

**Report of Community Assessment and Evaluation of
HIV Prevention for Youth
in Hong Kong 2006**

**Working Group on HIV Prevention for Youth
Community Forum on AIDS
Hong Kong Advisory Council on AIDS**

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Under the auspice of the Community Forum on AIDS of the ACA, an exercise named Community Assessment and Evaluation was embarked in the first half of 2006 to draw community input for the formulation of Recommended Hong Kong AIDS Strategies 2007-2011. Working group on seven groups, viz. commercial sex workers and clients, men who have sex with men, injecting drug users, women and children, people living with HIV/AIDS, youth and cross-border travelers were formed to undertake the exercise. Each Working group was convened by a community expert in the field and with members drawn from key agencies, stakeholders and other persons involved. Technical and secretariat support was provided by Special Preventive Programme. A common framework of reviewing epidemiological data, evaluating current response, reviewing overseas guidelines and developing recommendations on prevention and care of local relevance was employed. A report was generated by each Working Group from the exercise.

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(January – June 2006)**

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Foreword and Acknowledgement

The Community Forum on AIDS was convened to enhance communication between community stakeholders and ACA. It provided a platform where the views and expertise of the community can be directly shared and collected, to support policy formulation at the ACA level. The Community Forum's first key task was to mobilize stakeholders to take part in the Community Assessment and Evaluation exercise, an essential and integral component of the process of formulating the Recommended HIV/AIDS Strategies in 2007-2011.

It has been a stimulating and fruitful learning experience for us all to participate in reviewing Hong Kong's past and present AIDS situation and recommending strategies for the coming future. Although the various community groups have very different needs, it was quite clear that they shared common concerns. These were extensively discussed at all levels including the working group, the Community Forum, and ACA. Of particular concern were the effectiveness of existing funding mechanism for community-based projects, issues on the monitoring and evaluation of AIDS prevention programmes, and the prioritization and impact of such programmes on the local AIDS situation.

The recent visit of US expert Dr Tim Brown as an external consultant to review the latest epidemiological situation in Hong Kong laid a convincing scientific basis on which to focus urgent priorities in HIV prevention. The HIV epidemic in Hong Kong has moved from a slow phase to an early phase of fast growth, mainly driven by an increasing number of HIV infections in men who have sex with men (MSM). The key findings from Dr Tim Brown's reports and the Community Assessment and Evaluation exercise will culminate in the evidence-based, action-oriented interventions recommended in the HIV/AIDS Strategies.

The Community Assessment and Evaluation exercise also provided an opportunity for stakeholders to forge stronger ties and partnerships. Moreover, it facilitated capacity building and identification of expertise in the field. The active involvement of non-government organizations and AIDS workers to share their experiences and best practices provided the impetus to launch a local AIDS meeting, the Hong Kong AIDS Dialogue on 16 September 2006. I hope and fully believe that this will be only the start of a concerted movement to engage all relevant parties in the fight against HIV/AIDS in Hong Kong.

I would like to thank Professor CN Chen for providing visionary leadership, guidance and continuous support as ACA Chairman. He has spared no effort to improve communication among Government, policymakers, funding agencies, AIDS service organizations, frontline workers and vulnerable communities. The Community Assessment and Evaluation exercise would not have been possible without the leadership of the Conveners of the 7 Working Groups and the whole-hearted participation of the members. I would also like to record a vote of thanks to the hard-working Secretaries of the Working Group and the staff of the Special Preventive Programme for providing technical support. Finally I would like to express my gratitude to all those agencies, volunteers, interviewers, interviewees and participants who have given their time to support this initiative for the betterment of HIV prevention and care in Hong Kong.

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A. Background

1. The Hong Kong Advisory Council on AIDS (ACA) has adopted a framework for the preparation of the upcoming “Hong Kong AIDS Strategy” for the year 2007-2011 in the first meeting of its eighth term. There would be five major components in the framework: examination of ACA progress; analyses on local, mainland and international development in HIV strategies; estimation and projection of the HIV/AIDS epidemic; community assessment and evaluation, and opinion survey.

2. Subsequently, in the first meeting of the Community Forum on AIDS of ACA, it was resolved that seven groups should be targeted for in-depth community assessment and evaluation based on the local epidemiologic situation, HIV vulnerability, and uniqueness requiring specific attention. The assessment aims to draw input from the community in order to meet the changing needs of the local community in the future AIDS response. The group on youth and adolescence is among one of the seven target groups.

3. A working group comprising of frontline workers in HIV prevention programmes and sex education for youth, including representatives from various mainstream and AIDS-specific non-governmental organisations (NGOs), teachers, and social workers, was subsequently formed for this community assessment. Apart from the workers, the input from the perspective of youth was sought. Members have nominated young people from their service area to join the working group as members. A list of the members is shown in the Appendix. This report is the output of the working group from its meetings held from February to June 2006.

B. Goal and Objectives

4. The objectives of the assessment process are:

- ◆ To review the epidemiological data and conduct situation analysis of the youth group;
- ◆ To review and evaluate current responses and available services in Hong Kong (HK);
- ◆ To review overseas guidelines or recommendations on HIV prevention and care related to the youth group;
- ◆ To identify health needs and gaps in the responses; and
- ◆ To develop recommendations of local relevance to direct strategies on HIV/AIDS prevention and care for the youth group in the coming five years.

C. Framework and Methods

5. In order to set the scope of the assessment, youth is defined as persons aged

from 6 to 24 years old in this assessment. This is to make the age range in line with the current age boundaries set by most social services organisations offering services to young people and adolescence. In order to cover children in primary schools, the lower age limit is set to include the youngest primary school students. Besides, setting the lower age limit to as low as six enables the needs of the pre-pubertal children to be considered together with the teenage group. Hence, any associated recommendations can be integrated in a more comprehensive approach throughout the growing stages of youth.

