

HIV PREVENTION IN HONG KONG
STRATEGY SERIES

**HIV Prevention and Care in Youth
- Principles of Strategy -**

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***AIDS PREVENTION AND CARE COMMITTEE
HONG KONG ADVISORY COUNCIL ON AIDS***

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STRATEGY SERIES

About this series:

This paper is one among the STRATEGY Series developed by AIDS Prevention and Care Committee (APCC) since 1999. The series presents the current understanding on the HIV and related issues in the described priority areas specific to the local settings, together with the consensual recommended directions for future activities. A societal perspective is undertaken and a pragmatic approach adopted. Target users of this series would include policy-makers, administrators, educators, planners and implementers, and anyone in the public who is interested.

Purposes of the STRATEGY SERIES:

*To stimulate interest in the community;
To catalyze the development of targeted prevention efforts; and
To set up forum for refining future strategies*

Updates:

HIV prevention is a dynamic area and the community's input is vital. The situations and recommendations made in these papers are specific to the time when they are developed, albeit imperfect and not without controversies. The Committee is prepared to review them whenever appropriate. Those who are interested are encouraged to send in their views and recommendations, preferably with supporting documents and reference materials.

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Address:

5/F, Yaumatei Jockey Club Clinic
145 Battery Street, Yaumatei,
Kowloon, Hong Kong
Tel: (852) 2304 6100
Fax: (852) 2337 0897
Email: aca@health.gcn.gov.hk
Website: <http://www.info.gov.hk/aids>

HIV Prevention and Care in Youth - Principles of Strategy -

Background

1. The mid-1996 estimates of the population aged between 15-24 in Hong Kong were 869,511 (around 14% of the total population). Youths are examined on the rationale that while entering the sexually active age, their prevalence and pattern of sexual behaviors may have an indication on the future trend of HIV/STDs infection in Hong Kong.

2. As reflected from a number of recent youth sexuality studies in Hong Kong, the sexual ideology, attitude and practices of the young people nowadays are much more open, liberal and permissive than in the past. More and more young people have premarital sex. Multiple sex partners and unprotected sexual intercourse are more common (香港家庭計劃指導會, 1986、1994、1996; 香港小童群益會, 1996; 香港突破資訊及研究組, 1994). Much worse, their awareness of safe sex practice such as condom use is still far from satisfactory and their perceived vulnerability to HIV infection is low and unrealistic.

3. In every country in the world, youths are at substantial risk of contracting HIV and other STDs. Youth is also identified by the External Consultants Team in a recent review on HIV programs of Hong Kong as one of the priority groups for focused prevention (The External Review Team for the Advisory Council on AIDS, 1998). These targeted efforts will have the greatest impact in a low HIV prevalence area like Hong Kong.

4. In this paper, we examine the HIV situation in youth population, explore the vulnerability of youth to HIV infection, review the prevailing HIV prevention in youth, and propose an HIV prevention & care strategy for youth in Hong Kong.

HIV/AIDS Situation and Youth

5. On a global basis, the HIV epidemic is infecting a progressively

younger population. Almost half of new infections with HIV are now occurring in young people in the 10-24 age group. Every day, 7,000 young people worldwide acquire the virus. This translates into five young people every minute or 2.6 million infections each year (UNAIDS & WHO, 1998). Among young people, unprotected sexual intercourse is a much more common route of HIV infection than injection drug use.

6. For the local situation, the total number of reported HIV infections has reached 1,359 by the end of December 1999 (Department of Health, 1999). Eighty-two percent of all have acquired the infection through sexual contact, with two-third of them through heterosexual transmission. Heterosexual transmission becomes the major route of HIV transmission in Hong Kong.

7. The majority of HIV infected persons in Hong Kong are men between 30 to 39 years old and women aged 20 to 29. The HIV prevalence in the young people is probably much lower than 1 in 1000 as in adult population. At the end of December 1999, there are fifty-three HIV infected persons aged less than 20 at the time of reporting. Thirty-three are haemophiliac patients infected via infusion of contaminated blood or blood products before 1985 when the blood screening and effective inactivation of virus for blood products are still not introduced. Ten of them are perinatal cases. Ten acquired the infection through sexual contact (6 heterosexual, 3 homosexual and 1 bisexual contact). None of them has acquired the infection through needle sharing.

