PERSPECTIVE

Short note on HIV prevention in young

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ABSTRACT

Adolescents and young people, especially those from East and Southern Africa and within important demographics, made up a large portion of the over 2 million new HIV infections that occurred globally in the previous year. In order to contain the global HIV epidemic, new infections among these youth populations must be reduced. The best preventative strategies to reach these adolescent populations in the upcoming five years are examined in this review.

Adolescents are in a stage of growth that is unique to them. They have unique requirements and difficulties that, if not met, will lead to treatments that are unsuccessful. It is advised to use customised, layered, combination prevention packages that include biological, behavioural, and structural elements that take into account the unique needs of adolescents. Adolescents should have a significant say in the design of these programmes, and they should be implemented and carried out with the help of their peers. When possible, youth friendly community based venues that are already popular with and acceptable to them should be used to deliver age appropriate health and social interventions that go beyond HIV.

Keywords: Adolescents; Youth populations; Unique requirements; Combination prevention packages; Health and social interventions

INTRODUCTION

Despite being disproportionately afflicted by HIV globally, adolescents are rarely given special consideration in national HIV programmes and programmatic initiatives. In 2016, 260000 young people aged 15 to 24 were HIV positive, with young women experiencing 44% higher infections than their male counterparts.

There are some concentrated groups that are especially vulnerable among the wider at risk population of adolescents. The networks and structures that could assist healthy development and lessen young women's susceptibility are absent for those who are not in the school system, leaving them alone and unprotected. Their weaknesses are frequently caused by financial constraints on the family, teenage pregnancies or a lesser social priority to retain girls in school. Furthermore, young critical populations have a higher chance of contracting HIV globally. Young MSM, transgender kids, young injecting drug users, young sex workers, and young people who wind up in trouble with the police are some of these essential populations. Although widespread measures are required to combat an epidemic [1,2].

DESCRIPTION

In a world where the young population is continually growing, HIV prevention for teenagers is especially important. It is estimated that in the next 20 to 30 years, the number of persons under 30 will significantly rise around the world, with the bulk of these young people living in developing nations. Beyond HIV, adolescence is the root cause of over 35% of the worldwide disease burden. Adolescence is a crucial era of transition and investment for adolescents, during which the benefits of preventative measures can be amplified significantly across the health and socio structural domains. A significant investment in prevention in this age group is anticipated to have a positive influence on both the near [3].

When prior healthcare interaction is minimal and scepticism about confidential health services is high, it might be difficult to encourage teenagers to priorities health and use services. Despite declining across all other age groups, the number of HIV related fatalities among adolescents is rising internationally. Young women and girls continue to be the most vulnerable in places like Sub-Saharan Africa (SSA), where AIDS is the fourth leading cause of death. Even in high risk neighbourhoods, adolescents may view HIV/AIDS as a low priority in the face of other health issues like mental health, substance addiction, and pregnancy. Therefore, to guarantee successful engagement and outcomes, preventative initiatives should be specifically customised to this demographic, taking into consideration their particular difficulties, capabilities, and opportunities [4].

Adolescent friendly prevention strategy

It is now generally accepted that combination HIV prevention programmes that target a number of important risk factors or routes of HIV transmission and are efficient, acceptable, and scalable have the highest overall benefit. These programmes should be adapted to the needs of the adolescent rather than around a particular intervention. They are especially recommended for teenagers, whether young women, MSM, or IDU. To address many degrees of risk, which are caused by various contributing factors, there must be multiple layers of interventions.

The socioecological model

Adolescence, a period of identity development, also involves experimenting with isolation from important adults and a growing sense of independence. The importance of the person and their needs should therefore be recognised in programming for teenagers while also taking into account their classmates, sexual and social networks, families, and the social and cultural framework in which they reside. Each of these factors identifies crucial locations where adolescent life and treatments may collide. Finding ways to combine age appropriate prevention initiatives with other health promotion opportunities in consultation with young people and providing services in areas where they are more likely to congregate may increase the likelihood that they will be used than more traditional methods [5].

Adolescents must make decisions about what to engage in all the time while developing thoughts and beliefs that will last a lifetime. Not only is it a period for experimenting, when mistakes are frequent, but it's also a time when knowledge can be quickly acquired provided pertinent, thorough details within a harm reduction paradigm are offered. Knowledge, exposure to health promotion, perception of HIV risk, and one's own capacity to foresee and plan sexual interactions all play a role in how one's individual involvement with healthcare services, such as contraception and HIV, is influenced (not always expected or easy at this age).

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CONCLUSION

Adolescents who receive both behavioural and structural support are more likely to seek out health information, use appropriate clinic services, and demand biomedical prevention options. However, more needs to be done to increase the availability of health services that are suitable for this population and easy to access. Adolescent Friendly Services (AFYS) provide healthcare at times and locations that are convenient for teenagers; they meet their privacy concerns and sensitivities, and they take a de-stigmatized, harm reduction approach to adolescent sexual activity.

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