6. With regard to the part on needs assessment and recommendations of the strategies, four consultative meetings had been held and the needs and recommendations were brainstormed and discussed among the members to reach consensus. They contributed ideas from their own experience, knowledge and expertise in different groups of young people. Also, they described the needs related to sex education and HIV prevention in youth, services gaps, barriers to access and training needs. Concrete targets for monitoring the progress and accomplishments of the strategies were set for appropriate areas.

7. The working group not only focused on HIV prevention but also paid attention to the sex education in youth. As the sexual route is considered to be important in HIV transmission in HK, effective sex education definitely contributes towards HIV prevention in adolescence and youth. Young people are in the transition period of entering into adulthood and becoming sexually active, their curiosity and exploration on sex might sometimes put them at risk of HIV infection. In this regard, the issue of sex education to youth is closely linked to HIV prevention and has been given due attention in this assessment.

8. It is recognised that youth is a very diverse population. There are different segments with varying degrees of risk of HIV infection. The risk is strongly associated with some at-risk behaviour, notably drug abuse and unsafe sex. Some peer groups, occupations, places and settings expose young people to such at-risk behaviours and hence make them more vulnerable to HIV infection. As such, it was resolved that the needs should be assessed in the following areas:

- ◆ Youth in the general settings, e.g. schools and other community settings; and
- ◆ Target groups in high-risk situations which put them relatively more vulnerable to HIV infection:
 - I. Young drug users, including soft drug use;
 - II. Youth working in sex or entertainment industries, e.g. karaoke, bar, disco, internet bar, etc.;
 - III. Cross-border youth;

- IV. Clients of outreach teams, e.g. night-youth, out-of-school youth, etc.;
- V. Young clients of sexual health clinics/ social hygiene clinics; and
- VI. Young MSM (men having sex with men).

9. As there is another working group focussing on the issues of the MSM community, the needs and recommendations related to young MSM are to be covered in the report of the Working Group for MSM. Details should be referred to the report on MSM in the same series.

D. Findings and Results

D.1 Epidemiological Profile and Situation Analysis

D.1.1 HIV Situation in Youth

10. According to UNAIDS, half of the new cases of HIV infection occur in young people aged between 15 and 24 years old.¹ Young people are considered the greatest hope for turning the tide against AIDS.

11. Since the first HIV case was diagnosed in Hong Kong in 1984, the Department of Health (DH) has been receiving voluntary case reporting of HIV cases from physicians and laboratories. According to figures from this voluntary reporting system, there were a total of 2825 reported HIV infections and 782 AIDS cases from 1984 to the end of December 2005.² Out of the total, 290 (10.3%) HIV infections and 41 (5.2%) AIDS cases were among persons aged 24 years old or below at the time of diagnosis.

12. Compared with other groups, HIV infection among youth is not considered to be serious. In the early epidemic, a significant proportion of the reported cases affecting young people were transmitted through the transfusion of contaminated blood or blood products. With the implementation of screening of blood and blood products for HIV antibodies in 1985, the number related to transfusion declined very markedly since the early nineties. In the past 10 years (from 1996 – 2005), a total of 170 cases of HIV infection was reported among persons aged 24 or below, of which 91% were from those aged from 15-24 years and only 9% were from persons aged below 15 years. Non-Chinese constituted 46% of all these cases. During this 10-year period, the percentage of the reported cases aged 24 years or below fluctuated between 6.4 to 11.5% of the total cases (Table 1).

Table 1. Percentage of reported HIV cases aged 24 or below (1996-2005):

Year	Number	Percentage of total
1996	9	6.7
1997	14	7.7
1998	14	7.4
1999	20	9.4
2000	21	11.5
2001	16	7.5
2002	22	8.5
2003	15	6.6
2004	19	7.1
2005	20	6.4

13. For the reported cases below 15 years old during 1996-2005, most acquired through mother-to-child transmission (90%). Owing to the implementation of the Universal Antenatal HIV Testing Programme in HK since September 2001 and the availability of more effective prophylactic treatment for the prevention of mother-to-child transmission from HIV-infected mothers, the number of children acquiring the infection through the perinatal route is expected to drop further in the future.

14. On the other hand, the routes of transmission in cases aged between 15 and 24 were similar to the routes in cases above 24 years old. From 1996 to 2005, most of these infections reported in the 15-24 age group were acquired through the sexual route (75%). Among these sexually transmitted cases, 71% were through the heterosexual route and 29% were through the homosexual/ bisexual route.

15. From 2000-2004, the age-specific rate of sexually acquired HIV infection in 15-19 years old male ranged from 0.00 to 0.44 per 100000 population (median: 0.44). For 20-24 years old male, the corresponding range was much higher and was 1.80 to 3.59 per 100000 population (median: 2.67) . For female, the corresponding ranges were 0.00 to 1.38 per 100000 population (median: 0.00) and 0.90 to 3.31 per 100000 population (median: 1.74) for 15-19 years old and 20-24 years old respectively. From 1996-2005, intravenous drug use constituted 5.8% of the cases in the age range 15-24 years old.³

D.1.2 Vulnerability of Youth to HIV Infection

Sexuality

16. The knowledge of youth on HIV/ sexually transmitted diseases (STDs) prevention is considered to be inadequate and this may lead to risk-taking behaviours and is detrimental to their health. This was revealed by the Hong Kong Family Planning Association (HKFPA)'s Youth Sexuality Study 2001, which surveyed in-school students from Form 1 to 7 and youths aged 18 to 27. About 25% of the respondents in Forms 3-7 and 15% of the respondents in the 18-27 age group could not identify the statement "*condom reduces chances of getting STDs*" as correct. Nearly 30% of boys and 20% of girls in Forms 3-7 could not respond correctly to the statement "*the more sex partners one has, the higher the risk of getting AIDS*".⁴

17. Besides, in the behavioural aspect, the above study found that about 10% of respondents in Forms 1-2 and 15% of respondents in Forms 3-7 had talked about sex on ICQ and similar percentages of these respondents had dated people met through ICQ. The corresponding figure for the 18-27 age group was around 20% for young men and 10% for young women. Dating and pre-marital sex have become increasingly prevalent among young people.

