

LET'S TALK

ADOLESCENT HEALTH, SEXUALITY, HIV/AIDS RELATED ISSUES

PUBLISHED BY THE NATIONAL HIV/AIDS/STI/TB COUNCIL WITH SUPPORT FROM UNICEF



Let's Talk: what this publication is all about

By JUSTINE MWINGA

FOR the next six months with effect from today, the National HIV/AIDS/STI/TB Council (NAC), with support from UNICEF, will dedicate this full page to promoting, protecting and advancing the wellbeing of adolescents and young people because the success of Zambia's future rests upon them.

Let's Talk will thus be an exchange center for views, news and ideas on how best to promote the health interests of the adolescents, particularly on matters relating to HIV, AIDS, sexuality and rights.

This page has been designed to be a resource material for the young people, parents, guardians and teachers alike, or anyone with interest in adolescent welfare, to empower them with useful information to make right choices about their lives.

Lack of accurate information on the health of adolescents could lead to adoption of undesirable and risky behaviours such as the sex party reported in Lusaka recently.

Physical and mental immaturity makes adolescents particularly vulnerable to abuses and sometimes oppression and exploitation at the hands of

older members of society.

With information readily at their disposal through this platform, it is envisaged that their levels of vulnerabilities to social ills will reduce.

A document known as National HIV and AIDS Strategic Framework (NASF) 2017-2021 which Zambia will use to guide its priority interventions in HIV and AIDS for the next five years identifies adolescents as a key population that requires special attention in the national HIV response.

The document referred to above shows that adolescents aged 10 to 19 constitute 23 per cent of the total population in Zambia.

Additionally, official statistics put the estimated HIV prevalence rates among adolescent girls and boys aged 15 to 19 at 3.5 per cent for girls and 1.8 per cent for boys.

Evidence also shows that estimated HIV prevalence rates among adolescent girls aged 15-19 continue to be disproportionately affected by the virus due to

behavioural, cultural and biological vulnerabilities to HIV infection.

For example, in 2013 to 2014, 7.2 per cent of sexually active adolescent girls reported having had sexual intercourse with a man who was 10 or more years older than them.

There are currently around 28,000 girls and 16,000 boys living with HIV in Zambia and hence there is need to continue to prioritise HIV combination prevention, which Let's Talk will seek to contribute towards.

Unlike older folks, adolescents are almost always on an endless expedition to understand themselves and the world around them.

They learn by trying out various experiments, some of which may be harmful to their lives.

Many young people depend on their peers to formulate their own behaviour while others draw inspiration from older members of their families, community and nation as

role models and mentors.

Young people exert lots of influence on one another through peer pressure in such a compelling manner that sometimes labels certain behaviours as deviant if they do not conform to what may be termed 'trendy' practices at a given time.

Alcohol, drugs and other substance abuses potentially raises the vulnerability of adolescents' risks to HIV infection.

Let's Talk will attempt to offer correct perspectives on the misinformation clothed as the truth.

Another source of potentially harmful information accessed by adolescents and young people is social media which is increasingly making an impact on their character.

There is no doubt that every child has a dream of becoming someone important in life, such as being a pilot, doctor, lawyer, journalist, engineer, architect, teacher, etc.

There is also no doubt that if they are not protected

from child delinquency, adolescents run the risk of ruining their career prospects and by extension casting a dark cloud on the economic potential of Zambia.

One of the common threads that will run through this publication is risk reduction from HIV and other sexually transmitted infections.

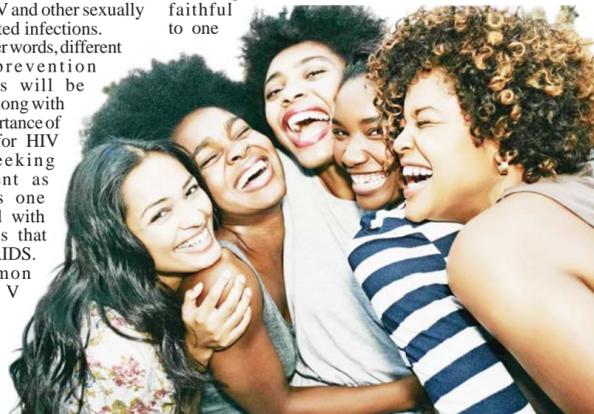
In other words, different HIV prevention methods will be shared along with the importance of testing for HIV and seeking treatment as soon as one is found with the virus that causes AIDS.

Common H I V

prevention methods appropriate for young people include abstinence, correct and consistent use of condoms for the sexually active, Voluntary Medical Male Circumcision (VMMC), sexual partner reduction and being faithful to one

mutually faithful partner.

A great deal of time will be spent on discussing the evidence on what works around addressing adolescents risk and vulnerability to HIV infection.



•THE success of Zambia's future rests upon adolescents and young people.

