

Young People and HIV/AIDS

Young People at the Centre of HIV/AIDS Epidemic

Estimated population of Myanmar in 2004 was close to 54.29 million, with about 27.5% in the 10-24 year age group¹. With a HIV prevalence rate of 1.3% in the adult (15-49 year old) population, Myanmar is one of the countries in Asia hardest hit by the HIV/AIDS epidemic². Sentinel surveillance data shows that HIV is spreading from higher risk groups to lower risk groups of the population with prevalence among pregnant women equalling or exceeding 3% in eight sentinel sites out of 29, primarily in urban settings³. The cumulative number of all reported HIV positive cases indicates that the 25-29 year age group is most affected (Figure 1).

The Health Ministry estimates for 2004 showed 338 911 people infected with HIV. UNAIDS estimates the number of people living with HIV in 2005 to be 360 000 in 2005⁴ (Table 1). It is predicted that AIDS will constitute a major cause of death in young adults during the coming decade in Myanmar⁵. Though there is a lack of comprehensive national data on young people, they are likely to be particularly at high risk given the high prevalence of HIV in the general population.

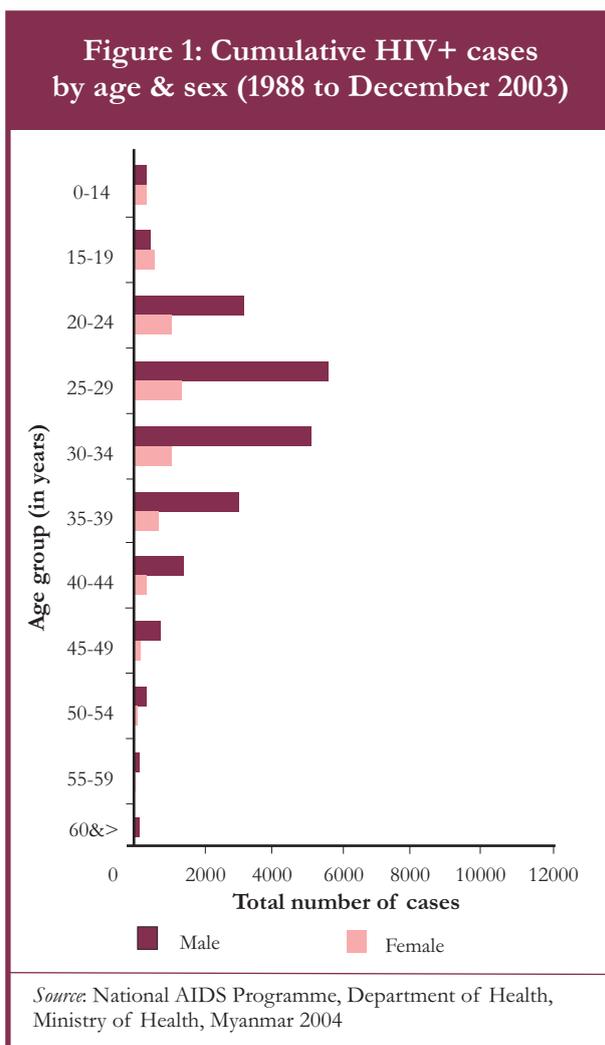


Table 1: HIV/AIDS situation in Myanmar (2005)

HIV/AIDS situation	Estimate	Range
Adult (15-49) HIV prevalence rate	1.3%	0.7% - 2.0%
Number of people living with HIV	360 000	200 000 - 570 000
Women aged 15 years and over living with HIV	110 000	53 000 - 190 000
Deaths due to AIDS	37 000	20 000 - 62 000

Source: 06 report on the global AIDS epidemic, UNAIDS, 2006

The sentinel surveillance data of 2004 indicates highest HIV prevalence among injecting drug users followed by female sex workers. Nationally the HIV prevalence among pregnant women was 1.8% (Table 2).

Table 2: Rate of HIV infection among key sentinel groups (2004 surveillance data)

Sentinel population	Percent of HIV infection	Range in percent
IDU	34.4%	18 - 60
Direct female sex workers	27.5%	25 - 30
Male STI patients	3.2%	0.0 - 9.0
Military recruits	1.6%	1.4 - 1.8
ANC	1.75%	0.0 - 5.0

Source: HIV Sentinel Surveillance, NAP, Department of Health, Ministry of Health, Myanmar 2004

Young People Are Vulnerable to HIV & STIs

HIV transmission to a large extent is influenced by the incidence of sexually transmitted diseases (STIs). High rates of STIs like gonorrhoea, syphilis and chancroid act as potent cofactors that facilitate HIV transmission. Effective STI services along with efforts to increase condom use have had an impact on HIV transmission in Myanmar. HIV prevalence among male clients at STI clinics reduced to 3.2% in 2004 from 8% in 2001. Trends also show reduction of HIV prevalence among female STD clients to 6.1% in 2004 from 12.1% in 2002 (Figure 2). Prevalence of STIs like syphilis, chancroid and gonorrhoea has also declined since 1999 (Figure 3).

