

National Youth Shadow Report

Progress Made on the UNGASS Declaration
of Commitment on HIV/AIDS



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The Global Youth Coalition on HIV/AIDS (GYCA) is a youth-led, UNAIDS and UNFPA-supported alliance of 1,600 youth leaders and adult allies working on HIV/AIDS worldwide. The Coalition, based at a North Secretariat in New York City and a South Secretariat in Port Harcourt, Nigeria, prioritizes capacity building and technical assistance, networking and sharing of best practices, advocacy training, and preparation for international conferences.

GYCA aims to empower youth with the skills, knowledge, resources, opportunities, and credibility they need to scale up HIV/AIDS interventions for young people, who make up over 50% of the 5 million people infected with HIV each year. Our members are working at the local, national, regional, and international levels to ensure that young people are actively involved in policies and programmes to halt the spread of the deadly pandemic.

For more information about GYCA or to join, please visit www.youthaidscoalition.org or write to info@youthaidscoalition.org.

The views and findings in this report are those of the authors alone.

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In 2003, after 6 months studying Political Science in San Diego, California, Tsutomu worked on HIV/AIDS for the United Nations Development Programme in Tokyo in the Public Relations Unit. Tsutomu has worked for Japanese youth in Tokyo for more than 3 years, facilitating workshops in Japanese and English, distributing condoms at clubs and events where youth congregate. In 2005, Tsutomu was involved with a youth cafe event as the Master of Ceremonies at the 7th International Conference on HIV/AIDS in Asia and Pacific regions in Kobe (western part of Japan) (ICAAP7), where he facilitated 10 youth performances and created collaborations between peer education initiatives in other Asian countries.

Tsutomu is conducting a needs assessment survey targeting nationwide youth in Japan and Public Health clinics especially in Tokyo area in order to know what kind of youth peer prevention methods need to be scaled up or become evidence-based.

Table of Contents

Preface	4
Methodology	5
Why focus on young people?	6
I. Introduction	7
II. Research Methodology	8
III. Key Findings and Recommendations	8
V. Results	8
Political Commitment	8
Financial Commitment	10
Access to Information and Services	10
Youth participation	12

Preface¹

On 25–27 June 2001, heads of State and government representatives met for the United Nations General Assembly Special Session on HIV/AIDS (UNGASS), which resulted in the issuance of the Declaration of Commitment on HIV/AIDS (DoC). The DoC outlines what governments have pledged to achieve– through international, regional and country-level partnerships and with the support of civil society– to halt and begin to reverse the spread of the HIV/AIDS pandemic. The DoC is not a legally binding document; however, it is a clear statement by governments concerning what should be done to fight the spread of HIV/AIDS and what countries have committed to doing, with specific time-bound targets.²

The DoC is unique because it recognized the specific vulnerability of young people to HIV and AIDS and established time-bound targets for action:

- (Paragraph 37) By 2003, ensure the development and implementation of multi-sectoral national strategies and financing plans for combating HIV/AIDS that (...) involve partnerships with civil society and the business sector and the full participation of people living with HIV/AIDS, those in vulnerable groups and people mostly at risk, particularly women and young people (...)
- (Paragraph 47) By 2003, establish time-bound national targets to achieve the internationally agreed global prevention goal: to reduce, by, 2005 HIV prevalence among young men and women aged 15 to 24 in the most affected countries by 25 per cent.
 - To reduce, by 2010, HIV prevalence among young men and women aged 15-24 globally.
 - To intensify efforts to achieve these targets as well as to challenge gender stereotypes, attitudes, and inequalities in relation to HIV/AIDS, encouraging the active involvement of men and boys.
- (Paragraph 53) By 2005, ensure that at least 90 per cent, and by 2010 at least 95 per cent of young men and women aged 15 to 24 have access to the information, education, including peer education and youth-specific HIV/AIDS education, and services necessary to develop the life skills required to reduce their vulnerability to HIV infection, in full partnership with young persons, parents, families, educators and health-care providers.
- (Paragraph 63) By 2003, develop and/or strengthen strategies, policies and programmes:
 - Which recognize the importance of the family in reducing vulnerability, in educating and guiding children and take account of cultural, religious and ethical factors,
 - To reduce the vulnerability of children and young people by ensuring access of both girls and boys to primary and secondary education, including HIV/AIDS in curricula for adolescents;
 - Ensuring safe and secure environments, especially for young girls;
 - Expanding good-quality, youth-friendly information and sexual health education and counseling services;
 - Strengthening reproductive and sexual health programmes; and
 - Involving families and young people in planning, implementing and evaluating HIV/AIDS prevention and care programmes, to the extent possible.