8. From the epidemiological data, young people in Hong Kong have been apparently regarded as a low risk population. This is in spite of the prevalence of high sexual risk taking behaviors among the young people in Hong Kong, such as permissive sexual attitude, higher incidence of premarital sex, multiple sex partners and unprotected sexual intercourse. Besides, drug use (such as injecting heroin or abusing amphetamines) is another potential risk factor for HIV infection in the adolescent population.

Vulnerability of Youth to HIV infection

9. High-risk sexual behaviors are common and this enhances the vulnerability of youth to HIV infection. There is a prominent trend that the young

people are getting sexually active at an earlier age. Around 7% of in-school youths in 1996 have experienced sexual intercourse as compared with 2.5% in 1981. For the out-of-school youths (aged 18-27), a higher rate of 31% in 1996 as compared with 23% in 1981 has been observed (香港家庭計劃指導會, 1986, 1994, 1996). Survey among youth-at-risk has found a higher rate of 40% in 1996 (Ho & Pun, 1997).

10. Multiple sexual partners are much more common among the youth in Hong Kong as compared with the past. In 1991 around 35% of those out-of-school youth who had premarital sex before had two or more sexual partners. Another local sexuality survey on youth-at-risk in 1996 had revealed that 40% of those who had premarital sex before had more than one sexual partner in the last year.

11. Unprotected vaginal sex is the common sexual practice among those youths that have sexual experience before. For the youth-at-risk, only 41% of them used condoms in the last sexual intercourse. Most of them had alluded to social and psychological barriers in using condoms.

12. Much more worrying is the observation that more youths have engaged in commercial sex than before. As reflected from the out-of-school youth sexuality survey, the percentage of males who had ever visited prostitutes had increased from 11.7% in 1991 to 13.9% in 1996. Another study on youth-at-risk had revealed that 19.9% of the male respondents had paid for sex.

13. The incidence of STD is a useful surrogate marker of high-risk behavior. In the past five years, 2.9% – 3.6% of all reported cases in the government social hygiene clinic was at or below the age of 19. The top five major STDs include syphilis, gonorrhoea herpes genitalia, genital wart and NSGI/NGU.

14. Drug use is another potential risk factor for HIV infection in the adolescent population. There have also been a significant number of adolescent drug addicts, as indicated in the Government Central Registry of Drug abuse. Of the 3,367 new cases registered in 1998, 42.2% was under the age of 21. The types of drugs abused for 1,183 were reported. Of these, 39% abused heroin. Among all the newly reported cases, one fifth (19.4%)

was injecting drug users (Narcotics Division, Government Secretariat, 1999). Among the patients first attending methadone clinics, there is an increasing trend of newly registered cases aged 19 or below . In 1990, only 6.6% were aged 19 or below whereas in 1997, the figure rose to 32.5%. Besides, drug or alcohol uses before sex is more common among the young people nowadays. This will impair their alertness and will alter their judgement of practising safe sex.

15. The vulnerability of youth to HIV infection can be further elaborated by a number of psychosocial phenomena. Youth is falling into a human developmental stage of “storm and stress”. They are searching for independence and self-identity. During these days, they are described to be rebellious, adventurous, sensation seeking, less health conscious etc. All these personality traits make them have an unrealistic assessment of the risk of HIV infection. In general, at this stage of their lives, they have a very low perceived vulnerability of and vigilance to HIV infection. Besides, young people are subject to peers’ influence easily. Their sexual practices are influenced deeply by their significant others such as their peers group. The presence of unsupportive peers’ environment towards safe sex practice such as condom use has been observed among the youth in Hong Kong. On the other hand, young people are also easily influenced by the mass media. Some of the media have presented distorted and exaggerated information on sex and even pornographic materials that may impair the sexual values of young people. All these undesirable psychosocial influences have endangered the youth to HIV infection.

HIV Prevention in Youth

16. There is a great debate about how much young people should know about sex, if and when they should be sexually active, and whether condoms and other contraceptives should be available to them. But, whatever the debates, the facts remain: young people are increasingly at risk. There is an urgent need to enable young people to protect themselves against HIV and other STDs.

17. For the school youth, sex education and AIDS education are being

delivered in Hong Kong schools in accordance to the implementation of the Guidelines on Sex Education in Schools issued by the Education Department. However this is not a compulsory measure. The school authority has the full discretion in designing the content of sex education. Up till now, there is still no specific guideline in HIV education in schools. The Education Department had only published a guideline on the prevention of blood-borne diseases in schools in 1994. Besides, there are some materials on AIDS prepared by the Education Department for the schools' reference.

