



THE WATCHDOG

The Youth Coalition's Quarterly Newsletter

Condoms: the perfect preventive method for young people

Volume IV, Issue 3
Summer 2002

By Erin McGinn

When exercising one's right to sexual and reproductive health care, a range of choices and options are essential. Yet male and female condoms are the two contraceptive methods that may be ideal for young people, simply because they offer both STI and pregnancy prevention. This is essential, because even though over 50 percent of all new HIV infections occur in young people 15-24 years old, adolescents are generally more concerned about getting pregnant than catching an STI or HIV.

If you engage in unprotected, regular sex, you would have an 80 percent chance of becoming pregnant within a year. If you engage in unprotected sex with someone who has an STI or HIV just once, you could become infected. As well, contrary to popular perceptions and parents' fears, young people aren't having sex that often, and when they are having sex, it's usually a spontaneous thing. This is probably because young people often have to hide the fact that they're 'doing it'.

In many places around the world, youth experience substantial barriers to good reproductive health services. Whether it is the attitude of the health care worker, the hours of operation,

the real or perceived lack of confidentiality, or the cost involved, a young woman may not be able to obtain other contraceptive methods, such as pills, injectables (Depo-Provera), or an IUD.

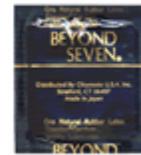
But male condoms are more readily available in pharmacies, through social marketing, even at some schools. They are also something that both young men and young women can get a hold of, evenly distributing the responsibility for STI and pregnancy protection. The popularity of the female condom has increased, and hopefully it will be more readily available soon. New research on female condom reuse (washing with bleach and water after use) shows that one can wash and reuse a female condom between 5 and 10 times; following such procedures properly will make the female condom much more cost-effective.

Finally, condoms have absolutely no side effects and there are no medical conditions that could prevent someone from using them. Even if you are allergic to latex, non-latex condoms are now available! This is perfect for adolescents, who are still growing and experiencing changes in their bodies.

The major drawback of condoms is the need for consistent use. And although many young people do use condoms, fewer report that they use them consistently.

The benefits of condoms for adolescents may be self evident, and in the wake of the growing HIV/AIDS pandemic, condoms are almost universally promoted. However, the social sensitivity and discomfort with adolescent sexuality prevents us from really addressing the problems.

How do we get young people to use condoms? How to we make them readily available? What approaches to peer education really



There's a condom for everyone...

work? How can we address adolescent sexuality in a comprehensive and accepting way? Many great programs currently exist that are trying to answer such questions. But if social and political climates still stifle or hinder open discussion and examination of adolescent sexuality, progress will be slow.

At the 1999 UN International Conference on Population and Development 5-year review, countries agreed to ensure that "by the year 2005, ensure that at least 90 per cent of young men and women aged 15-24 have access to the information and the skills required to reduce their vulnerability to HIV infection." They also agreed to ensure that HIV transmission was reduced "(a) globally and (b) by 25 per cent in the 25 most affected countries" among young people aged 14-24 (para. 96).

More than 50 percent of all new HIV infections occur among young people aged 15 - 24. Each day, between 7 000 and 8 000 young people become infected with HIV. So, tell me again why we're not developing programmes to get young people to use condoms? Why aren't we making condoms easily accessible? And why don't we have comprehensive sexuality education programmes in place to ensure that young people have all the tools they need to make informed decisions when it comes to sex.

Inside this issue:

Condoms for everyone	1
Combatting HIV/AIDS Through Peer Education in Zimbabwe	2
Tobago: Culture, Calypso And Sexuality Education	3
HIV/AIDS and Aboriginal Peoples in Canada	4
Youth Participation in HIV Prevention: WHY?	5



Zimbabwe: Preventing HIV/AIDS Through Peer Education

By Jessica de Ruijter

In Zimbabwe, one third of the people who become infected with HIV do so during adolescence. Since HIV is mainly transmitted through unprotected sex, the obvious conclusion is that young people are sexually active. Therefore it is very important that young people are involved in AIDS pre-

SEX...there, I said it! You can too.

At the grassroots level, the HIV/AIDS pandemic has made educators talk about sex and sexuality in a new way – how you do it, when you do it, who you do it with, and on and on. But at the international level, policy and decision makers are often able to treat HIV like a disease similar to Tuberculosis – they can give a whole speech on eradication, treatment, about gender and poverty, and not mention s-e-x once.

