work **with** the traditional cultural values and norms of a community. This serves to make these issues seem less threatening, making it easier for the community to accept programmes addressing sex, sexuality and sexual and reproductive health.
- *Integrating sexual health education activities into existing community activities increases their impact.* Many youth-focused HIV/AIDS programmes experience difficulties in maintaining regular attendance from young people. Integrating HIV/AIDS and other sexual and reproductive health programmes into pre-existing community activities, such as youth groups, after-school clubs, and informal – but regular – gatherings of young people, can increase attendance at these activities. Ensuring consistent involvement in such activities can also be achieved through increasing livelihood support to marginalised children and young people so that they have less need to travel for work, and through conducting activities at times which allow working children to attend.
- *Involving young people at all stages of project development is essential to ensure that their needs are being met and to provide them with a sense of*

*ownership of the projects.* SC UK's programmes in Asia promote the active involvement of children. This involves peer researchers playing key roles in the design and development of programmes and children and young people acting as the main implementers. This ensures that they are implemented in a youth-friendly way and that they address the immediate concerns of children and young people, such as the need for safe recreational spaces, at the same time as addressing issues such as sexual and reproductive health and HIV/AIDS, which might not be their primary concern. Involving children and young people at all stages of the design and implementation of programmes also helps to increase the sustainability of sexual and reproductive health programmes as it gives the children and young people a sense of ownership which is further enhanced as they see that the issues being addressed are those that have a clear impact on their lives.

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### ***Gender, HIV/AIDS and Emergencies***

Refugees and displaced people need access to gender-sensitive education on HIV/AIDS and the means to prevent it. They also need access to services for the treatment of sexually transmitted diseases (STDs) and HIV/AIDS. This article makes recommendations on how this can be achieved by agencies working in disaster and emergency situations.

### ***Gender and HIV/AIDS – Guidelines for Integrating a Gender Focus into NGO Work on HIV/AIDS***

Drawing together information from a variety of sources, this text aims to provide a practical resource for carrying out research and planning HIV/AIDS interventions more effectively. These guidelines aim to help identify some of the issues which relate to the vulnerability of different groups to HIV/AIDS by enhancing understanding of gender relationships and roles, and the spread of HIV/AIDS.

### ***Learning from Experience – Young People and HIV/AIDS\****

This newsletter, aimed at staff and other practitioners, contains articles about HIV/AIDS initiatives in SC UK programmes across the world.

### ***The Impact of HIV on Children in Thailand***

Research was carried out to examine the situation in Thailand of children at risk from HIV infection and children already affected by HIV. This report explores a range of recommendations for action. Also included are sections on lessons learned from experience in Africa, the future of the Thai epidemic, economic impacts and the impact on the Thai education system.

### ***HIV/AIDS and Children – A South Asian Perspective***

This study in South Asia aims to raise key research and policy questions with regards to HIV/AIDS and children by analysing different existing projects through case studies and identifying gaps and difficulties in implementing work.

### ***HIV/AIDS Prevention Strategies for School-Age Children – Examples and Possibilities***

This report presents points of view and discussions around HIV prevention education in Thailand, China, Nepal, Pakistan and India. It aims to gain an understanding of programmatic interventions in reducing the incidence of HIV/AIDS in children in South-East Asia at a micro level and to assess its relevance and significance in South Asia programming.

### ***Participatory Rural Appraisal – Handbook to Promote HIV/AIDS Prevention***

This handbook uses Participatory Rural Appraisal to establish programmes raising awareness of HIV and AIDS in rural communities, produced by SC UK and Chiangmai University, Thailand.

### ***Learning to Live – Monitoring and Evaluation for HIV/AIDS Programmes with Young People*** Webb, D. and Elliott, L. Save the Children UK, 2000. £12.95. ISBN 1841870358

The specific aims of this handbook (2000) for practitioners are:

- to provide an introduction to the concepts which underlie project monitoring and evaluation
- to demonstrate how these principles are practically applied in projects addressing HIV/AIDS
- to provide an overview of existing good practice in key sectoral areas, and of how these practices have been identified
- to provide examples of methods and procedures which can be used in monitoring and evaluating HIV/AIDS projects
- to encourage the use and adaptation of these methods by project staff, in order to provide learning which can be used:
  - (a) to improve programming
  - (b) to advocate for the expansion and adoption of effective projects by others.

### ***Children Affected by HIV/AIDS: Rights and responses in the developing world*** Grainger, C., Webb, D., and Elliott, L. Save the Children UK, 2001, ISBN 1 841870 47 1. Price £8.95

This working paper (2001) examines the situation of children affected by HIV/AIDS living in resource-poor countries, and analyses the nature of the responses to this. It explores a range of different programming responses for children affected by HIV/AIDS and draws out useful examples of good practice for SC UK and other programming organisations. This paper initiates discussion on, and explores possible solutions for, integrating a framework of children's rights into the context of HIV/AIDS programming.

### ***The Bitterest Pill of All: The collapse of Africa's health systems***

This report looks at the proposed establishment of a multi-billion dollar package of initiatives aimed at tackling major diseases, such as HIV/AIDS, TB and malaria, in poor countries. It argues that lessons from the last 30 years are learned before such vast resources are committed, and reviews the

impact of two decades of economic and health sector reform on infant health in Africa.

***Children's Right to Health and the Role of Pharmaceutical Companies***

This position paper (2001) looks at the effect that collapsing health systems have had on access to essential drugs and the role of pharmaceutical companies in creating and controlling children's access to medicine.

***Joint Public Private Initiatives: Meeting children's right to health?***

This report (2001) looks at the extent to which new forms of international co-operation in the field of health, so-called public private partnerships, meet children's rights. It examines four characteristics of joint public private initiatives using a child rights framework and makes recommendations for the principles and governance mechanisms that should be applied to all JPPIs in the field of health.

***Right Angle No. 33, Summer 2001***

This quarterly magazine is a resource for adults working with young people on global rights issues. Issue No. 33 focuses on HIV/AIDS and young people.

***No Quick Fix: A sustained response to HIV/AIDS and children***

This report looks at the impact HIV/AIDS has on children's rights and the importance of developing comprehensive responses to the epidemic. It also argues that donors, governments and international financial institutions must learn from the experiences of the last 20 years of health sector reform, if huge resources committed to HIV/AIDS are not to be wasted.

***HIV/AIDS and Children: Vulnerability and Impact***

This report aims to provide an insight into the vulnerability of children in India to HIV/AIDS and its impact on their lives. It examines the experiences of children in a variety of contexts and describes interventions that are under way which target children affected by HIV/AIDS. This study demonstrates that no programme directed at children and young people can hope to succeed without real efforts being made to involve the children themselves in the design and implementation of the intervention.

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<sup>1</sup> AIDS Epidemic Update, December 2000, UNAIDS.

<sup>2</sup> As quoted in 'Working Paper 23 – Children Affected by HIV/AIDS: Rights and responses in the developing world', Save the Children, UK, June 2001.

<sup>3</sup> Statistics taken from 'Report on the Global HIV/AIDS Epidemic', UNAIDS, June 2000.

<sup>4</sup> Statistics produced by the Khmer HIV/AIDS NGO Alliance.





# Young People and HIV/AIDS

## Responding to the new Asian crisis

Save the Children is the UK's leading international children's charity. Working in more than 70 countries, we run emergency relief alongside long-term development and prevention work to help children, their families and communities to be self-sufficient.

Drawing on this practical experience, Save the Children also seeks to influence policy and practice to achieve lasting benefits for children within their communities.

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