

# Young People and HIV/AIDS

## Young People at the Centre of HIV/AIDS Epidemic

A sizeable percentage (53%) of Bhutan's population comprises young people in the 10-24 year age group<sup>1</sup>. According to country reports 11 cases of HIV/AIDS have been identified in the age group of 10-24 years and three AIDS-related deaths have also taken place among them. Though there is scant evidence of HIV/AIDS in Bhutan, its large young population is not isolated from the risks of the disease.

The national adult HIV prevalence rate is estimated to be less than 0.1%, with less than 100 people living with HIV/AIDS at the end of 2003<sup>2</sup>. The first case of AIDS in Bhutan was reported in 1993<sup>3</sup>. The number of HIV/AIDS cases reported has grown over the years from 3 in 1993-95 to 77 by the end of 2005<sup>4</sup> (Table 1).

Table 1: HIV/AIDS situation

HIV/AIDS situation	Estimates
Adults and children living with HIV/AIDS	<100
Prevalence Rate <sup>2</sup>	<0.1%
Total reported HIV/AIDS cases by end of 2005 <sup>4</sup>	77

*Source:* Epidemiological fact sheets on HIV/AIDS & STIs, Bhutan, UNAIDS, UNICEF, WHO 2004 update.

Half of the reported cases were from the cities of Thimpu and Phuntsholing which are on the border with India. With high mobility across the borders the HIV epidemic in Bhutan is bound to rise<sup>5</sup>.

## Young People Are Vulnerable to HIV & STIs

All reported cases of HIV/AIDS in Bhutan had acquired the infection by the heterosexual route. Though there is no specific data on young people with regard to other sexually transmitted infections, there is increasing evidence of the presence of STI in the country<sup>6</sup>. The annual rate of gonorrhoea was

found to be 2% while that of syphilis was only slightly lower<sup>5</sup>.

Often young people are unaware of the fact that the presence of other STIs, especially those that cause ulcerative lesions, increases the efficiency of HIV transmission and the potential for its spread.

## Many Young People Are Especially at High Risk

A wide range of social, economic and cultural factors in Bhutan increases the susceptibility of young people to HIV/AIDS. Being primarily an agriculture-based economy the population of Bhutan is largely rural. Economic and population pressures have in recent years led to significant increase in domestic and cross border movement of people. This increasing mobility of the population and the growing number of sex workers in Bhutan indicates a possible acceleration in the spread of HIV infection in the country. With the unemployment rate among the youth having risen to 5.5%, there are visible signs of risk behaviours,

rising rate of juvenile crimes, drug abuse and increasing HIV infection<sup>7</sup>.

### Injecting drug users (IDUs)

There are an estimated 30-100 injecting drug users in the country but no HIV/AIDS case has been reported so far among IDUs<sup>3</sup>. However, anecdotal reports conclude that IDUs are exposed to both the risk of needle-sharing and multiple partners. It may only be a matter of time before HIV among IDUs in Bhutan becomes a cause for concern as in other South East Asian countries<sup>4</sup>.

## Why Young People Are More Vulnerable

### Early initiation of sexual activity

Studies on the sexual behaviour of young people in Bhutan indicate that many of them become sexually active in their teens. According to reports, few are sexually initiated at the age of 13 years, while almost 10% have had their first sexual

experience by the age of 14 years. Girls often become sexually active early in life on account of marriage since the average age of girls entering into wedlock is in the range of 10-19 years. Studies show that early sexual activity results in unprotected sex, multiple partner relationships and sex with partners who have been at risk of HIV exposure. In Bhutan indicators

for related behaviours such as abortion, sex work, and delinquency show increasing trends though no national-level data on these is available<sup>4</sup>.

### Young people lack information and skills

Though awareness about HIV/AIDS among young people in Bhutan is high, their knowledge of the facts of the disease is often inaccurate. The misconceptions regarding transmission and prevention are also widespread. Though no national-level data is available, a survey of high school students revealed that 99.5% had heard of HIV/AIDS and 95.9% knew that the primary mode of its transmission was sexual intercourse. However, there were also many prevalent

misconceptions: 48% thought that HIV could be transmitted by mosquito bites; 66% believed that donating blood was risky; 69% believed HIV/AIDS to be curable if treated early, and 76% felt that HIV/AIDS patients should be isolated to avoid spreading the risk of infection<sup>5</sup>. The data indicates that awareness alone is inadequate and lack of access to correct information and understanding about HIV/AIDS can prove to be the main obstacles in prevention. Young people when poorly informed may often adopt risky behaviours and compromise their ability to negotiate safe sex. Information is critical in helping young people gain accurate understanding of how HIV is transmitted and can be prevented. This would be the first constructive step towards reducing risk.

## Focusing on the Young to Halt the Spread of HIV/AIDS

The initiative to address the problem of HIV was flagged off by the Royal Government of Bhutan even before the first case of AIDS was identified in 1993. Bhutan's National STD/AIDS Control Programme was launched in 1988. A National AIDS Committee (NAC) was formed in 1989, which consisted of 16 members including government representatives and other prominent persons from the community. The programme was integrated into the decentralized national health system. A Multi-Sectoral Task Force (MSTF), chaired by the dzongdag (district governor), was set up in each dzongkha (district). The MSTF's role is to identify local public health concerns, prioritize them and plan appropriate activities in response.

The ministries and other nongovernmental organizations are also making an active contribution towards HIV/AIDS prevention activities. Educational awareness on HIV/AIDS has been taken to rural communities and information on the disease included in the school curriculum targeting the young population. The Health Ministry's information education activities maintain the awareness campaign at a sustained momentum.

The commitment and concern of the Government is reflected in the Royal Decree on HIV/AIDS issued by His Majesty the King of Bhutan in May 2004. The decree calls for a concerted effort by all Bhutanese towards HIV prevention along with providing support and care and protecting the legitimate rights of PLWHA.

The Ninth Five Year Plan (2002-2007) highlights the HIV challenge as follows: "The STD/HIV/AIDS programme is one of the most important programmes in the country. Studies have revealed a high prevalence of STD in some pockets of the country. The country is also in close

proximity to a region with relatively high incidences of STD/HIV/AIDS. Monitoring and prevention of STD/HIV/AIDS through information, education and communication for health will be strengthened in spite of the challenges posed by the geographical terrain and inaccessibility of certain regions".

Her Majesty Queen Ashi Sangay Choden Wangchuck has been instrumental in promoting greater awareness about HIV/AIDS and reproductive health among women and children across the country.

### Key strategies and initiatives of the government

The activities undertaken by the government include an HIV sentinel surveillance, screening of donated blood, training of health personnel and promotion of condom use. An in-depth assessment of vulnerable population groups was carried out and appropriate risk reduction interventions put in place in pilot areas. Along with schools and teacher training institutes, groups targeted for information and education campaigns include the transport sector, army, police, Buddhist monks and the resident population in border areas<sup>6</sup>.

The government is also increasing the access to condoms by increasing outlets within the health system and through free distribution initiative. Social marketing of condoms is also underway on a pilot basis. Voluntary Counselling and Testing services are being established at the free sites and integrated with the health system and PMTCT programmes<sup>4</sup>. Other programmes such as expansion of treatment services for infected people with a goal of universal access are also being set in motion.

### References :

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