HIV shouldn't be separated from sexual and reproductive health. When we talk about HIV we have to talk about sex. We know, it can be difficult for people to talk about young people's sexuality, particularly people who come from conservative religious backgrounds. Sex in general makes lots of people uncomfortable, and dealing with issues in sexuality often means addressing subjects and using words that can be difficult to discuss. Add to the mix that we're talking about young folks, and people start running for the hills.

But we can't be afraid to talk about it. Lots of young people are having sex, it's a fact. Ignoring their sexuality, pretending they're not having sex will have devastating consequences on young people's health.

Policy and decision makers need to recognize the link between HIV and sexuality, especially where it concerns young people. They can't talk about prevention without talking about sex and they must recognize that young people need all the information available about sex, sexuality, STIs and HIV/AIDS so that they can lead healthy, happy lives.

vention programmes especially because young people can more easily adopt new, safer behaviour patterns than adults can since they form their attitudes and behaviour patterns during adolescence. So the 'profit' is higher when young people are involved.

However, it is important that young people are targeted and involved in the right way. Prevention programmes should not only focus on the transfer of knowledge. Research has shown that only transferring knowledge is not enough to bring about a behaviour change. Therefore prevention programmes should also address the prevalent attitudes and norms among young people and should teach the adolescents some life skills such as condom use negotiation.

In addition it is important that youth are actively involved in the programmes, in designing, implementation and evaluation. They know best which subjects are important to bring up and how this can be done best to involve other young people. This will increase the impact of the prevention programmes. (It will often work the opposite way: if adults tell young people how they should behave themselves, they will resist that and might think that adults want to keep them from experiencing the pleasures of sex.)

One good example of prevention programmes is peer education. In Zimbabwe, the Matabeleland AIDS Council runs a peer education programme. Young people can sign up for peer education training which lasts for one week. During the training, they learn the technical facts about STDs and HIV/AIDS, but also about how to communicate with peers about these sensitive subjects and they receive a life skills training. The training is presented by different people, by for example a nurse who explains the technical facts and by other peer educators about the role of peer educators, etc. After the training, the peer educators are supposed to disseminate the information they have learned. This can be



Zimbabwean school girls

done by informal talks or by organising activities in the community or in schools.

Peer education is a good method to disseminate the right information among young people. The peer educators can also give advice to their friends on sexual matters. Instead of negative peer pressure, peer education can lead to positive peer pressure among young people, which can lead to safer sexual behaviour. The peer educators also plan, implement and evaluate their own activities. This increases 'ownership' and will increase the effect of the programme. However this alone will not be enough. If young people have the knowledge and adopted a safe attitude, then they should also be able to carry out safe sex. Therefore it is important that there are also youth friendly clinics where they can get treatment and counseling.

So young people and adults have to work together in the fight against AIDS.

WHY are so many young people infected by HIV in Zimbabwe?

Many adolescents have a low risk perception when it comes to sexual activity and STIs. They think that they are infallible and that misfortune - like contracting HIV - only happens to someone else. This type of thinking can result in high risk sexual behaviour. This can also cause high risk sexual behaviour. The media, which present sex, smoking and drinking as risk free, has also a big influence on young people.

Continued on page 3



Tobago: culture, calypso and sexuality Education

By Tanya Baker

I have just returned from a one-month visit to the island of Tobago, which is part of the twin-island republic of Trinidad and Tobago. I am Canadian, but my mother is from Trinidad and my parents own and operate a guesthouse in Tobago. The incidence of HIV/AIDS on the small island of Tobago (pop. 51, 000) is the highest in the Caribbean, and especially high among the youth population.

Young people in Tobago have many beliefs and misconceptions in how the disease is spread and how it can be controlled. Personally, in my short visit, I attended two funerals that were most likely AIDS related. Most people are reluctant to talk about AIDS, especially the family of the deceased who might then become labeled as carriers themselves.

Trinidad and Tobago has a strong and distinct culture that includes music, dancing, drinking and partying in a very sexual manner. Young people become very comfortable with their sexuality because of the culture and have few inhibitions.



Young women dancing on a float at Trinidad's Carnival

However, despite their very sex-positive culture, young people in Trinidad and Tobago are not adequately educated about safer sex. This is especially apparent in Tobago where the rate of HIV/AIDS infection is 100 percent higher than the country as a whole.

