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**Addressing HIV and STI epidemics among adolescents and
youth**

– UNFPA’s evidence based best practices

Abstract by:

Dr. Ilya Zhukov, M.D., Ph.D. , UNFPA HQ

Kristine Bjartnes, UNFPA HQ

Background

All 19 countries of the Middle East and North Africa region are far from reaching the 95-95-95 targets towards ending the AIDS epidemic by 2030. HIV infections in the Middle East and North Africa increased by 33% from 2010 to 2021, making it one of only three Regions in the world where HIV is still on the rise. Despite 95% of new HIV infections in the region occurring in key populations and their sex partners, progress is particularly slow among these groups, including men who

have sex with men, transgender persons, females who sell sex, people who use drugs and migrants. Few countries in the region have prevention, treatment and care services specific to the needs of key populations. Given the level of stigma towards these populations and the inequalities faced by women, especially those who sell sex or inject drugs, key populations are unlikely to fully access any HIV related service through existing health care venues used by the general population. Only 45% of adolescents who are living with HIV in the region are receiving antiretroviral therapy.

Other sexual and reproductive health (SRH) challenges that young people face in the region are: female genital mutilation is prevalent in some Arab countries, especially Yemen, Djibouti, Somalia, Egypt and Sudan; in seven Arab countries the adolescent birth rate is higher than the global average of 44/1,000, namely, Egypt, Iraq, Palestine, Somalia, Sudan, Syria and Yemen. Child marriages still occur in the Region, and some countries have enabling legislation. From a programmatic perspective, there is a lack of access to SRH information and services for adolescents and youth, in particular for unmarried, disabled or elderly women and girls.

Description

Young people need a clear understanding of the physical and emotional changes they will experience in the transition from childhood to adulthood, and how these changes can impact their development and future life. Without such knowledge they are vulnerable to coercion, sexually transmitted infections, and early or unintended pregnancy, all of which carry serious and often life-threatening consequences. When delivered well, context and age appropriate comprehensive sexuality education (CSE) can help address these challenges by improving sexual, social and emotional health and academic outcomes for young people. *CSE leads to scientifically based outcomes: delayed initiation of sexual intercourse, decreased frequency of sexual intercourse, decreased number of sexual partners, and increased use of contraception; increased knowledge and improved attitudes of young people regarding behaviours; improved knowledge, skills and intentions to avoid risky sexual behaviours. There are also longer-term significant positive effects found on psychosocial and some behavioural outcomes.*

Comprehensive sexuality education, as defined by UN entities, is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and understand

and ensure the protection of their rights throughout their lives. *In various settings, sexuality education may go by other names – such as “life skills”, “family life”, “HIV education”, “health education” or “holistic sexuality education”.* Young key population can be reached by delivering CSE in out of school settings.

Lessons learned

Based on a recent mapping of CSE interventions in Arab countries, the majority of efforts of implementing CSE are limited to “awareness-raising” that is not curriculum-based, and they are conducted through informal education opportunities, mainly by non-governmental organizations (NGOs) and civil society organizations (CSOs).

Tunisia is celebrating with the government a CSE framework to mainstream CSE into school curricula from kindergarten onwards; Egypt serves as yet another good example of innovative approaches and media engagement, with its “Love Matters” platform for young people to share SRH information, including those on HIV and STI prevention; and in Jordan, UNFPA introduced the Safe space centers, where Syrian refugee girls receive a combination of lifeskills and tailored GBV and SRH information. More than 2 million people were reached by the Parent–Child Sexual Health Dialogue Campaign. In 2020 UNFPA worked with AmmanTV and 360 Moms on a television show called Fe AlMamar (“The Hallway”), addressing gaps in HIV and STI knowledge and awareness of boys and girls.

It's crucial to develop support and shared ownership among a range of stakeholders and gatekeepers, including religious leaders. In India, for example, an agreement among UNFPA, Bihar State Madrasa Education Board and the Bihar Department of Education in 2019 led to Muslim traditional institutions opening their doors for interventions and assistance to empower young adolescents with accurate, age appropriate and culturally relevant information to promote healthy attitudes and develop skills to respond to real-life situations positively and responsibly. Jamia Millia Islamia University in New Delhi and the Hyderabad-based Maulana Azad National Urdu University helped roll out the initiative.

Conclusion

Age - and context - appropriate CSE, implemented together with communities and stakeholders, including religious leaders and parents, increases knowledge about the risk of pregnancy or HIV and other STIs. It also allows young people from key populations to be referred to comprehensive services, including HIV and STI prevention and treatment services.