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## Strategy for Prevention

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### Core areas of support

Focusing prevention efforts on these three core areas would not only reduce HIV infection but also reduce STIs and help young people in particular to avoid unwanted pregnancy.

#### 1. Young people

More than 1 billion young people are between the ages of 15 and 24. Too many are up in poverty, in conflict, or in environments with few opportunities—conditions that contribute to the spread of HIV/AIDS. Half of all new infections are among young people; most do not know they carry the virus. Many millions more know nothing or too little about HIV to protect themselves against it. Action to prevent HIV infection among young people is a matter of human rights. To respect their rights, adults must make it possible for them to remain HIV negative.

UNFPA supports programmes that promote healthy adolescent development and, among sexually active young people, safer and responsible sexual behaviour. Access to confidential and youth-friendly reproductive health information and services is a priority for protection against STIs, including HIV, and unintended pregnancy.

- About one third of the people currently living with HIV/AIDS are aged 15 to 24. Women now account for 56 per cent of the 11.8 million young people living with HIV/AIDS worldwide, and up to 62 per cent in sub-Saharan Africa.
- Studies show that most young people have no idea how HIV is transmitted and how to protect themselves from the disease. Younger adolescents know least of all, and are less likely to protect themselves from HIV than young people in their early 20s.
- Adolescents who start having sex early are more likely to have sex with high-risk partners or multiple partners, and are less likely to use condoms. Delaying the age at which young people become sexually active, including ending the practice of child marriage for girls, can protect them from infection.

UNFPA is working to create communication messages that result in behaviour change. The Fund also supports the creation of skills-building opportunities to help equip young people with the knowledge, skills and attitudes they need to deal with life challenges and make responsible and appropriate choices and decisions about their reproductive health. To maximize results, the Fund also advocates the involvement of young people in decision-making about prevention activities.

- An inventory of materials useful for programming for young people was initiated in UNFPA's New York office. The aim is to prevent duplication of efforts and support the process of scaling-up effective, successful interventions.
- Young people in **Turkmenistan** now learn about HIV prevention and other reproductive health concerns at school. In 2002, the Ministry of Education implemented a school programme for ninth-graders following pilot testing with assistance from UNFPA. Biology teachers received training, and information materials were developed for schools and physicians. The project also produced 40 television shows and 10 radio dramas.
- 3,000 letters advocating the use of youthfriendly approaches to prevent HIV were distributed in collaboration with the Ministry of Health to health clinics and youth centres in the **Russian Federation**. HIV/AIDS information was conveyed to 6,000 young people through peer education at summer camps, and also to 6,000 young people through audio and video advertisements.

Information about sexuality does not encourage promiscuity. Many studies and long-term experience show that the opposite is true. Young people who are armed with information and skills, and who have access to counselling and services, are more likely than their peers to abstain from sex. They are more responsible in their sexual behaviour, are less likely to fall victim to STIs, including HIV, or unwanted pregnancy. Indeed, young people are more likely than adults to adopt positive changes in behaviour.

## 2. Condom programming

The correct and consistent use of condoms, both male and female, could provide young people with a simple and effective means to protect themselves and their sexual partners from HIV infection. But the challenges are significant: massive shortfalls in supply relative to current needs, frequent stock-outs, and limited resources for programming to influence sexual behaviours. Pervasive myths, misperceptions and fears about condoms also hinder their use.

- The presence of one or more STIs significantly increases the risk of becoming infected with HIV. Condoms greatly reduce this risk.

Condom programming is about supply and demand, within a supportive environment. A steady, affordable supply of high-quality condoms involves many supply-side issues: forecasting, procurement, logistics management and quality assurance. To overcome barriers to use, UNFPA supports communication for behaviour change based on an understanding of user needs, perceptions, misconceptions and fears. Condom programming also requires an understanding of the sociocultural environment of communities and countries. Distribution channels must meet people's needs and preferences—supplying the right quantities of right products in the right condition in the right place at the right time for the right people.

- In 2002, UNFPA conducted a study to identify myths, perceptions and fears about condom access and condom use, and developed a framework for steps to address them from the perspective of the provider, the producer and the individual user. It then convened a technical consultation with UN and non-UN partners to enhance collaboration on condom programming, with the aim of achieving a more effective response in HIV prevention.
- At high risk of infection, commercial sex workers in **Eritrea** have been encouraged to use the female condom. Project surveys show that the sex workers are willing to use the female condom, to discuss it with researchers in focus groups, and to share information with their regular clients. The project completed situation analyses at several sites in 2002.
- Railway stations in **China** were the focus of a condom social marketing project intended to reach migrant populations. In 2002, railway staff participated in

HIV prevention and marketing methods, and condom vending machines were in train stations.

- **Nigeria** introduced a plan to distribute at least 1 billion condoms to its citizens in the next five years in a bid to stem the spread of HIV/AIDS. Financed by the United Kingdom, the programme will be carried out by the Government and the Nigerian Association of Nigerian Students.
- Since 1999, more than 19 million female condoms have been supplied to several countries in **Africa**, **Asia** and **Latin America** through joint efforts of UNFPA, WHO, The Female Health Company and various national partners. The female condom is the only currently available method that women can initiate that provides protection from both unintended pregnancy and from STIs, including HIV.

### 3. Pregnant women

Preventing HIV infection in pregnant women and all women of childbearing age not only protects the women themselves, it also avoids the risk of transmission to their children. Most pregnant women are HIV-negative, and in need of information and support to remain free from infection. Pregnant women who are HIV-positive need reproductive health care to ensure the best possible outcome for both mother and child. Interventions for HIV prevention among pregnant women should be integrated into maternal health services. These include HIV prevention counselling, voluntary counselling and testing, condoms, management of sexually transmitted infections, prenatal and post-delivery care, safer delivery practices and counselling and support on infant feeding. Fortunately, most children born to HIV-positive women are not infected.

- Worldwide, 99 per cent of pregnant women are free of HIV. Of the 200 million women who become pregnant each year, an estimated 2.5 million women were HIV-positive in 2002.
- Protecting mothers protects their children. In 2002, some 800,000 children under age 15 became infected with HIV; more than 90 per cent acquired the infection from their mothers. In 2002, children under age 15 living with HIV/AIDS numbered 3.5 million, and more than 13 million had lost one or both parents to AIDS.

Pregnancy is often one of the few times when women access health services, providing an excellent opportunity for HIV prevention, especially through voluntary and confidential counselling and testing. UNFPA's long experience in maternal health is contributing to a growing number of projects in this area. UNFPA is developing a training and programme manual on how to bring HIV prevention to pregnant women and mothers, specifically focusing on the integration of HIV prevention into maternal health services.

- Midwives, teachers and community leaders in the Amazon area of **Peru** have participated in training to prevent HIV infection among pregnant women and children in indigenous communities. Eighteen training workshops have reached 500 key local individuals.
- The number of pregnant women who received antenatal and obstetric care increased in 2002 when a project in **Angola** provided mobile reproductive health teams to supervise traditional birth attendants. HIV/AIDS was a key issue in their care. Education sessions that reached 92,000 people, and in national radio campaigns.
- Maternal mortality surveillance in **Paraguay** gathered statistics that will assist in planning reproductive health interventions, including HIV prevention. The project aims to strengthen the national health programme and ensure that all official health facilities provide needed services and information, especially for pregnant women, young women and high-risk groups.

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