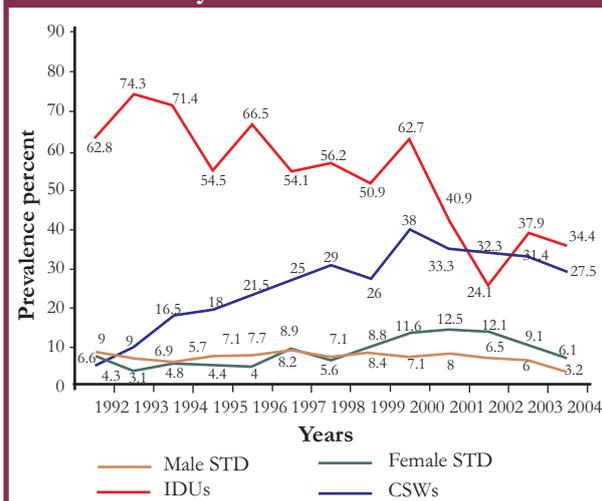
Girls and Young Women

As in other South-East Asian countries, girls and young women in Myanmar face a greater risk of HIV infection than men. Young women responding to a programme on increasing knowledge about HIV/AIDS in Myanmar revealed that sexual decision-making remains in the hands of their husbands and that for them it is considered 'shameful' to talk about sex⁶. Even if young women are aware of the risks of HIV they are unable to discuss or negotiate sexual issues with their husbands/boyfriends or to translate their knowledge into protective behaviour. For many women now living with HIV, the main reason for their infection has been unprotected sex with husbands or sexual partners who in turn were infected through injecting drugs or sex workers³.

Young sex workers

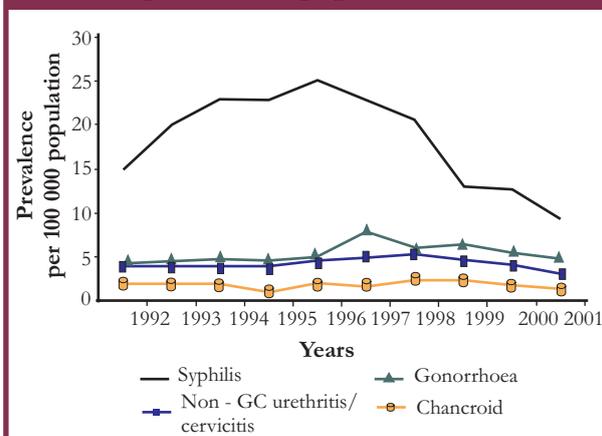
Consistent high levels of HIV prevalence have been found among sex workers in Myanmar, with 27.5% of them reporting HIV positive in 2004. Surveillance data from 2000 to 2004 shows that the group of younger sex workers (less than 24 years old) present higher HIV prevalence than the national average for the group,

Figure 2: Trends of HIV prevalence among "high risk" sentinel surveillance groups, Myanmar 1992 - 2004



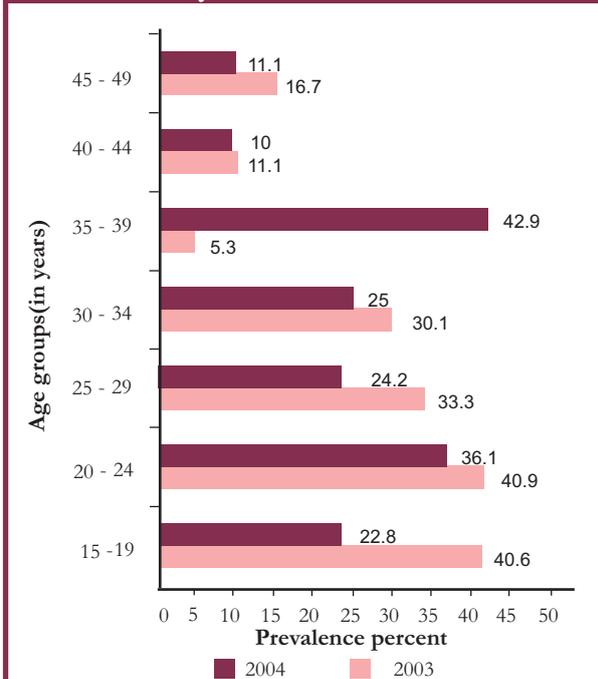
Source: HIV Sentinel Surveillance (HSS), NAP, Department of Health, 2004

