Young People and HIV/AIDS

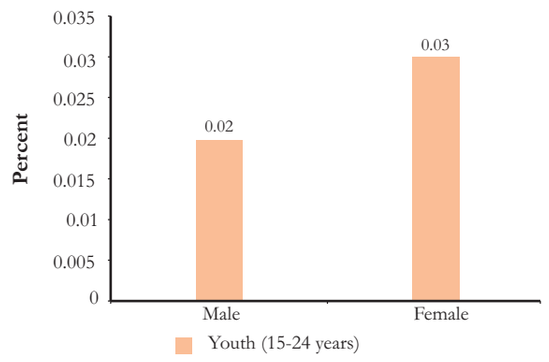
Fact Sheet

SRI LANKA

Young People at the Centre of HIV/AIDS Epidemic

Young people aged 10 to 24 years constitute 28% of Sri Lanka's total population of 19.1 million. The majority of them fall in the adolescent age group (10-19 years), comprising 19.7% the population[1]. HIV prevalence among those between 15 and 24 years of age was estimated to be 0.02% among males and 0.03% among females[2] (Figure 1).

Figure 1: Estimated HIV prevalence among youth of Sri Lanka (2001)



Source: Health Related Millennium Development Goals 2005, WHO

Sri Lanka is still at an early stage of the HIV epidemic and successful control to a large extent will depend on knowledge, attitudes and practices of the country's adolescents and youth. A large number of young persons are at risk of acquiring HIV infection unless they are aware of how to avoid risky behaviour. Rise in the age of marriage, increased opportunities for male-female contact in educational institutions, at the workplace, and changes in social and cultural norms have contributed to the practice of risky sexual activity. There is also increasing evidence of young people engaging in commercial sex, both heterosexual and homosexual. Other factors such as an increasing number of tourists in the coastal areas and foreign paedophiles introducing young boys into commercial sex make young men and women more vulnerable to HIV exposure.

Sri Lanka currently has a HIV prevalence rate of less than 0.1%. However, a linear increase in the number of cases was observed since the detection of the first case in 1986. It has been estimated that there were 5 000 people living with HIV/AIDS by the end of 2005. By December 2005, a cumulative total of 743 cases were reported to the National STD/AIDS Control Programme. Of them, 207 cases have progressed to AIDS and 144 have died.

The major mode of transmission of HIV in Sri Lanka is through unprotected sexual intercourse (96%). Transmission through blood transfusion and blood products is 1% and perinatal transmission accounts for 3% of the cases[3].

The sentinel surveillance of 2003 reveals that the prevalence rate in the high risk population continues to remain below 5%[4]. HIV prevalence was 0.3%-1% among STD clinic attendees and 0.2% among female sex workers (Table 1).

Table 1: HIV/AIDS situation in Sri Lanka, 2003

HIV/AIDS situation	Estimates
Prevalence rate among high risk population	<5%
Adult HIV prevalence rate	<0.1%
HIV prevalence among STD clinic attendees	0.3%-1%
HIV prevalence among female sex workers	0.2%

Source: Epidemiological fact sheets on HIV/AIDS and Sexually Transmitted Infections, Sri Lanka, 2004 update, UNAIDS, UNICEF, WHO

Young People Are Vulnerable to HIV & STIs

It is estimated that around 200 000 episodes of sexually transmitted infections (STIs) occur annually in Sri Lanka[5]. Although only a small percentage of people seek treatment at government facilities, in 2000 alone, a total of 9 152 persons were newly registered at government STD clinics. Among these 64% were diagnosed as having one or more STDs.

The Demographic Health Survey of 2000 found that 70% and 80% of ever married females aged between 15-19 years and 20-24 years respectively were aware of HIV and other STDs and knew of at least one method of prevention. However the same survey revealed that only 20% of married male and female adolescents were aware of the symptoms of STDs.

Though the prevalence of HIV/AIDS is low in Sri Lanka, STD prevalence is on the rise among young people. Lack of information about the causes and risks of STDs and the link between STDs and HIV can place a large number of young people at the risk of acquiring HIV infection.

A national survey on young people aged 10-19 years revealed that knowledge of adolescents on symptoms of STDs and their prevention was poor[6]. According to the survey only 57% of school going adolescents were aware of the existence of STDs. While 59% were aware of HIV/AIDS, only 40% were aware of different kinds of STDs like gonorrhoea, syphilis, herpes and genital warts. Knowledge of symptoms and signs of these infections was even lower with less than 20% being able to correctly identify them (Table 2). Misconceptions about STIs were also widespread. Although it was observed that awareness and knowledge on STD increased with age and socio-economic status, the overall knowledge turned out to be inadequate.

