

Young People and HIV/AIDS

Young People at the Centre of HIV/AIDS Epidemic

HIV/AIDS is already present in the first nation to be born in the new millennium: Timor-Leste. Poverty, high degree of mobility of the population, and the presence of peace keeping forces and other personnel from countries with high HIV prevalence makes

Timor-Leste vulnerable to HIV/AIDS¹. According to the 2006 UNAIDS report on the global AIDS epidemic, the HIV prevalence among adults aged 15-49 years is less than 0.2%.

Young People Are Vulnerable to HIV & STIS

Though national data on STI and HIV/AIDS prevalence among young people is not available, a recent biological and behavioural study provided information on the major risk groups: female sex workers, men who have sex with men (MSM), the military, students and taxi-drivers. An HIV prevalence of 3% was found among female sex workers and 1% among MSM. All those infected with HIV had reported having sex with foreigners².

The study also revealed significant levels of

diseases such as gonorrhoea and chlamydia. Levels of Type 2 herpes which helps HIV to spread quickly was found to be around 30% in MSM and 60% in sex workers (Table 1). High prevalence of STIs in the risk population indicates that risky behaviour patterns are increasing and the probability of spreading HIV infection will increase in the wider population. The Timor-Leste Demographic Health Survey of 2003 revealed that the knowledge of STI was very limited among people including young people. A very small

Table 1: STI infection rates in survey population (2003-2004)

High risk group	Gonorrhoea	Chlamydia	Syphilis	Trichomonas	HSV2	HIV
FSW (n-100)	14.0%	15.0%	16.0%	15.9%	60.2%	3.0%
MSM (n-110)	16.1%	14.9%	15.5%	-	29.1%	0.9%
Taxi drivers (n-207)	1.0%	1.9%	13.0%	-	28.9%	0
Military (n-249)	0.5%	2.0%	8.0%	-	12.1%	0

Source: HIV, STIs and risk behaviour in East Timor: an historic opportunity for effective action, Family Health International and USAID, 2004. Dili, East Timor

unprotected non-marital sex and a high level of sexually transmitted infections among sex workers and MSM. Fifteen percent of female sex workers and MSM were suffering from different sexually transmitted

percentage of women and men admitted to knowing about STIs, and consequently only a small proportion of the population recognized the symptoms (Table 2).

Table 2: Percent of ever-married youth having knowledge of sexually transmitted infections (STIs)

Age (in years)	Have heard of STIs		Did not mention any symptom of STI		Mentioned one symptom of STI		Mentioned two/three symptoms of STI	
	Female	Male	Female	Male	Female	Male	Female	Male
15-19	4.1	7.9	96.5	92.1	3.0	7.9	0.5	0.0
20-24	6.5	11.7	94.8	90.8	3.7	6.5	1.5	2.8

Source: Timor-Leste 2003 Demographic and Health Survey: Key Findings. Dili, Ministry of Health, Timor-Leste:

Many Young People Are Especially at High Risk

Sex workers

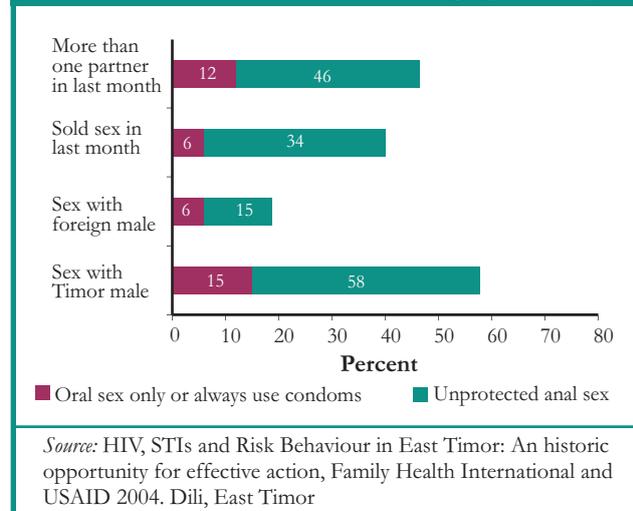
Data from the Dili study showed that 3% of female sex workers were HIV-positive. Increasing numbers of STIs, low condom use and presence of HIV among sex workers are important indicators of the increasing risk of HIV transmission in the wider population².