Many people believe that there is some magic purple potion will cure them of the disease; they also think that they can be infected through mosquito bites and toilet seats. Condoms are expensive and difficult to buy. The women would never discuss sexuality with me, and the men only if it would entail them 'doing it' with me. In Tobago there is an HIV infection rate of 3.5 percent in 14 to 19 year olds and 3.6 percent in the 20 to 24 year olds, with females outnumbering their male counterparts by nine to one in the 15 to 24 age group.

Most girls have partners about four years older than them, usually because older partners have more money and cars. But they also have much more sexual experience. I find the young population, notably the young female population have very few real role models or positive self-images within their culture and society. There are currently many harmful messages sent to young females by family, friends, music and society as a whole.

Since returning to Canada, I have had a lot of time to think about this devastating health situation in Tobago. I have been asking myself what the best way to send a positive message about self-respect and sexual responsibility to the young women of Trinidad and Tobago. My conclusion is that the best means is through music.

Trinidad and Tobago has a strong history of music. Calypso, a type of Trinidadian music was born as political commentary that could be passed along because few people could read or write.

Music has always been an excellent form of communication and I think now, more than ever, we need to use it to reach the younger population. Music is well respected and appreciated by young people; it can send positive and reinforcing messages that, if enjoyed, will be listened to repeatedly. CDs and tapes are cheap and easy to reproduce in large quantities and easy to distribute throughout the country. Although traditional Caribbean music such as reggae from Jamaica has called for an

end to many social injustices, it has largely ignored the female population and their issues. The most beneficial plan to reduce the spread of AIDS would be to produce a recording of local, prominent female artists singing about AIDS, sexuality, respect, relationships, etcetera. The recording would be distributed freely to the young population and the covers would have local information regarding where they could get help, contraception and testing.

Music also has the advantage of an art form needing collaboration among many people in order to create the finished product, thus people have the opportunity to interact both at the local and international scale. Lastly, music can preserve a country's precious culture and distinctiveness that can often get mixed and changed by other prominent cultures.

Zimbabwe...

Continued from page 2

In many countries and cultures, secrecy and shame surround the subject of sex. It is a social taboo. In Zimbabwe, for example, traditionally sex education is given by the uncle for boys and by the aunt for girls. However, in current times extended families do not often live together, so the traditional way of giving sex education becomes more difficult. The government has tried to solve this vacuum by designing an AIDS education programme which should be implemented in primary and secondary schools. But most teachers are too ashamed to talk with their pupils about these sensitive matters and the pupils are too afraid to ask sensitive questions.

For young people it is also not always easy to have safe sex; it can be difficult for them to obtain contraception. Often young people are not welcome at family planning clinics, because many clinics are mainly restricted to married women and couples only. And when they are welcome at a clinic, they are often reluctant to talk openly because they are embarrassed or because they are afraid that confidentiality will not be respected. Sometimes there is also a lack of availability of condoms and other contraceptives, especially in rural areas.

Even for partners, it is often difficult to discuss sex. In Zimbabwe, there is a strong belief among many people of all ages (close to 80 percent), that the men should be the decision-maker in determining whether or not to have sex. Therefore, women have hardly any control in whether or not to use a condom.

Young women are more vulnerable than young men in contracting the virus; young women rarely dare to say no to sex, out of fear that the boy will end the relationship. They are also more exposed to sexual violence. Besides that, older men (in Southern Africa) often 'prefer' young girls, because they are believed to be safe and uninfected with HIV. These men give the girls presents (and often HIV). For the girls it is difficult to resist these men, also called 'sugar daddies', because it is the only way for many girls to increase their wealth.

In conclusion, many different kind of issues cause young people practice high risk sexual behaviour which can lead to contracting HIV. Young people are the most important source of a nation. Therefore it is important that they remain free of HIV/AIDS.

Figures are derived from Zimbabwe National Family Planning Council, *National Youth Reproductive Health Survey* (Harare, 1998).



HIV/AIDS and Aboriginal Peoples in Canada

By Jennifer Curran

The HIV/AIDS pandemic has had a tremendous impact on Aboriginal peoples throughout the world. In Canada, the 1990s witnessed a steady rise in HIV infections and AIDS cases among Aboriginal peoples.

