

REPORT CARD

HIV PREVENTION FOR GIRLS AND YOUNG WOMEN



NIGERIA



COUNTRY CONTEXT:

Size of population:	137 million ¹
Life expectancy at birth:	46.74 years ²
Percentage of population under 15 years:	42.3% ³
Population below income poverty line of \$1 per day:	70.2% ⁴
Female youth literacy rate (ages 15-24):	86.5% ⁵
Youth literacy rate (female rate as % of male rate, ages 15-24) ⁶ between 1995-1999:	95% ⁷
Median age at first marriage for women (ages 25-49) in 2003:	16.6 ⁸
Median age at first sex among females (ages 15-24) ⁹ in 2003:	17.6 ¹⁰
Median age at first sex among males (ages 15-24) in 2003:	20.4 ¹¹
Health expenditure per capita per year:	\$43 ¹²
Contraceptive prevalence rate ¹³ :	13% ¹⁴
Maternal mortality rate per 100,000 live births:	800 ¹⁵
Main ethnic groups »	Hausa/Fulani Yoruba Igbo (Ibo) Ijaw Kanuri Ibibio Tiv ¹⁶
Main religions »	Muslim 50% Christian 40% indigenous beliefs 10% ¹⁷
Main languages »	English (official) Hausa Yoruba Lgbo ¹⁸



AIDS CONTEXT:

Adult HIV prevalence rate in 2005:	4.4% ¹⁹
HIV prevalence rate in females (ages 15-24) in 2005:	2.7% ²⁰
HIV prevalence in males (ages 15-24) in 2005:	0.9% ²¹
Number of deaths due to AIDS in 2005:	320,000 ²²
Estimated number of orphans (ages 0-17) in 2005:	930,000 ²³



HIV PREVENTION FOR GIRLS AND YOUNG WOMEN CONTEXT:

Over 40% of Nigeria's population is under 15 years old.²⁴ Young people account for over 30% of HIV cases,²⁵ with prevalence nearly three times higher among 15-24 year old females than males.²⁶ The many factors that increase girls' and young women's vulnerability include early marriage, early sexual debut²⁷, polygamous relationships and multiple partners (with nearly a third of 15-24 year old females having had sex with a casual partner in the last 12 months).²⁸ The factors also include poor economic opportunities, lack of negotiation skills for sex and condom use, mixed messages around public acceptability of condom use, and lack of basic information (with only 18% of females aged 15-24 years identifying ways to prevent HIV).²⁹

Nigeria has three legal systems – civil, customary and Islamic (Sharia) – operating simultaneously and utilised differently in different states. This can make the implementation of Federal measures, such as to protect against early marriage, complex.³⁰ Overall, the status of females is low, with strong cultural pressures that, for example, force girls and young women to seek illegal abortion rather than face the ostracism of being unmarried and pregnant.³¹

INTRODUCTION

THIS REPORT CARD AIMS TO PROVIDE A SUMMARY OF HIV PREVENTION FOR GIRLS AND YOUNG WOMEN IN NIGERIA.

This Report Card is one in a series produced by the International Planned Parenthood Federation (IPPF), under the umbrella of the Global Coalition on Women and AIDS, and with the support of the United Nations Population Fund (UNFPA) and Young Positives.

The Report Card is an **advocacy tool**. It aims to increase and improve the programmatic, policy and funding actions taken on HIV prevention for girls and young women in Nigeria. Its key audiences are **national, regional and international policy and decision-makers, and service providers**. It builds on global policy commitments, particularly those outlined in the Political Declaration on HIV/AIDS from the 2 June 2006 High-Level Meeting, to follow up on the United Nations General Assembly Special Session on AIDS (UNGASS).

The Report Card summarizes the **current situation of HIV prevention strategies and services for girls and young women ages 15-24 years in Nigeria**. It contains an analysis of five key components that influence HIV prevention, namely:

1. Legal provision
2. Policy provision
3. Availability of services
4. Accessibility of services
5. Participation and rights

It also provides **recommendations** for key stakeholders to enhance action on HIV prevention strategies and services for girls and young women in Nigeria.

The Report Card is the basis of extensive research carried out during 2006 by IPPF, involving both desk research on published data and reports, and in-country research in Nigeria to provide more qualitative information. This research is detailed in full within a 'Research Dossier on HIV Prevention for Girls and Young Women in Nigeria' (available on request from IPPF).