¹ Adapted from the Global Youth Coalition on HIV/AIDS and Global Youth Partners, “Our Voice, Our Future: Young People Report on Progress Made on the UNGASS Declaration of Commitment on HIV/AIDS.” UNFPA, 2004. <http://www.youthaidscoalition.org/resources.html>

² DoC on HIV/AIDS. Resolution adopted by the UN General Assembly, A/RES/S-26/2. August 2001

As part of the monitoring process of the DoC, progress made towards attaining the targets will be reviewed at the UN General Assembly in New York on May 31- June 2, 2006. The participation of young people in this review process is critical and this report strives to ensure their voices are heard.

Methodology

To ensure that the voices and concerns of young people are included in the monitoring process of the UNGASS DoC in its five year review, young people from around the world reported on the progress made towards achieving the UNGASS targets related to young people in their countries. Their participation is crucial to ensure that resulting policies and programmes take the needs and priorities of young people into consideration, and that young people are involved in their design, implementation and evaluation. To this end, young GYCA members have been selected to be part of their national delegations in Japan, México, Ghana, Democratic Republic of Congo, Nigeria, Zambia, and the Netherlands. GYCA has been lobbying country missions actively to ensure that young people's issues are incorporated into country statements at the high level meetings and into the negotiations on the final outcome document. At the Review meetings, young participants will use their knowledge of their national response to advocate to decision-makers on how best to scale up and improve current efforts.

To ensure that all of the country reports addressed the same issues, a guide was developed by young people with the technical assistance of adult allies to assist youth researchers in gathering information and reporting on their country's progress.³ A number of questions, based on the indicators suggested by the UNAIDS National AIDS Programmes - A guide to indicators for monitoring and evaluating national HIV/AIDS prevention programmes for young people,"⁴ were suggested to guide their research. Members of the Global Youth Partners Initiative⁵ actively contributed to the development of the research tool in 2004 through an interactive e-discussion. Data collection and analysis focused on four main indicators:

- 1) Political Commitment**
- 2) Financial Commitment**
- 3) Access to Information Services**
- 4) Youth Participation**

Young people used a range of methods to conduct their research and collect relevant information. They gathered inputs from young people, including young people living with HIV

³ The research guide is available upon request.

⁴ National AIDS Programmes - A guide to indicators for monitoring and evaluating national HIV/AIDS prevention programmes for young people. UNAIDS, 2004.

⁵ Global Youth Partners (GYP) is a UNFPA youth-adult partnership initiative, and aims to rally partners and stakeholders to increase investment and strengthen commitments for preventing HIV infections among young people, especially among under-served youth. GYP is building capacity of GYP team members, learning lessons from successful advocacy campaigns and building partnerships and collaborative networks with other youth initiatives, including youth-adult partnerships. In the foreground of the initiative stands the development, implementation and monitoring of national strategic advocacy action plans in seven countries.

and AIDS (YLWHA) in their countries through focus group discussions, in-depth interviews and workshops. Young people were asked to make recommendations for strategies to ensure that their country would achieve the UNGASS targets for young people. This qualitative information was supplemented by reviews of national policies, laws and documents, as well as academic literature. Young people also consulted representatives from national and local governments and national AIDS programmes, as well as various stakeholders such as service providers, representatives from NGOs, international and bilateral organisations. The final reports were reviewed and edited by GYCA staff, preserving original content.

Why focus on young people?

Over half of all new infections worldwide each year are among young people between the ages of 15 and 24. Every day, more than 6,000 young people become infected with HIV – almost five every minute. Yet the needs of the world’s over one billion young people are often ignored when strategies on HIV/AIDS are drafted, policies developed, and budgets allocated. This is especially tragic as young people are more likely than adults to adopt and maintain safe behaviours.⁶ Young people are vulnerable to HIV infection because they lack the crucial information, education, and services to protect themselves.

The 2001 United Nations General Assembly Special Session on HIV/AIDS noted, “poverty, under-development and illiteracy are among the principal contributing factors to the spread of HIV/AIDS”. These factors are particularly poignant for young people who are so often voiceless and powerless in society. Young people are in a transitional phase between childhood and adulthood, and are rarely taken into account in official statistics, policies, and programmes.