18. In a cross-sectional survey of sexual risk behaviours among Chinese undergraduate students done in 1997, it was revealed that consistent use of condoms was reported by only 43% of sexually active respondents, 0.6% of the male students had more than two sexual partners in the past three months, 7.0% of the male and 1.8% of the female students had sex with commercial sex workers, and 7.1% of the male and 6.4% of the female students reported ever having had STDs.⁵

Drug use

19. The problem of drug use exists in the youth community. Drug use is associated with increased risk for contracting HIV infection. First, drug use before sex is common among some youths and this is associated with unsafe sex. Secondly, many young drug users have multiple risk factors for HIV infection, e.g. engaging in commercial sex, multiple sex partners, etc. According to statistics from the Central Registry of Drug Abuse (CRDA), the number of reported drug users aged below 21 ranged from 1460 - 2852 (median: 2044) per year during the period 2000 – 2004. The corresponding percentage ranged from 12.1 – 18.3% (median: 13.8%) of the total reported number. There seemed to be a decreasing trend. However, among the female young drug users, the below 21 years old group constituted 24.5- 40.6% (median: 30.1%) of all the reported female drug users in the same period. The newly reported drug users aged below 21 years dropped from 2777 in 2000 to 1468 in 2004. Among the young users, the trend of heroin abuse decreased markedly from 21.5% in 2000 to 5.3% in 2004.⁶

20. Nevertheless, there is no room for complacency. What is more worrying is the gradual increasing trend in abuse of psychotropic substances from 82.1% in 2000 to 96.4% in 2004. When this is used before sex, this would lead to impaired judgment and hence more unsafe sex. In 2004, among all the psychotropic substances, ketamine (69.4%) was the most commonly abused agent, followed by ecstasy (37.4%) and cannabis (25.4%). The common reasons for current drug use were peer influence (59.7%), curiosity (42.1%) and seeking of euphoria or sensory satisfaction (33.5%). From 2000 to 2004, about 40-45% of the drug users initiated the habit when they were within the 16-20 year-old age group.

D.2 International Development and Recommendations

21. In the “Achieving an HIV-Free Generation: Recommendations for a New American HIV Strategy” published by the United States Presidential Advisory Council on HIV/AIDS in 2005, the following are recommended in the youth group:⁷

- ◆ Schools and parents must be challenged to tackle discussions of HIV prevention with youth;
- ◆ Young people should be educated about the importance of delaying sexual debut and reducing the number of life-time partners;
- ◆ HIV education should be a part of an overall program to reduce all risky behaviours; and
- ◆ More research is needed on adolescent brain functioning, specifically as it relates to addiction and risk taking behaviours.

22. The UNAIDS Inter-Agency Task Team on Young People recommended that the access to HIV/AIDS interventions for youth should be accelerated. Young people have a right to know about HIV and access to health services. They need information, skills and youth-friendly health services and a safe and supportive environment should be created for them. Interventions through schools, health services, communities, the media and policies should be orchestrated in enhancing HIV prevention among youth.⁸

23. UNAIDS advocates the need for the AIDS agenda for young people stated in the 2001 United Nations Declaration of Commitment on HIV/AIDS to be translated into concrete actions.¹ These include:

- ◆ Creating a supportive environment so that young people can obtain HIV and reproductive health information, education and services;
- ◆ Reaching those who influence young people;

- ◆ Placing young people at the centre of the response;
- ◆ Mobilizing the educational system to become a vehicle for a comprehensive prevention and care programme for school-age youth;
- ◆ Mainstreaming HIV prevention and AIDS care for young people into other sectors;
- ◆ Addressing gender inequalities by improving young girls' opportunities to obtain education and skills training, by protecting their rights, and by boosting their income-earning prospects; and
- ◆ Opening dialogue between adults and young people on sensitive issues, e.g. adolescent sexuality, sexual health education, sexual violence and abuse, gender roles and traditional practices.

24. Focus on HIV prevention among young people is recommended as one of the essential programmatic actions for HIV prevention. It is recommended that young people should be provided with a full complement of tools to prevent HIV transmission, including comprehensive, appropriate, evidence- and skills-based sexual education in schools. Also, youth friendly health services offering core interventions for the prevention, diagnosis and treatment of STDs and HIV is essential. Intervention to prevent transmissions through unsafe drug injecting practices; services targeted to other vulnerable groups at high risk; mass media interventions; and readily access to condoms are all important elements. Moreover, it is recommended that programming, planning and implementation and monitoring of HIV prevention activities should include the meaningful involvement of youth.⁹

D.3 Current Responses in HIV Prevention among Youth and Adolescence

D.3.1 Knowledge and Access to Information

25. Information and knowledge on HIV is provided to youth through various channels in the community. The Red Ribbon Centre (RRC) of DH has produced a lot of posters, leaflets, souvenirs and media publicity programmes to spread the messages on HIV/AIDS to young people. Various hotlines are available. In recent years, more innovative means such as electronic resources targeting youth are provided, e.g. the internet version of the AIDS hotline (www.27802211.com) and the Dr Sex on-line (www.DSonline.com.hk). Other educational programmes include RRC's 100-minute guided tour on HIV. "Networking Voice" is a regular Chinese publication of RRC, targeting youth and youth workers, schools teachers and social workers.

D.3.2 Sex Education

26. As the majority of young HIV-infected persons acquired through the sexual route, HIV prevention cannot be separated from sex education in youth. Over the years, various sex education initiatives targeting young people helped to equip them with adequate knowledge related to sex. RRC and Hong Kong Sex Education Association have established the Dr Sex Hotline to provide information on physiological, psychological and behavioural problems on sex, myths about sex and STDs. Under a collaborative project with the 'Education TV' Division of Radio Television Hong Kong, a new sex education website (www.SexEdOnline.tv) was launched to promote sex education among young people, parents and teachers in 2003.