Other groups highly vulnerable to HIV are displaced persons, young workers in the free trade zone, workers in the plantation sector, the fishing community, beach boys and girls involved in commercial sex and sex tourism. They need to be addressed through comprehensive programmes including counselling, behaviour change communication and linkages to STI

Table 2: Percent of in-school adolescents who were aware of different kinds of STDs

Category	Age		Sex		
	14-16 years	17-19 years	Male	Female	All
Awareness in general	51.0	75.4	55.1	58.6	57.0
HIV/AIDS	53.6	75.2	56.7	60.8	59.0
Gonorrhoea	35.0	45.2	36.0	38.6	37.6
Syphilis	20.3	26.3	22.7	21.0	21.8
Herpes	12.5	20.1	14.9	13.9	14.4
Genital warts	18.0	23.9	20.0	18.8	19.1

Percent of adolescents who were aware of symptoms and signs of STDs

Lower abdominal pain	Genital secretions	Foul smell from genitals	Dysurea	Genital ulcers	Itching in genital organs	Enlarged lymph nodes in groin
12.4	19.1	18.7	15.5	16.2	13.2	7.5

Source: National Survey on emerging issues among adolescents in Sri Lanka: UNICEF 2004

Many Young People Are Especially at High Risk

Girls and young women

Although a higher proportion of women complete their secondary and / or higher education in Sri Lanka, girls and young women face many challenges related to sexual health. Teenage pregnancies, illegal abortions and sexually transmitted infections are on the rise among young women. Over the past century, the average age at marriage for females in Sri Lanka has increased by almost seven years: from 18 years in 1901 to 24.6 in 2000[7]. Delayed marriages have also led to an increased duration of premarital sex which exposes them to the risk of STIs including HIV. Young men also tend to marry later now than in the previous decade and are more sexually active before marriage than girls. Most Sri Lankan women who suffer from STD and HIV have been monogamous, adhering to the pattern observed in other South Asian countries.

Young sex workers

The total number of commercial sex workers in Sri Lanka is estimated to be around 30 000. Though the number of young sex workers is not known, it is estimated that the figures are continually increasing since a few hundred join the trade every year because of the deteriorating economic and social conditions[5]. The HIV prevalence rate among female sex workers was found to be 0.2%[4]. Multiple partners, poverty, low condom use due to poor negotiation skills, discrimination and lack of access to services make sex workers extremely vulnerable to HIV. The presence of STIs increases the risk of HIV manifold.

Sex workers are the core group of transmitters of STIs and have turned out to be the repositories of infection. They are regarded as the vital core group of “high frequency transmitters” who are at the highest risk of acquiring and transmitting these infections. Clients of sex workers form the primary bridge, increasing the risks for the general population. A high number of STD clinic attendees in Sri Lanka were found to have contracted the disease from sex workers, revealing the fact that a considerable number of men visit sex workers.

The sexual exploitation of young boys has also been reported. They are identified as being more vulnerable to HIV due to the sexual transactions that take place between them and the tourists.

Young men who have sex with men (MSM)

Although the number of young MSM is not known, the first few cases of HIV reported in Sri Lanka were among MSM. Though there are no large scale studies on this population, according to a survey, a large majority of them belong to the 25-34 year age group. About one third were found to be bisexual and one quarter were commercial sex workers. In Sri Lanka, 11% of the reported HIV infections were due to homosexual transmission[5]. Since homosexuality is illegal in the country, MSM largely are a hidden group and interventions targeted at them are also limited.

Young drug users

Asia Harm Reduction Network estimates that there are around 240 000 opiate users in Sri Lanka. The National Dangerous Drug Control Board estimates that around 40 000 are heroin users and 2% are injecting drug users (IDUs). Colombo, Gampaha, Galle and Kandy districts are reported to be high prevalence areas.

A survey carried out in 2004 among 2 500 persons in the 15-49 year age group in the district of Colombo, revealed that 40% males and 4% females consumed alcohol. Among this sample, 3.2% were taking cannabis and 0.8% were heroin users. The same community based survey among addictive substance users estimated that around 0.2% of drug users had been IDUs at some time but none were current users. It is suggested that the high degree of purity of heroin available in Sri Lanka may be the factor which inhibits the progress to injecting use.

Why Young People Are More Vulnerable

Early initiation of sexual activity

Though there are strong cultural and religious traditions against sex before marriage in the country the age of sexual debut for both males and females has been found to be early: 15.3 years for males while for females it is a little earlier at 14.4 years.

A national survey on young people aged 10-19 years revealed that a substantial proportion of school-going young people were sexually active. Six percent of those going to school in the 14-19 year age group reported heterosexual intercourse while 10% disclosed having homosexual relations. Fourteen percent of the boys reported to be sexually active as compared to 2% of girls. A considerable gender gap was revealed in the sexual experiences of these young adolescents. This gap also raises the possibility of males being exposed to high risk sources like commercial sex workers.