While less than three percent of the Canadian population is Aboriginal, the proportion of AIDS cases attributed to Aboriginal persons has increased from one percent before 1990 to 15 percent by 1999. Among the Canadian provinces which report ethnicity, 25 percent of newly diagnosed HIV infections in 1999 were among Aboriginal people.

By 1999, Aboriginal people were 5 times more likely to have AIDS than other Canadians.

How should Canada address this increase? Back when these statistics came available in 2000, Jake Linklater, Executive Director of the Canadian Aboriginal AIDS Network gave this assessment: "The deplorable extent of HIV/AIDS and other health and social problems among Aboriginal people represents a human rights failure in Canada" What was needed, according to Linklater, was "a comprehensive, coordinated response to HIV/AIDS among Aboriginal people, a response that must start from an understanding of the racism, discrimination, and cultural denigration experienced by Aboriginal people in Canada."

Aboriginal people in Canada are a very youthful demographic. By the year 2000, almost half (48 percent) of the Registered Indian (a technical Govern-

ment of Canada term) population were under 25 years of age. (Compare this to just 33 percent of Canadians under 25 years of age for the population as a whole).

How are Aboriginal youth in Canada being affected by HIV and AIDS? Again, by the year 2000, 28.6 percent of Aboriginal people who were infected with HIV were under the age of 30, compared to 17.6 percent in the non-aboriginal population.



For children and young people in particular, Aboriginal AIDS activists in Canada have expressed concern that education about HIV in schools does not always take into account the cultural and social problems Aboriginal peoples face. The Canadian Aboriginal AIDS Network recommends that service providers and communities begin child development teachings as early as age five to ensure that children have a better understanding of healthy sexual development.

Canadian HIV/AIDS advocates have called for the development and imple-

mentation of targeted HIV/AIDS programs for Aboriginal youth. Such programs must include active participation by Aboriginal youth at all stages.

To tackle the HIV/AIDS pandemic among Aboriginal peoples, Canadian NGOs are calling for:

- * education and better information for Aboriginal peoples to guide prevention and control strategies;
 - * communities must take an active role in the education of their children and members about risk-associated behaviours;
 - * governments and other agencies must respond to HIV/AIDS in all Aboriginal communities by ensuring that resources and services are culturally appropriate, with access to counseling and HIV testing;
 - * Aboriginal programming and education in prisons and institutions must be provided;
 - * more local, community-based programming and treatment must occur.
- The barriers amongst Aboriginal leadership must be broken down, and issues of homophobia must be addressed in Aboriginal communities.

Sources:

Canadian HIV/AIDS Legal Network and the Canadian Aboriginal AIDS Network; *Discrimination, HIV/AIDS and Aboriginal People*, 2000; Canadian HIV/AIDS Legal Network and the Canadian Aboriginal AIDS Network; press release, *Aboriginal People and HIV/AIDS: Immediate Action Required*, June 7, 2000; The Canadian Aboriginal AIDS Network, factsheets: *AIDS & First Nations Peoples*, *AIDS & Aboriginal Youth*, *AIDS & Aboriginal Children*, *AIDS & Aboriginal People*; Indian and Northern Affairs Canada, Government of Canada, *Basic Departmental Data 2001*, First Nations and Northern Statistics Section, March 2002

Youth-driven action in Vancouver, Canada: Youth helping Youth affected by HIV/AIDS and Hepatitis C

The Youth Community Outreach AIDS Society, or YouthCO, is a non-profit organization working to involve youth (ages 15 to 29) from all communities in addressing HIV/AIDS and related concerns.

Launched in the early-1990s by a coalition of over 30 community agencies from across the province of British Columbia, YouthCO emerged as a response to an identified need for youth-specific services in the region. Based in Vancouver, YouthCO provides educational initiatives and support services to youth infected with and/or affected by HIV/AIDS and

Hepatitis C. Youth volunteers are engaged in outreach, prevention education, training and volunteer opportunities, advocacy and peer support.

Since its inception, YouthCO has provided direct support and services to nearly 200 positive-youth. Recently, the organization partnered with the Vancouver Area Network of Drug Users in a joint- health promotion and Hepatitis C prevention project.

The organization is proud of its identity as a youth-driven agency. The Board of Directors are all youth (under 30), and are responsible for setting agency priorities, policies and program-

ming needs. The agency's principles state that "youth work with each other to identify areas of advocacy and support." YouthCO is also committed to promoting overall health awareness amongst all youth: "the more aware young people are about our personal and community health and potential risks, the better able we will be to make informed, wise decisions in all areas of our lives."

