

HIV/AIDS

HIV/AIDS POLICY FACT SHEET

The Global Impact of HIV/AIDS on Youth

May 2002

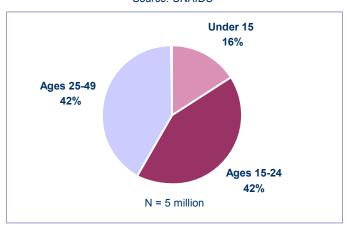
While HIV/AIDS has always been an epidemic of young people, current trends indicate that this may well be but the tip of the iceberg. The current impact is expected to worsen, with projected numbers of people living with HIV/AIDS in hard hit countries rising steadily over the next two decades.¹

CURRENT & PROJECTED IMPACT

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

- There are an estimated 40 million people living with HIV/AIDS worldwide, more than a third of whom (38%) are under the age of 25. Teens and young adults between the ages of 15 and 24 represent almost a third of the 40 million people living with HIV/AIDS.²
- Of the 5 million people newly infected with HIV in 2001, almost 6 in 10 (58%) were under the age of 25. Those in the 15-24 year old age group represented 4 in 10 of these new infections (see Figure 1). Young people ages 15-24 account for half of all new infections among adults ages 15-49. This amounts to almost 6,000 infections per day among 15-24 year olds, or approximately one every 15 seconds.^{2,3}
- Most (77%) young people living with HIV/AIDS live in sub-Saharan Africa,⁴ as do over 90% of the world's AIDS orphans (some 12.1 million children).⁵ About 15% of young people living with HIV/AIDS are in the East/South Asia and Pacific region of the world (see Figure 2).^{4,6}
- High rates of HIV infection among young people are, for the most part, occurring in countries with very young populations. Over half the population of sub-Saharan Africa, for example, is estimated to be under 18 (with one in four between 10 and 19).^{4,7}
- The confluence of high HIV/AIDS prevalence and disproportionately young populations results in a concentration of new infections among youth.

Figure 1: New HIV Infections in 2001 by Age Group (with % of total) Source: UNAIDS²



The HIV/AIDS epidemic is expected to have far reaching demographic and multisectoral impacts on many nations:

- Due to HIV/AIDS, life expectancy in many hard-hit countries has already been reduced and could drop below age 35 by the year 2010, reversing steady gains over the last century.
- In countries where 15% or more of all adults are estimated to be infected with HIV—eight countries in the year 2000—it is projected that at least 35% of boys now aged 15 will die of AIDS.⁶
- Rising HIV/AIDS prevalence is projected in hard hit countries at least until 2010.¹

ADOLESCENT VULNERABILITY

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

- Surveys indicate that although many more young people across the world have now heard about the HIV/AIDS epidemic, awareness is not universal and many are still unaware of how to protect themselves or harbor misconceptions about HIV transmission.^{4,7,9-11}
- Many sexually active young people at risk for HIV do not perceive themselves to be at risk, even those in countries with very high prevalence.⁷ Moreoever, most young people living with HIV do not know they are infected.²
- Being infected with another sexually transmitted disease (STD) increases the likelihood of both acquiring and transmitting HIV. Studies indicate that the prevalence STDs other than HIV among youth is high.^{2,12,13}
- Most young people at risk for HIV infection or already living with HIV/AIDS reside in the world's poorest regions; their vulnerability to HIV operates within a broader context of poverty, which may include lack of access to education, economic opportunities, and health-related services.^{3,4,10,14,15}

THE MOST VULNERABLE

Certain subpopulations of youth have been identified as bearing a disproportionate share of HIV's proliferation and/or being at increasing risk:²

Young women and girls:

• Women comprise an increasing proportion of those living with HIV/AIDS, rising from 41% in 1997 to 47% in 2001. 10,14,16 The rate of new infections among girls is as much as 5 to 6 times higher than those of boys in some hard hit countries 3,14 and young women represent the majority of young people living with HIV/AIDS in sub-Saharan Africa and Asia (see Figure 2). Biologically, the risk of becoming infected with HIV during unprotected vaginal intercourse is greater for women than men and on average, women are infected at younger ages than men.

Young men who have sex with men (MSM):

 Stigma, social exclusion, and lack of information can result in increased risk-taking among men who have sex with men.^{6,17} Male-to-male sexual transmission is a predomi-

nant risk factor for HIV in several countries, including the U.S., Brazil, Costa Rica, and Mexico, and may be playing an increasing role in Eastern Europe. ^{6,14} Risky behaviors and HIV infection rates among young MSMs may again be on the rise in the developed world. ^{6,18-21}

Injection drug users (IDU):

· Injection drug use continues to be a risk factor for many young people, particularly in Eastern Europe, Central Asia, and the Russian Federation. 6,22

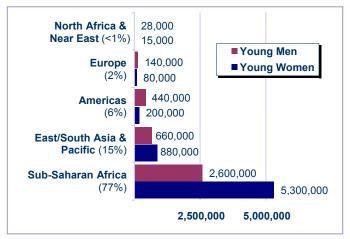
Children orphaned by AIDS:

• An estimated 13.2 million children—most of whom live in the developing world—have lost their mothers or both parents to AIDS,⁵ a number that could rise to 44 million by 2010.5 Without support systems and resources, they are at substantially increased risk of malnutrition, abuse, illness—and HIV infection.6

Sexually-exploited children:

 Prostitution, trafficking, child pornography and forced marriages all bring increased likelihood of HIV infection for the children and the communities within which such practices occur.²³ Approximately 1 million children enter the world's sex trade every year,²³ placing them at greater risk for HIV infection.²⁴ Rates of HIV infection among young sex workers can be high.^{10,12,15,16,24}





PREVENTION

Several recent prevention reviews demonstrate effectiveness in reducing risky behaviors and HIV transmission.²⁵⁻²⁸ Few large-scale efforts, however, have been geared toward youth, and youth may need different prevention strategies than older

- · Where they do exist, such efforts have been shown to lead to increased knowledge, delays in sexual activity, and increased condom use among those having sex for the first time, and to reductions in transmission for some populations. 25,26
- In addition, projection models demonstrate that interventions such as increased condom use and STD treatment can significantly reduce HIV/AIDS prevalence.²⁹ Analyses also indicate that because most HIV infections occur among young people, HIV prevention directed at youth is a crucial and effective strategy.30

CONCLUSION

The impact of the epidemic on young people is expected to grow, particularly in hard hit countries which already have very young populations. Therefore, the level of available resources and how resources are used will continue to challenge global and national leaders. 3,31 Prevention interventions directed at youth will be critical to altering the future course of the epidemic.

REFERENCES

- U. S. Census Bureau. Unpublished data; 2002.
- ² UNAIDS. *AIDS epidemic update*. December 2001.
- ³ Piot P. Testimony to a hearing on "Halting the Global Spread of HIV/AIDS: the Future of U.S. Bilateral and Multilateral Responses." Committee on Foreign Relations of the United States Senate; 2002.
- UNICEF. Progress of Nations 2000.
- ⁵ Hunter S, Williamson J. Children on the brink.: USAID; 2000.
- ⁶ UNAIDS. Report on the global HIV/AIDS epidemic. June 2000.
- ⁷ Population Reference Bureau. Youth in sub-Saharan Africa: a chartbook on sexual experience and reproductive health. April 2000.
- Stanecki KA, (U. S. Census Bureau). The AIDS pandemic in the 21st century: the demographic impact in developing countries. Paper presented at: 13th International AIDS Conference; July, 2000; Durban, South Africa.

 ⁹ UNAIDS. *Together we can: leadership in a world of AIDS*. June 2001.
- ¹⁰ UNAIDS. *Children and young people in a world of AIDS*. August 2001.
- 11 Henry J. Kaiser Family Foundation. Hot prospects, cold facts: national survey of South African youth. 2001.

 Panchaud C, Singh S, Feivelson D, Darroch JE. Sexually transmitted diseases
- among adolescents in developed countries. Fam Plann Perspect. Jan-Feb 2000;32(1):24-32, 45.
- ³ Henry J. Kaiser Family Foundation. Sexually transmitted diseases in the United States (fact sheet). February 2000.
- UNAIDS. Global crisis--global action. June 2001.
- 15 Rao Gupta G. Gender, sexuality, and HIV/AIDS: The what, the why, and the how (plenary address). Paper presented at: International AIDS Conference, 2000; Durban, South Africa.
- 16 Human Rights Watch. Scared at school: sexual violence against girls in South African schools. March 2001.

 Topic and stigma--United States, 2000. MMWR Morb
- Mortal Wkly Rep. Dec 1 2000;49(47):1062-1064.

 18 CDC. HIV incidence among young men who have sex with men--seven U.S. cities, 1994-2000. MMWR. June 1 2001;50(21):440-444.

 19 CDC. Need for sustained HIV prevention among men who have sex with men.
- March 11, 2002. Available at: www.cdc.gov/hiv/pubs/facts/msm.htm.

 OCDC. Resurgent bacterial sexually transmitted disease among men who have
- sex with men--King County, Washington, 1997-1999. MMWR. Sep 10 1999;48(35):773-777.
- CDC. Outbreak of syphilis among men who have sex with men--Southern California, 2000. MMWR Morb Mortal Wkly Rep. Feb 23 2001;50(7):117-120.
- ² Burrows D, Holmes D, Schwalbe N. Drug use injects HIV/AIDS into former
- Soviet Union. Global AIDS Link (Global Health Council). Vol 72; 2002:12-13. ²³ UNICEF. Profiting from abuse: an investigation in to the sexual exploitation of children. 2001.

 Population Council, Asia Foundation. Prevention of trafficking and the care and
- support of trafficked persons (in the context of an emerging HIV/AIDS epidemic in Nepal). February 2000.

 Rosenfeld A, Myer L, Merson M, (Henry J. Kaiser Family Foundation). The
- HIV/AIDS pandemic: the case for prevention. June 2001.
- Low-Beer D, Stoneburger R, (Henry J. Kaiser Family Foundation). In search of the magic bullet: evaluating and replicating prevention programs. June 2001.
- Marseille E, Morin S, Collins C, Summers T, Coates T, (Henry J. Kaiser Family Foundation). The cost-effectiveness of HIV prevention in developing countries.
- Center for AIDS Prevention Studies (UCSF). Can cost-effectiveness analysis help in HIV prevention?

 29 Henry J. Kaiser Family Foundation. The impending catastrophe: a resource
- book on the emerging HIV/AIDS epidemic in South Africa. 2000.
- Kiragu K. Can we avoid catastrophe? Population Reports. Vol 12; 2001.
- ³¹ Alagiri P, Collins C, Summers T, Morin S, Coates T, (Henry J. Kaiser Family Foundation). Global spending on HIV/AIDS: tracking public and private investments in AIDS prevention, care, and research. July 2001.

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