D.3.3 School Activities

27. In schools, HIV prevention is always integrated into the sex education programme. Moral and Civic Education Unit of the Education and Manpower Bureau (EMB) has set up a website to provide teaching resources on sex-related issues for teachers as reference.¹⁰ Hong Kong Young Women's Christian Association runs a school social work programme. Sex education activities and counselling are often provided through school social workers, who station at primary and secondary schools to assist students in prevention and management of different problems.

28. HKFPA's school sexuality education programs equip children and adolescents with proper sexual health information, foster a positive view of sexuality, and cultivate the necessary skills to exercise responsibility in sexual relationships. Every year, HKFPA partners with schools in delivering talks and organize workshops. Its mobile library also supports the programs by bringing resources materials to schools. The Association also offers basic train the-trainer programs for parents, pre-primary, primary and secondary school teachers, social workers and other professionals in order to equip them with the necessary knowledge, attitude and skills to deliver sex education.

D.3.4 Community Organisations/ NGOs

29. A wide range of services and programmes on sex education and HIV prevention are offered in the community. They are mainly classified as AIDS-specific prevention programmes and general sex education activities, both inside and outside schools and targeting youth in general and also at-risk youths.

30. AIDS-specific and mainstream NGOs can apply funding from the AIDS Trust Fund (ATF) to support their initiatives. The Publicity and Public Education Sub-committee

of the ATF grants funds to community organizations to organize HIV prevention programmes. In the round in 2005, about \$HK 9 million were granted to NGOs for organising youth HIV prevention programmes, which constituted 32% of the total grant in 2005. Besides, RRC of DH operates the “Red Ribbon in Action” AIDS Education Funding Scheme (formerly Youth Action on AIDS Funding Scheme) to provide financial and technical support to local community groups, including youth groups, to organize and implement innovative AIDS education activities and sex and drugs related programmes.

31. The following are some examples of efforts made by NGOs in offering various HIV prevention programmes to youth outside the school settings in recent years:

- ◆ AIDS Concern: outreaches to access points where youths with high-risk behaviours congregate, e.g. parks, Lok Ma Chau bus station, discos, street side locations, etc., to counsel youth about sexual health; holds workshops for institutionalized and vulnerable youths; runs a peer educator programme; creates partnership with and builds capacity of youth service providers;
- ◆ Caritas: outreach teams targeting youth-at-risk for AIDS prevention and sex education; talks in schools by peer counsellors;
- ◆ Christian Family Service Centre: resource kits for school teachers and youth workers to disseminate the messages of AIDS prevention;
- ◆ Hong Kong AIDS Foundation: talks and workshops for primary and secondary school students; AIDS education programme for students in tertiary institutions; the “beautiful body, beautiful mind” sex education project to deliver the message on safer sex for at-risk youth;
- ◆ Hong Kong Council of Early Childhood Education & Services: HIV/AIDS prevention education for primary students when they are growing into the youth stage;
- ◆ Hong Kong Red Cross: HIV/AIDS peer educator training programme for youth members and HIV/AIDS awareness education programme in its Uniform Youth Programme;
- ◆ Kely Support Group: young volunteers regularly attend rave and dance parties to inform young people of the consequences of using alcohol, recreational drugs and provide information on safer sex;
- ◆ TeenAIDS: drama and programmes to spread the messages on HIV prevention;
- ◆ The Boy's and Girl's Clubs Association of Hong Kong: sex education team integrating the safer sex issue into sex education curriculum;
- ◆ The HIV Education Centre of St. John's Cathedral: provides sex and HIV/AIDS programmes for schools/churches to increase their awareness and understanding of HIV/AIDS.

D.3.5 Services in Clinic Settings

32. Social Hygiene Service (SHS) of DH offer free medical services to those suspected to have acquired STDs, also HIV test is provided free of charge in SHS. Like adults, youth can have HIV test in the voluntary counselling and testing service of DH. The Youth Health Care Centre of HKFPA offers integrated counselling and medical services to unmarried people under the age of 26 on matters related to sexual and reproductive health. Also, the Adolescent Medical Centres of Hospital Authority (HA) also provide related services to youth.

D.4 Barriers and Service Gaps for Effective HIV Prevention in Youth in HK

33. In the previous report of the strategy series “HIV Prevention and Care in Youth - Principles of Strategy” published by the AIDS Prevention and Care Committee of ACA in December 2000, recommendations under the following nine areas were proposed:¹¹

- ◆ Publicity, Education and Prevention;
- ◆ Intervention Agents and Channels of HIV Prevention in Youth;
- ◆ Developing Teaching and Information Package on HIV Prevention in Youth;
- ◆ AIDS Training Activities for Youth Workers and Teachers;
- ◆ Family and HIV Prevention in Youth;
- ◆ Drug and Alcohol Education;
- ◆ Community Involvement and Collaboration;
- ◆ Youth Participation; and
- ◆ Comprehensive Sex Education for Youth

34. The Working Group has reviewed and discussed the previous recommended strategies on youth and evaluated the progress of these recommendations. In general, it was found that the strategies proposed in the previous report were a bit general and not specific enough. Most of the principles laid down still hold true nowadays. Nonetheless, because no concrete targets had been set, coupled with the lack of monitoring and evaluation mechanisms, many recommended strategies did not have marked progress in the past few years. Also, the high risk youths were not given due attention. The deficient areas and unmet needs are discussed below, basing on the recommendations put forth in the previous report:

D.4.1 Publicity, Education and Prevention

35. Just like what was mentioned in the previous report, the existing general publicity on HIV/AIDS is for the whole community at large. Currently, the publicity on

HIV/AIDS was not specifically targeted at youth. There were very limited specific components addressing the information need of youth. Also, the direction and objectives of publicity programmes were not focussed. The effectiveness of publicity programmes has not been evaluated in any systematic manner. Besides, youth-related baseline behavioural data to evaluate the publicity programmes are lacking, e.g. general knowledge on HIV/AIDS among youth, condom use among youth, etc.

