



Outcomes of the CrowdOutAIDS: Focus on Sexual and Reproductive Health and Rights

For #youthpcb30

Objective

To identify effective channels for ensuring access and utilization of reproductive health services for the young people through secondary analysis of data collected through the CrowdOutAIDS Open Forum





Methodology

- Crowdsourcing with 3,572 people participating in 8 online worldwide regional forums and 1595 in offline meet-ups
 - Included 14 forums with PLHIV, 3 forums with SW, 4 forums with MSM, 2 with IDU, 18 with out of school youth, and 18 with peer educators.
 - 52.4% of the participants in the offline forums were young women
- Data: 35 narrative reports from the online forums and 40 reports from the offline forums, organized into an excel database.
- Qualitative thematic analysis.



Findings: Access and utilization of SRH information and services

The Crowd's hunger for comprehensive sex education using a peer education approach

- Taboos around sexuality
- Include LGBT issues in sexuality education curricula

Barriers to youth health seeking behaviour

- Gender and HIV
- Stigma and discrimination including high risk groups
- Unfriendly health centre settings
- Unfriendly legal policies

Comprehensive sex education using a peer education approach

- ***“We need comprehensive sex education that not only focuses on the physical act of sex, but educates youth about dating, peer pressure, sexual feelings, how to safely explore sexuality and the correlations between risk of HIV infection and abusive relationships” 22 years, Brazil***
- ***“We need to open up discussion. Sex education should encompass safety procedures, facts about the human body, basic health like average age for menstruation etc. It really should be a class with a curriculum as compared to a 20 minute talk” 21 years, Canada***





LGBT issues in youth health

- ***“LGBT sex education is difficult in schools because of homophobia opinions found among teenage people” 24, India***
- ***“I work as a volunteer with an NGO working with MSM...but for privacy issues I prefer not to reveal it’s name here ..” - Young person, Cameroun***



Taboos & community atmosphere around sexuality

- ***“Attitudes towards traditional roles of both men and women should be changed as they would help scale down the spread of HIV. Men are allowed to have multiple sexual partners and it’s an accepted unspoken about norm. In fact, there is a Bemba language saying that goes, “Ubu cende bwa mwaume tabu toba inganda” which means, “the adultery of a married man does not break a marriage”” ...22years Zambia***
- ***“...because of this taboo, the young unmarried people continue to have sex behind the scenes and they don’t reveal this due to fear of society..” 18 years, Malawi.***



Gender and HIV

- Young women's empowerment, involvement, engagement and leadership was a central point
 - ***“Female youths are not given a chance to hold leadership roles in some health programmes in addition to religions and traditions, so even though they may want to lead, these reasons hold them back.” – A participant from Zambia***
 - ***“In rural parts, people marry at young age and then men leave home as migrant workers, get trapped by brothels and bring back virus to wives. In my field experience, I saw that in many cases women did not know what HIV is, but in rare cases when women knew all about HIV through health workers, often denied to request their husbands for testing as it would seem as offence”. 23 years, Asia***
- Men/young men need to be effectively involved
 - ***“You will be shocked to find that PMTCT programmes are only for women and their children...”, 18 years, Ghana***



Stigma and discrimination including high risk groups

- ***“I think the nurses and the doctors in health facilities should be sensitised on the need to speak well, treat young people without much interrogation and respect their privacy!” 18 Years, Ethiopia***
- ***“Sex workers and [men who have sex with men] find it difficult to access medical services in public/govt hospitals because of the stigma ... in Kenya despite the fact that such services are free in the govt hospitals.” 23 years, Kenya***



Unfriendly legal policies on accessing health care services

- ***“Yes in most countries in the Caribbean you cannot access some of the services until you are 18 years old without your parents consent. However, 16 is the legal age of consent. So while you can legally have sex at 16, you cannot legal access birth control and other sexual health services until you are 18 (unless you have your parents consent) ... loop hole much? ☹️” 18 years, the Caribbean***
- ***“In my country the Penal Code makes homosexuality illegal and a fairly narrow censorship and advertising code based on the government's assessment of what it calls "conservative moral values by the majority" make it difficult to use media to educate :’(“ young person, Asia***

Recommendations

Speak the language of the youths: Engage us in camping development , Internet & Technology

- Supporting innovation, creation & improvement by and of youth health programmes: Encourage youths to use their talents to creatively appeal to other youths with HIV prevention messages e.g. drama, music, dance, photography and other competitions which engage youths positively
- ***“If its sports that youth engage in, formulate programs that provide information about HIV/AIDS; if its Broadway shows, incorporate information on HIV/AIDS in the shows; if the youth hang around malls, put up promotional posters with HIV/AIDS information; get celebrities that are idolized by the youth to support causes on HIV/AIDS even by being ambassadors and reach out to their fans; if their language is texting, HIV(high five) their texts and encourage them to share stories freely” 24 years, Thailand***

Recommendations

Mainstream HIV in popular culture

- Work within the existing popular TV/Reality show, Radios and networks at country level and lobby/incentivize producers to include messages about HIV prevention by e.g. depicting safe sex practices, including long-term HIV-positive characters in positive roles.

“Without young people living with HIV at the centre - the HIV response has no future.” 23 years, Zimbabwe

Strengthen avenues for Peer Education at community level

- Develop and facilitate training programmes for peer health educators especially higher risk youths such as sex workers, men who have sex with men, injecting drug users etc as well as competency in engaging with community leaders such as parents and religious leaders