This year, 2006, marks five years since the DoC was put into effect. The author and 60 young leaders in HIV/AIDS will participate in the Five Year AIDS 2006 Review at the United Nations Secretariat to advocate to decision-makers to scale-up comprehensive, evidence-based interventions on HIV/AIDS for and with young people.

⁶ Young People and HIV/AIDS, Opportunity in Crisis. UNICEF, UNAIDS & WHO, 2004.

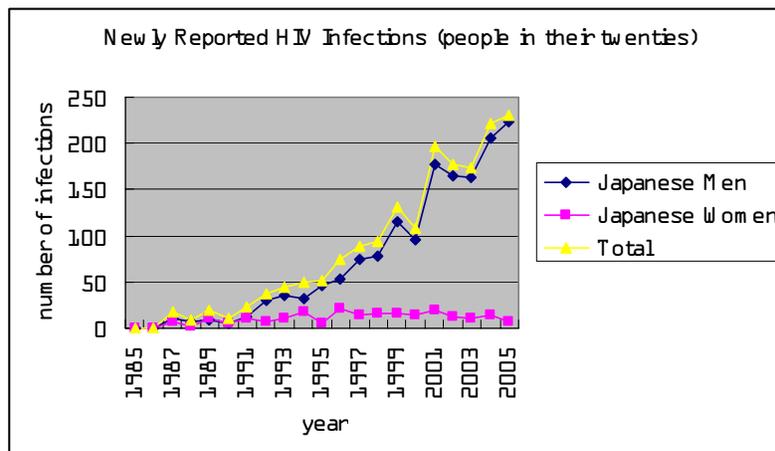
I. Introduction

By reviewing the national HIV/AIDS policies in Japan, the authors analyzed the situation of HIV/AIDS issues amongst youth population in Japan. The main objectives of this report are to raise the issues and challenges facing Japanese youth, and to propose the solutions needed based on the Declaration on Commitment in 2001. This report does not necessarily reflect the opinions all of youth advocates and activists. However, this report covers opinions of youth activists and advocates in the Tokyo and Osaka areas, where most HIV/AIDS related youth activities take place within Japan.

The number of new HIV infections has been increasing steadily for this past 5 years. Newly-reported HIV infections concentrate among people in their twenties (about 35% of the total reported number) and thirties (about 40%). The main infection route is sexual transmission, and 60% of infections occur between male-to-male contact.⁷

From October, 2005, to January, 2006, 195 cases of HIV infections were newly reported; 65 cases (33%) were people in their twenties, 85% of new infections were among men, and more than half of whom were infected by male-to-male sexual contact. To address the HIV/AIDS needs of Japanese youth, interventions must be scaled up for Men who have sex with men (MSM) and awareness-raising of human rights including sexual diversity such as LGBTIQ issues is needed to eradicate social discrimination and stigma.

Also, a lowering trend in the age of first sexual activity, unsafe sex, induced abortion and increasing transmission of sexually transmitted infections (STIs) have become common problems in Japan. According to the Association of Tokyo Metropolitan Sexual Education Survey, the trend in initiating sexual activity in younger ages has accelerated since the 90's.^{8 9}



(Committee on AIDS Trends in Japan)

⁷ Ministry of Health, Labor, and Welfare. 2006, AIDS Prevention Policy

⁸ Nemoto.2004.HIV/AIDS Surveillance and Prevention Studies in Japan: Summary and Recommendations, AIDS Education and Prevention. 16.: Supplement A:27-42

⁹ According to the statistics of abortions in 2002, the number of abortions conducted by persons below 20 accounted for 45,382 cases, which is 11.4 percent of the total population of women. Since 1995 the number (6.2%) has been increasing for 8 years until 2003.

In 2002, 40% of the 12th grade male and female students had experienced sexual intercourse.¹⁰ The characteristic of recent years is that females have tendency to engage more sexual activity than males. This may increase the vulnerability of young Japanese women to HIV infection. Therefore, current studies suggest that it is especially important to implement preventive measures against HIV/AIDS and STIs for young women. In addition to that, frequent occurrences of domestic violence and the ease of access to violent pornography through media have become social problems on sexuality issues.¹¹

II. Research Methodology

For data collection, the authors of this report have conducted a literature research and interviews with youth advocates. The data was collected from newsletters from NGOs, official documents and books. Comments of youth in this report are excerpted from interviews conducted with youth advocates and activists mainly in Tokyo and Osaka.

