Young and poor. Two decades into the epidemic, this is increasingly the face of the victims of HIV/AIDS in the developing world. Those working to prevent its spread and mitigate its impact increasingly recognize the links between HIV/AIDS, youth, and poverty. They struggle, however, with how best to address the economic factors driving the epidemic. This edition of In Focus examines the potential of efforts to improve the economic circumstances of youth—a group of activities known as the youth livelihoods approach—to help stem the spread of HIV/AIDS.

What is the youth livelihoods approach?

A livelihood is everything people know, have, and do to make a living. The livelihoods approach builds on earlier poverty reduction models, including participatory and integrated rural development. Applied to youth, the livelihoods approach comprises a broad and interrelated set of programs and policies that include:

• giving youth salaried jobs and other opportunities to earn income;

• providing credit, savings and other financial services and related training in job and business skills;

• developing institutions, alliances and networks for youth to advance their economic interests; and

• promoting policy and social changes that improve young people’s livelihood prospects.

What is the conceptual link between youth livelihoods and HIV/AIDS?

A consensus is now emerging that poverty reduction is an important component in the fight against HIV/AIDS.
Poverty compounds the vulnerability of young people to HIV infection. Early in the epidemic, wealthier people were more likely to be infected. The opposite now appears to be true. Youth who are poor have an increased risk of infection because they are more likely to:

- be in poor general health to begin with and to leave sexually transmitted diseases untreated;
- yield to pressure to exchange money or goods for sex;
- migrate to find work, and thus increase their chances of risky sex; and
- lack hope for the future.

Youth already infected with HIV face heightened economic concerns. One-third of the 36 million people living with HIV/AIDS are youth ages 15 to 24; youth account for half of new HIV/AIDS infections. As they fall sick, their ability to provide for themselves and for others who depend on them declines.

- Their symptoms often reduce their capacity to work.
- In many countries, discrimination against infected youth makes it harder for them to find and keep a job and to work productively.
- In the hardest-hit countries, poor youth with HIV face an even bleaker economic future as AIDS increases overall poverty and income inequality.

The disease creates severe economic problems for young people from poor, AIDS-affected families. The current number of AIDS orphans, 13 million, is projected to triple in a decade. In the worst-affected countries, AIDS may orphan as many as 40 percent of all children.

- For poor youth, the onset of HIV-related illness in a parent brings immediate economic problems.
- Traditional family and community support networks for surviving children are heavily burdened where the epidemic is already widespread.
- Youth from affected homes often forgo schooling and other opportunities, thus threatening their livelihoods prospects and increasing their own chances of contracting HIV.
Girls are particularly vulnerable to the economic factors that contribute to the spread of HIV/AIDS. Two of every three young persons infected with HIV/AIDS is a girl or young woman.27

• Girls generally have fewer economic and educational opportunities than boys.

• As a result, girls are more likely to engage in formal or informal sex work or practice involuntary or risky sexual behavior.28,29

What is known about youth livelihoods efforts and their contribution to HIV/AIDS prevention, care and support?

Recent reviews of adolescent livelihoods programs30,31,32 have found that:

• a wide range of institutions have program or policy efforts to improve youth livelihoods;

• most efforts are small-scale and focus on boys;

• relatively few efforts explicitly link youth livelihoods activities and HIV/AIDS prevention, care and support; and

• few programs have been well-documented or rigorously evaluated.

Examples of types of programs and policy efforts include:

• Programs that provide jobs, work experience, and income generation. Such programs increase economic opportunities and improve life prospects. Although circumstances force many youth into exploitative and dangerous jobs, legitimate, non-harmful work may be the best option for youth whose educational opportunities are extremely limited.33 A large proportion of adolescents—61 percent in Asia and 32 percent in Africa—are already employed.34 AIDS is forcing more youth into the job market.35

• Work experience is a component of almost all of the U.S. youth development programs that have successfully reduced rates of risky sex and teen pregnancy.36

• In El Salvador, the Homies Unidos peer education program provides school and job opportunities to youth gang members combined with information on sexuality and reproductive health, including condom provision.37
• One study found that young women employed as garment workers in Bangladeshi factories marry later and delay childbirth after marriage.38

The chance to earn income is also extremely important to an infected youth facing economic problems, or to a youth supporting a family when parents have fallen sick or died from HIV/AIDS.

As more adolescents enter the formal work force, their place of employment can also become a setting for prevention and care and support activities.39

• One program for young female factory workers in Thailand increased workers’ communication with their partners about HIV/AIDS and safe sex.40

Training youth in job and business skills and providing financial services. These programs provide financial relief to AIDS-affected youth and their families.