Young men who have sex with men (MSM)

The study revealed high levels of unprotected anal sex between men, including among students, taxi-drivers and the military. The average age of MSM surveyed was 23 years, 1% of whom were found to be HIV positive².

High-risk behaviours were reported by MSM in the study (Figure 1), with condom use being low and multiple partnerships common. A high proportion of MSM reported selling sex for money and some

Figure 1: Risk behaviour reported by MSM in the month before the survey (2003-04)



reported buying sex, most of which was anal sex without condoms. A majority of MSM had more than one partner and a total of 46% had experienced unprotected anal sex with more than one partner.

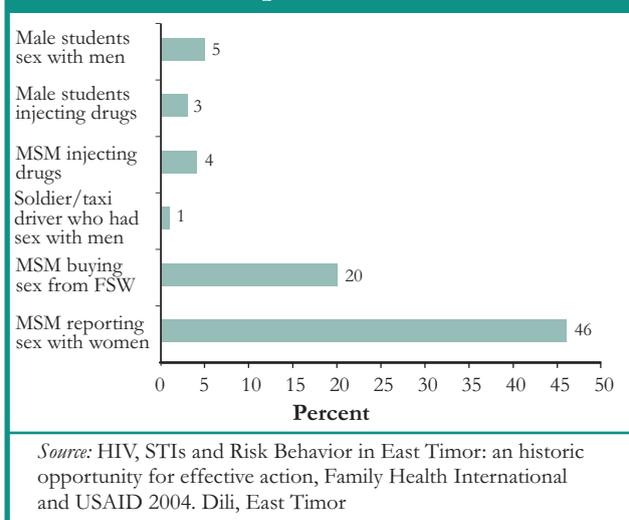
Why Young People Are More Vulnerable

Early initiation of sexual activity

A survey of 900 university students in Timor-Leste found a very tiny fraction of females reporting any sexual activity at all while nearly three out of four male students were not sexually active².

Around one in seven male students in Dili reported

Figure 2: Proportion of survey population with multiple risk behaviours



Other male groups also reported substantial levels of sex with other males (Figure 2). Among students, overall five percent of males reported sex with other men. Almost all of these men in all groups also reported having sex with females, forming a natural bridge across which HIV and other STIs can be passed on to a wider cross section of the population.

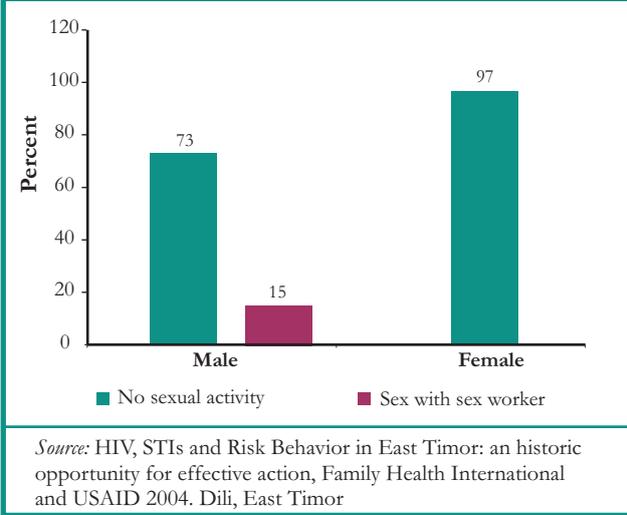
Young injecting drug users (IDUs)

Drug injection is one of the fastest ways of spreading HIV as is evident from many countries in South East Asia where the infection has shot up from zero to 40-50% over the last two to three years. The study revealed that 4% of MSM and 3% of male students were injecting drugs². Though none of the people who reported injecting drugs were found to be HIV-positive it is clear that the practice must be prevalent within the country. Low condom use and high levels of both bisexual and heterosexual behaviours coupled with injecting drug use increase the risk of widespread HIV infection in Timor-Leste.

having sex with sex worker while the overwhelming majority of both males and females reported no sexual activity (Figure 3).

However, the survey also revealed that both married and unmarried men among groups such as taxi-drivers and soldiers buy sex. Sixty percent of the

Figure 3: Sexual activity among university students in Dili



soldiers surveyed with an average age of 23 years reported having sex with sex workers and a large proportion had sex with their girlfriends as well. Over 50% of the sex workers and their clients said they never used condoms in commercial sex (Figure 4).