KEY POINTS:

- According to the Child Rights Act (2003), the minimum **legal age for marriage** is 18 years. However, this only applies to marriages within the country's civil legal system – as opposed to its customary and Islamic (Sharia) systems – and is implemented differently by individual states. In practice, early marriage is common, with 48% of girls in the Northwest marrying by 15 years. Also, in the country as a whole, 27% of married 15-19 year old females are in polygamous relationships.³²
- **The age of consent for an HIV test** is 18 years. However, younger people who are married, pregnant, sex workers, parents or engaged in risky behaviour can be considered 'mature minors' and give their own consent.³³
- **Mandatory HIV testing** is illegal under Federal law, except in the case of some sexual offences. However, some companies use testing within screening procedures for recruitment and some religious groups insist on testing for couples that intend to marry.³⁴
- **Abortion** is legal only to save the life of the pregnant woman. Penalties are high for offenders in other circumstances. In practice, some 1 million abortions are carried out each year, with illegal abortion responsible for half of all maternal deaths, particularly among young women.³⁵
- In terms of **gender-based violence**, some 81% of married women experience verbal or physical abuse by their husbands, with indications that, the lower the age of marriage, the higher the level of risk. Marital incidents are excluded from the definition of rape and not viewed as a crime under the Sharia law of the northern states and the Criminal Code of the southern states. Meanwhile, Section 55 of the Penal Code, applicable in northern states, allows the 'correction' of children, pupils and wives, as long as it does not involve grievous hurt.³⁶
- The federal government has publicly opposed **female genital mutilation**, but has not introduced legislation to ban the practice. Edo and Cross River states have, however, passed laws against female genital mutilation.³⁷
- The **right to life and health** of all citizens is outlined in the 1999 Constitution. However, people living with HIV are still treated with disrespect or may be refused treatment in some hospitals.³⁸
- **Sex work** is criminalised under Sharia law, while, in Lagos state, various statutes are used to justify the arrest of sex workers. Despite such restrictions, there are an estimated one million female and some male sex workers in the country.³⁹

QUOTES AND ISSUES:

- "Various policy documents... state that 18 years is the minimum **age for marriage for girls**. But implementation of these policies has been limited. Early marriage is pervasive, particularly in the northern states, due to poverty and gender inequality." (Interview, Representative, international agency)
- "*The law does not prevent **gender discrimination** or gender based violence.*" (Interview, Leader, gender advocacy group)
- "While the law prohibits rape and other forms of sexual harassment, it is **silent on young married girls** who are faced with marital rape and domestic sexual violence." (Interview, Manager, sexual and reproductive health NGO)
- "*There are no state laws that prevent girls and women from using services. But tradition requires that the **woman must obtain permission** from the parent and, if she is married, the husband, to access any service or even go out of the house.*" (Focus group discussion with girls and young women living with HIV)
- "Most **medical health workers** are not aware of laws protecting HIV infected persons." (Focus group discussion with girls and young women living with HIV)
- "***Abortion** is rampant. Even mothers take their daughters to secure an abortion.*" (Focus group discussion with girls and young women)
- "Girls and young women resort to unsafe **abortion**, with dire consequences." (Interview, Representative, international agency)
- "***Sex work is illegal**. Sex workers have no voice and are often exploited, even by law enforcement agents. This often hinders them using prevention services.*" (Interview, Representative, international agency)
- "Commercial **sex workers** have mostly been driven to operate underground... reducing their negotiating power and making them more vulnerable." (Interview, Leader, gender advocacy group)
- "***Customary and religious** laws that erode the dignity and rights of young girls should be abolished.*" (Interview, Manager, sexual and reproductive health NGO)





KEY POINTS:

- The HIV/AIDS National Strategic Framework for Action (2005-2009) emphasises a **full continuum of strategies**, including prevention, care, support and treatment. It also promotes the integration of HIV and AIDS and sexual and reproductive health services.⁴⁰
- The HIV/AIDS National Strategic Framework and National Policy on HIV/AIDS (2003) promote **confidentiality** and emphasise the **rights of people living with HIV**.⁴¹
- The National AIDS Policy promotes the use of **condoms** within the context of abstinence and fidelity. It also commits to breaking down barriers to universal access to condoms. But, in practice, many young people receive mixed messages about the use of condoms – a situation that may reflect a lack of clarity on the government's own position.⁴⁴
- The HIV/AIDS National Strategic Framework for action (2005-2009):
 - Specifically commits to reducing **HIV prevalence**. It also prioritises women, young people and orphans and vulnerable children.⁴²
 - Commits to increasing access to comprehensive **gender-sensitive services**, as well as increasing the amount of gender-sensitive policy, legislation and law enforcement.⁴³
 - Complements the Adolescent Reproductive Health Policy and promotes **adolescent-focused interventions**, including increasing access to youth-friendly reproductive health services and developing in and out of school peer education projects.⁴⁵
 - Commits to expanding access to gender-focused and youth-friendly **voluntary counselling and testing**. Meanwhile, the government has developed national guidelines on testing and launched a 'Heart to Heart' promotional strategy.⁴⁶
 - Commits to scaling **prevention of mother to child transmission** services and integrating voluntary counselling and testing into all antenatal/reproductive health clinics. The National Policy on HIV/AIDS places high priority on nationwide access to antiretroviral therapy for all pregnant women living with HIV.⁴⁷
 - Promotes **integrating HIV and AIDS education into the curricula** of schools (beginning at the primary level) and developing peer education. The government has developed a curriculum on Family Life Education, addressing relevant knowledge, skills and attitudes. However, it is not being implemented in all schools and there are concerns about lack of political will and resources, including trained personnel.⁴⁸
- Key data, such as from demographic surveys, is **disaggregated by gender and age**. This enables an analysis of how the HIV and AIDS context, and its impact on girls and young women, is changing.⁴⁹



QUOTES AND ISSUES:

- "The adolescent health policy, national reproductive health policy, sexuality curriculum for secondary schools, HIV and AIDS policy and HIV and AIDS plan of action are all aimed at making HIV prevention for girls and young people better. However, **implementation of the policies** has been a problem. They are not fully implemented in the various states." (Interview, Leader, NGO supporting people living with HIV)
- "*The **adolescent reproductive health policy** emphasizes safer sex among young people, especially girls, to protect them from HIV and other sexually transmitted infections.*" (Interview, Manager, sexual and reproductive health NGO)
- "The federal government has a **curriculum for family life and HIV and AIDS education**. It has been approved for use in the schools, but only Lagos is fully using it, while the different states are not using it yet." (Focus group discussion with girls and young women living with HIV)
- "*The government has developed a **comprehensive curriculum** for all levels. But implementation has been slow, due to an inadequate number of trained teachers, poor funding and resistance from gatekeepers.*" (Interview, Representative, international agency)
- "Those of us that attended some form of **education** did not receive anything on **relationships, sex and AIDS**, nor sexual and reproductive health and rights." (Focus group discussion with girls and young women)
- "*There are policies that sit on government shelves, but **no clear-cut laws** that make HIV prevention easy.*" (Interview, Leader, NGO supporting people living with HIV)





KEY POINTS:

- As of 2002, some degree of **sexual and reproductive health services** were available at 8,953 maternity and primary health care centres, and teaching hospitals.⁵⁰
- There are some 228 **voluntary counselling and testing** centres.⁵¹
- **Male condoms** are available in some public health facilities, but there can be problems with supplies. Condoms that are socially marketed (in pharmacies, etc) make up a large proportion of the market. Female condoms are not widely available.⁵²
- A national programme is scaling up the availability of services for **prevention of mother to child of HIV transmission** from 11 operational sites in 2002 to over 200 sites across the country, including the Federal capital territory. However, uptake is low. For example, according to data from 2003, only 12% of pregnant 15-19 year olds were counselled about HIV during an antenatal visit, while 0% of the same group were both counselled and tested for HIV.⁵³
- The number of sites offering **antiretroviral treatment** is increasing, with at least 74 centres established.⁵⁴
- There are various **HIV prevention programmes** at the community level with some specifically targeting young people. However, while some address areas such as life skills and relationships, an increasing number are predominantly focused on abstinence and faithfulness, rather than providing a full range of options for safer sex and behaviour change. Many projects also suffer from a **lack of male involvement** and parental approval.⁵⁵
- There are few projects for specific marginalised groups, such as **sex workers**. There are also no harm reduction services for **injecting drug users**, even though the practice may be increasing.⁵⁶



QUOTES AND ISSUES:

- “Most communities do not have **voluntary counselling and testing** or HIV service centres. These are located in big hospitals and some NGO centres which provide drugs for infected persons.” (Focus group with girls and young women living with HIV)
- “**Sexually transmitted infections** can be treated in most hospitals, even though patients might have to buy their own medication.” (Focus group with girls and young women living with HIV)
- “The problem with the **services** is that they are only available in urban cities and some peri urban areas.” (Focus group discussion with girls and young women)
- “Even if [men] go for **voluntary counselling and testing** and are found positive, they don't reveal it to their wives at home. They will be going to the hospital secretly and taking antiretrovirals, but the wives will be left suffering with one disease or the other since they are not tested.” (Focus group with girls and young women living with HIV)
- “Male **condom** distribution services are not encouraged.” (Interview, Leader, gender advocacy group)
- “Some [girls and young women] have never heard of a **female condom**, while others have never seen one.” (Focus group discussion with girls and young women living with HIV)
- “The most common **services** in the community are the media campaigns which are rolled out on a regular and sustained basis. Other services include campaigns directed at youths to abstain from risky behaviour and sex.” (Interview, Leader, NGO supporting people living with HIV)
- “Services are not divided for any **category** of girls or young people. But unmarried young people, out of school young people and orphans relate more to NGOs and other private providers of services, while the married and HIV positive ones have access to available public and private providers.” (Interview, Leader, NGO supporting people living with HIV)
- “All communities must work towards **delaying marriage** so that girls can get a full education, at least to secondary school level - so that they can make their own decisions, have some skills in generating income and not be overdependant on husbands.” (Focus group with girls and young women living with HIV)
- “Young **men and boys** have a major role to play in preventing the spread of HIV as they have more freedom to experiment with sexual activities than girls.” (Interview, Leader, NGO supporting people living with HIV)
- “Awareness of **preventive methods** has increased in the recent past, though young persons still engage in risky behaviour and often do not believe how dangerous some of their behaviour can be.” (Focus group discussion with girls and young women)





KEY POINTS:

- In practice, there are multiple social, **practical and financial barriers** to girls and young women accessing services, including:
 - Judgemental attitudes of health workers, parents religious and traditional leaders.
 - Stigma associated with HIV and AIDS.
 - Inadequate youth-friendly services.
 - Distance to services.
 - 'Hidden costs' (e.g. prescription drugs).
 - Lack of privacy and confidentiality.
 - Powerful traditional norms of gender inequality.

Many of these barriers particularly affect girls and women who are poor and/or in rural areas.⁵⁷

- **HIV tests are free** at some government sites, but not in private clinics. According to government data, approximately equal numbers of males and females are accessing these tests. For example, as of 2003, only 2% of 15-19 year olds of either gender had ever requested, received and been given the results of a test.⁵⁸
- **Male condoms** are free at some clinics or can be bought at outlets such as pharmacies and supermarkets. A few outlets and NGOs also supply **female condoms**. Advertising for condoms is the subject of potential restrictions, for example with billboards not allowed near schools.⁵⁹
- In 2005, the **government committed to providing free antiretrovirals** to about 250,000 people. At that time, only about 40,000 of the country's 3.5 million people living with HIV were receiving subsidised treatment. There remain concerns that, even with free drugs, people face 'hidden' costs, such as for laboratory tests and transport.⁶⁰
- It is estimated that less than 1% of HIV positive pregnant women are getting the appropriate drugs for **prevention of mother to child transmission**.⁶¹
- HIV and AIDS and youth-friendly approaches are increasingly included in the **training of doctors, nurses and midwives**. However, negative attitudes remain a major problem. One study in four states found that 59% of health professionals felt that people living with HIV should be on separate wards, while 20% felt that many people living with HIV had behaved immorally and deserved their infection.⁶²



QUOTES AND ISSUES:

- "Government should make **institutional changes** - location, cost, hours, etc - to make services more girl-friendly." (Interview, Representative, international agency)
- "*Efforts to increase access to services have had very limited success in reaching girls and young women, as their specific needs are not considered in the definition of **youth-friendliness**.*" (Interview, Representative, international agency)
- "**Urban youths** know more than rural ones, due to their varied life styles, access to information and differing literacy levels." (Focus group discussion with girls and young women)
- "*HIV prevention services are more difficult to provide to young women and girls, whether in or out of school, because of **parental and cultural barriers**.*" (Interview, Manager, sexual and reproductive health NGO)
- "It is **easier for married women** who are allowed to access the services in the hospitals or go for antenatal. It is also easier for married women that work. Girls who are not married may not have the confidence to seek services." (Interview, Leader, gender advocacy group)
- "*Many voluntary counselling and testing **centres lack provisions for privacy**. People are often exposed, ridiculed and stigmatised as a result of the open manner in which tests, diagnosis and counselling take place.*" (Focus group discussion with girls and young women)
- "With **voluntary counselling and testing**, many Nigerians do not know that such services exist. The government should establish centres in every settlement and advertise their existence and importance and make them free." (Interview, health peer educator)
- "*The HIV and AIDS policy promotes equal access to services. However - due to stigma, the status of women, socio-cultural barriers and costs - girls and young **women living with HIV have limited access**.*" (Interview, Representative, international agency)
- "Initiatives have tried to promote gender equity in services. But the fact remains that it is the **males** that have the power to dictate what happens in relationships." (Interview, Leader, NGO supporting people living with HIV)
- "**Young men's involvement** in peer education and interpersonal communication would make HIV prevention easier and better for young women and girls." (Interview, Manager, sexual and reproductive health NGO)



KEY POINTS:

- Nigeria signed both the **Convention on the Rights of the Child** and the **Convention on the Elimination of all Forms of Discrimination against Women** in January 1990. It has not signed the Convention on Consent Marriage, Minimum Age of Marriage and Registration of Marriages.⁶³
- The development of the **HIV/AIDS National Strategic Framework** involved input from sectors of civil society, including women, young people and people living with HIV from throughout the country. However, despite some efforts to improve the situation, the active participation of girls and young women in the National Action Committee on AIDS and other decision-making bodies remains limited.⁶⁴
- The HIV/AIDS National Strategic Framework and National Policy on HIV/AIDS emphasise the **human rights of people living with HIV**, including to non-discrimination in relation to education, employment and access to health care. The Policy cites the denial of HIV and AIDS care and support as unethical and illegal.⁶⁵
- Several **support groups for people living with HIV** include young people. The Network of People Living with HIV/AIDS in Nigeria is open to all groups formed and managed by positive people, including girls and young women. Some of these and other organisations provide capacity building activities for members to increase their skills in areas such as advocacy.⁶⁶

QUOTES AND ISSUES:

- “**Conventions** are not applied in Nigeria. They remain international, not local.” (Interview, Leader, gender advocacy group)
- “*While there was **wide participation by stakeholders** in the development of the National Strategic Framework, women’s representation was limited – as their membership of the various stakeholder groups is generally limited.*” (Interview, Representative, international agency)
- “Deliberate efforts must be made to ensure gender **balance in participation** in all decision-making of the nation.” (Interview, Leader, gender advocacy group)
- “*The issue is low self esteem. Girls are being poorly educated and/or lack life skills in an aggressive **pro-male society**. This places the girls and women in a vulnerable position and makes the HIV and AIDS situation worse.*” (Interview, Leader, gender advocacy group)
- “There are some attempts to **involve more girls and young women**, but, because they are not prepared, their contributions are weak.” (Interview, Leader, NGO supporting people living with HIV)
- “*Support to girls should be given through the **associations** they belong to. Give them tasks and responsibilities that prepare them to talk openly and with confidence.*” (Interview, Leader, NGO supporting people living with HIV)
- “Girls and young women usually have **difficulties adjusting to their new HIV positive status** and to the threat and effects of stigma, especially from their peers, family and friends.” (Focus group discussion with girls and young women)
- “*Things have not changed much. Even though efforts are made by organisations and government bodies to make people aware of the virus, people affected or infected are still hiding for **fear of stigmatization** and public reaction towards them.*” (Interview, health peer educator)
- “**Forming groups** gives [people living with HIV] a sense of security and an offer of support to each other.” (Focus group discussion with girls and young women living with HIV)
- “*Reducing the stigma of people living with the virus will help HIV prevention services and make them more accessible.*” (Focus group discussion with girls and young women living with HIV)
- “We need to break the parental barrier of access to services through increased **parent-child communication**, with parents respecting the rights of young women and girls and interventions targeting parents with sexual and reproductive health and HIV information.” (Interview, Manager, sexual and reproductive health NGO)
- “*The country needs a **social reorientation** to make every person gender conscious.*” (Interview, Leader, gender advocacy group)