III. Key Findings and Recommendations

This report focuses primarily on Japan's gay community and on peer education for (heterosexual) senior high school and college students. In addition to that, "youth" have such diversities as people living with HIV/AIDS (PLWHA), lesbian, gay, bisexual, transgender, queer, and intersexed people, sex workers, migrant workers and so on.

This report is based on the premise that "youth is rather broad, heterogeneous, and vague concept. Because of the complex situation of youth and HIV/AIDS in Japan, it was impossible to cover the entire HIV/AIDS situation of youth. A key finding of this report is that research on the situation of youth on HIV/AIDS issues in Japan lacks quantity and quality, and needs to be prioritized with more involvement of youth themselves.

V. Results

Political Commitment

In March 2006, with the revised edition of "Guidelines on prevention of AIDS-related infectious diseases," the Japanese Government has clearly stated that "...both in the central government and in prefecture governments, it is important to implement measures for individual target groups (especially with youth and MSM) with the consideration to the issues of human rights and social backgrounds."

However, the strategies of the Japanese government lack a multi-sectoral approach which is crucial for realizing its policy. In the guidelines of the Ministry of Health, Welfare and Labour, youth are designated as individual target groups as well as MSMs and sex workers. However, the

¹⁰ Tokyo-to Yo,sho,kou, Shinshouseikyoku-kennkyukai, 2002

¹¹ Tominaga, Kunihiko, 2005. Nakinagara Yoruwo Sugosu Hitonimo genndaino Sexuality, Seiteki Trauma, Atarashi Seikkyoku ron, Kirisuto Shinbun Shuppan, Tokyo.

Ministry of Education, Culture, Sports, Science and Technology opposes using “explicit” sex education materials. Although the necessity of preventive education was clearly specified in “Guidelines on sex education in schools” of the Ministry of Education, Culture, Sports, Science and Technology, specific strategies for preventive education for HIV/AIDS remained unstated.¹² Thus, the lack of cooperation between the Ministry of Health, Welfare and Labour, and the Ministry of Education, Culture, Sports, Science and Technology is causing the absence of multi-sectoral strategies on HIV/AIDS for youth and jeopardizes young people’s access to comprehensive, accurate information to protect themselves from HIV infection.

Collaboration between the government and youth

There is no system that enables youth to participate in setting agendas on HIV/AIDS, both at the national and prefecture levels. In addition, youth are denied access to decision-makers. In addition, the lack of easily available information on Japan’s HIV/AIDS efforts specific to youth dissuades young people from becoming involved or knowing how to become involved.

In the present circumstances, because of the lack of “Three Ones” strategy and the lack of government policy on youth participation, the Japanese government and the prefecture governments cannot make strategies on this issue.¹³ Furthermore, although HIV/AIDS is clearly stated as a crucial target in many international declarations to which Japan is a signatory, such as Goal 6 (Combat HIV/AIDS, Malaria, and other diseases) of the Millennium Development Goals (MDGs) and the UNGASS DoC, not enough consideration is given to the HIV/AIDS issue in Japan.

“Youth participation has to be guaranteed both in national level and in local government levels,” said a youth activist from Kyoto in an interview. Many youth activists are organizing sex education advocacy groups under the support of universities. However, with the support of local governments, youth organizations would be more sustainable. In addition, if they can receive support from and partner with the national government, it would enable them to improve and expand their activities over a large area.

A young NGO staff working in Osaka said, “In Osaka City Government has consigned the conduction of HIV antibody testing to several NGOs, so the GO-NGO partnership is quite advanced in Osaka. Prevention interventions for MSM are conducted in Osaka city, and I would say the environment is quite well arranged. However, there are still wide gaps among regions”. To narrow the regional gaps, assistance from the central government is crucial. He also has mentioned of the importance of promoting dialogues between youth leaders and the national government.

¹² Ministry of Education, Culture, Science, Sports, and Technology, 1999, Gakko ni okeru Seikyoikuno Kangaekata, Susumekata.

¹³ The "Three Ones" is an internationally agreed-upon strategy devised by UNAIDS, the US and UK, to better coordinate the scale up of national AIDS responses. The "Three Ones" principles are: one agreed HIV/AIDS action framework that provides the basis for coordinating the work of all partners; one national AIDS coordinating authority, with a broad based multi-sector mandate; and one agreed country-level monitoring and evaluation system.