Sources: Health Canada, Government of British Columbia, and YouthCO websites. For more information on YouthCO, email: information@youthco.org



The Synergy of Youth Participation

By Nadia Van der Linde

Everyone seems to be talking about youth participation nowadays, but not many people can actually explain what that entails. Usually, youth participation simply implies having a young person present at a certain meeting or conference, and nothing more. This is not what the Youth Coalition considers to be youth participation.

Youth participation is a bottom-up approach where there is a partnership between adults and young people with a focus on common goals. Adults and young people both must recognize that youth and adults both have abilities, strengths, and experience to contribute. Of course, adult professionals do generally possess more of a certain type of information (statistics, for example) and

professional skill, but young people have **Jennifer Curran** (Started on salary September 1, 2000)

Sept. 2000 – Dec. 2000 Total days earned: 5

Vacation:
December 2000: 3
vacation days

Total 2000: 3
vacation days
Carry over 2 days

Jan. 2001 – Dec. 2001 Total days earned: 17

Vacation:
April - May 2001: 12 vacation days (UK, Ireland - eek)
December 2001: 2
vacation days (Dec. 20-21).

Total 2001: 14
vacation days
Carry over 3 days

Jan. 2002 – Dec. 2002 Total days earned: 18
Vacation

January 2002: 3
vacation days

"We're not just talking about giving young people a voice, but getting adults to have an ear."

- quote from a participant of the Asian Regional Meeting "Youth Participation: Challenges and Opportunities," 1996

Youth Participation in HIV prevention: WHY?

By Nadia Van der Linde

Youth participation has more or less become a hype in the past few years. In most new UN Conferences and NGO project proposals youth participation is mentioned. Major international institutions like the WHO, UNFPA, UNICEF and IPPF all promote youth involvement in policy making, implementation, evaluation and advocacy concerning young people's sexual and reproductive health and rights. But why should YOU bother? Making it simple, the 'why' of youth participation has been divided into two gains: 1) benefits for the young people and 2) benefits for the organization or programme. It's a win-win situation!

Benefits for young people

Young people that get the opportunity to truly participate in an organization or programme not only gain experience which can be of great value to them in the future, it also builds their self-esteem and confidence. When you take young people seriously, give them information, train them and ask for their opinions, young people are

empowered. Empowered (young) people are more aware of their rights and responsibilities and have a greater understanding and appreciation of the multiple roles of adults.

Benefits for the organization or the programme

Youth participation will increase the effectiveness of an HIV prevention programme or organization because, among other things, the organization will know and understand young people's concerns and needs better. Regular contact and cooperation in activity implementation as well as decision-making diminishes the distance between 'adult professional' and 'young person'.

Through youth involvement, young people can be reached more effectively by the organization or programme, simply because young people themselves are participating. Research shows that young people gain more from an experience when they are actively involved, thus making the program more effective. The young participants will also have new ways of reaching other young people: their peers, friends, classmates. They will

be more easily motivated by a peer to join the programme or project than from an 'outsider'.

Finally, the entire programme or project will be focused more effectively on young people because young people were included in the entire process of setting it up. Improving the relevance of the message, the methods and channels of communication, service provision as well as information materials can significantly increase the effectiveness of a programme. Just providing information is not sufficient, it is also about how the information is provided, about what and by whom. Research from around the world shows that just information does not lead to a behavior change (for example to safer sex practices) of young people. Why not? To answer this question, it's important to involve young people.

Young people have new, 'fresh' ideas that can be a valuable contribution in the project design phase. They are not stuck in the usual ways of thinking and 'how it's always been done'. Furthermore, youth are a great human resource and potential to add to your organization or programme.



Finally a place for young people with HIV! www.youngpositive.com

By Saskia Hüsken

The Barcelona AIDS 2002 Conference is the perfect occasion to launch a brand new initiative; on Saturday the 6th of July, the website youngpositive.com will go live!

Until recently, young people living with HIV in the Netherlands had nowhere to go to meet with other young people who are living in the same situation. Once confronted with HIV and AIDS, there are many specific questions to be answered concerning issues such as motivation for school, work, income, and social life.

26 year-old Ralf, the founder of the section Youngpositive at the HIV Association The Netherlands, knows what he is talking about. When he received the results from his HIV-test three years ago, it was extremely difficult to meet other young people

with HIV. He joined the HIV Association Netherlands with the goal of starting a network of young people.