Figure 3: Prevalence of reported selected STIs, Myanmar 1992-2001 (per 100 000 population)



Source: HIV Sentinel Surveillance (HSS), NAP, Department of Health, 2004

Figure 4: HIV prevalence among female sex workers by age group, Myanmar 2003- 2004



Source: HIV Sentinel Surveillance (HSS), NAP, Department of Health, 2004

stressing the higher degree of vulnerability of this younger group⁷ (Figure 4).

A significant number of clients of sex workers are young men forming a bridge population and accentuating the spread of the virus in the low-risk population.

Young men who have sex with men (MSM)

There is a general lack of information regarding this particularly vulnerable group. Some NGOs are providing basic health services including STI management and health education tailored for this population. The National AIDS Programme in Myanmar is currently in the process of updating its HIV second-generation surveillance system and is including MSM as one of the groups, particularly for behavioural sentinel surveillance.

Young injecting drug users (IDUs)

Nationally, the HIV prevalence among injecting drug users (IDUs) in Myanmar stood at 34.4% in 2004. Higher levels of HIV prevalence among IDUs persist in some regions of the country. Sixty per cent of IDUs tested positive for HIV in Lashio, 46.7% in Myitkyeena, 30.1% in Mandalay and 25% in Yangon³. Harm reduction interventions including needle and syringe exchange and drug substitution programmes are being implemented, particularly in areas with high prevalence of injecting drug use. However, the coverage of these interventions remains very limited. Young injecting drug users are particularly at risk, since they may not have the knowledge or skills to protect themselves or adequate access to safe injecting equipment.

Many Young People Are Especially at High Risk

Early initiation of sexual activity

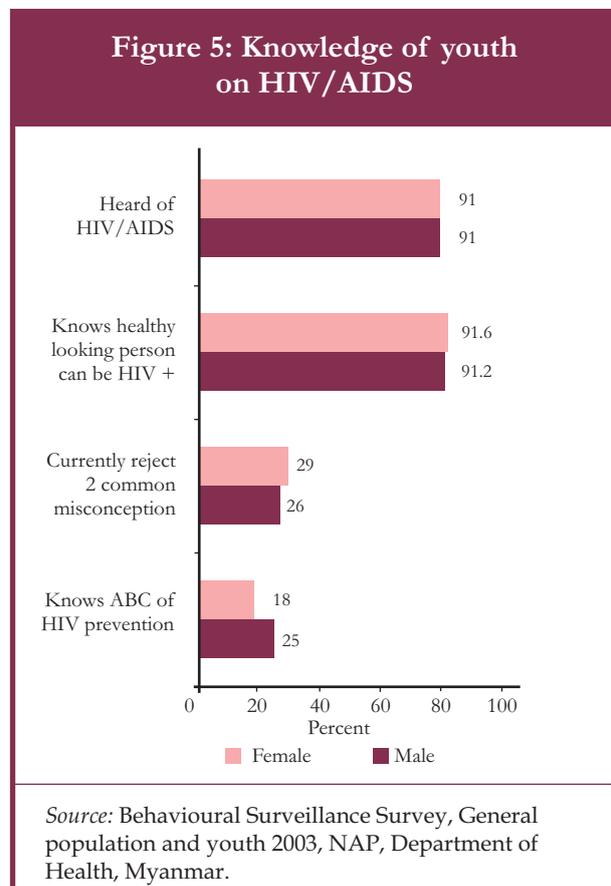
Though there are strong cultural values against sex before marriage; the rising age of marriage for both girls and boys provide for a longer duration for possible premarital sex. The Fertility and Reproductive Health survey by the Department of Population and UNFPA in 2001 estimated the mean age of marriage to be 26.0 years for women and 27.6 years for men. Different studies have assessed the age of sexual initiation for girls to be about 19 years while for men it is 22 years⁸. Research suggests that early sexual activity often results in sex with multiple partners and with those who have been at risk of HIV exposure.

Young people lack information and skills

According to the Behavioural Surveillance Survey (BSS) of 2003, 91% of young people had heard about HIV/AIDS and more than 91% of both male and females in the 15-24 age group were aware that a healthy-looking person can be infected with HIV. However, most young people in Myanmar have misconceptions about HIV and a very small percentage know about prevention methods (Figure 5). Only 43% of young females reported knowing that HIV can be prevented by consistent condom use.