Let's Talk will be an interactive forum through which NAC and partners involved in HIV and adolescents work will interact with readers in terms of provision of responses on matters of concern to them.

To that effect, this publication will have two permanent sections to serve this purpose. These will be the Myths and Misconceptions corner and the Dialogue Box.

The HIV and AIDS sector is riddled with many myths and misconceptions especially among young people; a situation which, if not corrected, could contribute to adoption of risky behaviour.

The Myths and Misconceptions corner will attempt to dispel these so that correct information is provided to readers of Let's Talk.

Some of the myths and misconceptions associated with condoms for example, are that; condoms have holes,

condoms are laced with the HIV virus, condoms easily rupture, and condoms are like eating a sweet in a wrapper, condoms reduce sexual sensitivity, etc.

On HIV prevention, some myths are that dousing private parts in coca cola after unprotected sex kills the HIV virus, and taking a shower immediately after unprotected sex protects one from possible HIV infection.

The Dialogue Box will be the readers' corner for them to ask questions, raise concerns and even share personal experiences as well as seek more information beyond what may be available in this publication.

NAC and UNICEF are pleased to be associated with this publication as we try to reach out to young people to empower and expand their knowledge on HIV, AIDS, sexuality and health rights and to help them adopt less risky social behaviour.

The author is communications manager at the National HIV/STI/

Report health matters, media urged

By BRIAN HATYOKA

LIVINGSTONE based Non-Governmental Organization (NGO) which champions good health particularly in the area of HIV/AIDS has urged the media to be proactive in sensitizing the public on health matters. March Zambia Executive Director Mwendalubi Maumbi said there was need for the media to play a greater role in sensitizing the public on various health matters including HIV so that people make informed decisions. Ms Maumbi commended Government for joining the global community in fast tracking the response to HIV which seeks to end AIDS by 2030.

She said it was important for the media to increase efforts in educating the public on the same. Speaking in an interview in Livingstone, Ms Maumbi said HIV/AIDS was a big challenge currently not only in Zambia but in other countries.

"The Zambian Government wants to reduce HIV infections from the current 46,000 infections per year to 5,000 by 2021. This is not an easy task to achieve and, therefore, the media should help to ensure that such pronouncements are realised," she said. Ms Maumbi further commended the decision by the Government to build 650 health posts across the country.

She said the health posts would take health services closer

to the people.

"The media must be aggressive in sensitizing residents because we have very big targets to achieve. People need to know where they can get services. If people experience barriers as they seek medication, the media should highlight such issues so that policy makers take corrective actions," she said. She said the media could also play a very big role in discouraging stigma and discrimination as such vices could negatively affect the uptake of health services. Ms Maumbi further urged journalists in Zambia to consider testing for HIV to encourage the general public to follow suit.

By KENNEDY MUPESENI

THE Young Women's Christian Association (YWCA) has reached out to 1,200 adolescents in its Safe Spaces for Girls programme being implemented in selected parts of Copperbelt Province. The programme seeks to create awareness among teenagers on sexuality and HIV/AIDS as the country seeks to fast track the 90/90 UNAIDS target to end AIDS by 2030.

This is according to YWCA Copperbelt Coordinator Sharon Chisanga, who disclosed that engaging adolescents on sexuality issues is a sure way of reducing the spread of HIV/AIDS in the country rather than waiting for children to reach adulthood before introducing them to prevention tools.

"It is interesting that more

stakeholders are buying into our programmes to take sexuality issues among the people nearing puberty.

"We have so far reached out to 1,200 teenagers in the past one year in a programme we are calling the Safe Spaces for Girls, and the response has been overwhelming," Ms Chisanga said.

She said with the paradigm shift, adolescents were able to keep themselves safe, thereby preventing Sexually Transmitted Infections (STIs).

Ms Chisanga said at the beginning, the YWCA encountered difficulties in reaching out to more teenagers due to cultural issues in society where parents are closed up to their children when it comes to discussing matters pertaining sexuality.

But she said the trend is changing as parents had started embracing the concept

of opening up to the subject of relationship where they freely discuss critical issues on sexuality with their children, a norm which previously was considered taboo.

"Most parents are no longer skeptical about engaging young ones in discussions about sexuality and other matters because most of those we have collaborated with have started seeing the results. For example out of 1,200 school going children we have had an engagement with in the last one year, only three were found to have had unwanted pregnancies," she said.

The districts covered by Safe Spaces for Girls included Kitwe, Ndola and Luanshya. The YWCA had since begun working towards rolling out the programme to cover the entire Copperbelt Province.

Plans were also underway for YWCA to incorporate boys in the programme, because the organization felt that dealing with girls only would have

minimal impact.

"We have plans to incorporate boys in the programme because they also face the same problem as they start developing sexual feelings so this poses a challenge on our efforts to eradicate HIV/AIDS," she said.