Many of the young members of the HIV Association, aged 10 to 30, responded enthusiastically when they were contacted. A number of them now form the editorial staff of the website of the Dutch and Belgian chapter of Youngpositive: www.jongpositief.nl. In collaboration with Sensoa, the HIV Association Flanders (Belgium), they launched a website on April 2nd 2002, which is in Dutch.

The new international website www.youngpositive.com that will be up and running on the 6th of July, was created by young people and will focus on the issues that affect them.

You can visit the website by entering the virtual *discotheque*; just press the

disco-ball. When you want to contact people, you can place an announcement in the *toilets*. Here, you can also take part in one of the discussions. On the *dance floor*, you will find all kinds of interesting links and lots of informative documents, written by young people living with HIV. In addition to the website, Youngpositive is planning to organise an International Forum in about two years and they want to set up an exchange programme for young people with HIV. Have a look at this young and positive website!!!

For more information you can send an email to jongpositief@hivnet.org or contact the Youth Coalition.



www.jongpositief.nl

No Blue Print for Sex Ed

By Nadia Van der Linde

Sex-ed policies, including HIV prevention programs, receive a lot of criticism for their (lack of) effectiveness in changing young people's behavior. Partially, this can be explained by the fact that the line between sexuality information and young people's behavior is not a straight one to draw – information does not often lead directly to behaviour change. Many factors such as social opportunities and pressures (from culture, religion, family, peers, etc.) as well as personal character and 'empoweredness' influence one's choice in behavior. Furthermore, young people are diverse and will not all be equally influenced or informed by one certain program. Let's face it: there is not one single blueprint for the 'perfect' HIV prevention or sexuality education strategy. Popular music and musical artists are sometimes utilized to promote condom use and responsible (sexual) behavior among young people. In South Africa, for example, HIV Hop

(hip hop with an HIV/AIDS message) is well-known in the slum areas of Capetown. In many (mostly western) countries, youth magazines form an important information source with articles on young people's experiences ('my first time' stories) and 'Dear Aunt ...' questions.

Some countries have started experimenting with using television soap op-

eras to spread messages about safer sex and HIV/AIDS, even though they are often still very stigmatizing. Street artists in India perform their messages on gender relations and promiscuity in city slum and towns, and in markets in Kenya puppetry brings a message to the people about sexual abuse and contraceptives.

Continued on page 7



Youth Coalition volunteers at the recent UN Summit on Children



FEAR as a strategy to promote SAFE SEX

By Ester Veldhuis

Young people are amongst the fastest growing group of HIV/AIDS infected people in the world. There is a lack of information, education and services and for many youngsters sexuality is still a taboo. Testing is a way of HIV prevention but a lot of (young) people do not want to recognize that they have been in a risky situation. At the same time people are less afraid of AIDS and tend to have more un-safe sex. Even if we agree that it is important to offer information and services to young people, there is still much debate on *how* prevention messages should be carried out. At a seminar on 'Young migrants and out-of-school HIV prevention in the European Union', there was a youth panel in which we discussed the following statement: *Is it good to use FEAR in prevention strategy in campaigns to promote SAVE SEX?*

The rationale behind this strategy is that the fear of dying should accomplish a change of behavior. This might work for some people but what about young people who already live with HIV or AIDS? Unfortunately, prejudices against people living with HIV/AIDS are still very common.

John was tested HIV Positive in 1997: "It was an enormous shock, I didn't expect it. (...) People around you are scared, they know so little about it, they don't know how to handle it, and they take you less seriously." Ralf, founder of 'Young-Positive' stated: "spreading fear has a negative impact on people living with HIV, but to say that there is a solution for AIDS is not true either. The reactions when you are HIV positive are very different than when it concerns other diseases like cancer because HIV is contagious. In the eighties the fear of dying was used at a large scale as a tool to reach people. Now the AIDS Foundation [in the Netherlands] again makes use of Freddy Mercury in their latest adverts. Aids is being associated again with death and homosexuals."

Much has changed since the eighties. We know now that HIV/AIDS is not limited to homosexuals and it has become a pandemic. In the last years people have become more careless in using condoms. As Nadia, member of the Dutch Council Youth and Population says: "we see a conflict between 'fear' and 'indifference.' We don't want people only to be afraid of HIV/AIDS; that doesn't benefit the people living with HIV/AIDS. At the same time, we

see people becoming indifferent and not taking responsibility when they hear that the chance to be infected is so small and that nowadays there are medicines." Ralf responds: "people tend to forget that the medicines are a salvation but not a solution."