Vocational education and job training prepare young people for specific careers and are most effective if they make strong labor market links and develop job placement components.41 Programs linking job training and improved sexual and reproductive health include:

• the Good Shepherd Family Care Service in Ethiopia, which trains former commercial sex workers in hairdressing and tailoring skills;42

• in Egypt, the Association for the Protection of the Environment, which teaches job skills to low-income girls, including rug weaving, paper recycling, and embroidery;43

• the Salvation Army’s program for AIDS orphans in Zimbabwe, which combines efforts to meet the pressing psycho-social needs of AIDS orphans with work experience in the tourism industry, one of the few growth areas of the country’s economy.44

Training in enterprise skills—for example, planning, risk management, and decision making—has emerged as an important, yet relatively unexamined, component of many livelihoods programs.45 Many such skills are valuable to youth in situations where they are attempting to avoid risky sexual behaviors.46,47

• In Peru, the local affiliate of the International Planned Parenthood Federation linked with another nongovernmental organization specializing in business training to provide 30,000 poor urban youth with reproductive health services and business training over a two-year period. Evaluation showed increased knowledge about reproductive health and improved attitudes toward responsible sexual behavior.48
Financial services, including high-quality microfinance (credit and savings) efforts, are among the most promising approaches to mitigating the economic impact of HIV/AIDS. Many microfinance organizations in the hardest-hit countries in sub-Saharan Africa now offer products specifically for AIDS-affected clients and households, although some of these products may have limited applicability. Innovative financial products geared to AIDS-affected youth include the establishment of education trusts for minors and allowing youth from AIDS-affected households to use microfinance services. Microfinance programs for youth are relatively new, and the experience to date has been somewhat mixed. Some experts believe such programs have potential but that they have suffered from design and implementation problems. Examples include:

- In Malawi, a pilot program reached 3,000 orphans with revolving savings and credit services for small business activities. The program encountered early difficulties because of the inexperience of many participants, but improved over time.

- The Tap and Reposition Youth pilot program in Kenya provided savings and credit to roughly 100 low-income girls. The program’s high loan repayment rate has persuaded its sponsor, the Kenya Rural Enterprise Program, to expand the program nationwide.

- In Zambia, a project linking youth microfinance with sexual and reproductive health outcomes had mixed results. Loan repayment rates were far too low to sustain the microfinance effort. However, three-quarters of recipients felt the loans were useful, and half said the loan had given them a better outlook on the future. In addition, almost half of loan recipients reported safer sexual practices.

Developing institutions that bring together youth for economic advancement also help prevention, care and support efforts. When youth belong to an organization that helps them and provides opportunities, they better avoid risky behaviors, including those that might lead to HIV/AIDS.

- Commercial sex workers in one project in India organized themselves to carry out HIV/AIDS peer education and advocate for legalizing sex work. The project also provided members with loans and a savings program.

- Several countries are putting together networks of young people living with HIV/AIDS. Most of these groups help youth find and keep jobs.

Policies support prevention efforts by shaping the context in which jobs, training, services, and institutions operate. Many of the policies to address the HIV/AIDS-related problems of youth are livelihoods-related, and include:
antipoverty policies with broad social benefits that help individuals, families, and communities cope with AIDS; policies that improve the job, credit, and schooling opportunities of adolescent girls and reduce their vulnerability to sexual exploitation. Evidence from Thailand shows that better educational opportunities for girls reduce their chances of becoming commercial sex workers.

formulation and enforcement of national policies that protect and support youth in especially difficult circumstances, such as street kids, refugees and war victims; national legislation to protect the property rights of AIDS orphans and to address the needs of young people affected or infected by HIV/AIDS. One program for AIDS orphans in Uganda helps HIV-infected parents prepare for their children’s economic future. Parents receive help choosing a guardian, writing a will, and getting legal advice on property inheritance, and also participate in income-generating activities.

What lessons have come out of the programmatic efforts to date?

Recognize diversity. Youth are an incredibly diverse group, in terms of both their economic circumstances and sexual attitudes and behavior. Younger youth are more economically disadvantaged than older youth. Girls are usually more economically disadvantaged than boys, but boys are often more subject to peer and societal pressure to engage in risky sex. Programmatic and policy responses must take this diversity into account.

Focus on the poor. Those youth for whom livelihoods programs work best—poor and marginalized youth—are at highest risk of contracting and transmitting HIV/AIDS. To have maximum impact on the epidemic, programs need to maintain the focus of livelihoods programs on these disadvantaged groups.

Livelihoods is one piece of the puzzle. Livelihoods strategies are one component of the range of strategies needed to prevent HIV/AIDS and mitigate its impact on children and youth. HIV/AIDS programs must continue to focus on the immediate needs of youth for reproductive health information and services, while incorporating a livelihoods perspective to their activities.