Financial Commitment

Budget allocation for youth

In 2005, although detailed figures are not specified by the government, 50% of the budget for HIV/AIDS related activities was allocated for research activities, and the rest was allocated for HIV/AIDS related projects (such as HIV antibody testing, telephone counseling, advocacy events on World AIDS Day) conducted by prefectural governments. Therefore, there is no specific financial commitment for youth by the national government.

It is extremely difficult for youth organizations in Japan to receive funds from the publicly subsidized financing system, or from private-sector sponsorships. This is attributed to the lack of effective evaluation systems for projects and activities conducted by youth, and also lack of fund-raising capacity of youth themselves. Some highly capable youth activists have given up working for this issue and now working in fields that are completely different from HIV/AIDS, as they did not have chance to acquire those skills.

Private companies in Japan have begun to show interests in corporate social responsibility (CSR), and some companies have started projects to build partnerships with civil society. However, youth activism in HIV/AIDS still remains as a minority issue. This situation creates a negative downward spiral. This spiral starts from the “lack of credence towards youth activities”, moves onto “difficulties in receiving financial assistance”, and finally leads to “difficulties in conducting activities they have originally planned.”

Therefore, collaboration between youth and various sectors, and making fund-raising and sustainability as the crucial goals of youth activism, would be two of the most important issues in the future to build young people’s capacity to address HIV/AIDS in Japan.

Employment generation for youth

“In some lucky cases, youth volunteers may find full-time positions in NGOs. But in most cases, young volunteers working for HIV/AIDS activism cannot find work related to HIV/AIDS. I think this is such a waste,” said a young volunteer. More assistance is needed for creating the next generation of leaders working towards the resolution of HIV /AIDS and recognizing today’s young leaders as legitimate actors. As it is stated in the DoC in the same paragraph that stipulates young people’s right to participate, “partnerships with civil society and business sector” would make it possible to establish a training course for young specialists. Furthermore, to have more courses on HIV/AIDS issues in universities and colleges, and to guarantee employment security after graduation would be crucial to combat apathy among youth .

Access to Information and Services

a) Access to education

There needs to be a supportive environment for sexuality education in schools and in society. According to a survey conducted on sexuality education for elementary, secondary, and high

schools in one prefecture, HIV/AIDS education concentrates on 11th grade.¹⁴ Considering the overflow of information through the mass media, early sex cognition (as early as the elementary school), and early sexual initiation, the survey suggested the appropriate timing of sex education is at younger grades. In addition, the lack of clarity on the information of condom usage was raised. At the university level, sex education is not integrated into the curriculum. Therefore, there are not enough channels to disseminate information concerning HIV/AIDS. For assistance, adolescents need to proactively seek such information through CBOs/NGOs.

b) Access to HIV testing

Confidential and affordable HIV and STI testing is offered at Public Health Centers in Japan. However, the testing system has major limitations for youth: 1) office hours are only during weekdays when young people are in school, 2) locations are difficult to get to 3) the lack of awareness on the existence of Public Health Centers makes youth apathetic to go for testing.

To address these problems, the Ministry of Health, Labor and Welfare and local governments have initiated efforts to establish a more convenient testing system. Of the 127 local municipalities, almost 70% have adapted one-day testing and/or Saturday/Sunday testing.¹⁵

In Japan, stigma and discrimination towards people with STIs including HIV/AIDS and homosexuality are strong. Youth under 20 years old are not allowed to be absent from school to go to Public Health Centers and in case that s/he needs testing or treatment for STIs.¹⁶ Despite the fact that services are costly, young people cannot use their health insurance for testing without their parents being notified, which can have the result that young people with STIs go untreated and may infect their peers. Additionally, young people facing stigma due to their sexual orientation are reluctant to visit clinics that have no guarantees of youth-friendliness or objectivity because health care providers have not been sensitized to their needs.¹⁷

c) Reproductive Health, Rights and Services

Whereas youth in many developing countries are able to enjoy free contraception and access to safe and affordable abortions, free contraception is largely unavailable except a limited supply at Public Health Centers. Oral contraceptives and abortions are very expensive, creating a barrier to access especially for young people.

The government of Japan does not really focus on youth; there remains stigma and discrimination against STIs and homosexuality. The more actively one speaks up in Japan, the more immoral one is to be seen. It is not an exaggeration to say that people rarely spare time for going to STI clinics. These systemic cultural and social problems make youth much easier to feel stigma and peer pressure.