Mapalo Mubanga, a Grade 11 pupil at one of the girls' school in Kitwe and a beneficiary of the YWCA programme, said increasing knowledge on sexuality issues was helping her to remain protected from early pregnancies and STIs.

"Having knowledge on sexuality is helping adolescents in protecting themselves against sexually transmitted diseases and early pregnancies," Mapalo said.

She disclosed that girls benefiting from the intervention had started sharing information with their peers, which she thought was a good idea.

1,200 teens get into Safe Spaces



•THE YWCA is engaging adolescents rather than wait for them to reach adulthood before introducing them to prevention tools like condoms.

Youths at risk of contracting HIV/AIDS

By Correspondent

ADOLESCENTS aged 10-19 comprise 23 per cent of the total Zambian population. There are approximately 1.7 million adolescents aged 15 to 19 years in Zambia.

In 2014, there were around 856,000 adolescent girls aged between 15 to 19 years, according to the 2010 National Census 2014 estimates. In 2013-2014, the Central Statistics Office (CSO) and Ministry of Health, with partners' support, conducted the National Zambia Demographic and Health Survey (ZDHS) which interviewed over 30,000 adults, aged 15-49 from over 15,000 households across Zambia.

During this survey, they found that 16.5 per cent of 3,625 adolescent girls aged 15 to 19, when interviewed, were married.

Based on the estimated population of 856,000 girls in Zambia, this suggests that there were around 159,000 married adolescent girls in Zambia in 2014.

This ranges from around 3,800 girls aged 15 to 24,000 girls aged 17 being married. Adolescent girls aged 18 to 19 accounted for about 124,000 of the 159,000 married girls.

According to the national censuses estimates, there were approximately 836,000 adolescent boys in Zambia in 2014. Among the 3,337 adolescent boys aged 15 to 19 surveyed during the ZDHS 2013-2014, only 1 per cent claimed they were married!

This would suggest that approximately 8,360 adolescent boys were married, hence 150,000 of the married adolescent girls must be married to men who are at least 20 years or older.

Based on the ZDHS around 697,000 adolescent girls aged 15-19 were not married in 2013-2014.

Of these 258,000 (37 per cent) claimed to have had sexual intercourse at least once in their life.

Among these non-married adolescent girls, 26 per cent claimed to have had sexual intercourse in the past 12 months prior to be interviewed for the survey.

This was around 20 per cent of girls aged 15 to 17, and 39 per cent of girls aged 18-19.

Of these 184,000 adolescent girls who recently had sexual intercourse, approximately 68,000 (37 per cent) reported using a condom during their last act of sexual intercourse.

This data suggests that around 120,000 non-married

adolescent girls aged 15-19 where frequently putting themselves at risk of HIV infection, teenage pregnancy and other sexually transmitted infections, due to non-condom use.

The 60 per cent of sexually active adolescent girls who do not use condom correctly and consistently are one of the 'key populations' of the National AIDS Strategic Framework 2017-2021.

Because they are having unprotected sexual intercourse, often with older and higher risk sexual

partners, these girls are the 'most at risk' in Zambia.

In 2013-14, 7.2 per cent of sexually active adolescent girls reported having had sexual intercourse with a man who was 10 or more years older than them.

This was a 60 per cent increase in this behaviour from the rate of 4.5 per cent reported in the 2007 ZDHS. Among all adolescent girls, aged 15-19, both married and non-married, HIV prevalence was 3.5 per cent in 2014.

This suggests that there were around 30,000 adolescent girls, aged 15-19, living with HIV in 2014.

Another very significant consequence was teenage pregnancy. During the same ZDHS 2013-14 survey, 5.2 per cent of all adolescent girls interviewed were pregnant.

This suggests that in 2014, there could have been approximately 45,000 adolescent pregnancies in Zambia. A more striking figure was that 23 per cent of all the adolescent girls interviewed reported having one or more children.

This adds up to approximately 199,000 adolescent mothers in 2014.

Reported condom use at last sex was also very low among the adolescent boys, with only 43 per cent reporting condom use at last sex.

This suggests that in 2014 there were approximately 150,000 adolescent boys, aged 15 to 19 not using condoms and putting themselves at risk of HIV infection, impregnating a girl, or acquiring a sexually transmitted infection.

Based on revised estimates, around 1.8 per cent of adolescent boys, aged 15 to 19 were HIV positive in 2014, which translates into around 15,000 boys living with HIV. Overall this data demonstrates that there is a significant number of adolescent, aged 15 to 19, who are sexually active in Zambia.

The majority of them are in the older age range of



ADOLESCENTS are often prone to behavioural, cultural and biological vulnerabilities that expose them to HIV infection.

Editor's note: For questions and concerns, write to P. O. Box 30394 Lusaka or email tozletters@gmail.com.