Young people lack information and skills

The Demographic Health Survey of 2003 revealed that awareness on HIV/AIDS/STIs and the means to

Figure 5: Awareness of HIV/AIDS in risk groups

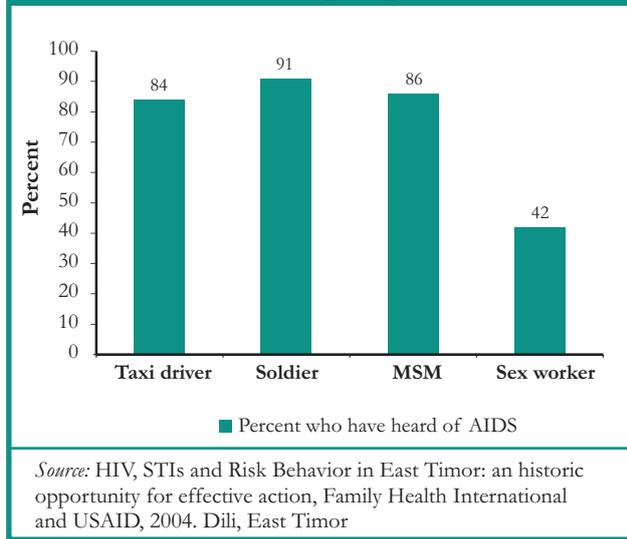
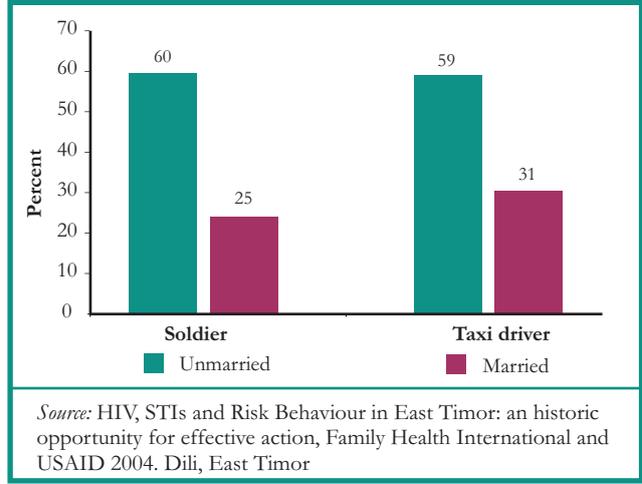


Figure 4: Percent of married and unmarried men who reported having sex with sex workers



prevent it was low among young married women and men in Timor-Leste. Though more than a quarter of female youth had heard of HIV/AIDS, only 13% believed that there is a way to avoid HIV/AIDS (Table 3). Only 8-11% of youth knew at least one method to avoid contracting HIV and only a few men and women knew about two or more ways. Among those who knew at least one method, few mentioned the use of condoms.

However, data on the behaviour risk groups in Timor-Leste – MSM, the military, students and taxi- drivers in the capital city of Dili showed that a majority had heard about HIV/AIDS. Awareness was least amongst female sex workers (Figure 5).

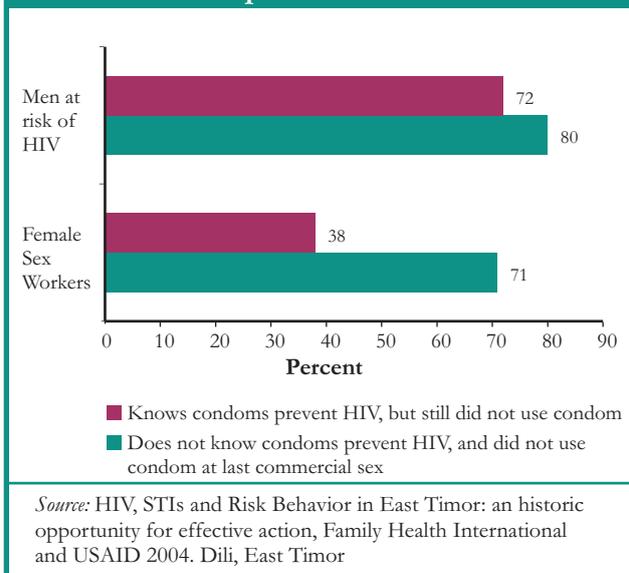
The study also revealed that information on HIV/AIDS did not translate their knowledge into safe behaviours (Figure 6). The survey revealed that female sex workers, most vulnerable to HIV, are the ones who were least aware of condoms. Forty percent did not recognise a condom and did not know what it is used for. Almost eight out of 10 female sex workers had no idea that a condom can prevent HIV and other STIs.