¹⁴ KIHARA, Masahiro, General research report, "Socio-epidemiological research on Trend of HIV and HIV and prevention Intervention Kousei-Roudou-Kagaku Kenkyu Hojo (Labour, Health and Welfare Science Research Subsidies in 2004) "AIDS policy research project," p7

¹⁵ AIDS prevention foundation, 2005, "About implementation HIV testing before/after World's AIDS day- Introduction of the schedules of Public Health Centers and testing rooms nationwide in Japan" http://api-net.jfap.or.jp/event/aidsday/2005/2005_kensa.htm Accessed 2006/Apr/10

¹⁶ in Japan, those who are 20 years old are celebrated in Coming-of-Age Day celebration, which means they are regarded as adults

¹⁷ Japan HIV Center 2005 http://www.npoweb.jp/special/special_info.php?paragraph_id=1881

d) The need to scale up access for young people

The new AIDS Policy was issued in April 2006, with a view to the recent trends on HIV/AIDS. One area that should be focused is awareness raising and education. The service towards young people and homosexuals is not enough, and it is stated in the policy that the local government needs to promote programs for these target populations.¹⁸ As a first step, young people need education and health information and services through seminars, academic meetings and local NGOs.

Youth participation

In the past, Japanese youth participation and cooperation among the administration and the private sectors have been studied.¹⁹ As a result, there are successful cases in which youth are participating, with the cooperation of universities and NGOs. Most of the programs are managed with the support of medical and health personals, the private sector, artists, or AIDS activists from NGOs. In the cases where the organization is managed only by youth, there is a lack of the basics of the work, such as management skills and special knowledge of HIV/AIDS. Therefore, it is important that youth know how to obtain the knowledge and resources from supportive environment such as public institutions or NGOs. Peer support and linking to other organizations are key issues.

Japanese youth have taken the initiative to start a group on their own, whereas some youth rely on stable NGOs for training and care. Some major NGOs in the Kanto region are Place Tokyo, Rainbow Ring, and Occur, and in the Kansai Region, MASH Osaka. There, youth have their own voluntary groups and they are involved in the planning, implementing, and evaluation of the projects. Some projects target university students, and other projects target sexual minorities.

Major Gaps and Recommendations

Challenges to participation:

In order to share information including problems and challenges of peer educators and other organizational and administrative problems, national networking between peer groups is needed. As one of the example, at the 7th ICAAP in Kobe, some youth groups exhibited their activities. What was seen there was the diversity of youth groups. Based on experiences and values on sexual behaviors and peer education/activities, every group/activist has their own view and belief. For example, peer education for gays/MSMs is far more likely to target gays/MSMs themselves, rather than to target youth in general. Gay/MSMs are preceded concepts far beyond youth.

From now on, deeper analysis of and collaboration among youth groups are one of the main issues to be considered. As for further collaboration, for the near future, youth have to pursue

¹⁸ AIDS Prevention Information Network <http://api-net/jfap.or.jp>

¹⁹ Tarui, et al. 2003

closer relationships between schools, board of education, public health clinics, governments, municipalities, NGO/CBOs and private sectors.

Access and participation at the grassroots level is stipulated in the DoC; however, youth do not have national or/and prefecture level action agendas, and are not involved with public administration and policy makers. In addition, grassroots level activities are not thoroughly evaluated and monitored. Evaluation of youth activities is a crucial capacity building exercise and is essential to motivate youth activities. Good practices should be evaluated, showcased, and supported financially through partnerships with the government.

Because the commitment to sex education by the Ministry of Education, Culture, Sports, Science and Technology is so low, the diversity of youth issues such as homosexuality are almost ignored. Without any life skills-based or communication-based sexual education curriculum, school teachers are stuck on what to do and the contents of sexual education are different from teacher to teacher.

This low quality of sexual education has to be considered and access to precise information is not guaranteed. However, at the grassroots level, youth activities have taken hold gradually and have been able to collaborate with schools and public health clinics. Through that collaboration, there is evidence on the effectiveness of good practices in HIV/AIDS prevention and awareness-activities HIV/AIDS. These partnerships should be scaled up nation-wide. In order to spread these kinds of good practices, we recommend establishing youth-adult partnerships. To do so, together with various sectors, youth ought to have a new future roadmap, concrete action agendas and a scheme for monitoring and evaluation for the sustainability of youth activities.