Out-of-school adolescents revealed a higher percentage (22%) of sexually active adolescents (Table 3). The majority of those who reported heterosexual experiences had sex with their girlfriend/boyfriend. About 12% also reported having sex with commercial sex workers. Only 39% of those sexually active reported having used condoms.

The study also revealed sexual abuse of both boys and girls. About 10% of early adolescents and 14% of mid and late school going adolescents admitted to have been sexually abused. While more boys (14%) were abused than girls (8%), in all about 10% of out-of-school adolescents also admitted to being similarly abused. Non-consensual sexual experiences of young people have also been reported by other studies: 7% of young men in a community-based study reported sexual intimacy under coercion with an older male at age 13 years or less[8].

Young people lack information and skills

A national survey found that majority of adolescents were not aware of HIV infection and different types of STDs. Only 59% among 10-19 year olds were aware of HIV/AIDS. Knowledge on transmission and prevention was even lower. Approximately 45% of adolescents (in school) knew that HIV could be transmitted through unprotected sex with an infected person, through blood transfusion (41%) and from an infected mother to her new born child (33%). Relatively lower proportion of adolescents were aware that HIV could be transmitted through sharing injection needles with infected persons (33%) and through breast milk of infected mothers (27%). More than two-thirds of adolescents were not aware of methods of HIV prevention. While 34% were aware of abstinence being an option to prevent HIV infection only 26% knew that using condoms during sex could prevent HIV. Only 25% could cite avoiding sex with multiple partners and with homosexuals (18%) as prevention methods (Table 4).

Table 3: Prevalence of sexual activity among adolescents

Indicators	In-school adolescents			Out-of-school adolescents		
	Male	Female	All	Male	Female	All
Percent of adolescents who had friends having heterosexual relationships	40.1	10.7	20.5	-	-	-
Percent of adolescents who ever had heterosexual relationships	13.9	2.2	6.1	27.6	16.8	22.2
Percent of adolescents who have had homosexual relations	18.2	3.6	10.2	13.0	6.0	9.3

Source: National Survey on emerging issues among adolescents in Sri Lanka: UNICEF 2004 (10-19 years age group)

Table 4: Awareness on methods of HIV prevention

Adolescents	Abstain from sex	Use condom during sex	Having only one uninfected faithful partner	Avoiding sex with homo-sexuals	Avoiding multiple sex partners	Avoid using unsterile needles/ syringes	Number of adoloescents surveyed
In-school	33.9%	25.8%	29.1%	17.9%	25.1%	17.6%	19 934
Out-of-school	43.3%	60.8%	68.4%	36.4%	16.9%*	Using a drug10.4%*	10 079

**percent who gave the incorrect answer*

Source: National Survey on emerging issues among adolescents in Sri Lanka:UNICEF 2004

Knowledge among out-of-school adolescents on HIV transmission and prevention was higher. Eighty-three percent of those surveyed knew that HIV was transmitted through sexual contact. The most effective method of prevention of HIV was cited to be confining sex to a single faithful partner (68%) followed by the use of condoms (61%).

The same survey found that most of the adolescents in the 10-13 year age group were not aware of physiological changes that take place during adolescence. The knowledge base of those between 14 and 19 years age on sexual reproductive health was also very limited. One of the key findings of the survey was that this knowledge base increased with age and socio-economic status. At the same time the knowledge possessed by out-of-school adolescents on sexual health was found to be better than in-school adolescents.

Awareness on contraceptive methods was extremely high amongst out-of-school adolescents. Sixty-eight percent were aware of the condom as a contraceptive option. However, only a very small percentage (less than 4%) of these out-of- school adolescents reported using condoms or any other kind of contraceptives during sex.

Geographical and socio-demographic indicators have to a large extent determined the knowledge on high-risk behaviour among the young people of Sri Lanka. According to the survey, knowledge on high risk behaviours was lowest among adolescents from districts in the northern and eastern regions while districts with large urban populations such as Colombo, Gamphala and Kandy had the highest proportion of adolescents aware of high-risk behaviours. Knowledge levels of modes of preventing STDs and awareness of signs and symptoms of STDs happened to be poor in all districts. At the same time, despite the prevalence of several awareness programmes, knowledge of adolescents on modes of HIV transmission was not satisfactory in any of the districts. The survey pointed out these issues while reviewing in-school adolescents. At the same time, while reviewing the out-of-school adolescents, it stated that awareness and knowledge levels associated with high-risk behaviour was better among Sinhalese as compared to other ethnic groups. Knowledge among out- of- school adolescents on methods of preventing STDs and identifying signs and symptoms was also poor.

