**Integrated Youth-Friendly SRH & HIV Health Services**

The HIV epidemic continues to disproportionally affect young people (10-24) and adolescents (10-19). About one third of all new HIV infections globally occur among young people between the ages 15 and 24 [1]. In 2017, 3.9 million young people between the ages of 15 to 24 were living with HIV. While a staggering 590.000 young people between the ages of 15 to 24 were newly infected, of whom 250.000 were adolescents. Additionally, AIDS related deaths continue to grow among adolescents, while decreasing in all other age groups [1-2]. Access to and uptake of sexual reproductive health service and HIV services among adolescents is reported to be lower than among older groups [3]. Research shows that uptake of HIV services improves when young people’s human rights are recognised [2]. As the number of young people aged 15-24 years increases globally, and particularly in Eastern and Southern Africa which are the most affected regions, there will be a rise in the absolute numbers of new HIV infections unless drastic measures are taken to ensure young people have greater access to sexual and reproductive health and HIV services [4].

**Looking at the Challenges Young People Face**

For the OHCHR consultation, CHOICE for Youth and Sexuality has conducted research on the experiences of young people with integrated youth-friendly SRHR and HIV health services to ensure a youth lens is addressed in the consultation. The research has been conducted among youth-led organisations working in SRHR programmes in 11 countries in Europe, Sub-Saharan Africa and South and South-East Asia.[[1]](#footnote-2) 450 young people between the ages of 15 to 29 have expressed their thoughts on how to improve HIV services for young people and over 15 experts have shared their knowledge on best practices.

From the 450 young people that participated in the research 52 per cent indicated that they had never had an HIV or STI test. Among the people who had tested before, 58 percent noted that they experienced significant barriers to their testing experience. Interestingly, these barriers are identical to the reasons the 52 per cent gave for not testing. Illustrating that the perceived barriers are real.

**Barriers to Accessing Sexual Reproductive Health and HIV Services**

1. **Barriers at the level of health services**

Participants of the research identify the lack of youth-friendly services and age based stigma from health workers, as the main barrier to accessing SRH and HIV Services. Additionally, young key populations face discrimination by health workers in countries where young key populations and their behaviours are criminalised [2].

***Zambia:*** *“When it comes to young people in general the challenge to accessing SRH services are the attitudes of the health workers - we live in a societies where a lot of older people believe they are your parents. So when young people go to a facility to access SRH services they might be judged for it and sometimes they are just scared. They think if they go to the facility there won’t be that level of confidentiality that they would want. Instead of being given the services, the health worker would give them a lecture on why they shouldn’t be having sex at their age.”*

***Nigeria:*** *“In our context, the traditional barrier has been stigma and discrimination. However, Nigeria currently has an anti-HIV discrimination law, which in itself is a good thing. Nonetheless, implementation of the law continues to be a challenge in the light of stigma and discrimination, which often lead people to not invoke the law when their human rights are trampled on. When the factor of discrimination based on sexual orientation and gender identity is brought into the picture, the case is worsened, because we have seen police clamp down on LGBT spaces, which at times double as avenue for education and HIV testing services.”*

Significant efforts are needed to invest in health systems that promote access to affordable SRH and HIV services for young people. Improving health services includes increasing access to comprehensive information on SRHR and HIV services, increased access and availability of health services, increasing the number of youth-friendly service providers as well as safe/youth space in facilities.

1. **Discriminatory laws and policies**

In many countries discriminatory laws and policies — including age of consent and spousal consent laws, criminalisation of young key populations and the criminalisation of transmission of HIV —hinder young people’s access to SRH and HIV services [5]. Oftentimes, young people are afraid and reluctant to utilise services that need parenteral consent. In countries where laws and policies are ambiguous, health workers may be unwilling to provide HIV testing services to young people [3].

***Indonesia:*** *“young people in Indonesia are not allowed to access modern contraceptives unless they are married. According to the 2009 Health Law the purpose of family planning is to arrange pregnancy for couples of fertile age. While fertile age is not defined in the law, it is generally understood as referring to married couples [17]. Following this interpretation, community health centres in Indonesia refuse to provide contraceptives for unmarried people. Another law that hampers young people’s access to sexual reproductive health services and HIV prevention services is the 2015 Family, Population and Development law which represents reproductive rights in accordance with societal values according to which only married people have reproductive rights. The country is predominantly Muslim and does not accept pre-marital sex.”*

1. **Societal Barriers**

In addition young people also face social barriers that hinder access to SRH and HIV services. Consequently youth do not seek sexual health services for fear of being stigmatised or discriminated against.