36. Despite so many years of publicity, most youths are still ignorant on HIV/AIDS to a certain extent. This generation of youth had not come across the early stage of publicity when AIDS was portrayed as a serious and fatal disease. Nowadays, many young people think that HIV/AIDS are very distant from them. They are unaware of HIV/AIDS or perceive themselves to have negligible risk of infection. Consequently, the incentive to take precaution is low.

37. Besides, it is disappointing to note that education and publicity on safer sex and promotion of condom use among youth are not adequate to provide basic knowledge to them. When they grow up, progressively larger proportion of youth will become sexually active and be at risk of contracting STDs and HIV infection if they engage in unsafe sex. It is prudent that youth should have adequate exposure to knowledge on safer sex.

D.4.2 Intervention Agents and Channels of HIV Prevention in Youth

38. The channels for HIV prevention are not used in a co-ordinated manner. Some new and innovative channels, which are attractive to youth, were not employed to spread the HIV message among youth. Moreover, traditional channels like schools are not utilised in HIV prevention. Schools are important intermediaries in achieving effective HIV prevention. Nonetheless, it is a pity to observe that many schools do not see the importance and urgency of HIV education and sex education. As HIV prevalence is low among youth, many schools and teachers have never encountered a single HIV-infected student. Among various issues schools and students need to face, schools often put sex education and especially HIV education in a very low priority in their agenda. It has not been put in the right context in schools.

39. Nowadays, it is unrealistic to expect HIV-infected persons to come out to share their stories, as proposed in the previous report.

D.4.3 Developing Teaching and Information Package on HIV Prevention in Youth

40. Information package on HIV prevention for youth is lacking. Although some

teaching materials and information packages on sex education are available, there are very few opportunities for schools to use such teaching kits because sex education occupies only a tiny part of the school curriculum. The further development of more resource kits without expanding the venues and settings of using such kits will be of little worth and will undermine the effort in producing the kits.

D.4.4 AIDS Training Activities for Youth Workers and Teachers

41. Training on HIV/AIDS for youth workers and teachers is still insufficient. Many youth workers and teachers do not see training on this area as a priority for them, especially in the past few years when there have been rigorous reforms in the teaching profession. Some teachers avoid the issues on this aspect as they feel incompetent to face the conflicts in sex education and law, e.g. sex issue for students under the age of 16 years. Also, some schools do not create a supportive environment for teachers to teach on certain aspects of HIV prevention, such as safer sex and condom use because of their religious background and the worry of being complained by parents. As such, teachers generally have low incentive to pursue further training in HIV/AIDS and sex education because of little prospect in enhancing their career development.

D.4.5 Family and HIV Prevention in Youth

42. The topic of HIV/AIDS is rarely talked about openly in families. The effectiveness of encouraging parents to participate in sex education without further support to them is considered to be low. A more enabling environment is needed before any progress in this area can be seen. At the present moment, training to equip parents with adequate knowledge and skills in communicating sex and HIV/AIDS to their children is very deficient.

D.4.6 Drug and Alcohol Education

43. There is widespread myth that abusing drugs and alcohol is equivalent to sexual promiscuity. This myth is an obstacle in HIV prevention as it might promote unsafe sex among youths who abuse recreational drugs or have alcoholic problems. All along, the education to discourage young people to abuse drugs and alcohol focuses narrowly on the persuasion of young people to stop the habits, but ignores to emphasize the harms and adverse consequences of drug and alcohol abuse. Many youths underestimate the negative consequences of abusing drugs and over-estimate their ability to stay addiction-free. Thus, just persuading them not to abuse but not telling them clearly the harmful effects will not change their behaviour much.

D.4.7 Community Involvement and Collaboration

44. Much effort in HIV/AIDS education for youth is still concentrated in a few at-risk youth groups. The education for general youth is not enough. In the past, many resources on HIV education were diverted to few groups of high-risk youth. Besides, there is not much collaboration between different organisations and community groups in HIV prevention in different youths. There is no existing formal mechanism to coordinate the various HIV prevention efforts for youth in the community. As a result, the various settings and channels were not used in efficient ways. The roles and contributions of health services, e.g. Student Health Service, Maternal and Child Health Centres (MCHC) and Woman Health Centres of DH, were ignored.

D.4.8 Youth Participation

45. The sensitivity of youth on HIV/AIDS is low, and thus very few youths are mobilised to take part in HIV education and sex education. This might be related to the lack of publicity of HIV/AIDS among youth. Many young people hold the idea that HIV is a problem of adults and does not concern them. Moreover, sex is still a taboo in the HK society; therefore, it is not surprised to see the low participation of youth. They also lack ample opportunities to participate and the settings where young people gather for leisure and volunteer work are not employed to facilitate their active participation, e.g. uniformed groups, schools. Training to build up their capacity in peer education is not easily accessible.

D.4.9 Comprehensive Sex Education for Youth

46. Generally, the level of knowledge on sex and HIV among youth is fair and with great variation. The awareness of HIV prevention is low. Appropriate and proper channels for youth to learn about HIV and sex are inadequate. This might make the curious young people seek sex knowledge from inappropriate channels. The guideline on sex education in schools issued by EMB is only for the reference of schools and is not strictly enforced. Many schools are not very keen to provide sex education, making the scope and effect of sex education for youth very limited at the present moment. For those which support and organise sex education, the topics touched upon are usually piecemeal and are not comprehensive. Safer sex is a sensitive issue for young people and is rarely talk about in schools. The communication between parents, teachers and school social workers on sex education is insufficient. Also, there is lack of co-ordination between schools and the Government on the policy on sex education.

D.5 Proposed Strategies and Recommendations on HIV Prevention among Youth

47. Based on the HIV situation, health needs and existing programmes, the Working Group drew up the following strategies and recommendations on HIV prevention in youth.