Table 3: Percent of ever-married youth having knowledge of HIV/AIDS

Age (in years)	Have heard of HIV/AIDS		Believe there is a way to avoid HIV/AIDS		Know one important way to avoid HIV/AIDS		Know two/three important ways to avoid HIV/AIDS	
	Female	Male	Female	Male	Female	Male	Female	Male
15-19	25.6	Na	13.2	Na	8.1	7.9	0.6	0.0
20-24	28.0	38.6	13.6	16.3	7.7	11.6	2.0	1.0

Source: Timor-Leste 2003 Demographic and Health Survey: Key Findings. Dili, Ministry of Health, Timor-Leste

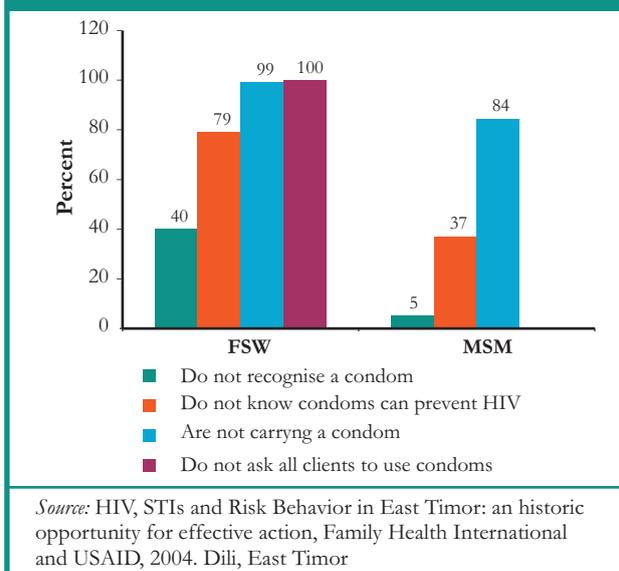
Figure 6: Knowledge alone is not enough to prevent HIV



Other groups who were aware of condoms often did not use them due to lack of availability (Figure 7).

Knowledge and information are the main defences of young people against HIV/AIDS. In order to reduce

Figure 7: Condom recognition, knowledge, possession & negotiation among FSW & MSM in Dili



risk behaviours along with information about safe behaviour it is also necessary to ensure the availability of the means to act on that knowledge and information.

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

Timor-Leste, one of the poorest nations of the world, is facing a colossal challenge in dealing with the problems in the health and education sectors and managing security and administration. Limited data reveals that HIV prevalence is still concentrated among people with identified risk behaviours. The country's response requires designing activities to prevent the further spread of HIV within these groups and the wider population.

The Timor-Leste government is in the process of preparing an expanded programme to combat HIV/

AIDS. Prevention activities include promoting Timorese social codes which encourage abstinence and fidelity, providing evidence-based behaviour change communications and provision of condoms to those at risk of HIV/STI³.

HIV/AIDS awareness building especially among young people will seek the prevention of the spread of the virus and all sexually transmitted diseases through publicity campaigns, peer education and promotion of healthy living⁴.

References :

1. Opening remarks by Dr. Sukehiro Hasegawa, Special Representative of the Secretary General of Timor-Leste, UN Resident Coordinator and UNDP Resident Representative. *UN Regional Task Force on Mobility and HIV Vulnerability Reduction Task Force Report. Theme: Building good governance and HIV resilience.* Dili, Timor-Leste, May 2004 (Accessed 9 October 2006, http://hivaidsclearinghouse.unesco.org/ev_es.php?ID=4247_206&ID2=DO_TOPIC).
2. *HIV, STIs and risk behavior in East Timor: an historic opportunity for effective action.* Dili: Family Health International, USAID, 2004. (Accessed 01 September 2006, http://www.oxfam.org.au/world/asia/east_timor/hivsti.pdf).
3. *HIV/AIDS support project: keeping the prevalence low.* Arlington: Family Health Information, 2004.
4. *East Timor: Appeal No. 01.60/2003. Programme Update No. 3, period covered: July to September 2003.* Geneva: International Federation of Red Cross and Red Crescent Societies, 2003 (Accessed 12 October 2006, http://www.ifrc.org/cgi/pdf_appeals.pl?annual03/01600303.pdf).