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Commentary

Linking Sexual and Reproductive Health and Rights and HIV Services for Young People: The Link Up Project



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A B S T R A C T

Sexual health and access to services are a pressing need for young people. This article introduces Link Up, a 3-year project in three African and two Asian countries, to enable and scale up access to integrated HIV services and sexual and reproductive health and rights for marginalized young people. The young people we worked with in this project included young men who have sex with men, young sex workers, young people who use drugs, young transgender people, young homeless people, and other vulnerable young people. The research and programmatic activities of Link Up, as illustrated in this Supplement, have highlighted the importance of recognizing and engaging with diversity among young people to improve access to services and outcomes protecting their health and human rights.

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Most people become sexually active during their youth (before age 25 years). Currently, more than half the world population is below the age of 25 years, with 1.8 billion young people between 10 and 24 [1]. Most of these young people (85%) live in

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developing countries. HIV is the second largest contributor of adolescent mortality globally and the number one in Africa and young people aged 15–24 years account for 40% of new HIV infections. Young people have limited access to sexual and reproductive health and rights (SRHR) services; the >50% of young women 15–19 years who are sexually active often have unmet need for modern contraception.

Yet these young people are often unable to access comprehensive information and services regarding SRHR that is free from stigma or judgment; these services include family planning; screening and treatment for sexually transmitted infections (STIs); and HIV testing, counseling, treatment, and support. Sociocultural norms around young people's sexuality

and gender inequality create barriers to improve young people's SRHR. Programs typically fail to affirm that young people in all their diversity should have rights to sexual health; to a satisfying, safe, and pleasurable sexual life; and to make choices whether, when, and how to have children [2].

Link Up was an ambitious consortium project (2013–2016) funded by the Government of the Netherlands that aimed to improve the SRHR of more than 800,000 10- to 24-year-olds most affected by HIV in Bangladesh, Burundi, Ethiopia, Myanmar, and Uganda. The project enabled young people most affected by HIV (including young men and women who sell/transact sex, are living with HIV, men who have sex with men and young transgender people, and other vulnerable young people) to make healthier choices regarding their sexuality; to increase their access to quality, integrated SRHR and HIV services; and to be more able to advocate for their SRHR.

Link Up has contributed to building the evidence base in relation to the nuanced needs and preferences of providing and creating demand for integrated SRHR and HIV services for young key populations. The research and programmatic activities of Link Up, as illustrated in this Supplement, have highlighted the importance of recognizing and engaging with diversity among young people in terms of age and acknowledging that young people aged 10–14 years have different needs and priorities compared to those 15–18 years and likewise those aged 19–24 years. The project has also illuminated the importance of social circumstances among young people and important circumstances and needs of key population groups such as young men who have sex with men (MSM), young sex workers, young transgender people, and young people who use drugs.

The term “young key population” which is a derivative from public health terminology does not resonate with many young people, who may still be understanding their sexuality, gender identity, and exploring transactions of sex and experimentation with drug use. By working in five very different countries, Link Up has demonstrated the necessity of tailoring project implementation to engage with sensitive (and in places criminalized) issues within the very diverse country contexts in Africa and Asia where the project operated. Insights have also been developed about working in partnership and the diverse contribution of each of the consortium partners.

Interventions led by young people were at the heart of the project. Ten guiding principles for “aiming high” and enabling meaningful work by and with people have been produced as a result of the learning from Link Up (Box 1) [3]. Link Up's approach recognized that peer educators are best placed to reach other young people; peer educators use the same language, answer questions clearly, and convey information in an engaging way; and talk openly about sensitive issues.

Peer educators from young key population groups and vulnerable populations were trained to provide HIV and SRHR information, education, counseling, and communications materials (including the use of hotlines and social media) within their communities. They created demand for integrated HIV and SRHR services and distributed vouchers to their peers to facilitate referrals to public or private services (Box 2).

The project prioritized amplifying young people's perspectives in a meaningful way as the key to addressing the structural factors that compound young people's vulnerability to HIV and other STIs. Young people were pivotal in sharing their perspectives at national, regional, and global decision-making fora.

Box 1. Aiming high: 10 strategies for meaningful youth engagement

1. Agree to roles, responsibilities, and expectations together with young people and other partners/stakeholders.
2. Support young people's leadership by giving them decision-making roles in all stages of the project.
3. Regularly ask young people whether their views and ideas are being heard and how meaningful participation of young people can be improved.
4. Identify opportunities and support young people to advocate for their issues and to safely share their experience and knowledge as experts.
5. Build skills and knowledge of young people so they can confidently and effectively take part in both decision-making and implementation.
6. Use language that is understandable, respectful, and accessible to everyone (this includes providing translation support).
7. Give young people enough support and resources (financial and other) in a timely manner; do not expect them to volunteer their time.
8. Value and respect the perspectives and views of young people.
9. Support consultation and feedback between young people and the communities they represent.
10. Trust young people to take responsibility and be accountable for program delivery.

To ensure that young people most affected by HIV use their diverse experiences to influence global policy, Link Up's consortium members (Global Youth Coalition on HIV/AIDS, ATHENA Network, and STOP AIDS NOW!) enabled youth advocates from key populations to engage and participate in global policy dialogues around HIV, SRHR, gender, and human rights. Youth advocates participated in high-level policy making events, including the UN High-Level Youth Dialogues on the SDGs, UN General Assembly, Commission on the Status of Women, and the UNAIDS Programme Coordinating Board. Their role was to raise the visibility of diverse young people in these global public

Box 2. Capacity building approaches in Link Up included working with health care providers to provide integrated services for young key populations

In Burundi, where Link Up focused on young people living with HIV, young men who have sex with men, and young women who sell sex, the Alliance Burundaise contre le SIDA et pour la Promotion de la Santé (ABS) collaborated with Burundi's Ministry of Health to train health professionals working at Link Up-supported health centers. Trainings dealt with HIV disclosure, living with HIV, HIV treatment adherence, contraceptive methods, STI management, and preventing and responding to violence. They also explored what it means to work with young people most affected by HIV, how to address the stigma experienced by these groups, and how to meet an individual's specific needs.

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