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RECOMMENDATIONS

» Based on this Report Card, a number of programmatic, policy and funding actions could be recommended to enhance HIV prevention for girls and young women in Nigeria. These are that key stakeholders – including government, relevant intergovernmental and non-governmental organisations, and donors – should consider:

1. Review and strengthen Nigeria's action on the aspects of the **Political Declaration on HIV/AIDS** from the 2 June 2006 High-Level Meeting (to follow up on UNGASS) that particularly relate to HIV prevention for girls and young women. These include sections: 7, 8, 11, 15, 21, 22, 26, 27, 29, 30, 31 and 34.
2. Strengthen and/or introduce measures within the country's legal systems (civic, customary and Islamic) to protect against marriage before the age of 18 years. Support this by working with community leaders and key stakeholders to raise awareness about the negative impacts of **early marriage** on girls and young women, particularly in relation to HIV and AIDS.
3. Significantly strengthen and/or introduce comprehensive gender-sensitive legislation and policies to ensure a comprehensive definition of **gender-based violence** (that includes marital rape) and enshrine the rights of all girls and young women, including to access sexual and reproductive health services. Ensure that positive aspects of legislation are widely disseminated throughout the country and that strong legal action is taken against offenders.
4. Ensure a **'core package'** of free **youth-friendly services** is available in at least each major district of more than 5000 people providing integrated sexual and reproductive health and HIV and AIDS support, including treatment for sexually transmitted infections, voluntary counselling and testing and antiretroviral therapy. Within these services, ensure that the definition of 'youth-friendly' incorporates the specific needs of girls and young women, that high priority is placed on privacy and that institutional barriers (such as limited opening hours) are addressed.
5. More aggressively promote a positive model of **voluntary counselling and testing** – one that emphasises the benefits of knowing your HIV status, guarantees confidentiality, appeals to girls and young women and also helps them to cope with the aftermath (such as notifying their partners).
6. Implement a widespread, proactive campaign to address the stigmatising and discriminatory attitudes of **health care workers**, including by systematically incorporating youth-friendly approaches into their training and taking strong action against those that act unethically, for example by breaching confidentiality about HIV status.
7. Implement a comprehensive rights-based approach to universal access to HIV prevention, treatment, care and support for **sex workers**. This includes: addressing the economic, social and gender-based reasons for entry into sex work; providing health and social services to sex workers; and providing opportunities for them to find alternatives to sex work for those who choose to do so.
8. Scale up universal access to **antiretroviral therapy**, while also promoting positive prevention. Ensure that girls and young women living with HIV can receive treatment in an environment that not only addresses their HIV status, but recognizes their needs in relation to their gender and age. Also ensure that, to complement the provision of free drugs, people living with HIV are supported to meet any 'hidden' costs, for example for transport.
9. Clarify the national policy on **condoms**. Ensure that they are readily available for free and/or at an affordable price, are widely promoted and that young people – no matter their age, gender or marital status - can use them without coercion.
10. Implement the prepared **curriculum on Family Life and HIV/AIDS Education** as a priority in all primary, secondary and tertiary educational establishments. Back this up through the provision of appropriate training to ensure that those facilitating sessions have the appropriate knowledge, attitudes and confidence.
11. Promote models of HIV prevention programmes that offer adolescents and young people **wider choices that include, but go beyond, abstinence**.
12. Ensure that, whatever their context or audience, all sexual and reproductive health and HIV and AIDS programmes place particular emphasis on:
 - 'Going beyond awareness raising' and building relevant knowledge and **practical skills**.
 - Building awareness and action on equitable **gender relations**.
 - Promoting the active **involvement of boys/young men** and facilitating dialogue between them and girls/young women.
 - Addressing the underlying contributors to girls' and young women's **vulnerability**, such as by promoting income generating activities.
13. Complement HIV prevention efforts with young people by raising **awareness among parents and traditional and religious leaders** about the validity and importance of girls and young women being empowered to protect themselves from HIV infection and to access services.
14. Facilitate the empowerment and **participation of girls and young women**, especially those living with HIV, in national planning and programming relating to HIV and AIDS. In particular, support programmes that work through existing young people's, women's and HIV and AIDS groups and networks to build members' capacity in both life skills (such as self esteem and negotiation) and advocacy skills (such as decision-making and public speaking).

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