D.5.1 Goal

48. The goal is to maintain low prevalence of HIV infection among youth in Hong Kong in the coming five years.

D.5.2 Objectives

49. The objectives of the HIV prevention strategies are:
- I. to increase the awareness of HIV/AIDS among youth with a comprehensive coverage;
 - II. to decrease at-risk behaviours among youth in order to reduce their vulnerability; and
 - III. to increase access to preventive services by hard-to-reach youth groups.

D.5.3 Guiding Principles

50. The proposed recommendations and all arising programmes should take reference from the following principles of HIV prevention in youth:

- I. Sex education is an essential component of HIV prevention programme in youth. Effective HIV prevention has to be based on comprehensive sex education starting at an early age.
- II. The coverage of prevention programmes should be comprehensive and the accessibility should be great and ready in order to address the needs of different segments of youth.
- III. A supportive and enabling environment for HIV prevention and sex education in youth is of utmost importance.
- IV. Funding support should be maintained and adequate resources should be allocated to enable the sustainability of existing effective services for youth.

D.5.4 Proposed Strategies

Table 2. Summary of the eleven proposed strategies:

Strategies/ recommendations	Targets to be accomplished
General Prevention	
I. Policy support: to enhance communication between different government departments and stakeholders on issues related to sex education and HIV education in youth.	<ul style="list-style-type: none"> ◆ Regular meetings between relevant parties to be held from 2007-2011; ◆ Consensus on improving sex education for youth and in schools to be reached; ◆ A working group on youth needs to be convened under ACA to monitor the progress.
II. Infra-structure and community participation: to provide a supportive and enabling environment for sex education in different settings, e.g. schools, community, healthcare sector, etc.	<ul style="list-style-type: none"> ◆ Sex education should be actively promoted and conducted in every school; ◆ More resources and support should be given to schools and parents in support of organising sex education; ◆ Education on HIV/AIDS should be integrated into sex education curriculum of general studies.
III. Training: to increase training on HIV/AIDS and sex education to frontline youth workers and professionals, e.g. teachers , social workers, etc.	<ul style="list-style-type: none"> ◆ Students under training to become teachers and social workers should receive about 14 hours of training on sex education (including HIV/AIDS) in their undergraduate curricula; ◆ More structured and intensive training should be provided to school teachers and social workers directly responsible for sex education.
IV. Financial resources: amount of funding for sex education and HIV prevention programmes on youth should be adequate.	<ul style="list-style-type: none"> ◆ Financial support from ATF should be maintained; ◆ Support from other funding schemes need to be increased.
V. Media/ Publicity: to improve publicity targeting youth so as to enhance coverage of HIV messages, including awareness, acceptance and safer sex.	<ul style="list-style-type: none"> ◆ Innovative and youth-friendly means should be employed to convey HIV prevention messages to youth; ◆ A component targeting youth in World AIDS Day activities and other territory wide campaigns should be contemplated.
Targeted Prevention	
VI. To put extra resources	<ul style="list-style-type: none"> ◆ Adequate coverage of prevention programmes in

<p>into youth groups considered to be more vulnerable to HIV infection.</p>	<p>these 5 groups should be maintained: cross-border youth, drug users, youths working in entertainment and sex industries, out-of-school youth/young night drifters, and young MSM;</p> <ul style="list-style-type: none"> ◆ Resources for prevention among these groups should be increased.
<p>VII. Research on high-risk youths should be increased in order to understand their risk and behavioural pattern more thoroughly.</p>	<ul style="list-style-type: none"> ◆ Databases with baseline information on 4 indicators among different high-risk youths should be established: condom use, age for sexual debut, number of sex partners and prevalence of STDs; ◆ Collaborations between universities and community organisations should be encouraged.
<p>VIII. Sexual and reproductive health services provided to youth should become more user-friendly for youth and play a more active role in HIV prevention.</p>	<ul style="list-style-type: none"> ◆ Collaboration between different services providers, e.g. general practitioners, HA, SHS, should be enhanced to improve access and decrease cost; ◆ Resources to NGOs to expand the scope of existing services need to be increased; ◆ Trainings to clinic staff on legal issues and to make them become more youth-sensitive should be arranged.
<p>IX. Scale of outreach services for at-risk youths/ hard-to-reach youths should be maintained.</p>	<ul style="list-style-type: none"> ◆ Resources for outreach services need to be increased; ◆ Collaborations and partnership between outreach teams should be enhanced.
<p>X. Condom access by youth should be improved to promote consistent use.</p>	<ul style="list-style-type: none"> ◆ Free condoms should be distributed to at-risk youths through outreach teams; ◆ Message on safer sex should be emphasised in condom distribution programmes; ◆ Behavioural surveillance activities can be incorporated into condom distribution activities.
<p>XI. Training and capacity building targeting at workers providing HIV prevention programmes for at-risk youths should be formalised.</p>	<ul style="list-style-type: none"> ◆ Comprehensive training on HIV/AIDS, sex education and contraception should be provided to all workers for at-risk youths, especially outreach teams; ◆ Human resources capacity on research and programme monitoring and evaluation among workers should be built up.

Strategies on General Prevention

I. Policy support and intervention

51. It was suggested that the communication between different government departments and stakeholders on issues related to sex education and HIV prevention in youth should be enhanced, e.g. EMB, Health, Welfare and Food Bureau, DH, Social Welfare Department (SWD), ACA, Council for the ATF, Youth Commission, etc. Policy support should be given from high level managements to encourage schools and teachers to participate in sex education in schools actively. Commitment and involvement of policy decision-makers is crucial to the success and sustainability of HIV prevention and sex education programmes. Youth will become adults in the future. In order to make the whole society more aware of HIV/AIDS in the future, more resources should be devoted by the Government on HIV/AIDS education for the next generation nowadays.