***Malawi:*** *“ There are several cultural norms and practices that negatively affect adolescent girls in Malawi. In some ethnic groups adolescent girls have to go through a rite of passage when they reach puberty, during which they are provided with information on sex which is not comprehensive and is misleading. During some of these rites girls have to prove they can satisfy a man by having sex with a man who is brought in to test them. Oftentimes these practices put girls at risk for HIV and STIs. There are also practices like early and forced marriage, which put the girl child at risk. Additionally, in some church groups the use of contraceptives is not allowed. Generally, it is difficult for girls to access SRH services in Malawi. If you go to the health centre to access SRH or HIV services as a girls you’ll run the risk of being labelled a whore. People will think you’re loose and that you’re sleeping around. Because of this girls often don’t seek-out SRH and HIV service. It’s easier for boys to access services as there is no judgement there. The differences in gender perceptions makes girls more vulnerable for HIV and other STIs. Especially in the rural areas, where girls don’t have negotiating power. If they have a boyfriend, he might be sleeping around and infect them. They won’t go for testing because they are afraid. Sometimes, they are even scared to use contraception.”*

The specific challenges faced by young people when accessing SRH and HIV services must be recognised and addressed based on important determinants including sex, gender identity, sexual orientation and socioeconomic status [2].

**The Need for Integrated & Youth-Friendly SRH and HIV health Services**

The interlinkages between access to SRHR and the uptake of HIV services are well known [5-8]. When human rights of young people with or affected by HIV are fulfilled, the uptake of HIV services including HIV prevention, testing, adherence and treatment are increased [8-9]. However, Integrated SRH and HIV services need to be youth specific in the order to maximise their reach and impact.

***Zambia:*** *“ What integrated services mean to me is that you have all the services that someone can access being found in one place. If I walk into a facility as a young person I am able to get counselling, I am able to request for information, I am able to get commodities such as condoms and contraceptives, I am also able to get my HIV medication. When I have access to all this, what does that do for HIV infection rates? There’s going to be a reduce or there are not going to be new infections. Why? Because I am able to get whatever information I need to make the decisions in one place. The services are integrated.”*

Young people feel more confident to approach health services which are cost and time effective and which respect their choices and privacy. Furthermore, evidence from The International Planned Parenthood Federation (IPPF) and the World Health Organization shows that fighting the stigma and promoting the rights of young people living with HIV, as well as empowering young women by promoting their sexual rights is fundamental to establish successful Integrated Youth Friendly SRHR and HIV services [10]. Such efforts shorts should be promoted through continuous attention of the OHCHR, UNAIDS and the HIV and Human Rights HRC resolution.

***Uganda:*** *“In one of the districts where we partnered with a governmental health facility, we took it upon ourselves to set-up youth spaces. Where young people can go and have open conversations, play games and while playing learn about SRHR. The reason why we did this was to extend them closer to the health facility. We have also seen really positive results, as the conversations on SRHR tend to translate into referrals. Because the youth-spaces are in those facilities they are already there so it’s much easier for them to go and demand services.”*

Despite, global efforts to promote integrated services, not enough has been done in linking SRHR and HIV strategies at a national level [11]. Developing policies, and identifying joint SHRH and HIV strategies to attract young people and meet their specific needs is key to increase seeking-behaviour and reducing high rates of HIV among youth. However, the effectiveness of programmes and interventions aimed at young peoples’ SRHR and HIV services can only be guaranteed when young people are meaningfully involved in their design, monitoring and implementation [2]. Young peoples’ involvement in decision making processed must shift from tokenistic to meaningful youth engagement and must be acknowledged, nurtured and resourced.

**Recommendations**

**To increase the access & uptake of HIV Services among young people, CHOICE for Youth & Sexuality urges states to:**

1. **Youth-friendly services:** strengthen the youth-friendly capacity of health workers and

health facilities to ensure that young people have access to youth-friendly, affordable and

confidential sexual reproductive health & HIV/AIDS services in an enabling environment.

1. **Increased access to comprehensive information:** ensure young people have access

to comprehensive sexuality education that is inclusive of sexual and reproductive health

and rights & HIV/AIDS as well as comprehensive information on contraceptive methods,

testing and treatment.

1. **Integrated Services:** provide integrated sexual and reproductive health and HIV/AIDS

services to increase accessibility to services, decrease stigma and encourage health

seeking behavior among young people.

1. **Meaningful Youth Participation:** involve young people in policymaking, programming and

monitoring of interventions regarding sexual reproductive health rights & HIV/AIDs; as their

meaningful participation is essential in ensuring that policies and programs are effective in

addressing their needs.

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