Some of the conclusions drawn from the discussion is that the way HIV/AIDS is portrayed should change. The image should be more positive. The emphasis, as Ralf stated, should make clear that infected people are *living* with HIV/AIDS and not *dying* with it. Strategies that aim to make people have safe sex through focusing on the 'dangers' of sexual relations will contribute to create a climate of prejudices and the stigmatizing of people living with HIV/AIDS. This will accomplish the exclusion and marginalizing of people who consequently will go underground and are not being reached. The challenge we identify is raising awareness on the necessity of preventing HIV/AIDS without using the everlasting tool of frightening people for the 'dangers' of sexual relations. This is not empowering. Strategies for HIV prevention should promote free choice and provide opportunities instead of forcing changes of behavior.



Youth Coalition member Gabriela Cano (left) leads a workshop on Sexual and reproductive rights in Kenya.

*No Blueprint...
continued from page 6*

Radio programmes with questions from callers are known around the globe, and the newest technology, the internet, is slowly being integrated in educational programs related to sexuality and AIDS.

The most important lesson to learn from the many experiences from around the world is that multiple methods are always needed. Exchanging information and experiences with various methods of information provision is vital. Sexuality education, including HIV prevention, must be comprehensive and integral in its approach. Young people do not form one homogeneous group, and thus implementation of policies and programs must be diversified in the type of activities, modes, places, times and sources of communication and information



Our Bodies, Our Rights: Addressing HIV/AIDS through a Rights-based approach

Last year, Youth Coalition members participated in a number of outreach and research projects on young people's perspectives on their sexual and reproductive rights in Africa. As you read in our last issue, YC members visited events and organizations in Kenya, Cameroon and South Africa to learn more about how African youth were talking about and addressing their sexual and reproductive health and rights.

One discovery which emerged from these field trips was the sporadic absence of a rights-based approach in programmes and services related to HIV/AIDS. Other YC members noted a similar gap in their own communities, where young people and HIV/AIDS activists were not always making connections with sexual and reproductive rights or broader human rights in their responses to HIV/AIDS.

YC members have also noted that HIV/AIDS education programmes and policies which heavily promote abstinence or monogamy among young people focus on the issue - preventing transmission of HIV/AIDS - but do little to address the needs and concerns of young people.

The Youth Coalition believes that sexual and reproductive rights are human rights. Sexual and reproductive rights are an integral part of the human rights guaranteed to all human beings, including young people.

The YC aims to have more programmes and policies which address HIV/AIDS and young people based in a sexual and reproductive rights/human rights perspective, or a rights-based approach. This approach recognizes healthy sexuality and development of young people, rather than a problem-oriented response which does not address young people's human rights or overall health.

In the coming months, the Youth Coalition will begin identifying some possible reasons for the absence of a rights-approach (among governments, NGOs, and youth; for example, informal interviews with young people working on HIV/AIDS pre-

vention through abstinence have found that a basic lack of knowledge about sexual and reproductive rights concepts and rights-based strategies among young people could be a reason for this absence).

Indeed, human rights education for young people is a key ingredient here. Youth Coalition members believe that all young people must become

involved in human rights education as key recipients and providers. Educating one another about our rights and sharing perspectives on our sexual and reproductive health issues is one way to move forward towards increased sexual and reproductive health for all young people.

All about the Youth Coalition



The Youth Coalition: We are an international coalition of young people (ages 15-29 years) committed to promoting adolescent and youth sexual and reproductive rights at the national, regional and international levels. We are students, researchers, volunteers, educators, NGO (non-governmental organization) workers and activists.

Our Mission: to recruit, train and support youth to promote young people's sexual and reproductive rights at the national, regional and international levels.

What we believe: sexual and reproductive rights are human rights, and therefore apply equally to young people.

Sexual and reproductive health and rights information, education and services are vital in safeguarding and promoting the life, health, and well-being of young people.

Youth participation is essential to ensure that sexual and reproductive health and rights programmes and policies address the needs of young people.

The Watchdog is the quarterly newsletter of the Youth Coalition. For more information on the Watchdog or on the YC, contact us at:



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