Linking is widespread, but little understood. Organizations are increasingly linking livelihoods programs with other HIV/AIDS prevention and mitigation activities, but relatively few of these arrangements have been documented.
• Linking can take place in different ways. Health organizations can: inform livelihoods groups on HIV/AIDS and its impacts on affected youth; serve as a referral point for AIDS-affected livelihoods clients; learn from livelihoods specialists how to help affected youth; and educate youth involved in livelihoods programs on HIV/AIDS prevention and mitigation. Peer education has been a particularly effective means of transmitting such information.

• Evidence from the United States strongly suggests that combining HIV education and information programs with livelihoods efforts can produce a greater positive impact together than in isolation.

Livelihoods programs require specialized expertise. Health organizations should either team up with livelihoods-focused groups or, if they choose to conduct such programs by themselves, ensure they have qualified staff and an in-depth understanding of programmatic issues.

Programs should do more to link prevention with care and support. Greater linking of HIV/AIDS prevention with care and support for youth infected with HIV or from AIDS-affected families could improve the effectiveness and cost-effectiveness of both types of programs, particularly since youth tend to be more receptive to prevention messages.

Better evaluation is needed. Relatively little is known about the effectiveness, cost-effectiveness, sustainability, and potential for scaling up of livelihoods programs. Furthermore, their impact on adolescent reproductive health has not been systematically evaluated, although efforts are under way to improve the state of knowledge.

• Measuring the success of livelihoods programs remains a challenge, because their impact is long term and measurement of livelihoods skills is inherently difficult. Furthermore, the interaction among the economic influences on health behavior is complex, making it difficult to determine the impact of livelihoods programs on HIV/AIDS prevention, care and support.

• Cost-effectiveness is one of the most important factors for program managers and policy makers to consider when evaluating whether to invest in the livelihoods approach. Yet, cost analyses of livelihoods programs alone, or in combination with HIV/AIDS efforts, are infrequent.

Program sustainability and scaling up. Decisions on scaling up of programs are critically important given the enormous magnitude of the HIV/AIDS problem and the limited resources available to address it. Working through existing organizations is
one way to ensure that programs continue to provide services at a reasonable cost. Focusing on the most vulnerable children is another way to have the largest impact—both on livelihoods outcomes and on HIV/AIDS prevention, care and support.103

The In Focus series summarizes for professionals working in developing countries some of the program experience and limited research available on young adult reproductive health concerns. This issue was commissioned and supervised by FOCUS Communications Advisor Vanessa Carroll and FOCUS Deputy Director Lindsay Stewart and was prepared by James Rosen.

References


3 Esim et al., op. cit.

4 DFID, op. cit.


13 Cohen, op. cit.


18 Ibid.


23 Williamson, op. cit.

24 Cohen, op. cit.


26 Williamson, op. cit.


30 Esim et al., op. cit.


Mensch et al., op. cit.

Population Council and ICRW, op. cit.

Williamson, op. cit.


Germann, op. cit.

IDRC, op. cit.

Ibid.

UNAIDS 1998a, op. cit.


Williamson, op. cit.
52 Donahue 2000, op cit.


55 Parker 2000a, op. cit.


60 Haberland, op. cit.


63 Esim et al., op. cit.

64 Grierson 2000, op. cit.

65 Adamchak, S. et al., op. cit.


67 UNAIDS 1998a, op. cit.

68 UNAIDS 1999, op. cit.

69 Williamson, op. cit.

70 World Bank 1997, op. cit.

71 UNAIDS 1999, op. cit.

72 UNAIDS 1998a, op. cit.
73 Ibid.


76 Dowsett and Aggleton, op. cit.

77 Esim et al., op. cit.


81 Williamson, op. cit.

82 Donahue 2000, op. cit.

83 Population Council 2000c, op. cit.

84 Kirby, op. cit.

85 Mensch et al., op. cit.

86 Donahue 2000, op. cit.

87 Grierson 2000, op. cit.

88 Parker 2000a, op. cit.

89 Waterfield, S. 2000 "Lessons in 15 Years of Microenterprise Can Strengthen CARE’s AIDS Programs." *AIDSfocus.*

90 Williamson, op. cit.

91 Germann, op. cit.

92 UNAIDS 1998a, op. cit.

93 Williamson, op. cit.

94 Esim et al., op. cit.
95 Donahue 2000, op. cit.

96 Grierson 2000, op. cit.


98 IDRC, op. cit.

99 Parker 2000b, op. cit.

100 Adamchak et al., op. cit.

101 Williamson, op. cit.

102 Ibid.

103 Ibid.