18. For the community youth, a Task Force on Youth under the auspices of the APCC is commissioned to render HIV education to youth in Hong Kong through the collaboration of youth organizations, AIDS-specific NGOs and Government Departments. A funding scheme for sponsoring HIV education programs targeting on youth has been established since 1991. Each year this scheme has subsidized more than 20 community-based AIDS education activities for youth organized by secondary schools and community youth centres. Besides, regular training activities on AIDS education have been delivered to youth workers and teachers in Hong Kong. A newsletter on AIDS titled "Networking Voice" has been published on a regular basis to network the youth workers and teachers.

19. AIDS-specific NGO, namely Hong Kong AIDS Foundation and Teen AIDS, have provided targeted sex and AIDS education to youth in Hong Kong. Hong Kong AIDS Foundation has organized the Healthy Young Ambassadors (HYA) Scheme and has rendered a number of workshops on AIDS to secondary school students. Teen AIDS has applied their Interactive Model of AIDS/Sex Education on Youth through games and art to young people in Hong Kong.

20. Serious questions and comment have been raised by many AIDS educators and academics about how well sex education and AIDS education have been delivered in Hong Kong. The effectiveness of the existing AIDS education programs for youth should be evaluated to improve the quality of these efforts. Youth is a diverse group that is composed of school youth, community youth, youth in correctional setting, youth-at-risk etc. They can be contacted through different existing channels. The differing needs of these groups of youth need to be addressed as well. The prevention efforts for youth should be designed with their active involvement so that the messages,

concerns, skills (including decision making, negotiating safer sex, condom use, and seeking appropriate health care), and services are provided in a way which young people can personally accept and apply.

Recommended HIV Prevention & Care Strategies in Youth

Goals

21. The ultimate goal of HIV prevention & care for youth is to prevent and control the spread of HIV infection and to develop a caring attitude towards HIV infected persons among the youth in Hong Kong through the provision of effective preventive and educational programs.

Principles

22. Targeted prevention to promote safe sex practice among the youthful population should be the ultimate outcome, direct or indirect, of the collective efforts. The vulnerability of youth to HIV infection, especially the prevalence of high-risk sexual behaviors and other psychosocial barriers to safe sex should be reduced. A supportive peer environment that encourages self-protection, safe sex, assertion of own sexual rights, etc. should be promoted among the youth population. Comprehensive sex and HIV education should be rendered to youth through different channels from the time of sexual debut in order to build up an AIDS-resistant society. Last but not least, youth as the force and action for changes should be encouraged to participate actively in the design and implementation of the HIV prevention activities.

HIV Prevention & Care Strategies in Youth

- *Publicity, Education & Prevention*

23. Existing general publicity on AIDS is targeted on general community at large. Considering the particular psychosocial characteristics of youth, targeted AIDS publicity and education for them should be launched. More publicity

should be put on clarifying their misconceptions on HIV transmission, promoting healthy life style, enhancing realistic risk assessment on HIV infection, encouraging HIV testing, and developing a non-discriminating and caring attitude towards the infected people. HIV education not only imparts knowledge on AIDS but also pursues behavioral changes in high-risk sexual behaviors. Besides, the AIDS message targeting on youth should be comprehensive, behavioral-specific and cultural-specific.

24. There should be a future shift from publicity and education to prevention. Greater and stronger efforts should be put on motivation in behavioral changes, skills building, condom promotion and development of a supportive environment for risk reduction among the youth population in Hong Kong. Effective HIV prevention in youth is based on comprehensive sex education started at an earlier age before puberty and life skills training in sexual values and self-esteem. Teens can be mobilized to control this threat by modifying their high risk behaviors. Teens are not only entitled to have the facts they need for making their own life choices but also can become effective partners in the fight against HIV infection.

- *Intervention Agents and Channels of HIV Prevention in Youth*

25. Medical professionals, such as doctors and nurses, youth workers and teachers are regarded as more persuasive figures in talking sex and AIDS with them. They become the important intermediaries in achieving effective HIV prevention in youth. On the other hand, AIDS patients may also be encouraged to share their stories with youth through appropriate means such as audiotape, visits, interview etc.

26. Apart from the traditional channels in communicating HIV/AIDS, such as television, radio broadcast, posters, leaflets and videos, other innovative media and channels, such as internet, comics, cartoon, interactive video games, performance art, drama, street theater, talk show, painting etc. may be used to convey the AIDS messages to young people softly and succinctly.