52. The following are targets expected to be achieved in the area on policy in the coming five years:

- ◆ Regular meetings to be held between policy-making bodies and stakeholders, including relevant government departments and advisory bodies etc., from 2007 to 2011;
- ◆ Consensus on ways to improve HIV and sex education in schools and among youth needs to be reached; and
- ◆ In order to monitor the progress of the recommendations of this report, it is appropriate to have a working group on youth be convened under the auspices of ACA.

II. Infra-structure and community participation for HIV prevention in youth

53. It is important to encourage multi-sectoral involvement and to provide a supportive environment for HIV and sex education in different settings. Effective HIV prevention depends on concerted efforts from different parties.

School

54. Schools continue to serve as important avenues to reach the majority of youth in the community. The role of schools in providing sex education and HIV prevention activities should be strengthened further. The amount of sex education in school should be increased gradually. A more comprehensive sex education curriculum should be developed

in order to arouse the interest of youth workers and teachers in conducting sex education in schools. The support from different parties is indispensable, including the Government, school management, teachers and parents. EMB is in the best position to take the lead in helping schools to integrate sex education into the normal curriculum. More resources should be allocated to schools for sex education.

55. In the long term, a structured sex education programme with the element on HIV/AIDS should be part of a mandatory component of general studies in schools. Parents should be encouraged to participate in sex education of their children. The liaison between schools and parents can be strengthened. Besides, schools can also play a role to build up the capacity of parents in handling issues on sex education at homes, e.g. through talks, seminars, and resources bodies like parent-teacher associations etc.

Community

56. Noting that community participation is essential for HIV prevention among youth to be successful, apart from schools, various community organisations and groups, such as community centres and family services centres in different districts are encouraged to provide resources on HIV prevention and sex education. For instance, the Integrated Family Service Centres run by SWD and NGOs can be utilized to offer support to parents and families. These will serve as channels for information dissemination and for families and young people to seek support. Those with special needs can also be referred to relevant organisations for further help or follow-up.

57. All along, HIV prevention efforts are contributed by a few AIDS-NGOs. In order to reach more youth, mainstream NGOs should be engaged to organise more activities on sex education and HIV prevention or to integrate a component of HIV prevention into their existing programmes or services, e.g. some uniform groups.

Healthcare sector

58. Health services like Student Health Centres, MCHC and Woman Health Centres of DH, Adolescence Medical Centres of HA, etc., are encouraged to play a more active role in HIV prevention and sex education for youth and their parents.

59. The following are targets expected to be achieved in the area on infra-structure and environment in the coming five years:

- ◆ Sex education should be actively promoted and conducted in every school;
- ◆ More resources and support should be given to school and parents in support of

- organisation of sex education; and
- ◆ Education on HIV/AIDS should be integrated into the sex education curriculum of general studies.

III. Training for teachers and social workers

60. Training on HIV/AIDS and sex education to frontline youth workers and professionals, e.g. teachers, social workers, etc., should be increased. This serves to arouse their awareness on sex education and to provide them with a foundation of basic knowledge and skills in this aspect. This can be provided by organisations already providing related trainings, e.g. HKFPA, or by other organisations with a capacity to offer training. Students under training to become teachers or social workers should also be targeted for an introductory course on sex education. Also, young people can be trained to become peer educators among their peers. The role of NGOs in training young people in sex education and HIV prevention can also be enhanced.

61. The following are targets expected to be achieved in the area on training in the coming five years:

- ◆ Students under training to become teachers and social workers should receive a minimum of about 14 hours of training on sex education (including HIV/AIDS) in their undergraduate curricula; and
- ◆ More intensive and systematic training should be provided to teachers and social workers directly responsible for sex education in schools.

IV. Financial resources

62. The amount of funding devoted to sex education and HIV prevention programme targeting youth should be adequate to maintain the efforts. In order to expand the scope of financial support and to encourage organisations to apply for the funds, the Government and various funding bodies should proactively publicise their financial support schemes and funds available, so as to encourage more NGOs and schools to organise HIV prevention activities. Some mainstream NGOs have encountered difficulty in obtaining financial support for HIV prevention programmes because other funding bodies might assume that ATF are able to fund all projects in the area of HIV/AIDS. As such, the Council for the ATF are recommended to communicate with other funding bodies on its scope and areas to be funded.

63. The following targets are expected to be achieved in the area on funding support in the coming five years:

- ◆ Financial support from ATF should be maintained; and
- ◆ Support from other funding schemes need to be increased.

V. Media/ Publicity

64. There are rooms for improvement in publicity related to HIV prevention in youth. The coverage of HIV messages targeting youth, including awareness, acceptance and safer sex needs to be increased. Settings outside schools should be utilised more to improve the coverage, e.g. youth magazines, internet websites, promotion activities by youth idols and celebrities, etc. Periodic campaigns on HIV/AIDS targeted at youth to arouse their awareness on HIV/AIDS are useful, especially on the issue of safer sex in HIV prevention. The use of social marketing to promote the acceptance and use of condom as a practice of safer sex should be encouraged. NGOs can also organise publicity events and programmes in different settings, such as universities.

65. The following are targets expected to be achieved in the area on publicity in the coming five years:

- ◆ Novel and innovative means should be employed to convey HIV prevention messages to youth, addressing the unique preference of the group; and
- ◆ The inclusion of a component targeting youth in World AIDS Day activities and other territory wide campaigns is encouraged.

Strategies on Targeted Prevention

VI. Prevention efforts targeting vulnerable groups

66. Youth groups considered to be more vulnerable to HIV infection are rapidly evolving and preventive measures meeting the changing needs have to be initiated. In view of their vulnerability, the following groups should be allocated extra resources:

- ◆ **Cross-border youth:** This group is highly mobile. The degree is increasing because of cheaper services in China. The number of sex partners is relatively larger and engagement in causal/commercial sex is more frequent. They generally have little incentive in accepting HIV test. They need to be more aware of safer sex and have access to good quality condoms in mainland China.
- ◆ **Drug users:** Their sex networks are complicated. They also have high mobility and are generally unaware of the harm of drug use.
- ◆ **Youth working in entertainment and sex industries:** Gender inequality among this group is common. They are hard-to-reach, marginalised and are vulnerable to

HIV because they have little bargaining power on safer sex and frequently work under the influence of drugs and alcohol. They need to know how to protect themselves in their job.