Cultural taboos in Sri Lanka have prevented the growth of awareness regarding crucial adolescent reproductive health issues. As a result, peer groups have been unable to discuss and share information on issues relating to safe sex and sexual health. Due to the restrictions imposed by the social environment, information management has to be sensitive to socio-cultural beliefs. At the same time, there is a growing dearth of competent health workers to educate and counsel on matters related to STD and HIV / AIDS. These are some of the operational barriers which get compounded due to lack of reliable data on issues related to teenage pregnancies, contraceptive use and gender-based violence.

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

Even before the detection of the first AIDS case, Sri Lanka recognized the threat of HIV / AIDS and took various measures for prevention and control. The National Task Force for Prevention and Control of AIDS was established in 1986. Subsequently, the first Medium Term Plan and National AIDS Committee were formed in 1988 and MTP II was formulated in 1996 followed by the National Integrated Work Plan in 1998. The present National Strategic Plan for the Prevention and Control of HIV / AIDS covers the period of 2002-2006.

The programmes are aimed at increasing awareness about HIV / AIDS, promotion and provision of condoms, syndromic management of STI at the primary healthcare level, adoption of the blood safety policy to increase the number of voluntary blood donations, universal screening of donated blood in the public sector and continuum of care for those infected and affected with HIV / AIDS. A National AIDS Committee has also been formed and multisectoral collaboration is being promoted.

Policy and guidelines related to young people and HIV / AIDS clearly identify the need to address adolescents. The draft policy document states: "Adolescents are the most in need of reproductive health information including HIV / AIDS. Denial of information is a violation of their basic human rights. The government is committed to provide accurate information to the adolescent population that would protect them from being infected with HIV. They will also be provided with unrestricted access to necessary services."

Government of Sri Lanka, UN agencies and NGOs support HIV / AIDS programmes for young persons. Many of the organizations are actively involved in addressing HIV / AIDS in different settings such as schools and the armed forces. The Foreign Employment Bureau focuses on migrants from the Middle East and young female workers in the Free Trade Zone.

Reproductive health education was incorporated in the school curriculum during the 1990s with the support of UNFPA. The RH education component is now being incorporated in the basic training regimen of the teachers at the National Colleges of Education and quality of teaching is expected to improve as a result. As a part of the school health programme 1 074 school health clubs were established in 10 high-risk districts by the Health Education Bureau in close collaboration with regional health authorities. These clubs provide an opportunity for young adults to discuss the issues related to sexual behaviour and responsible living and to enhance their knowledge on STD / HIV and modes of prevention through seminars (UNFPA 2001).

There are many organizations (including NGOs) working with the school system enhancing life skills and strengthening teaching skills and peer communicator programmes. The NSACP together with the National Institute of Education has developed an HIV curriculum for Teacher Trainers (in-service assistants) and for peer leaders. Field level programmes have been conducted in five educational zones. The next step is to develop gender-sensitive IEC materials. Advocacy, peer education, building teacher capacity and training girl guides as peer educators on RH and HIV have also been identified as key areas to strengthen RH in schools.

In Sri Lanka, the National Youth Campaign has been implemented through the National Youth Service Council (NYSC). It was established in 1970 with the express purpose of helping out-of-school youth in the 15-29 year age group. It is responsible for policy-making, planning and coordinating activities at the national level. The National STD / AIDS Control Programme through the World Bank funded project is liaising with the NYSC. Advocacy and awareness programmes have been completed through sensitization workshops among 680 staff covering all provinces. Peer educators were identified and 61 of them from 11 districts were trained using a peer educator curriculum. They have out reached to around 4 600 youth members of village-level youth clubs. Life skills education, behaviour change communication and

developing linkages to STD services are the major components of the training programmes.

Twenty-six STD clinics distributed all over the island serve as VCT centres. Staff trained in comprehensive counselling and testing facilities is available in all the centres[9].

Youth-friendly services will be promoted in five centres in the out-patient department of hospitals of Colombo South, Colombo North, Gampaha, Negombo, and Kalutara[10]. UNFPA is supporting the piloting of youth-friendly services in three settings: a government health setting, government non health setting and a NGO – to provide good quality services for youth. These centres provide information, counselling and clinical services to the youth. Capacity of 10 NGOs has been built on RH education and counselling to conduct training and advocacy programmes funded by the Reproductive Health Initiative for Young People in Asia (RHIYA) project. Since many of the programmes do not reach vulnerable youth groups, joint attempts are being made by UNICEF and UNFPA with the assistance of the Ministry of Health to address this group in particular.

A National Policy on Health for Young Persons is under preparation. This identifies young people as a priority for resource allocation, gender equity and equality, youth-friendly health services, nutrition, prevention of substance use, psychosocial well-being, sexual and reproductive health education, recreation and non discrimination.

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