- *Developing Teaching and Information Package on HIV Prevention in Youth*

27. To facilitate the youth workers and teachers in communicating HIV prevention to the young people they serve, teaching materials and information package should be developed. Other than the AIDS information, these materials should include skill building technique such as training for life skills, sexual value clarification self-assertive skills, safe sex, condom use, sexual negotiation skills and self-protection skills etc. and materials on developing a caring attitude towards HIV-infected persons should also be included in this package.

- *AIDS Training Activities for Youth Workers & Teachers*

28. Since youth workers and teachers are perceived as effective agents or intermediaries in HIV prevention in youth, advanced HIV/Sex training through a specifically designed curriculum by the concerned professionals and academics should be organized.

- *Family & HIV Prevention in Youth*

29. Most of the young people are living with their parents and they think that it is quite natural and convenient to receive information on sex and HIV/AIDS in the family. Thus, to equip the parents with adequate knowledge and skills in communicating sex and HIV to their children, specifically designed AIDS training materials should be given to the parents. A supportive atmosphere in talking about sex and HIV within the family should also be promoted.

- *Drug and Alcohol Education*

30. Although the prevalence of injecting drug use among the youth is not

very high, drug and alcohol use before sex is quite common among the youth. This will impair their judgement of practising safe sex. Thus, wider and targeted education in discouraging young people to abuse drug and alcohol should be launched.

- *Community Involvement and Collaboration*

31. Youth is a diverse group that is composed of school youth, community youth, youth in residential or correctional setting, youth-at-risk etc. There are a number of intervention opportunities for youth in Hong Kong. HIV education can be delivered to youth at schools, family, community youth centres, residential settings, correctional institutions, outreaching social work teams for youth or integrated youth teams through teachers or social workers etc. There are also a number of youth organizations including social welfare organizations, youth groups, uniform groups etc. that can be mobilized to render sex and HIV education to the youths they come into contact with. Thus, it is important to enhance the collaboration among teachers, social workers and other related disciplines in HIV prevention for youth.

- *Youth Participation*

32. Youth as the force and action for changes should be encouraged and mobilized to take part in HIV prevention. The educational activities designed and organized by young people appeal more readily to their peers. Besides, in the process of implementation, the young people themselves are benefited by learning a great deal about AIDS and its impact on the community. Thus, youth participation in HIV prevention should be encouraged so that youth people will know more about HIV and thus help in preventing the spread of this infection in the community.

- *Comprehensive Sex Education for Youth*

33. Last but not least, comprehensive sex education delivered before the onset of puberty becomes an indispensable pre-requisite for effective HIV/AIDS prevention and control among the youth nowadays. The aim of sex education is not only to impart sex knowledge but also to help young people to develop senses of self-worth, self-confidence and self-protection. It is much advisable to provide sex education programs for young people when they are still at school. Sexual health and HIV prevention should be part of the components of sex education.

Concluding Remarks

34. There is neither a cure nor an effective vaccine for HIV infection. At present, the most effective way to prevent person-to-person transmission of HIV is through *education*. A primary goal of prevention efforts is to interrupt the transmission of HIV by motivating and educating young people to change their risky behaviors, to maintain behaviors that eliminate or reduce the risk of infection and to develop a caring attitude towards an infected person.

35. Acknowledging the complexity and difficulties in HIV prevention & care in youth, we document the situations, vulnerability and HIV prevention & care strategy in youth in this paper.

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About AIDS Prevention and Care Committee

The AIDS Prevention and Care Committee (APCC) is a newly formed committee under the fourth term of ACA starting August 1999. The Committee replace two previous committees under the third term: the Committee on Education and Publicity on AIDS (CEPAIDS) which was first established under the then Medical & Health Department in 1987 for designing and implementing AIDS prevention programmes, and the AIDS Service Development Committee which was formed in 1994 to look after the needs of patients in AIDS clinical and support services.

APCC has the following terms of reference:

- (a) To be responsible to the Hong Kong Advisory Council on AIDS;
- (b) To formulate prevention strategies on HIV/AIDS with emphasis on vulnerability;
- (c) To facilitate the development of relevant local model of HIV prevention and care activities;
- (d) To involve the community on local HIV/AIDS prevention and care activities;
- (e) To develop a coordinated programme direction to enhance positive response from the community;
- (f) To promote quality treatment, care and support of people living with HIV/AIDS in both public and private sectors; and
- (g) To evaluate the effectiveness of AIDS prevention and care programmes in Hong Kong.

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