- ◆ **Out-of-school youth and night youth:** They need more knowledge on safer sex. They are underserved and services provided to them are insufficient. Their risk of HIV infection is high but their awareness is relatively low.
- ◆ **Young MSM:** They are being stigmatised in the society and facing complex issues related to sexuality.

67. The following are targets expected to be achieved in the area on vulnerable groups in the coming five years:

- ◆ Adequate coverage of prevention activities in these groups should be maintained; and
- ◆ Resources for prevention among these groups should be increased.

VII. Research on high-risk youths

68. Research activities on high-risk youths should be increased in order to gain better understandings on them, especially their behavioural patterns, interwoven risk factors and peer influence. The at-risk youths are definitely not a homogenous group. There are different segments within them. The information on the behavioural patterns of different high-risk youths is particularly useful in planning targeted prevention activities and programmes. More resources need to be devoted to researches on these groups. Statistics and data collected in routine services can be used in some research activities. Besides, a database of information on these groups should be established. The collaborations between NGOs and also with universities and academics should be encouraged.

69. The following are targets expected to be achieved in the area on research on high-risk youth in the coming five years:

- ◆ Information databases with baseline data on four indicators among different high-risk youths should be established: condom use, age for sexual debut, number of sex partners and prevalence of STDs; and
- ◆ Collaboration between universities and community organisations should be promoted.

VIII. Sexual health services

70. Sexual and reproductive health services serve as a unique opportunity to reach some at-risk youths, e.g. social hygiene clinics, youth health care centres of HKFPA, etc. In order to encourage young people with needs to seek help from these services actively, sex health services provided to youth should be improved to become more user-friendly, youth-sensitive and more accessible to youth. Cost might exclude a proportion of young people who need the services but are unable to afford the fees, especially adolescents. Affordable services should be provided and be available to all youths in need. Means to overcome the problem of high fees should be explored further.

71. The following are targets expected to be achieved in the area on sexual health services in the coming five years:

- ◆ Collaboration between different services providers should be enhanced, e.g. general practitioners, Paediatric and Adolescence Departments in public hospitals under HA, SHS of DH, to improve access and decrease cost;
- ◆ Resources given to some NGOs to expand the scope of existing sexual health services can be increased; and
- ◆ Training to clinic staff on legal issues and to facilitate them to become more youth-sensitive should be organised.

IX. Outreach services

72. Outreach teams serve as essential and valuable means to reach and to deliver prevention messages to some marginalised and hard-to-reach youth groups. These youths are always those with the greatest risk of HIV infection. Adequate resources should be devoted to maintain the scale of works of outreach teams. Mainstream NGOs should be encouraged to collaborate and form partnership with AIDS-specific NGOs to work in HIV prevention, especially NGOs whose clients fall into one of the vulnerable groups. HIV prevention and message on safer sex should be added to the existing outreach programmes.

73. The following are targets expected to be achieved in the area on sexual health services in the coming five years:

- ◆ Funding and human resources for outreach teams should be increased in order to strengthen the effort; and
- ◆ Collaborations between different outreach services should be promoted and enhanced.

X. Condom access by youth

74. As sexual transmission is the most common route of HIV transmission in HK, addressing the prevention on this aspect requires a more widespread promotion of safer sex and use of condoms, particularly among youths who are sexually active or going to become sexually active. Moreover, condom access by youth should be improved.

75. The following are targets expected to be achieved in the area on condom access in the coming five years:

- ◆ More free condoms should be distributed to at-risk youths, outreach teams are appropriate channels through which this can be done;
- ◆ Message on safer sex need to be emphasised during condom distribution; and
- ◆ Behavioural surveillance activities and promotion of testing can be incorporated into condom distribution activities.

XI. Training and capacity building for workers targeting at-risk youths

76. Training on HIV prevention and sex education for workers providing services for at-risk youths should be enhanced and formalised. More training resources should be provided to NGOs providing services to at-risk youths for equipping their staff on HIV/AIDS knowledge. It is important to build up their capacity in HIV prevention in their daily work. For instance, Social Work Training Fund from the SWD can support training on these areas. Organisations with experience and capacity to organise trainings, e.g. Hong Kong Council of Social Service, can take the lead.

77. The following are targets expected to be achieved in the area on training for workers of at-risk youths in the coming five years:

- ◆ Comprehensive and intensive training on HIV/AIDS, sex education, contraception should be provided to workers, especially outreach workers. Also, they need regular update of their knowledge on HIV/AIDS.
- ◆ Human resources capacity on programme monitoring and evaluation and research among workers should be built up.

D.6 Limitations

78. Due to the constrain in time and resources, the assessment process was restricted to the consultative approach with input from young people and youth workers on HIV prevention and sex education from various community sectors. More extensive assessment such as survey or focus group was not conducted. As the coverage of the members is not totally comprehensive, the lack of representation from some community organisations might bias the findings in this assessment.

E. Concluding Remarks

79. The situation of HIV infection in young people is not found to be serious. Nevertheless, young people are the future of our society and measures targeting them at the present moment will benefit the whole society when they turn into adults in the near future. To invest resources to equip young people with the knowledge and skills in HIV prevention is worthwhile.

80. Youth is a dynamic and evolving group of people. Compared with the situation several years ago, their needs have been changed. In view of the more frequent cross-border activities among the youth and the more widespread use of internet among young people, HIV prevention efforts should address the new situations which pose young people at risk. High-risk groups obviously deserve extra attention in HIV prevention. Compared with the previous strategy, some concrete targets have been set in this assessment. In the coming five years, organisations are encouraged to build in an element on the monitoring and evaluation when designing and implementing programmes for youth.

Working Group on Youth
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