Often inadequate knowledge and lack of access to correct information and understanding about HIV become

obstacles to prevention as young people are unaware of the consequences of risky behaviours. The 100% Targeted Condom Promotion (TCP) programme has been rapidly expanded to cover 149 townships in 2005 and has been an important facilitator in increasing condom



acceptability and access at community level. Data from behavioural surveys show progressive increase in condom use reported by sex workers and male clients. The latest BSS report from 2003 reports 60% condom use among sex workers and young male clients. In the same survey, only 3% of young males reported having sex with sex workers in the past year. However, although 68% per cent of respondents expressed the desire to have access to HIV testing, only 2.8% of young

respondents reported having sought voluntary counselling and confidential HIV testing.

There is a clear need to strengthen the monitoring of the HIV, STI prevalence and behavioural information among young people particularly those most at risk such as IDUs, sex workers and men having sex with men – as the impact of prevention programmes such as the 100% TCP, harm reduction and education interventions will be first observed among these groups.

Focusing on the young to halt the spread of HIV/AIDS

National Policy on HIV/ AIDS

AIDS is one of the priority diseases on the agenda of the National Health Plan of Myanmar. The National AIDS Programme established under the Disease Control Division of the Department of Health is responsible for the prevention and control of HIV and Sexually Transmitted Diseases (STDs). The activities of the National Health Plan are supported by other related ministries, UN agencies, national and international NGOs and the private sector.

The goal of the plan is to increase the awareness and perception of HIV/AIDS in the community by promoting access to information and education leading to behavioural changes and adoption of a healthy lifestyle. Its objectives are to reduce HIV transmission in the country, that would be evident through the reduction in HIV prevalence among the different population groups, and to minimize the impact of HIV and AIDS among the infected, affected and family members.

Key strategies used in prevention and control activities are advocacy meetings for authorities and decision-makers, implementing partners, private sector and community leaders; a sharp focus on HIV and STD prevention education, and targeted interventions for special groups such as sex workers, IDUs and capacity building programmes for young people. The National AIDS Programme is currently leading the process for the development of a multisectoral HIV/AIDS National Strategic Plan. This process involves the participation of all sectors including ministries and government bodies as well as NGOs, UN organizations and people living with HIV. This strategy is aimed at addressing the

specific issues regarding young people, particularly those most vulnerable to HIV infection in order to include them in the overall national response to HIV/AIDS.

Current programmes on HIV/AIDS targeting young people

For students

SHAPE – The School-based Healthy Living and HIV/AIDS Prevention Education Programme has been implemented in collaboration with the National AIDS Programme under the Department of Health, Department of Education Planning and Training and UNICEF, since 1998-1999 academic year. Beginning with 30 townships, it has now expanded to 137 townships. Based on SHAPE, National Lifeskills Curriculum was also introduced in 1998 and has now expanded nationwide.

Programmes on HIV education in schools have been conducted by the National AIDS Programme in coordination with the School Health Section and Adolescent Health and Reproductive Health Section.

For out-of-school youth

Community-based HIV/AIDS and drug abuse prevention and education activities as well as peer education programmes are being implemented in coordination with national NGOs such as the Myanmar Red Cross Society, Myanmar Maternal and Child Welfare Association, Myanmar Council of Churches, Pyinnya Tazaung and international NGOs such as Medecins du Monde, World Vision International and Save the Children.

At the workplace

HIV/AIDS education activities are being conducted in collaboration with the Ministries of Labour, Transport, Social Welfare, Railways and Industry.

Prevention of sexual transmission of HIV

Syndromic management of STDs has been adopted by both the public and private health systems in 314 townships in the country. The activity is conducted synchronously with lifeskills training and social development for youth and young women by major national organizations including the Myanmar Red Cross Society, Myanmar Maternal and Child Welfare Association, Myanmar Medical Association and the Myanmar Women's Affairs Federation in coordination with the Department of Health.

Special focus on young people in IEC activities and initiatives.

- Special pamphlets, booklets, computer quizzes on HIV and media programmes designed especially for youth are being developed and implemented.
- Youth centers have been established in select pilot areas to educate youth on HIV/AIDS prevention and to develop social skills.
- Condom social marketing and condom promotion activities are being conducted for youth engaged in high-risk behaviours.
- Community-based HIV prevention and control campaigns also utilize youth volunteers for activities related to prevention, education, and care and support for PLWHA, their families and their communities.

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