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1st Step To Win The Battle Against AIDS Is Sensitizing Our Young Population

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On the 1st of December 2018, World AIDS Day (<https://www.who.int/who-campaigns/world-aids-day/world-aids-day-2018>) marked its 30th anniversary with the official theme -“Know Your Status”. We have indeed come a long way since the launching of this annual observance in the 1988 World Summit of Ministers of Health on Programs for AIDS Prevention. As per UNAIDS (http://www.unaids.org/en/resources/documents/2017/2017_data_book)’ global estimates of 2017, only about 75% of people living with HIV (PLHIV) know their status, out of which 79% are on treatment. Evidence from India reveals that of the 79% PLHIV who are aware of the status, mere 56% are on Anti-retroviral treatment.

The number of HIV testing and counseling (HCT) sites as well as of the treatment (ART) centers has increased. Mobile community-based testing services that reaches people in rural areas for early testing are also being operationalised. Outstanding attempts have been made by National AIDS Control Organisation (NACO) to encourage use of condoms via catchy advertisements broadcasted on All India Radio and national television. The Indian government has also dedicated its efforts to eliminate new infections among children through its Prevention of Parent to Child Transmission Programs, which provides treatment to pregnant mothers and babies who are exposed to HIV.

Even with these achievements we are still far from attaining the target of eliminating the AIDS epidemic as per the Sustainable Development Goals for 2030. The reasons for this are manifold: gender inequality, exclusion, discrimination, violence, stigma, lack of

non-judgmental spaces to talk about sexual activity, absence or inadequacy of sexuality education provided, high-risk sexual behaviour, gender-based violence and abuse etc.

For instance, according to the Gender Inequality Index (<http://hdr.undp.org/en/composite/GII>), India's GII value is 0.524 which indicates a conspicuous gender gap with only 39% of the female population over 25 years having received at least some form of secondary education. Certain vulnerable sections of society- such as migrants, urban slum-dwellers, women in rural areas and of course the adolescent and young population- do not have sufficient access to healthcare facilities.

The use of contraception by the unmarried population is inconsistent as sexual activity is still perceived to be for reproductive purposes. This not only leads to unsafe sexual behaviour, but also increases the incidents of unplanned pregnancies. Indian women also face serious challenges in accessing safe abortion services with restrictions and refusals even by registered government facilities. The young population receives nothing but awkward silence and abstinence driven messages from persons of authority. In the absence of appropriate know-how they resort to unsafe and risky sexual behaviours contributing to the burden of disease.

It is true that these social drivers thwart the existing efforts of preventing the spread of HIV. However, the problem is a bit larger than that. With the on-going efforts we might be able to eradicate the HIV epidemic, but we'll still fall short in our journey to achieve sexual health for all. Despite global evidences suggesting the need for sensitizing the population at an early age, dialogue on sexuality and sexual activity are largely ignored. Owing to the existing stigma around the topic, the young approach adulthood with confused and conflicting notions about sexuality which adversely affect their sexual health. Hence, there is a need to take a step ahead and attempt to develop abilities of the population at an early age, to help them adapt to and overcome these social hurdles.

On similar lines, Prayas Health Group (<http://www.prayas-pune.org/health/>), a Pune based NGO working in the field of HIV and sexuality, started a new initiative, to improve the abilities of the adolescents and youth to uphold their sexual health by using peer-led technological interventions. Abilities that are particularly important and relevant in the Indian context have been identified through research and consultation with experts.

Broadly, the abilities could be grouped into three categories- abilities to seek awareness; abilities to self-regulate and abilities to act. To elaborate, the abilities to seek awareness refer to be able to know and find information along with the abilities to

discriminate useful information from the incorrect ones. However this awareness must be followed by modification of personal attitudes and tendencies to adopt health promoting behavioural tendencies.

Finally, there are those abilities required for developing new behaviour patterns and to essentially carry out responsible sexual behaviour. These abilities would thus ensure a sustainable behaviour change, leading to responsible sexual behaviour, thereby not only reducing the risks of HIV, but ensuring an overall improvement in one's sexual health. The details of these abilities have been published in a report named "Capabilities Matter (<http://www.prayaspune.org/health/images/download/Capabilities%20Matter.pdf>)".

Early in 1980s which started the era of HIV, the society at large recognized the need to start a discourse about safe sexual behaviour in order to spread awareness. But with medical advancement which provided successful treatment and management of HIV, that need became less and less important, thereby, restoring the previously maintained hush about topics of sexuality.

To address the problem from a wider perspective, there is an urgent need to do away with the silence accompanying matters of sexuality and encourage uninhibited communication on the subject. This will not only ensure consistent use of safe sex measures and appropriate healthcare seeking, but also motivate overall sexual health promoting behaviour. In the midst of multiple sexual health-related adversities faced by the population at large the broader challenges of achieving sexual health must be considered as one.